

Gender and the Politics of Gradual Change

Social Policy Reform
and Innovation in Chile



GENDER AND POLITICS

Silke Staab



Gender and Politics

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Silke Staab

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For Carlos, Lina and Amalia

PREFACE

In 2009, when I started the research on which this book is based, Chilean politics had been marked by two decades of relative stability: ruled by the same center-left coalition, characterized by the constant search for elite-driven bipartisan agreements and dominated by a market-liberal, technocratic policy discourse. This constellation made the outcomes of economic and social policymaking processes comparatively predictable. For the decade of the 1990s, many analysts had argued that the scope of economic and social policy reforms had been extremely limited by the institutional ramifications of a negotiated and seemingly never-ending transition. The first decade of the 2000s saw some changes to the political system, but none that could have led me to expect a radically different scenario for the reforms I wanted to study. Nevertheless, I believed that embarking on this project promised to yield important insights. On the one hand, I thought that it was worth exploring how exactly social policy reform processes unfolded under the enormous weight of these institutional constraints. Instead of simply assuming that nothing can change under such circumstances, I wanted to know more about how political actors might work with or work around such constraints to achieve, at least, gradual change. On the other hand, I wanted to take a closer look at the gender implications of gradual change processes—something that had not been done systematically before.

The chapters in this book show that even in a highly constrained setting, such as the Chilean one, positive gender change is possible. By tracing and comparing reform processes across four areas of social policy, the book documents the multiple ways in which reform entrepreneurs

navigate institutional opportunities and constraints and shows that their strategies have far-reaching implications for the extent and ways in which gender inequalities are addressed. Across policy areas, the politico-institutional framework and the broader characteristics of the Chilean welfare state shaped pathways of reform as well as their outcomes. At the same time, some policy areas saw more significant changes than others, and reform entrepreneurs used different change strategies depending on sector-specific characteristics and policy legacies. None of the reforms led to radical change in the institutional foundations of Chilean social policy, but they all layered new elements onto pre-existing policy frameworks or converted them to serve new goals or target populations.

More than five years have gone by since the passing of maternity leave reform—the most recent reform episode discussed in this book. Vis-à-vis the other three reforms (health, pensions and childcare), maternity leave seems in many ways an outlier, marked as it was by more confrontational political dynamics and unexpected policy outcomes. From today's perspective, however, the reform could also be read as a sign that Chile was moving towards a different kind of politics: one that is more dynamic, more combative and less predictable. Around the same time as maternity leave reform was discussed, social movements—for educational reform, regional autonomy and labor rights, to name just a few—erupted in Chilean politics with a force that had been unprecedented since the return to democracy. The force and claims of these movements not only thrust the Piñera government into political crisis, they also transformed the center-left coalition *Concertación* which, for the purpose of the 2013 presidential elections, morphed into *Nueva Mayoría* (NM) and nominated Michelle Bachelet as its candidate. Both in terms of its composition and rhetoric, NM constituted a shift to the left (including, as it did, the Communist Party for the first time), threatening more conservative and market-liberal sectors, including the Christian-Democratic leadership at the time. Bachelet's electoral platform, too, responded to the altered political context, stressing the need for bold structural changes instead of piecemeal reforms. Education, tax and electoral/constitutional reform were the main targets of her presidential campaign which drove home a landslide victory. Gender issues figured less prominently than under her first administration, but the promise to decriminalize abortion (in the cases of rape, fetal unviability or threat to the mother's life) dared to advance onto a terrain that no other government had been willing to set foot in.

Three years into the current Bachelet administration, however, the initial zeal for reform has run into significant obstacles. In addition to “old” institutional constraints, new challenges have arisen, limiting the administration’s popularity, legitimacy and room for maneuver. Economic downturn is one of them, but both coalitional blocks as well as the President herself have also been implicated in a series of corruption scandals, including campaign financing as well as the trading of political influence and insider information. The fact that close collaborators of the president and even her son have been entangled in these scandals has eroded much of the administration’s credibility and diverted attention from substantive reforms to political damage control. In terms of reform outcomes, the record has been mixed at best. On the positive side, tax and electoral reform (including quota legislation) have been passed. Despite NM’s majority in the legislature, however, this was not achieved without resistance which was resolved by using the same informal political institutions—the politics of agreement and expertise—that shaped the reforms discussed in this book. Educational reform, in turn, has advanced in a piecemeal and protracted fashion, constrained as it is by the enormous vested interests in Chile’s privatized school and university system. The conflicts and constraints in this area mirror those of health and pension reforms described in this book. The decriminalization of abortion was approved by the lower house in March 2016 and is now awaiting discussion in Senate. Yet, the right has already announced to challenge the decision at the Constitutional Court—a strategy it already used successfully to stall the administration’s attempt at labor reform.

Despite a more radical discourse, a greater representation of left-leaning sectors within the governing coalition, popular backing for structural reforms and the declared political will to move them forward, many of the constraints documented in this book remain firmly in place. At the same time, the current administration has continued to build on the reforms that are analyzed here. The expansion of childcare has continued even though it may no longer be in the limelight. The recommendations of two expert commissions, created by Bachelet in 2014 to propose further reforms to the country’s health and pension systems, have gone further in their recommendations than their predecessors and include measures that would address some of the gendered gaps and omissions discussed in this book (see Chap. 8 in this volume). The decriminalization of abortion, though contested, is pushing the boundaries of discussion about women’s sexual and reproductive rights. Whether these reforms will in fact be taken

forward and pass the political hurdles they face remains an open question at this point, but one that gender and politics scholars should follow closely.

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Silke Staab

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LIST OF ACRONYMS AND ABBREVIATIONS

AFP	<i>Administradora de Fondos de Pensiones</i>
ANAMURI	<i>Asociación Nacional de Mujeres Rurales e Indígenas</i>
ANEF	<i>Asociación Nacional de Empleados Fiscales</i>
APS	<i>Aporte Previsional Solidario</i>
AUGE	<i>Acceso Universal con Garantías Explícitas</i>
CAPRPI	<i>Consejo Asesor Presidencial para la Reforma de las Políticas de Infancia</i>
CAPRSR	<i>Consejo Asesor Presidencial para la Reforma del Sistema Previsional</i>
CAPTE	<i>Consejo Asesor Presidencial Trabajo y Equidad</i>
CCTs	Conditional Cash Transfers
CEDEM	<i>Centro de Estudios para el Desarrollo de la Mujer</i>
CEM	<i>Centro de Estudios de la Mujer</i>
CEPAL	<i>Comisión Económica para América Latina y el Caribe</i>
CMTM	<i>Comisión Mujer, Trabajo, Maternidad</i>
CPC	<i>Confederación de la Producción y del Comercio</i>
CUT	<i>Confederación Unitaria de Trabajadores</i>
DT	<i>Dirección del Trabajo</i>
ECEC	Early Childhood Education and Care
FONASA	<i>Fondo Nacional de Salud</i>
FOSIS	<i>Fondo Solidario para la Inversión Social</i>
FPS	Feminist Political Science
FUNACO	<i>Fundación Nacional de Ayuda a la Comunidad</i>
HI	Historical Institutionalism
ILO	International Labor Office

ISAPRE	<i>Institución de Salud Previsional</i>
ISI	Import-Substituting Industrialization
JUNJI	<i>Junta Nacional de Jardines Infantiles</i>
MDS	<i>Ministerio de Desarrollo Social</i>
MIDEPLAN	<i>Ministerio de Planificación</i>
MLE	<i>Modalidad de Libre Elección</i>
MP	Member of Parliament
PAD	<i>Pago Asociado a Diagnóstico</i>
PASIS	<i>Pensión Asistencial</i>
PBS	<i>Pensión Básica Solidaria</i>
PDC	<i>Partido Demócrata-Cristiano</i>
PMG	<i>Programa de Mejoramiento de Gestión</i>
PPD	<i>Partido por la Democracia</i>
PRSD	<i>Partido Radical Socialdemócrata</i>
PS	<i>Partido Socialista</i>
RN	<i>Renovación Nacional</i>
SEGPRES	<i>Secretaría General de la Presidencia</i>
SERNAM	<i>Servicio Nacional de la Mujer</i>
SNS	<i>Servicio Nacional de Salud</i>
SPS	<i>Sistema de Pensiones Solidarias</i>
SUSESO	<i>Superintendencia de Seguridad Social</i>
UDI	<i>Unión Demócrata Independiente</i>
UNDP	United Nations Development Program
WHO	World Health Organization

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Introduction

We've been through a 20 year process that is contradictory, because along with those new concepts that were emerging, the previous system continued to exist, it wasn't dismantled. That's why I like the concept of Chile being a rights-based social state under construction, because the previous system is not eradicated, but (...) new institutions are created in parallel.

Carmen Andrade, Vice-Minister for Women (2006-2009)

Institutions have a major bearing on economic, social and political life. The rules, norms, discourses and practices they comprise are crucially involved in the definition of rights and responsibilities and the distribution of resources. Institutions shape perceptions and behavior. They entail judgments about what is right and what is wrong, appropriate and inappropriate, valuable and worthless. These are not neutral processes. Power relations are embedded within and operate through institutional arrangements. As such, institutions often entrench profound, multiple and intersecting inequalities.

Across disciplines, gender scholars have drawn attention to the enormous significance of formal rules and informal practices in structuring patterns of gender inequality. Feminist economists have revealed multiple forms of androcentric bias in economic institutions and policy frameworks as well as their far-reaching effects on women's command over resources

(Bakker 1994; Benería 2003; Elson 1995a; Elson and Cagatay 2000; Folbre 1994, 2001; Young et al. 2011). In doing so, they have challenged basic assumptions of mainstream economic theory, for example, with regards to the labor market. In contrast to accounts that attributed gender differences in employment outcomes largely to individual preferences, characteristics or skills, feminist economists have underlined gendered rules and practices that shape hiring processes, wage-setting procedures and career choices (Badger and Folbre 2003; Phillips and Taylor 1980).

Comparative scholarship on gender and social policy, too, has drawn attention to the gendered assumptions that have shaped the creation of welfare states across countries (Lewis 1992; O'Connor et al. 1999; Sainsbury 1996) and to the gendered interpretations of need and worthiness that are embedded in the eligibility rules of specific policies and programs (Fraser 1987; Fraser and Gordon 1994; Haney 1997; Skocpol 1992). Scholars have argued, for example, that the institutions of the welfare state historically prioritized the needs of the average industrial worker and that major social insurance programs continue to be biased towards male life course and employment patterns.

Similarly, feminist political scientists have stressed that gender is embedded in institutional structures rather than merely an attribute of the individuals who act within those structures (Kenney 1996). Analyzing the impact of major political institutions and processes on women's descriptive and substantive representation, they have drawn attention to "the multiple ways in which gendered power relations and inequality are constructed, shaped and maintained through institutional processes, practices and rules" (Krook and Mackay 2011a: 4). Seemingly gender-neutral institutions, such as legislatures, bureaucracies, core executives, courts and federalism, have been shown to operate according to rules and expectations that serve to bolster male dominance and perpetuate women's exclusion from political power (e.g. Annesley and Gains 2010; Chappell 2006, 2010; Franceschet 2010a, b, 2011; Grace 2011; Vickers 1994). Gendered premises also affect institutional outputs in terms of policy and legislation that is vital to women's lives and gender equality. Male bias in the hierarchy of issue that are considered politically relevant, for example, often means that it is hard to place concerns, such as domestic violence, reproductive rights or unpaid care, onto the political agenda and even harder to garner the kind of commitment that translates into policies and budgetary support for addressing them.

Much of this work highlights the myriad ways institutions entrench and perpetuate “an intersecting constellation of power relationships that produce material realities and distinctive social experiences” (Hill Collins and Chepp 2013: 58–59). Gender is one such power relationship that interacts with other “axes of disadvantage” (Weldon 2006: 236), such as race and class, in multiple ways, producing different patterns of access to economic resources, social rights and political power.

At the same time, comparative research has also documented important variations across time, space and institutional arena (e.g. Bettio and Plantenga 2004; Dodson 2006; Estévez-Abe 2006; Pascall and Lewis 2004; Weldon 2002; Waylen 2007). Male bias is neither uniform nor immutable. The gendered form of institutional arrangements can and does change. These insights have opened the way for investigating gender as an intersectional and bidirectional process (Weldon 2006; Beckwith 2005a): one that operates within institutions and shapes their differential effects on men and women in class- and race-specific ways but also one that feeds back into patterns of institutional change through deliberate political action.

Understanding how and why institutional change happens and under what conditions it contributes to greater gender equality has hence become a paramount concern for feminist political scientists. Why has change occurred in some areas and not in others? Why have important institutional innovations failed to achieve their desired effect? What are the opportunities and obstacles to re-gendering institutional arrangements in different contexts? How do previous institutional paths shape the strategies and choices of political actors? Where exactly do ideational, institutional and interest-driven resistances against positive gender change reside? And how can these resistances be broken or skirted? These are some of the big questions that drive current research on gender and institutions in comparative politics.

It is these bigger questions that this volume speaks to by exploring the patterns and politics of Chilean welfare reforms drawn from three consecutive administrations: the two center-left administrations headed by presidents Ricardo Lagos (2000–2006) and Michelle Bachelet (2006–2010), and the subsequent right-wing administration headed by President Sebastián Piñera (2010–2014). Through the comparative study of social policy reforms and innovations across four policy areas (health, pensions, childcare and maternity leave), it sheds light on the opportunities and constraints for positive gender change in the context of broader reform processes.

In order to do so, it develops an analytical and methodological approach—informed by historical institutionalism and feminist political science—that takes the above insights on institutional constraints, variation and dynamism seriously. By locating selected reform episodes within their historical trajectories and political environments, it draws attention to the interactive effects of policy legacies and political institutions on reform processes and outcomes. By breaking the “welfare state” down into different policy areas, it is able to explore similarities and differences across sectors. By delving deeply into the gendered rules and practices of each sector, it aims to capture and explain concomitant patterns of change and continuity. Such an approach acknowledges that even in a highly constrained setting, such as the Chilean one, new rules and practices may be created through deliberate political action. Yet, as the quote in the epigraph illustrates, they are bound to exist, sometimes uncomfortably, alongside pre-existing institutional arrangements. This is the essence of gradual change processes. A gender-sensitive variant of historical institutionalism is well suited to account for the complexities and contradictions of such processes and recent social policy reforms and innovations in Chile provide an excellent opportunity to explore and compare how such processes unfold.

Chile is a particularly interesting country, precisely because the prospects for change in welfare institutions would seem rather bleak. On the one hand, the country’s political institutions—including party structures, the electoral system, and a consensual and technocratic style of policymaking—are heavily biased towards maintaining the status quo. On the other hand, preceding processes of liberalization, privatization and deregulation have altered the terrain on which current changes to welfare institutions are discussed, devised and negotiated. While structural adjustment policies were a general trend in Latin America, Chile experienced “the most complete application of neoliberal principles” (Filgueira and Filgueira 2002: 148). This has not only transformed the broader economic environment in which current social policy reforms are taking place, but also left distinct policy legacies within welfare institutions themselves (Castiglioni 2012; Ewig and Kay 2011; Pribble 2013). The combination of strong neoliberal legacies with a political system geared towards stability makes the occurrence of radical, equity-enhancing change extremely unlikely.

From a gender perspective, Chile presents a puzzling combination of economic liberalism and social conservatism. Despite the overall move towards “market citizenship” (Schild 1998, 2002), female labor force

participation is among the lowest in the region (CEPAL 2010) and conservative social norms, particularly with regards to women's role in the family, continue to loom large (Contreras and Plaza 2010; UNDP 2011). Because market reforms were grafted onto the “patriarchal trunk”¹ of previous institutional arrangements, male breadwinner bias and the conflation of women and motherhood exist alongside gendered notions of individual responsibility, choice and competitiveness in the contemporary design of Chilean social policies. This “triple legacy of maternalism, male-breadwinner bias and market reform” (Staab 2012: 306) complicates the *re-gendering* of social policy—understood as a thorough transformation of gender hierarchies, rules and practices (cf. Mackay 2010: 370), but it does not preclude the introduction of *positive gender change*—understood as gradual progress towards greater fairness in the distribution of resources, rights and responsibilities between men and women.²

Drawing on abundant empirical evidence from four reform episodes—the 2002–2004 health reform, the 2008 pension reform, the 2006–2010 expansion of childcare services, and the reform of maternity leave in 2011—the book demonstrates that even in the presence of major institutional constraints, there is room for dynamism and, above all, diversity in social policy reform and innovation processes. Some rules change while others remain firmly in place; and some policy areas are more easily transformed than others. Theories of gradual institutional change help us make sense of such concomitant patterns of change and continuity. They draw our attention to the ways in which “actors cultivate change from within the context of existing opportunities and constraints—working around elements they cannot change while attempting to harness and utilize others in novel ways” (Streck and Thelen 2005a: 19). From such a perspective, recent social policy reforms and innovations in Chile may not be path-breaking, but neither can they be dismissed as inconsequential. Most of all, however, they provide an excellent window into the gender dynamics of policy change as a form of gradual institutional change.

UNDERSTANDING CHANGE AND CONTINUITY

Trajectories of welfare state formation and development in Latin America differ substantially from those of European and North American countries—and so did trends of policy reform and innovation during the first decade of the new millennium. While the literature on institutional change and continuity in advanced industrialized economies has focused mainly

on the phenomena of liberalization and retrenchment (e.g. Pierson 1994, 1996, 2001; Hacker 2004; Streeck and Thelen 2005b; Thelen 2009), processes of social policy reform and innovation in Latin America were going into a different direction in the first decade of the 21st century. After decades of neglect, Latin American states, once again, scaled up their efforts to protect citizens against the vagaries of the market: they launched new anti-poverty programs, reformed their health sectors, strengthened the coverage of their pension systems, and explored new fields for state intervention, such as early childhood education and care.

Analysts have been at pains to classify these reforms and policy innovations: they depart from the neoliberal notion of minimal safety nets, but they do not return to post-war social protection schemes (Riesco 2007a; Barrientos et al. 2008; Molyneux 2008; Cortés 2009). I contend that part of the answer to this conundrum is to be found in the inherent ambiguities of gradual change processes in the aftermath of profound neoliberal restructuring. Drawing on historical institutionalist theory, I develop an approach that moves current debates forward in a number of ways. By scrutinizing change and continuity in rules and practices along an established set of dimensions and across a range of policy areas, the book is able to provide a clearer assessment of these transformations—both in terms of broader efforts of (welfare) state rebuilding and in terms of their equity-enhancing effects. By tracing the interactive effects of actors, ideas and institutions throughout the reform process, the book is able to account for the scope and direction of change, that is, why specific institutional arrangements change the way they do. I argue that political institutions and policy legacies have a major bearing on reform outcomes. They constitute the context in which reform entrepreneurs³ devise their strategies and reach political settlements with a variegated set of veto players.

By combining historical institutional analysis with key insights from feminist political science, I also show that such broader reform strategies and choices have important gender implications. Policy legacies and political institutions are intrinsically gendered. They contain rules, norms and practices that are *about gender* as well as seemingly gender-neutral ones that have important *gendered effects*, and both sets of rules, norms and practices are devised, enacted and reformed by *gendered actors* (Gains and Lowndes 2014). Through a detailed analysis of these dimensions in the context of different reform processes, the book demonstrates that gender is a constitutive feature of policy reform and innovation processes. This adds a critical angle to recent theories of gradual institutional change which have paid scant, if any, attention to gender.

In terms of its approach, the book moves beyond the focus on single policies—in particular, the disproportionate attention paid to “new” social programs, such as conditional cash transfers (CCTs)—that has dominated existing research on gender and social policy in Latin America. To be sure, these analyses have provided important insights in their own right. It has been argued, for example, that new social policies contribute to the “feminization of responsibility and obligation” (Chant 2008); that the particular design of social programs reinforces traditional gender roles (Molyneux 2007); and that new social policies increase social control over parents’, and particularly mothers’, childrearing behavior (Luccisano and Wall 2009). Feminist research on conditional cash transfers, in particular, has drawn attention to the persistence of maternalist assumptions (e.g. Bradshaw 2008; Molyneux 2007; Tabbush 2009). Yet, the focus on a single scheme limits the analytical purchase of these studies. Latin American states have been experimenting with a range of social policy reforms and innovations—including the introduction of full-day schooling, the expansion of early childhood education and care services, maternity leave and pension reforms—all of which carry important gender implications.⁴

By analyzing social policy reforms and innovations across a range of policy areas, this book provides a more comprehensive picture and demonstrates that the gendered patterns of change and continuity are more complex than the existing literature suggests: there are small gains across areas, but also important variations in the patterns and politics of change. By uncovering the variegated factors that have facilitated and constrained change in the gendered rules and practices of different welfare institutions, the book addresses an important gap in the existing literature on gender and social policy in Latin America which has paid scant attention to the politics of recent reforms and policy innovations.⁵

GENDERING BROADER REFORM PROCESSES

In doing so, the book also engages with the rather large body of research on gender, politics and policy change within comparative politics. This literature has almost exclusively focused on “gender-status policies”, such as family law, domestic violence legislation, abortion and reproductive rights (e.g. Blofield 2006; Blofield and Haas 2005; Haas 2010; Htun 2003; Weldon 2002), and it has tended to make women’s political agency its starting point. The focus has been, for example, on how the capacity of women’s movements, women legislators and femocrats to engender policy change is shaped by the broader institutional context in which they operate

(e.g. Banaszak et al. 2003; Beckwith 2005b; Chappell 2002; Franceschet 2010a, b, 2011; Franceschet and Piscopo 2008; Lycklama à Nijeholt et al. 1998; Miller and Razavi 1998). A related strand in the literature explores the process of “feminist policymaking” across a broader range of policy areas, focusing on the “feminist intent” of reform entrepreneurs (Mazur 2002: 105). This literature has provided invaluable insights for feminist analysis and activism. Yet, it also has limitations in terms of analyzing the gender dynamics of broader processes of policy change where neither women’s agency nor feminist intent may be central.

Placing social policy squarely at the center of analysis and focusing on the prospects for positive gender change in the context of broader reforms, allows us to explore such processes. The book therefore takes a different approach: it makes no a priori assumptions about the gendered direction of policy change, the importance of women’s agency or the intentions of reform entrepreneurs. Rather, these questions are left open to empirical exploration. The book is hence not about specific gender equality initiatives, but about “the gendering of wider political processes” (Mackay 2011: 185) in which feminist actors and ideas may or may not play a role. This approach has a number of advantages. First, it sheds light on the dynamics of continuity and change in gendered rules and practices that are not explicitly about gender, but do have important gendered effects (see above). Second, it draws attention to the protean set of actors, ideas and interests that shape gendered policy change, but that are not usually on the radar of those who study gender-status policies.⁶ Economic ideas and interests are bound to be a central part of the analysis, for example, because social policies invoke “questions of socioeconomic inequality as well as gender inequality” (Htun and Weldon 2010: 209).

However, it would be mistaken to assume that change and continuity in social policy follows a simple pattern of (gender-neutral) class politics or that it is mainly about addressing inequalities *among* women. The distributive regimes of welfare institutions are implicitly gendered: because women as a group generally face greater health needs, but have a lower ability to pay for diagnosis and treatment, for example, they are disproportionately affected by health sector commodification (Mackintosh and Tibandebage 2006; Standing 1997); because women are overrepresented in informal work, tend to earn lower wages, and interrupt their careers more often than men, they face disadvantages in social security regimes where benefits are closely linked to contributions (Dion 2008; Ginn et al. 2001). In addition, the misdistribution of material resources is strongly connected to issues of (mis)recognition, that is, the heteronomous interpretation of the needs,

risks and responsibilities of structurally disadvantaged groups (Fraser 1987, 1995). As a result, social policy reform may redistribute resources between socioeconomic groups, but still fail to address important gender inequalities, for example by ignoring that the gender division of labor and power in the home is a major impediment to women's income security. What are the drivers and constraints on change in the *gender dimensions* of classic social policies, such as health or pensions? The book makes an important contribution to answering this question by unraveling how broader political processes shape policy choices in specifically gendered ways. It shows that these broader processes are implicitly gendered and matter at least as much as explicitly gendered ideas and institutions in shaping the prospects for positive gender change.

APPROACH AND RATIONALE

This book focuses on the gender dynamics of policy change as a form of gradual institutional change. In order to do so, it employs a comparative case study approach, looking at change and continuity in welfare institutions *across a range of policy areas* (health, pensions, childcare, and maternity leave) in a *single country* (Chile). The four policy areas—pensions, health, childcare and maternity leave—have been purposefully selected. Empirically, the combination of cases provides a comprehensive picture of how recent approaches to social policy are gendered, thus moving beyond the narrow focus on cash transfer programs that has characterized existing research on gender and social policy in Latin America. Given that similar sets of reforms have been underway in other Latin American countries, Chile provides a good starting point for the mapping of broader regional trends and dynamics. Analytically, the selection combines two “core” institutions of the welfare state—health and pension systems—with two care-related policy areas: childcare services and maternity leave. While mainstream welfare state analysis has disproportionately focused on the former, feminist analysis often zooms in on the latter. Yet, from a gender perspective it is important to pay attention to both sets of institutions. While childcare services and parental leaves can play an enabling role in terms of women's participation in paid employment, pension systems can be designed in ways that translate labor market inequalities more or less directly into unequal entitlements in old age. They thus represent two sides of the same problem, namely the extent to which the gender division of labor affects women's and men's differential access to income and social security. Finally, the four policy areas present similarities and differences

that make for a number of interesting comparisons: they present varying levels of complexity, have been differentially affected by neoliberal restructuring and are more or less explicitly gendered (see chapter 3).

The temporal focus of the book is on reforms and policy innovations that have taken place over the first decade of the 21st century. There are three main reasons for this. First, as was already mentioned, this is a period during which social policy reforms and innovations accelerated both in Chile and elsewhere in the region. Second, considering that qualitative analysis is a time- and resource-intensive endeavor, I wanted to make sure that the data I gathered and generated would be original, that is, moving beyond existing analyses of social policy in the Chilean context which have largely focused on the 1990s. I was also curious whether recent changes would amount to more than the perpetual and path-dependent reproduction of the “neoliberal model” that has been documented by most research on Chilean policy and politics during that decade (Frank 2004; Gideon 2002; Moulián 2002; Schild 1998, 2002; Taylor 2003, 2004). Finally, studying contemporary reforms is a particularly appealing exercise given its immediate relevance and the possibility to make one’s findings speak to ongoing policy debates. It is important to point out however, that while the book zooms in on a number of recent reform episodes, it locates them within their specific historical trajectories: analysis is hence carried out against the backdrop of a much broader time horizon, going back to the formative period of the Chilean welfare state in the 1920s.

For each of the four cases of social policy reform and innovation, I engage in “process-tracing” (George and McKweon 1985; Mahoney 2003) to track the complex unfolding of events over time, in this case, the defining steps in the policy process. Methodologically, I collected and carefully triangulated evidence from two sources of primary data: semi-structured interviews with forty-five key informants from a broad range of backgrounds (from the executive, the legislature and the bureaucracy; universities, political think tanks and civil society; from former ministers and policy advisors to second-rank bureaucrats and ground-level staff; and from across the political spectrum) as well as archival materials, including official documents and media coverage from a range of news outlets. While the empirical bedrock of this book is based on qualitative observations, I also use statistical data, for example to trace the evolution of resource allocation and coverage.

Based on the insights of the four reform episodes, the book develops a theoretically informed and empirically grounded argument about the

gender dynamics of gradual institutional change. In order to do so, it follows a fairly similar procedure in each case. First, it determines the *pattern of reform* by analyzing the extent and quality of change in each policy area. It compares pre- and post-reform scenarios along a set of dimensions derived from the gender and welfare state literature which are discussed in chapter 2. How did the reforms affect state-family and state-market relationships? How did they tackle gender and class inequalities? What are their implications for gendered notions of social citizenship? This allows for a nuanced assessment of change and continuity and helps us to determine whether and to what extent positive gender change has occurred in each policy area.

Second, it seeks to unravel the *politics of reform* by uncovering the factors that account for specific policy choices. In order to do so, it traces the trajectory of each reform through its defining stages: from problem definition through to policy adoption. What were the key drivers of reform and innovation? How did specific policy choices come about? Which elements of a given policy area were more open or resistant to change and why? How did this shape the opportunities and constraints for positive gender change? This provides us with a comprehensive picture of the actors, ideas and institutions that have shaped reform agendas and policy choices in each case.

Finally, this approach also enables us to draw broader conclusions about the patterns and politics of change and continuity based on cross-sectoral comparison. Do the reforms follow similar or different patterns of institutional change? Has the incorporation of gender concerns been uniform across policy areas, or has it varied? What accounts for similarities and differences?

ORGANIZATION OF THE BOOK

Drawing on historical institutionalism and feminist political science, **chapter 2** introduces an analytical framework for assessing, explaining and comparing the gendered patterns of change and continuity across policy areas. The first part of the chapter defines social policies as gendered institutions and proposes three overarching dimensions according to which sector-specific rules and practices can be grouped in order to capture and compare the scope and nature of change: the relative weight of states, markets and households in social provision; the patterns of class and gender stratification; and the boundaries of social citizenship. Building

on these insights, the second part of the chapter establishes a framework for explaining the scope and direction of change that is sensitive to sector-specific constraints and opportunities. This framework holds that political institutions and policy feedbacks play a critical role in structuring social policy reform and innovation processes, while leaving room for the analysis of agency and ideas. It argues that in the absence of exogenous shocks, change in social policy will likely be gradual, but this does not mean that it is insignificant. From a gender perspective then, it is important to ask about the leeway that gradual change processes provide for introducing positive gender change and to unravel which features of social policy are more malleable or resistant to change and why. Comparing and contrasting reform paths and outcomes across different policy areas in a single country allows us to answer these questions and tease out key drivers and constraints on positive gender change in social policy more broadly.

Chapter 3 provides further detail on the Chilean context. Partly because of the absence of exogenous shocks over the period studied (2000–2011), partly because of its restrictive politico-institutional framework, the country is characterized as a highly constrained setting for positive gender change in social policy. The first part of the chapter focuses on formal and informal political institutions, including executive power, the party system, the legislative process and the politics of agreement and expertise. These institutions are marked by power asymmetries, ideas and ideologies that constrain the ability of reform entrepreneurs to effectuate wholesale changes. Formal electoral rules and informal practices of consensus-building as well as a top-down technocratically driven policy process provide status-quo oriented actors with significant veto power and enhance their leverage over social policy design and reform. A relatively demobilized civil society, low levels of women's representation in formal political institutions, and the feeble commitment to gender equality even among center-left parties, in turn, do not bode well for the integration of gender equality concerns in major reform debates and decision-making processes. This generally restrictive framework, however, plays out differently in each policy area depending on sector-specific policy legacies. In order to understand these legacies, the second part of the chapter adopts a longer-term historical perspective on the gendered origins and trajectories of the Chilean welfare state. It shows that while the overall trajectory of the Chilean welfare state has been shaped by similar historical junctures,

these junctures have not affected all policy areas equally. Rather, they have led to coexisting and sometimes contradictory logics within and across different policy areas. This has important implications for the politics of reform. While in some cases, the constraining effect of the politico-institutional framework is reinforced by strong neoliberal legacies, for example, this is not the case in other areas where such legacies are less pronounced.

These two overarching chapters are followed by four detailed empirical case studies: the 2002–2004 health reform, the 2008 pension reform, the massive expansion of childcare services between 2006 and 2010, and the reform of maternity leave in 2011. Drawing on the insights of chapters 2 and 3, each case study provides a general description of the policy area before reform, discusses the key components of the reform episode in question, and assesses the scope and quality of change from a gender perspective. In order to account for the specific policy choices in each case, it traces the reform through its defining stages, mapping the role of actors, ideas and institutions. Special attention is paid to the ways in which policy legacies and political institutions have affected broader patterns of reform—including the preferences, strategies and power resources of different actors—and how these patterns have shaped the opportunities and constraints for introducing positive gender change.

Chapter 4 discusses the 2002–2004 health reform carried out during the administration of Ricardo Lagos (2000–2006), the first Socialist president elected after the return to democracy in 1989. It argues that the reform followed a pattern of gradual change in which new rules—in the form of health guarantees and private sector regulations—were layered onto the otherwise unmodified core of an institutionally fragmented health system. While this strategy led to modest improvements in terms of access to diagnosis and treatment for certain conditions, including some that disproportionately affect women, it had limited impact on key features of the health system, including the high degree of private sector participation, health commodification and social stratification. Policy feedbacks, including entrenched private sector interests and policy learning among political elites, led to a settlement that abandoned any ambitions to re-establish risk-pooling across the public-private divide and did not question the role of the private sector in health service delivery. As a result, a range of implicit gender biases remained firmly in place. The reform failed, for example, to effectively reduce discrimination against women in private health insurance schemes. Inadvertently, it also introduced new

gender biases in financing and provision by relying on a VAT increase as a funding mechanism and by placing greater emphasis on ambulatory and out-patient care which is bound to increase the burden of unpaid health-care on women. Political institutions, including a technocratic reform design process and the need to accommodate the apprehensions of major veto players, contributed to marginalize gender equality advocates from key arenas of political decision-making and obstructed the integration of more explicitly gendered concerns into the reform design. As a result, the reform made little progress on health issues that were considered strategic by women's health organizations, including unpaid care, violence against women and reproductive rights. However, precisely because the 2002–2004 reform constituted a political settlement that skirted rather than addressed the fundamental problems of the health sector, it left room for (re)interpretation under the subsequent administration of Michelle Bachelet (2000–2006) which also opened new routes for integrating gender into health programming.

Chapter 5 turns to the reform of the pension system carried out under the presidency of Michelle Bachelet. A Socialist, like her predecessor, Bachelet explicitly campaigned on gender equity and turned her election as a female president into a symbolically charged first-time event. The chapter argues that in contrast to health, Bachelet's overt commitment to promoting women's rights made it impossible to ignore gender in pension reform: state bureaucrats in charge of the reform design had a clear mandate for considering women's income security in old age. At the same time, policy feedbacks from the period of market reform placed important constraints on the extent to which this mandate could be translated into concrete policy changes. The shift to privately administered individual capital accounts in the 1980s had set the pension system onto an institutional path which reform entrepreneurs within the bureaucracy perceived as impossible and, to a certain extent, undesirable to reverse. As a result, they developed a reform proposal that followed a clear pattern of gradual change by layering a significantly strengthened pillar of non-contributory benefits onto the largely unmodified core of individual capital accounts. The strategic use of political institutions sustained this reform proposal throughout the policy process and allowed for its eventual adoption without major modifications. This strategy had important gender implications: On the one hand, the reform reduced implicit gender barriers in access to pensions and introduced new rules in order to protect women against economic insecurity in the case of divorce. It also created an explicitly

gendered benefit—the maternity grant—that is paid to mothers upon retirement in order to compensate for time spent on childrearing during their active years. On the other hand, evidently gendered rules in the individual capital account system—such as gender-specific actuarial tables—were not revised and continue to work against equal pension entitlements for women. In addition, some of the newly created benefits continue to be imbued with “old” gendered assumptions: eligibility rules for non-contributory benefits are based on the idea that, where available, women can rely on the income of a spouse rather than needing a pension in their own name, and the maternity grant explicitly reinstates traditional gender roles. In other words, the reform introduced positive gender changes, but made no attempt to re-gender pension policy more fully.

Chapter 6 turns to early childhood education and care services, a less conflictive, but no less significant part of Bachelet’s social policy agenda. The chapter argues that policy choices in this area were much less constrained by political institutions and policy legacies from the market reform era. This gave the administration greater leeway for strengthening public childcare provision—rather than promoting consumer choice, as in health, by way of a voucher system—and for shaping it in ways that meet the needs of working mothers. Gradual change in this area followed a process of re-activation and conversion which modified the scope and purpose of previously existing, albeit underfunded and underutilized, childcare institutions. Thanks to significant investments and a relaxation of eligibility rules, the availability and coverage of public childcare increased massively between 2006 and 2010, and centers started to move from mainly part-time programs to offering full-day and extended schedules that are more in sync with the needs of working mothers. Ideational shifts among key actors within the Bachelet government about the role and reach of the state in welfare provision, including policy learning from the broader educational system, more dynamic and inter-generational conceptions of poverty and longstanding concerns about women’s economic autonomy, a lynchpin of the women’s ministry, played a key role in this process. Yet, they could only be translated into policy change for the 0–3 age group where institutional constraints were low. Here, executive action did not require legislative approval; neither did it clash with the deeply entrenched private sector interests that limited the leeway for state rebuilding in health and pensions. Meanwhile, other components of childcare policy remained unmodified and continue to generate important gaps, discontinuities and incompatibilities for working mothers. The new services for 0–3-year-olds

are followed by a preschool system for 4–5-year-olds which completely escaped the zeal for reform: as part of the broader school system, it is not only highly marketized but also operates based on part-time schedules and extended school holidays which make work-family conciliation difficult. Changes in this area would have been subject to similar institutional constraints as in the case of pensions, involving legislative approval and possible resistance by private providers—battles that the administration consciously chose to avoid.

Chapter 7 discusses the first major social policy reform under changed political auspices. The 2011 maternity leave reform was enacted under the administration of Sebastián Piñera (2011–2015), the first right-wing president after two decades of center-left rule. The chapter argues that the reform introduced important changes: it layered a new leave period onto the pre-existing maternity leave and, in the process, converted its reach and purpose; it relaxed eligibility criteria in order to reach out to workers in less stable employment and introduced the possibility of transferring up to a quarter of the leave period to the father. However, because the reform failed to establish independent rights and concrete incentives for fathers, it did not alter the gender logic of maternity leave which remains essentially based on the assumption of different rights and responsibilities. The chapter argues that the somewhat counterintuitive introduction of more generous maternity leave regulations under a decidedly market-liberal government owes much to the particular political circumstances under which the reform was enacted. These circumstances upset the habitual workings of informal political institutions related to the politics of expertise and agreement and gave way to a more deliberative politics in the legislature. Together with growing social mobilizations and waning popular support for the Piñera government, this allowed for important modifications to the executive's initial proposal with the result that women workers' rights were significantly strengthened. Yet, the ways in which these rights were framed left little space for explicit gender equity measures, such as father quotas. On the one hand, a market-liberal faction that cut across the two party coalitions saw maternity leave reform as an opportunity to reduce fiscal spending and increase labor market flexibility. The faction that favored the comprehensive, rights-based extension of maternity leave to six months, on the other hand, was decidedly maternalist, driven by medical concerns and a discourse that emphasized the benefits of exclusive breastfeeding. Claims for parental sharing did not fit with either agenda, and the sustained popularity of maternalist arguments trumped the government's pro-market agenda in this case.

Chapter 8 analyzes the findings from individual policy areas comparatively. It argues that overall, patterns of gradual change have been dominant. Across policy areas, some positive gender change has clearly taken place. At the same time, however, policy innovations continue to be “nested” within an institutional environment that undermines their equity-enhancing potential: gender biases persist in the health and pension system, and new “family-friendly” policies such as childcare and maternity leave remain embedded in a highly discriminatory labor market context. Neoliberal policy legacies and power dynamics stemming from the country’s political institutions prevented more radical and encompassing changes in virtually all policy areas. Yet, there also are important variations both in terms of the (re)articulation of state-market relationships and in the incorporation of gender concerns. These variations are a reflection of sector-specific legacies, particularly the relative strength of neoliberal and maternalist feedback effects, as well as more contingent moments of political opportunity. Gendered actors and ideas played a key role in these processes. The election of Michelle Bachelet, an overtly “women-friendly” president, for example, facilitated the integration of gender concerns in pensions, contrasting strongly with the case of health reform carried out under the previous administration. The change in governing coalition after 20 years of center-left rule, in turn, upset workings of well-rehearsed political processes, both formal and informal, in ways that helped efforts to extend maternity leave to six months win the day. The chapter closes by discussing the contributions of the book to the field of gender and comparative politics as well as the implications of its findings for feminist politics.

NOTES

1. I borrow this expression from Nancy Folbre, interviewed by Razavi (2011).
2. My use of these categories is aware of the differences *among* women and the fact that policy changes may affect women from different socioeconomic or ethnic groups to different degrees and in different ways. In chapters 4, 5, 6 and 7, for example, I consistently explore gender and class effects as well as their interaction in the context of different social policy reform and innovation processes.
3. My use of the term “reform entrepreneurs” draws on John Kingdon’s (1995) definition of policy entrepreneurs. The defining feature of policy entrepreneurs “is their willingness to invest their resources—time energy, reputation, and sometimes money” (122) in the promotion of policy ideas and solutions.

4. Early childhood education and care has been significantly expanded in Argentina, Chile, Mexico and Uruguay, for example (Esquivel and Faur 2012; Mahon 2011; Salvador 2010; Staab and Gerhard 2011). Pension reforms in Bolivia, Chile and Uruguay have established childcare credits for mothers (Aguirre and Scuro 2010; Arza 2012). Leaves have been reformed in several countries, introducing, among others, (short) paternity leaves or extending maternity leaves (Blofield and Martinez Franzoni 2015).
5. Notable exceptions include Jasmine Gideon's (2012) and Christina Ewig's (2008, 2010) studies of health sector reforms in Chile and Peru as well as Merike Blofield's (2015) work on parental leave reforms in Chile and Uruguay.
6. See Annesley (2010) for a similar argument.

Gender, Politics and Social Policy: An Institutionalist Perspective

How do welfare institutions change? Why do they change the way they do? And what are the opportunities and constraints for re-gendering these institutions in the context of broader reform processes? Combining key insights from historical institutionalism (HI) and feminist political science (FPS), this chapter develops an analytical framework in order to answer these questions systematically across a range of policy areas.

From HI I take the insight that institutions structure human interaction, cooperation and conflict over time (Thelen and Steinmo 1992; Hall and Taylor 1996; Pierson and Skocpol 2002). This key tenet of HI does not dismiss the role of actors, their interests and ideas. Rather, it draws our attention to the ways in which their leverage over reform outcomes is mediated by the decision-making institutions of the state and the legacies of previously enacted policies. Institutions shape the identities, goals and preferences of political actors as well as their relative power in political debate and decision-making processes. Yet, while institutions condition and constrain political interaction, they can never fully explain particular political outcomes (Thelen and Steinmo 1992: 13). Historical institutionalists are therefore particularly interested in exploring how institutional factors interact with other variables, including agency and ideas, in shaping specific political outcomes.

From FPS I take the view that institutions and ideas about institutions are intrinsically gendered and so are the actors that populate them. As a corollary, processes of institutional reform and innovation are bound

to have important gendered effects. My understanding of gender is informed by theories that stress the relational, multidimensional, socially constructed and contextually specific character of gender (Connell 2002, 2009; Harding 1986; Hawkesworth 2006; Scott 1986). Much like historical institutionalism, such an understanding is sensitive to the role of history, acknowledging that there is a “course of events that has produced the actual gender orders we live in” (Connell 2009: 87). The making, reform and restructuring of social policy is one such process in which gender is profoundly implicated. Social policies (re)create gender relations through formal and informal rules, unwritten assumptions and daily practices of “doing gender” (West and Zimmerman 1987). Though relatively stable, these rules, norms and practices are neither uniform nor immutable. If we conceive of “gender as a continuous, variable, and tenacious process that, while usually leading to women’s disadvantage, is challenged, negotiated, subverted and resisted” (Kenney 1996: 463), institutional arrangements remain theoretically open to positive gender change or re-gendering. The book explores this theoretical possibility through the analysis of four different episodes of social policy reform and innovation focusing on gendered reform patterns and processes.

HI provides important tools for understanding these patterns and both approaches can be fruitfully combined for a gendered analysis of policy change and continuity. First, HI’s focus on rules, norms and practices helps feminist scholars to untangle the specific channels through which gender operates within and across different institutions and thus provides concrete targets for re-gendering institutional arrangements. Second, HI is relatively attuned to the complex and multidimensional requirements of gender analysis (Waylen 2009). In contrast to more parsimonious approaches, it problematizes the formation of preferences and interests and concedes an important place to ideas (Hay and Wincott 1998). This, in turn, allows for incorporating the symbolic and normative dimension of institutions that have featured so prominently in feminist scholarship. Third, HI is sensitive to context and its historical determinants, a feature that is particularly important for the kind of cross-cultural, cross-institutional research that this book engages in. Indeed, one of the book’s hypotheses is that even within the same welfare state different welfare institutions may be sustained (and transformed) by different mechanisms and the opportunities and constraints on institutional (re)engineering vary across time, place and institutional arena. In other words, rather than seeking general laws, it starts from the idea that causality is contextual (Immergut 1998).

For the purpose of this book, a gender-informed variant of historical institutionalism will help us make sense of the scope, direction, drivers and limitations of social policy reform processes in Chile. In particular, it will enhance our understanding of how gender plays out in broader processes of welfare state redesign; what strategies and mechanisms have been used to introduce positive gender change in the course of specific reform episodes; and how those strategies were shaped by the institutional context, including feedback effects from previous reform periods and spill-over effects from adjacent institutional arenas, such as the labor market.

Against this broader backdrop, the chapter proceeds as follows. The first part defines social policies as gendered institutions and proposes a common framework for assessing change and continuity across different policy areas. The second part of the chapter then turns to the question of how and why some of these rules might be modified in the context of social policy reform and innovation processes while others remain firmly in place (cf. Thelen 2004). It argues that theories of gradual institutional change provide useful tools to understand social policy reform processes in the absence of ‘critical junctures’ and elaborates on some of the factors that are likely to shape their scope and direction.

SOCIAL POLICIES AS GENDERED INSTITUTIONS

Given that the attention of political scientists often focuses on formal political institutions, the first important question is to what extent social policies can be considered institutions. Historical institutionalists define institutions “as the formal or informal procedures, norms and conventions embedded in the organizational structure of the polity or political economy” (Hall and Taylor 1996: 938). According to this view, institutions are “*building-blocks of social order*: they represent socially sanctioned, that is, collectively enforced expectations with respect to the behavior of specific categories of actors or to the performance of certain activities” (Streeck and Thelen 2005a: 9). Social policies—or welfare institutions—are one such building block. They delineate the rights and obligations of individual and collective actors by defining eligibility criteria, modalities of risk sharing, mechanisms for raising revenue, and levers for allocating resources. Their rules and practices define the boundaries of social citizenship, regulate the relative weight of states, markets, individuals and households in social provision and contribute to the production or mitigation of social hierarchies.

Social policies are also archetypically gendered institutions in the sense that “gender is present” in their “processes, practices, images and ideologies, and the distributions of power” they purport (Acker 1992: 567); they reflect and reproduce gendered assumptions about work and family life (Lewis 1992; Orloff 1993; Sainsbury 1996); they are based on gendered interpretations of need, worthiness and entitlement (Fraser 1987; Fraser and Gordon 1994; Haney 1997); and they draw lines between those issues that are considered a legitimate terrain for political intervention and those that remain private (Jones 1990). In other words, gender relations—“embodied in the sexual division of labor, compulsory heterosexuality, discourse and ideologies of citizenship, motherhood, masculinity and femininity” (Orloff 1996: 51)—are a constitutive element of welfare institutions.¹ By design or by default, definition or omission, these institutions shape men’s and women’s participation and position in the market, the polity, and the home in conspicuously gendered ways.

A focus on rules, norms and practices enables us to investigate the specific channels through which gender and other social markers operate within and across policy areas. Some of these rules are formally inscribed into constitutions, laws, decrees, statutes and ministerial guidelines while others are enacted and enforced informally through everyday practices based on shared expectations (cf. Helmke and Levitsky 2006; Chappell 2006; Chappell and Waylen 2013; Lowndes and Roberts 2013). Even where shared parental leaves formally exist, for example, social norms and informal practices continue to keep many fathers from taking their share, be it because they are discouraged by fear of ridicule or performance pressure or because of widely held beliefs that babies are essentially better off with their mothers.

Following Gains and Lowndes (2014) we can further distinguish between explicitly and implicitly gendered rules. *Explicitly gendered rules* openly prescribe the differential treatment of men and women. Gender-differentiated retirement ages are a case in point. Here, women are explicitly allowed to retire earlier than men. The impact of this rule on women’s pension outcomes depends on its interaction with broader (seemingly gender-neutral) regulations, including those that define the calculation of benefits. Whereas defined-benefit formulas partly compensate for women’s earlier retirement, for example, the shift towards defined-contribution formulas across Europe tends to punish earlier retirement by tying pension benefits more closely to individual contributory records (Expert Group 2011). In this context, early retirement rules for women—often thought of as a privilege—can exacerbate gender inequalities in old-age pensions.

This example brings home an important point, namely that specific rules and practices operate in a broader institutional environment and that their gendered effects are partly determined by their interaction with other rules and practices that populate this environment. It also draws our attention to a second set of rules whose gendered character is less easy to uncover and yet pervasive across welfare institutions. These rules are *implicitly gendered*: they apply to men and women alike, but affect them differently in practice. Sticking with the example of old-age pensions, there are a range of seemingly gender-neutral rules that affect men and women differently, because they operate on top of gender inequalities in paid employment and unpaid care. Thus, women's labor force participation rates are generally lower than those of men; they tend to earn lower wages, be overrepresented in part-time employment and precarious jobs and they drop in and out of the labor market more frequently in order to take care of dependents. Yet, the extent to which women's labor market disadvantages translate into lower pension entitlements is mediated by rules that are endogenous to the pension system, including risk pooling mechanisms, benefit calculation formulas and eligibility requirements for minimum pensions. Benefits can be calculated based on lifetime contributions, for example, or defined as a proportion of average or final earnings (Arza 2012). While employment interruptions translate directly into lower benefit levels in the former case, they tend to carry less weight in the latter. This is a classic example of implicit gender bias—privileging male life course and employment trajectories—in seemingly gender-neutral rules.

The above examples suggest that implicitly and explicitly gendered rules and practices are bound to vary across policy areas. For the purpose of this book, this poses an analytical challenge that has to be tackled up front: the need to be sensitive to the (gendered) specificities of each policy area without getting lost in these specificities thereby compromising the capacity to draw broader comparative conclusions. The assessment of change and continuity in sector-specific rules and practices must therefore be embedded in a broader analytical framework. In order to do so, I draw on three fairly established dimensions put forth by the comparative literature on gender and welfare regimes: the relative weight of states, markets and households in social provision; the patterns of class and gender stratification; and the conception of social citizenship. These dimensions are broad and flexible enough to be adapted to and filled with the particularities of each case. As such, they provide a common framework for identifying change and continuity across a set of otherwise dissimilar policy

areas. While the three dimensions are drawn from the welfare regime literature—pioneered by Gøsta Esping-Andersen (1990, 1999) and critically revised by feminist scholars over the past two decades²—my aim is *not* to locate the Chilean welfare state within one of the many regime typologies. Indeed, I believe that some of the criticisms leveled against the welfare regime approach apply even more strongly to countries like Chile whose welfare state trajectory has been far from linear and whose welfare regime is therefore even less internally consistent than those of advanced political economies (cf. Abrahamson 1999; Kasza 2002). My analytical approach therefore disaggregates the welfare state into different policy areas and uses the dimensions below as a heuristic device to assess the scope and direction of reforms in each case.

States, Markets, Households: Shifting Boundaries, Shifting Burdens

Welfare institutions usually define the roles and responsibilities of states, markets and households quite explicitly through rules and norms about funding arrangements, service administration and access criteria: health services may be provided publicly and free of charge or involve different levels of co-payments and user fees levied by private or public facilities; pension benefits may be administered by the state or commercial insurance firms; access to public childcare services may be universally available to all parents or targeted to specific groups, such as children from poor or single-parent households. None of these rules are explicitly about gender, but virtually all of them have gender (as well as other stratifying) effects. The ways in which social policy reforms (re)define the roles and responsibilities of states, markets, households and individuals is thus an important aspect for any assessment of continuity and change.

Indeed, the identification and demonstration of links between these arenas has been a lynchpin of feminist analysis. Within the welfare state literature, gender scholars have restored the crucial role of the family as a provider in a story that was largely about states and markets. Together with feminist economists, they have drawn attention to domestic processes of social reproduction upon which societies rely for their functioning (e.g. Elson 1998; Folbre 2001; Molyneux 2007; Orloff 1993; O'Connor 1993; O'Connor et al. 1999).

As a corollary of this interdependence, shifts in the relative weight of states and markets inevitably affect the domestic sphere. During periods

of retrenchment, for example, work burdens—both paid and unpaid—often shift in conspicuously gendered ways (e.g. Bakker 1994; Benería and Feldman 1992; Elson 1995b; Sparr 1994). Lack of funding for social services in particular creates greater responsibilities for social provision in the domestic sphere, where the prevailing gender division of labor means that women have to spend more time on unpaid care and domestic work. Market reforms also often deepen gender inequalities in access to social services. The health sector is a case in point. Here, seemingly gender-neutral rules such as risk-based insurance premiums or co-payments at the point of delivery introduced in many developing countries from the 1980s onwards proved profoundly gender-biased in practice. Because women tend to face greater health needs along with a lower ability to pay, they were hit particularly hard by the introduction of user fees (e.g. Standing 1997).

Of course, greater state involvement in social provision does not empower women vis-à-vis men in any automatic way; nor does it necessarily lead to better social services. Indeed, the state may actively contribute to the recreation of traditional family arrangements and power relations (see below). Nevertheless, early feminist analyses of the state as inherently patriarchal have generally given way to more nuanced views, acknowledging that “control of states is a key stake in gender power struggles” (Orloff 2009: 322).

In chapters 4, 5, 6 and 7, I trace the shifts in the relative weight of the state vis-à-vis markets and households before and after a given reform episode in four different policy areas. This analysis is driven by the following questions: To what extent do recent reforms reflect a return of state-sponsored social provision? In how far do they enhance or challenge market-based approaches to social policy? And what are their implications for households and individuals in terms of access to and affordability of social benefits such as health, pensions or childcare? These overarching questions will not only shed light on changes within each policy area in the light of recent reforms, but also facilitate comparison across a set of otherwise dissimilar cases.

Stratification: The (Re)Production of Social Hierarchies

Social policies also have a major impact on the ordering of social relations. They can support status differentiation between occupational groups by tying entitlements to labor market participation and contributory records

(conservative regimes); endorse a dualistic structure of risk management through market mechanisms for those who can afford it combined with the provision of limited social assistance to the poor (liberal regimes); or foster social solidarity by offering comprehensive coverage and relatively even benefits for different groups based on citizenship or residence (social democratic regimes) (Esping-Andersen 1990).

In addition to stratification along class lines, the welfare state plays a major role in the ordering of other social relations, including those based on gender (e.g. O'Connor 1993, 1996; Orloff 1993, 1996) and race (e.g. Ewig 2010; Williams 1995). First, seemingly gender-neutral bases of entitlement—labor market participation, need and citizenship—affect men and women differently given their different location in the gender division of labor. Virtually all welfare states, for example, privilege those engaged in full-time paid employment over those who do unpaid domestic work or a combination of both. This is an implicit yet important bias, given that men are overrepresented among those in formal, full-time, continuous employment, while more women hold part-time and non-standard jobs and tend to interrupt their careers to take care of dependents more frequently than men. Minimally then, a gender analysis of stratification must pay attention to the ways in which the rules of welfare institutions treat different forms of labor and different patterns of participation in paid employment and to what extent this treatment translates into different levels of social protection for women and men.

Second, women often gain access to welfare entitlements on the basis of altogether different principles. While disproportionately more men claim welfare benefits based on their status as workers, women often do so in their capacity as wives or mothers. Different claims bases, however, do not necessarily yield the same level of benefits or protection. Thus, women may gain access to widows' pensions as a matter of right (derived from their relationship to a male breadwinner), but their benefit level is usually lower than that of the primary insurance holder (Sainsbury 1996). Similarly, means-tested social assistance benefits—on which women rely more strongly than men—tend to be meager when compared to those derived from social insurance (Fraser 1987). In addition, benefits and entitlements that are granted to women based on their status as mothers or wives—that is, based on explicitly gendered eligibility rules—also often confine their needs to those roles thereby contributing to the reproduction of traditional gender relations.

Third, social policies can empower (or disempower) women at the household level, much in the same way as they can strengthen (or weaken) the position of workers at the firm level (Orloff 1993). Morel (2007) shows, for example, that in response to the labor market crisis in the 1990s several European welfare states launched employment and family policies that actively discouraged women from entering the labor market or promoted their withdrawal and return to traditional domestic roles. When “reproduction goes public” (Hernes 1987: 51), in turn, it can improve women’s bargaining position within the family. By providing alternatives to family care, the state can enable women to participate in paid employment and gain access to an autonomous source of income. Similarly, the availability and affordability of family planning and fertility control carries “considerable significance for women’s autonomy within marriage and for young women’s independence of parental authority” (Shaver 1992: 10).

In order to analyze whether and how social policy reforms and innovations accentuate or diminish class and gender hierarchies, I take a broad approach to stratification that focuses on the ways in which institutional rules and practices shape patterns of differentiation, segmentation and inequality based on labor market status, occupational category, income and gender.³ Inequalities in access, benefit levels, and/or service quality may stem from rules and regulations that are endogenous to the policy area under study, result from its interaction with other institutional arenas, such as the labor market, or reflect a combination of both.

Social Citizenship: Conjugating Equality and Difference

The last dimension of the framework focuses on the ways in which social citizenship is (re)defined by reforms in different policy areas, paying special attention to the implications for women’s rights and gender equality. Citizenship can be broadly defined as a form of membership tied to a set of rights and obligations that are guaranteed and enforced by the state. Drawing on the welfare state literature as well as feminist theory, this section presents three aspects of social citizenship that are central from a gender perspective and illustrates how they are embedded in the rules and practices of different welfare institutions: decommodification, defamilialization and transformation. This combination reflects a conception of social citizenship that in its quest for equality and universalism is attentive to difference and diversity. It hinges on the recognition that the

needs of men and women may differ and that pre-existing inequalities have a bearing on whether and how they gain access to employment, social protection and social services.

The term *decommodification* was first defined by Gøsta Esping-Andersen as “the extent to which individuals and families can maintain a normal and socially acceptable standard of living regardless of their market performance” (1987: 86). While Esping-Andersen focused rather narrowly on the standard production workers’ access to health, pension and unemployment benefits, his emphasis on rules related to benefit generosity and conditionality is useful given that it can be applied to numerous policy areas: economic security in old age can be more or less dependent on previous labor market participation and earnings; access to healthcare can require lower or higher degrees of co-funding through contributions or out-of-pocket payments; access to childcare services can be more or less dependent on families’ ability to pay; and maternity leave subsidies can be more or less generous. Each of these examples is relevant from a gender perspective, given that as a group women command fewer financial resources, but often face greater social risks and needs than men (e.g. they tend to live longer, have higher levels of morbidity, are the ones who rely on the availability of childcare services in order to engage in paid employment).

Decommodification cannot, however, be the only criteria for assessing the quality of social rights. In tying social citizenship to the decommodification of labor, mainstream analyses tend to overlook the fact that a large share of women’s work is not actually commodified. Thus, the domestic and caring labor that goes into the daily maintenance of households and families and is largely carried out by women is generally not paid. Neither do these domestic responsibilities disappear when women enter the labor market. Feminist scholars have therefore unmasked the “false universalism” that underpins mainstream conceptions of social citizenship and argued for greater differentiation, amending the decommodification dimension in order to capture gender inequalities in access to paid employment and social benefits (O’Connor 1993, 1996; Orloff 1993, 1996; Lister 2003). The extent to which welfare states support women’s access to paid employment and enhance their “capacity to form and maintain an autonomous household” (Orloff 1993: 319) by insulating them from involuntary economic dependence on family members or state agencies (O’Connor 1993: 512) have been put forth as crucial indicators of the quality of social citizenship.

Based on these insights, Ruth Lister (2003) coined the term *defamilialization*, that is, “the degree to which individuals can uphold a socially acceptable standard of living independently of family relationships, either through paid work or social security provision and either inside or outside of a couple relationship” (172). Acknowledging possible gender inequalities in power and resources at the household level requires not only measures that facilitate women’s participation in paid employment, such as child or elderly care services. It also points to the importance of individual (rather than family-based) entitlements granted on the basis of citizenship or residence (Lister 2003; MacDonald 1998). Adequate benefit levels are also required to ensure that personal autonomy can be achieved in practice (O’Connor 1993).

Defamilialization usefully focuses on how social policies can improve women’s status either in the public sphere (by facilitating their access to paid employment) or in the family (by increasing their voice and exit options), but it lacks a conceptualization of *transformation* in gender roles applicable to both women and men. As Lister (2004) points out “the re-gendering of citizenship will require change in both public and private spheres and in men’s as well as women’s relationship to citizenship” (323). From this perspective, the gender division of labor itself needs to be transformed not only by increasing women’s access to paid employment and eliminating gender discrimination in the labor market, but also by promoting a greater participation of men in domestic and care activities. Yet, the strategies and instruments that can instigate, promote or accelerate transformation in gender roles and relations are inherently complex, and the influence of the welfare state and its institutions is, admittedly, limited. Yet, as the experience of parental leaves and daddy quotas shows, social policies can be reformed to reduce formal barriers and even create specific incentives for fathers to increase their participation in the care for young children, stimulating change in men’s family roles.

In subsequent chapters, these three overarching dimensions—shifts in state-market-family relations, patterns of stratification and definitions of social citizenship—will serve as a heuristic device that facilitates the analysis and comparison of continuity and change across different policy areas. While this approach allows us to ask a similar set of questions in each case (see Table 1), it also acknowledges that the conjugation and articulation of these dimensions may differ across policy areas. In other words, it allows for the possibility of sector-specific regimes.⁴ This has important implications for the politics of reform in the sense that sector-specific regimes are

Table 1 Dimensions of change and continuity in social policy

<i>Dimension</i>	<i>Research questions</i>
Relative weight of states, markets and households in welfare provision	<ul style="list-style-type: none"> • To what extent do recent reforms reflect a return of the state in social provision? • In how far do they challenge market-based approaches to social policy? • What are their implications for households and individuals in terms of access to and affordability of social benefits and services?
Social and gender stratification	<ul style="list-style-type: none"> • To what extent do recent reforms mitigate social stratification? • In how far do they reduce male breadwinner bias in access to welfare entitlements? • Do they take account of gender inequalities at the household level?
Social citizenship	<ul style="list-style-type: none"> • To what extent do recent reforms define entitlements as social rights independent from employment and family relations? • In how far do they acknowledge and promote women's roles outside of the family? • Do they promote the transformation of traditional gender roles in paid employment and unpaid care?

likely to lead to different constellations of actors and alliances as well as different preferences, goals and problem definitions: because social policies may have traveled down different institutional roads, the dynamics of their reform may also vary. The following section will further elaborate this issue focusing on the factors that might influence the scope and direction of policy reform and innovation processes.

SOCIAL POLICY REFORM AS GRADUAL CHANGE

Over the last decade or so, classical accounts of institutional change, such as Krasner's (1984) "punctuated equilibrium" model have come under increasing scrutiny. This model suggests that periods of relative stability or modest institutional adaptation are interrupted by moments of crisis during which more profound transformations, such as paradigm, path or regime shifts, take place. According to this conception, it is usually external events that trigger rapid and radical processes of change at particular "critical junctures" (Collier and Collier 1991). Recent scholarship has argued

that the dichotomous notion of institutional stability vs. institutional breakdown is ill suited to capture important empirical phenomena, such as institutional survival in the face of seismic historical shifts as well as more subtle institutional changes during periods of relative tranquility (Mahoney and Thelen 2010; Streeck and Thelen 2005b; Thelen 2002, 2004, 2009).

For the purpose of this book, models of abrupt and discontinuous change are well suited to account for the paradigmatic shifts that took place in Latin American welfare institutions as a response to economic and political crises in the 1970s and 1980s. They are less useful, however, for understanding the gradual “rebuilding and reclaiming” of the state that took place in the 2000s and in the absence of exogenous shocks (Grugel and Riggirozzi 2012). Several Latin American countries effectuated important changes to their pension systems in the mid-2000s, for example, but these reforms did not usually entail a radical shift in institutional logics. Rather, they created new rules alongside existing ones or changed specific institutional parameters, sometimes with important gender effects (Arza 2012).

Recent theories of gradual institutional change provide important insights as to how such incremental and cumulative processes unfold. They draw our attention to the ways in which “actors cultivate change from within the context of existing opportunities and constraints—working around elements they cannot change while attempting to harness and utilize others in novel ways” (Streeck and Thelen 2005a: 19). The modes and strategies of institutional change are likely to differ depending on the characteristics of the political context and the targeted institution (Mahoney and Thelen 2010).

The most far-reaching form of institutional change is *displacement* where actors deliberately cultivate, recover, or reactivate alternative rules and practices that gradually grow in importance. Displacement works through the defection of growing numbers of actors to the new logic of action, a process through which old rules and practices gradually lose relevance and are, eventually, removed. Since the cultivation of institutional alternatives is done in a fairly open and visible manner, displacement is usually found in contexts, where veto possibilities are weak and levels of discretion low. The 1980 Chilean pension reform is a good example: in the context of relatively weak veto possibilities (Chile was ruled by a military junta at the time), the regime established a system of individual capital accounts which automatically enrolled all new labor market entrants. In

addition, it engaged in an aggressive campaign to convince those who remained in the previous pay-as-you-go system to (voluntarily) switch to the new scheme, with the result that in 1990, the effective coverage of the pay-as-you-go scheme had been reduced to less than 10 %, while the new individual account system had come to cover around 47 % of the labor force (Uthoff 2001).

At the opposite spectrum, institutional change may occur in the form of *drift*. Drift works through “nondecisions”, that is, the failure to update institutional rules and practices in response to broader economic, political or social changes. In other words, existing institutional arrangements are allowed to decay: by responding no longer to the requirements of a changing environment, they gradually lose relevance, a process which may usher in their eventual demise. Hacker (2004, 2005) illustrates this process, by showing how employers and their conservative allies deliberately blocked attempts to respond to the continued erosion of healthcare coverage triggered by broader changes in employment patterns in the United States. “The privatization of risk in American health insurance”, he argues, “occurred without major policy reforms but it was very much a matter of political struggle” (2004: 254).

In contrast to drift, *layering* requires “active sponsorship of amendments, additions, or revisions of an existing set of institutions” (Streeck and Thelen 2005a: 24). In the context of high veto possibilities and low levels of discretion, new rules are introduced alongside existing ones, often at the institutional margins. As new marginal arrangements grow, they move closer to the center of the institutional arrangement, a mechanism that Streeck and Thelen (2005a) refer to as “differential growth” (23). The creation of parallel private insurance plans, for example, may gradually undermine support for public health and pension pillars based on the pooling of risks and resources (Hacker 2004).

The fourth mode of institutional change is *conversion*. Here, “existing institutions are adapted to serve new goals or fit the interests of new actors” (Streeck and Thelen 2005a: 26). Conversion is possible only in institutions with a relatively high level of discretion that leaves room for actors to interpret rules and redirect resources in ways that foster their objectives. It is often the result of previous policy choices effectuated on the basis of “ambiguous agreements” (Palier 2005) where the need for change may have been broadly shared while understandings of its direction and meaning differed. Consequently, political actors may (re)interpret institutional

rules towards different ends during implementation. Starting in the early 1980s, for example, the French state redeployed its interventionist powers from market-correcting industrial policy to market-conforming social policy (Levy 2005). At face value, French *dirigisme* remained intact and public spending indeed increased. Yet, state intervention was redirected towards achieving new goals: as industrial interventionism was dismantled, social policy was strategically deployed to appease potential opponents of economic liberalization. Conversion (like drift) is a particularly well-hidden form of institutional change because it often takes place “beyond the bright glare of legislative politics” (Hacker et al. 2016: 181), including through bureaucratic and judicial processes.

Some clarifications are in order on how these modes of change are used in the context of this book given that gradual change processes can have different outcomes. Changes in rules and procedures may either ensure the institution’s continuity (“reproduction by adaptation”) or lead to a significant reorientation in institutional goals, forms or functions (“gradual transformation”) (Streeck and Thelen 2005a: 9). Strictly speaking, the modes of change developed by Thelen and colleagues apply only to the latter type of outcome. Since the reforms analyzed in this book are relatively recent, however, I can often only speculate whether in the medium- and long-term these processes will usher in the reproduction or gradual transformation of specific welfare institutions. Though rules have been changed and institutional arrangements reconfigured, it is not yet clear if the reforms will have a lasting transformative effect. While this is an important question, the central concern of this book is to elucidate how reform entrepreneurs navigate structures of political opportunity and constraint in their quest to produce change, determine the factors that shape their decisions and choices and explain why they succeed or fail. As a corollary, I conceive the outcome of gradual change processes as essentially open-ended: the different modes of change can lead either to institutional reproduction or transformation. Given that no single actor has complete control over social policy reform or innovation processes, the modes of change may also operate independently from the original intentions of reform agents. They may be deliberate strategies, as Mahoney and Thelen (2010) suggest, or simply the product of negotiation and political settlement. In either case, they are the outcome of the interaction of different reform entrepreneurs with the broader political and policy environment.

In all, the above mechanisms of change provide important insights as to how institutions might change based on their own characteristics as well as those of the broader political environment. However, they give us few hints about the drivers and directions of change. In the absence of exogenous shocks, where does the impulse for policy change come from? And what factors shape its direction? Exploring these questions requires adding greater substance to the political and policy environment. To do so, we need to further elaborate on the institutions, actors and ideas that populate it. Their interplay is crucial for understanding the ways in which prevailing rules and regulations are renegotiated during policy innovation or reform processes.

Institutions

In polity-centered approaches, the nature of the state and its political institutions are crucially involved in shaping processes of policymaking and reform. They do so by providing “access and leverage to some groups and alliances, thus encouraging and rewarding their efforts to shape government policies, while simultaneously denying access and leverage to other groups and alliances operating in the same national polity” (Skocpol 1992: 54). From this point of view, whether the claims and proposals of political actors gain traction or not depends on the degree of access they enjoy to key decision-making arenas and the extent to which their strategies fit with the broader politico-institutional environment. Ellen Immergut’s (1990) comparative study of healthcare policy in France, Sweden and Switzerland, for example, points to the ways in which political systems concentrate or disperse power and thereby determine the number and nature of “veto points” (executive, legislative, electoral). She argues that whether healthcare policies are adopted or reformed hinges largely on “the independence of the political executive from vetoes at subsequent points in the chain of decisions” (Immergut 1990: 397).

Feminist political scientists have drawn attention to the multiple ways in which political institutions and processes influence women’s descriptive and substantive representation (e.g., Annesley 2007, 2010; Annesley and Gains 2010; Chappell 2002; Franceschet 2010a, b, 2011; Franceschet and Piscopo 2008; Grace 2011; Krook 2009; Krook and Mackay 2011b; Vickers 1994, 2011; Waylen 2007). Seemingly gender-neutral institutions, such as legislatures, core executives, courts or federalism, have been shown to operate according to rules and expectations that often serve

to bolster male dominance, perpetuate women's exclusion from political power and prevent gender-egalitarian policy change. Yet, political institutions can also be harnessed in order to shape policy agendas and pursue feminist goals. The work of Claire Annesley and Francesca Gains on the UK core executive underscores the Janus-faced nature of political institutions with regards to gender policy change (Annesley and Gains 2010; see also Annesley 2007, 2010). On the one hand, their analysis points to the multiple ways in which the core executive—through its recruitment, resource allocation, relationships and rules—limits the leeway for gender policy advocacy. On the other hand, it shows how, once inside, feminist actors in strategic positions can take advantage of the country's single most powerful decision-making venue in order to promote gender-egalitarian policy change.

As the following chapters will show, political institutions have a major bearing on the Chilean policy process. However, policies are not only the outcome of political processes but themselves (re)create politics (Skocpol and Amenta 1986; Skocpol 1992).

The claim that “history matters” is at the core of historical institutionalist analysis (Immergut 1998). Ideas, interests and institutional configurations resulting from previously enacted rules and practices feed back into subsequent struggles over their reform, shaping their scope and direction. In his work on welfare state retrenchment, Pierson (1994, 1996, 2000) extensively draws on the concepts of “path dependence” and “policy feedbacks” in order to explain why the welfare institutions in advanced industrialized economies have witnessed relatively little change in spite of strong exogenous pressures. He argues that by altering both the universe and the preferences of actors who populate a particular institutional setting, previously enacted policies constrain subsequent reform choices. On the one hand, social programs create “armies of beneficiaries” (Pierson 1996: 146) as well as interest groups, such as public sector workers, who have a stake in prevailing institutional arrangements and hence resist their retrenchment or restructuring. On the other hand, actors often adapt their behavior and expectations, making extensive commitments in response to existing institutional arrangements. As a result, the cost of unraveling them may become prohibitively high.

While Pierson focuses on how policy legacies create obstacles for welfare state *retrenchment*, others find similar constraints for welfare state *expansion* once private sector interests have taken hold in the social sectors (Béland and Hacker 2004; Ewig and Kay 2011; Hacker 1998, 2002; Hacker and Pierson 2002). Jacob Hacker (1998) argues, for example,

that the early development of physician-controlled private health plans in the United States constituted a formidable obstacle for the introduction of a National Health Insurance in that country. Similarly, Ewig and Kay (2011) argue that market reforms in the Chilean health and pension systems have entrenched private sector interests and changed policy ideas in ways that have limited the scope of recent reforms in these areas (see also chapters 4 and 5).

These accounts usefully draw our attention to the ways in which early policy choices *structure* political conflict and *constrain* the breadth and depth of subsequent reforms. Critical junctures, path dependence and positive policy feedbacks go a long way in explaining why policies, once enacted, are resistant to radical reforms, especially in the absence of exogenous shocks. They also provide important tools for our analysis of Chilean welfare institutions whose path has been (re)shaped by a series of market reforms carried out under military rule (see chapter 3). Adding to the existing institutionalist literature on path dependence, the case studies in this book show that policy feedbacks are intrinsically gendered and that neoliberal and maternalist legacies continue to haunt current social policy reform debates and processes. Yet, they also show that there have been important changes. Given the absence of exogenous shocks and the existence of rather pronounced institutional constraints in the Chilean context, where does the impulse for policy change come from? What factors drive policy change and determine its direction?

The literature on institutional change suggests at least three sources of change that are built into different institutional arrangements: political learning, hybrid legacies and contestation. Together they illustrate that feedback effects from previously enacted policies need not necessarily be self-reinforcing.

First, new information, including data on the desired or undesired impacts of prevailing institutional arrangements, often leads to significant amendments or revisions in the goals and instruments of a given institution. This phenomenon—variably referred to as *political learning* (Hecló 1974), *policy-oriented learning* (Sabatier 1988) or *social learning* (Hall 1993)—is commonplace in policymaking processes. Learning may provide positive feedback, leading to the reproduction or replication of existing policies, or negative feedback, leading to their revision or elimination. Given that “the lessons that history provides us with are always ambiguous” (Hall 1993: 362) the interpretation of policy success and failure is a highly

political process, and as such not “unrelated to categorical inequalities, power, hierarchy, and political struggles” (Béland 2009a: 564). Not all policy failures—however well documented by empirical data—lead to learning, and scientific evidence or data can be manipulated in order to serve the goals of political actors or interest groups (e.g. King and Hansen 1999). Much depends on what is interpreted as success or failure and who holds the interpretive power in a given policy debate. Though experts often play a prominent role in learning processes, this interpretive process is not purely technical. As experts (or bureaucrats) puzzle on society’s behalf (cf. Hecló 1974), they do so within the constraints of specific (scientific or policy) paradigms. And they do not need to be captured by interest groups—though this is, of course, a possibility—to draw different lessons from previously enacted policies.

Competing interpretations of policy failure and success are facilitated by *ambiguous and diverse legacies*, a second potential source of dynamism. As Streeck and Thelen (2005a) point out institutions are “never completely coherent” (20). Dominant institutional logics tend to “coexist with other arrangements, created at different points in time and under different historical circumstances” (*ibid.*). Welfare institutions are complex creatures that have shaped up in cumulative, often piecemeal ways. In Chile, for example, the shift from a Bismarckian to a neoliberal logic was neither universal nor uniform across policy areas (Castiglioni 2001). Different welfare institutions come with different sets of statist, corporatist and (neo)liberal legacies which are endorsed, resisted and redeployed by social and political actors in their quest to effectuate or inhibit changes to their functioning. Similarly, different welfare institutions have incorporated competing gender logics: some institutions, such as leave policies, actively promote gender difference based on motherhood (maternalism), while other institutions, such as the pension system, implicitly assume gender sameness in terms of men’s and women’s capacity to save for retirement or get their health needs addressed (see chapter 3). These hybrid institutional legacies can open up avenues for change, for example, through the reactivation of “suppressed historical alternatives” (Moore 1978, cited in Streeck and Thelen 2005a: 20).

Third, policies are continuously contested. This is particularly true for social policies which define mechanisms of resource allocation, entitlements and access criteria and hence distribute resources and political power in very tangible ways. As a result, *contesting interpretations* of institutional purpose and function are part and parcel of social policy and can

constitute an important source of dynamism during reform design and implementation. Indeed, “it sometimes happens that actors who are not part of the ‘design coalition’ may nonetheless find ways *to occupy and redeploy* institutions not of their own making” (Thelen 2009: 491). In order to do so, change agents not only adapt their behavior and strategies to prevailing institutional arrangements. They also try “to bend the institutions and reinterpret the rules to fit their interests and goals” (*ibid.*).

The discussion of path dependence and policy feedbacks illustrates that “change and stability are in fact inextricably linked” (Mahoney and Thelen 2010: 9). Social policy reforms take place within specific institutional parameters, but these parameters are neither fixed nor immutable. Political actors may strategically and creatively work with prevailing rules and practices in order to bring about change. Similarly, learning from past experiences or exposure to new ideas may lead actors to redefine their goals. This underlines the mutually constitutive relationship between institutions, actors and ideas (see Fig. 1).

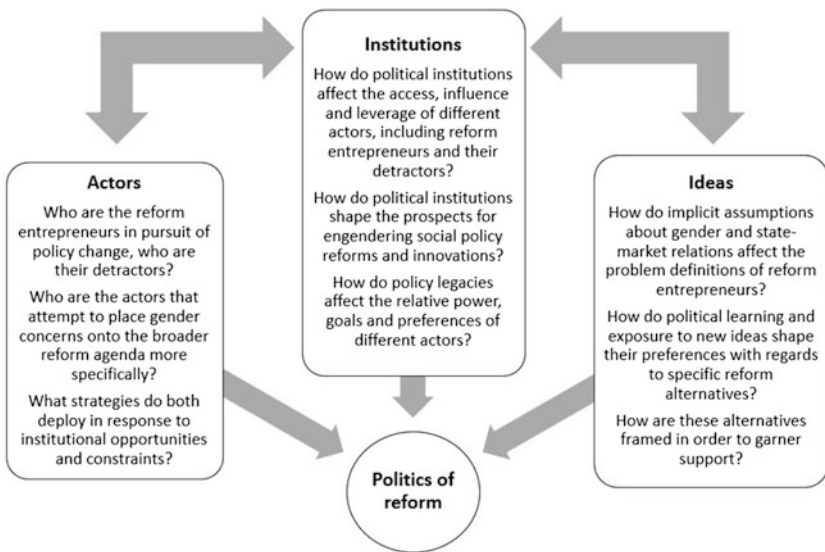


Fig. 1 Understanding the politics of social policy reform and innovation

Actors

The preceding discussion of political institutions and policy feedbacks has drawn our attention to two sets of rules, norms and practices: those pertaining to the political system and those emanating from previously enacted policies. Together, they constitute the context in which political actors with different goals, interests and ideas struggle and compete over the scope and direction of reform. But who are the actors that cultivate change and push for reform? Who are the ones raising gender issues and concerns and attempting to place them onto the broader reform agenda? And what strategies do both deploy in response to institutional opportunities and constraints? Historical institutionalism and feminist political science have both provided important insights into this puzzle.

Historical institutionalism has traditionally paid much attention to actors inside the state, arguing that “[b]oth appointed and elected officials have ideas and organizational and career interests of their own” (Skocpol 1992: 42). Their decisions “are therefore not reducible to the demands or preferences of any social group” (*ibid.*). Because of their relative power over rule interpretation and enforcement, institutional insiders are particularly important in gradual change processes (Mahoney and Thelen 2010: 14). While maintaining the institutional shell, these actors can play with the parameters of institutional practice, interpreting and implementing existing rules in novel ways. Through their privileged access to (policy-relevant) information and decision-making structures, they can also be important in placing issues onto the political agenda. In addition, historical institutionalists have provided evidence on how the influence of outside actors, including interest groups and social movements, is not only shaped by their own organizational capacity, but by “the relative opportunities that existing political institutions offer to the group or movement in question” (Skocpol 1992: 54). This includes the extent to which different groups have a voice in policymaking processes and/or can rely on political institutions, such as the legislature, to represent their interests at the design and negotiation stage.

In trying to uncover the factors that shape policymaking around women’s rights and gender equality, feminist political scientists have made important contributions to our understanding of political agency: they have stressed the importance of strong, autonomous women’s movements (Franceschet and MacDonald 2004; Waylen 1996; Htun and Weldon 2012; Weldon and Htun 2013); pointed to the role of femocrats and feminist legislators (Franceschet 2010a, 2011; Haas 2010; Mazur 2001;

Skocpol 1992; Stetson and Mazur 1995; Lycklama à Nijeholt et al. 1998); discovered feminist networks operating across a range of institutional sites; and stressed the significance of sympathetic gate openers in key decision-making bodies (Annesley 2010). Feminist analysts have also long recognized that because women's movements and feminist actors often pursue their goals under conditions that are not of their own choosing, they adapt their strategies to the institutional landscape as well as more momentous changes in the political opportunity structure (see, e.g. Mahon 1997 on childcare reforms in Canada and Sweden).

While there is by now an important body of work within feminist political science that takes an openly institutionalist approach, much of this work focuses on women's political agency within specific institutional contexts and/or on classical gender-status policies, such as family law, domestic violence, or sexual and reproductive rights.

The approach of this book is different. Because social policies are often less *explicitly about* gender than classical gender-status policies, the study made few *a priori* assumptions about the kind of political actors or their intentions. Rather these were questions that the research project left open to inductive exploration. The empirical case studies in this book do not follow a specific political agent moving through the complex landscape of institutional constraints and opportunities. Instead, they chart the ways in which different actors with different idea(l)s and power resources struggle over the definition of policy problems and reform alternatives. This perspective reveals the rather protean set of interests involved in the reform of welfare institutions and draws attention to the crucial role of ideas in shaping perceptions, preferences and policy proposals. The following subsection turns to the latter and further specifies their role in the context of policy innovation and reform processes.

Ideas

Social policies and the debates over their reform are almost always underpinned by contending views of human nature and social relations, including the boundaries, goals and instruments of state intervention. These ideas are intrinsically gendered and deeply embedded within existing institutional structures as the previous discussion of social policies as gendered institutions has shown. Ideas help reform entrepreneurs make sense of their environment, chart a course of policy action and legitimize

their objectives (e.g. Béland 2005, 2009b; Blyth 2001, Campbell 1998; Schmidt 2008). On the one hand, ideas can serve as “cognitive locks” that promote “intellectual path dependence” (Blyth 2001: 4) and hence constrain institutional change even in the face of broader societal shifts. On the other hand, political learning and exposure to new ideas can be an important source of policy innovation by shifting the goals and preferences of political actors.

Ideas are hence of primary concern when exploring processes of social policy innovation and reform: they come into play in the definition of policy problems, the discussion of alternative solutions, and the strategic framing of reform imperatives (Béland 2005, 2009b). Reform debates are often marked by competing views on whether there is a problem that requires policy intervention, where the problem stems from and what is to be done about it. Specific problem definitions may be deliberately pushed through strategies of naming, blaming, claiming and framing; but they can also emerge more inadvertently reflecting the taken-for-granted assumptions of political actors. As such, problem definition can have far-reaching consequences for reform processes and outcomes: it tends to crowd in specific policy goals and solutions while excluding those “that are not consistent with its way of describing the issue” (Mehta 2010: 33). This echoes long-standing feminist concerns with the politics of problem definition, interpretation and framing, the underlying assumptions of such processes and the actors who produce and disseminate them (e.g. Bacchi 1999, 2009; Fraser 1987; Lombardo et al. 2009; Verloo 2007).

Problem definitions are often embedded within “societal paradigms” (Jenson 1989: 236) or “public philosophies” (Mehta 2010: 40). These include views about the role of the state vis-a-vis the family or the market as well as other sets of social relations. A public philosophy can stipulate, for example, that small children are better cared for by their mothers than by public institutions (or fathers), that competition between public and private providers improves social service delivery or that macroeconomic goals, such as fiscal balance, should guide decisions over social spending. Competing public philosophies may coexist in what Jenson (1989) refers to as the “universe of political discourse” (238); but they can also come to be so widely shared and accepted that their critique and contestation is virtually impossible (Mehta 2010).

While public philosophies or societal paradigms do not determine policy outcomes in and of themselves, they do have a bearing on different aspects of the policy process. They can influence who gets selected for bureaucratic posts or invited to participate in expert commissions that provide policy advice, provide orientation to political actors in terms of which side to take in a given policy debate and work as “cultural touchstones” to which actors appeal in their quest to garner support for specific proposals. Feminist actors, for example, have framed their claims for greater rights and entitlements in terms that resonate with their specific historical context by appealing to national idea(l)s, such as the “People’s Home” in Sweden (Hobson and Lindholm 1997), by extolling the virtues of motherhood and its service to the nation (Skocpol 1992; Koven and Michel 1993; Lavrin 1996; Dore and Molyneux 2000) and by claiming that greater rights for women are consistent with, and even enhance, family values and wellbeing (Blofield and Haas 2005; Waylen 2007).

CONCLUSION

Drawing on historical institutionalism and feminist political science, this chapter established an analytical framework for assessing, explaining and comparing the gendered patterns of change and continuity across different policy areas. The first part of the chapter defined social policies as institutions that operate based on conspicuously gendered rules and practices and proposed three overarching dimensions according to which sector-specific rules and practices can be grouped in order to capture and compare the scope and nature of change. Building on these insights, the second part of the chapter established a framework for explaining the scope and direction of change that is sensitive to the contextual nature of causal processes. This framework attributes special importance to political institutions and policy feedbacks, but also leaves room for the analysis of agency and ideas. It acknowledges that social policy reform and innovation processes are characterized by both choice and constraint (Thelen and Steinmo 1992), that change is both path dependent and contingent (Hay 2002) and that the influence of institutional, agential and ideational factors that shape political decisions is reciprocal and often difficult to disentangle.

Based on the analytical categories, concepts, and relationships reviewed in this chapter, we can formulate a series of assumptions and questions

regarding the patterns and processes of change triggered by recent social policy reforms and innovations in Chile.

First, it is unlikely that recent social policy reforms and innovations in Chile “involve a frontal attack on traditional institutions” (Thelen 2009: 487), partly because of the absence of exogenous shocks, partly because of the country’s political institutions that privilege policy stability and are further discussed in chapter 3. Instead, we can expect to find processes of incremental change, “bounded innovation” (Weir 1992), or “nested newness” (Chappell 2011; Mackay 2009, 2013) during which some rules and practices are renegotiated while others remain firmly in place. Against this backdrop, the first question that we need to ask is precisely what features of a given institutional arrangement have been malleable and what features have remained rigid in the context of a specific reform episode. The dimensions laid out in the first part of the chapter will help us answer this question across a range of policy areas. The second question is why we see change in some rules and practices and continuity in others. By drawing attention to the ways in which institutions, actors and ideas may shape the prospects and direction of change, the second part of this chapter provided a lens as well as specific questions through which to explore the politics of social policy reform and innovation across our cases.

Second, and based on the definition of social policies as intrinsically gendered, we can expect that their reform—however gradual—will have important gender implications. This does not mean that welfare institutions are necessarily *re-gendered*, that is, that the gendered hierarchies, norms and practices that underpin their operation experience “thoroughgoing challenge” or radical transformation (cf. Mackay 2010: 370). However, theories of gradual institutional change suggest that even in highly constrained settings, there is the possibility of incremental yet significant changes in implicitly and explicitly gendered rules and practice: changes at the margins, changes that within the context of important continuities alter the distribution of resources, rights and responsibilities not only between states, markets and households but also between women and men. These changes may be for better or for worse; they may be effectuated intentionally or en passant; implicitly or explicitly. The challenge is to detect, interpret and explain them. Have gendered changes been deliberately pursued by political actors or have broader changes implied benefits or drawbacks for women? How are gendered innovations “nested” within broader institutional continuities? What factors, or combination of factors, have facilitated or frustrated the introduction of positive gender change?

Third, we cannot assume that social policy reforms and innovations in different policy areas will follow identical patterns of change. Because of distinct historical trajectories and sector-specific characteristics, different welfare institutions are bound to present different political opportunity structures, including different constellations of actors with different ideas and power resources, different institutional lock-ins and sources of endogenous change. These differences feed back into political struggles over policy innovation and reform and are likely to affect their outcomes. As a corollary, there may be significant variation in the scope and nature of change in gendered rules and practices across policy areas. The interesting question that a cross-sectoral comparison can elucidate in this respect is how (and how much) policy legacies affect the room for maneuver in different policy areas. From a gender perspective, in particular, we want to reveal how explicitly and implicitly gendered legacies in each sector have played out in recent processes of policy innovation and reform.

We will return to these questions and assumptions at the end of the following chapter which provides background information on political institutions and policy legacies in the Chilean context. Based on these insights, we will be able to refine the more general assumptions drawn from the theoretical literature and take them forward to interrogate the empirical case studies presented in subsequent chapters.

NOTES

1. Gender inequalities do of course intersect with other axes of structural inequality, such as those based on class, race, ethnicity, ability and sexuality. Policy processes and outcomes, including those associated with social policy and welfare state (re)design, are shaped by and feed back into these intersectional patterns of penalty and privilege (e.g. Abramovitz 2006; Herd 2005; Quadagno 1990; Weldon 2008; Williams 1995). Along with Weldon (2006), I conceive of these axes of inequality as having both autonomous and intersectional effects. In other words, while women might share a structurally defined position of disadvantage *as women*, this disadvantage is bound to play out in class- and race-specific ways.
2. See references throughout this chapter as well as Sainsbury (2008) and Orloff (2009) for an overview of this literature.
3. There are a number of other factors that could be added to this list, including ethnicity, place of residence and sexuality. While these are indeed important markers of inequality in Chile, they are not part of my analysis which focuses on the interaction of gender and class.

4. This is not an uncommon perspective. Clare Bambra (2005), for example, has drawn attention to cross-sectoral inconsistencies in the allegedly liberal welfare regime of the United Kingdom, Canada and New Zealand. She shows that while income maintenance programs such as pension and unemployment insurance do correspond closely to the liberal ideal type, health policy is marked by strong state provision and high levels of de commodification.

(En)Gendering Change in a Highly Constrained Setting

Before we can deploy the conceptual framework outlined in the previous chapter to analyze continuity and change in each of the four policy areas, we need to further specify its key components with regards to the Chilean context. Chile is a particularly interesting setting for exploring processes of institutional change, precisely because its gender and social policy regimes are often thought of as almost frozen in time. Drawing on the insights of the analytical framework laid out in the previous chapter, this chapter teases out the main features that are likely to shape the gendered nature of social policy reform and innovation in this setting. Taking a historical perspective, it shows that the profound transformation of economy, polity and society carried out under military rule (1973–1989) continues to cast its shadow over both policy and politics. While the principles and rules that governed social policy were radically restructured throughout the 1980s, the military dictatorship presided by General Augusto Pinochet also ensured that these changes were not to be easily reversed with the return to democracy. Thus, the 1980 Constitution which continues to govern political life in Chile enshrines a series of formal rules that shape patterns of political representation, enhance the influence of centrist forces and restrain the leverage of elected officials. Partly in response to these constraints, a series of informal rules and practices have emerged to maintain coalitional cohesiveness and negotiate agreements within the confines of the politico-institutional framework.

In order to grasp the opportunities and constraints that formal and informal political institutions create for social policy reform and innovation, the first part of the chapter focuses on executive power, the party system, the legislative process and the politics of agreement and expertise. I argue that—in line with the intentions of their architects—these institutions shape the Chilean policy process in ways that make wholesale reform unlikely. While they do not foreclose the possibility of policy change, reform entrepreneurs are likely to embrace, or obliged to accept, gradual change. Politico-institutional constraints are compounded by implicitly and explicitly gendered policy legacies which are discussed in the second part of this chapter. The changes enacted during the market reform era have transformed the social policy landscape in ways that are difficult to reverse. “Market authoritarianism” (Sheahan 2002: 27) spurred a paradigm shift towards conspicuously neoliberal principles: state subsidiarity, consumer choice, and individual responsibility were to be the new hallmarks of social protection and social service provision. The corresponding shifts in resources, incentive structures, ideas and preferences of government elites, organized groups and mass publics go a long way in explaining policy continuity during the 1990s. They are also bound to influence the scope and direction of more recent reforms analyzed in the context of this book. Yet, the impact of neoliberal restructuring has neither been complete nor uniform across policy areas. Rather, Chilean welfare institutions have accumulated hybrid, and sometimes contradictory, legacies. From a gender perspective, neoliberal expectations of sameness coexist with strong maternalist sentiments and policy levers that emphasize role difference. As a result, recent reform processes take place on an uneven and fractured institutional terrain.

THE FORMAL AND INFORMAL RULES OF THE GAME

The Chilean Constitution stipulates the basic principles of both the political and the economic order. Adopted under the military rule in 1980, it is one of the most evident and unambiguous examples of how the authoritarian legacy continues to haunt contemporary politics. Indeed, the institutional architects of the 1980 constitutional order were driven by the recognition that “eventually the military regime would have to go, and for precisely that reason it was crucial to have a mechanism that would ensure that all the advances made by Pinochet’s government would not be dismantled once the democratic rule returned” (Couso 2011: 397–98).

The political order was to fulfill an important role in this regard by enhancing the influence of moderate and centrist forces within the party system and by restraining the influence of elected officials. While some of the most anti-democratic elements were eliminated through constitutional reform in 2005, others remain firmly in place. Furthermore, a number of informal practices emerged in order to maintain coalitional cohesiveness and reach broad-based agreements within the confines of the formal politico-institutional framework. Previous studies have highlighted the implications of these practices for the prospects, scope and nature of policy change since the return to democracy in 1989 and we have hence reason to assume that they are also likely to impinge on the reform processes analyzed in this volume. The remainder of this section provides greater detail on formal and informal political institutions and their impact on policymaking and reform processes. Rather than an exhaustive analysis of Chile's political system, it provides the background to the more detailed analysis of specific reform processes carried out in subsequent chapters. The discussion is organized according to four main themes: executive power, the party system, the legislative process and the politics of agreement and expertise.

Executive Power

Even in comparison with other presidential systems in Latin America, the Chilean executive holds far-reaching constitutional powers and prerogatives, especially when it comes to the policymaking process (Baldez and Carey 1999; Boeninger 2007; Siavelis 1997, 2002; Shugart and Carey 1992; Shugart and Mainwaring 1997). The president holds the exclusive legislative initiative for a host of issues, including all those affecting the public budget which social policy almost inevitably does. This, in turn, means that formal congressional power over policy and reform initiatives is limited. In addition, presidents are endowed with at least two important prerogatives that allow them to control the legislative agenda: urgencies and vetoes. By way of declaring the urgency of a bill at any stage of the legislative process, presidents can ensure that their priorities are discussed more rapidly while other bills are put on hold. Presidents may also veto bills that have been approved by the legislature, as well as suppress, substitute and add articles to the bill. The executive's role is further enhanced by informal and symbolic sources of power, including privileged access to information and large number of staff who can provide both policy and strategic advice. This provides the executive with a technical and political

capacity for policy and reform design that is unparalleled by other political institutions.

The Chilean presidency has been a major legislator since the return to democracy in 1990. Across policy areas its bills usually stand a higher chance of being adopted than parliamentary initiatives, and they tend to proceed more quickly through the legislative process (Siavelis 2002). This pattern has been confirmed for the case of women's rights legislation, where bills introduced with the support of the women's policy agency SERNAM (*Servicio Nacional de la Mujer*) usually fare better than those without executive backing (Blofield and Haas 2005). Yet, as the following subsections show, executive authority over social policy formulation is mediated by other political institutions, particularly when reforms require legislative approval.

Furthermore, the executive's general attributions tell us little about who matters *within* the executive and how specific reform agendas are generated. Here, partisan governance and cabinet composition as well as differences in the status of different ministries are likely to play a role. Regarding the latter, the existing literature points to the Ministry of Finance as a major gatekeeper within the executive and an influential actor in the negotiation of social policy reforms (Castiglioni 2002; Sandbrook et al. 2007). The integration of gender concerns into sectoral policies and programs is the explicit mandate of Chile's relatively well-resourced women's policy agency SERNAM. However, while SERNAM has been identified as an important player regarding specific legislation on women's rights (Haas 2010), its influence on executive flagship policies and reforms has remained relatively unexplored. This is despite the fact that SERNAM's early emphasis on legal reform has given way to a more diversified set of strategies, including increasingly institutionalized attempts to mainstream gender across state institutions, policies and programs (UNDP 2011). Since the mid-1990s SERNAM has coordinated and monitored the implementation of Equality of Opportunity Plans aimed at integrating gender equality into the operation of state institutions. In 2000, this process was further institutionalized through the creation of the Council of Ministers for the Equality of Opportunities, a high-level panel where the gender equality commitments of sectoral ministries and services are agreed upon and overseen. In 2002, yet another instrument for encouraging gender mainstreaming in policies and programs throughout the administration was put in place through the creation of a gender component in the Program for the Improvement

of Management (*Programa de Mejoramiento de la Gestión, PMG*). Within a broader framework of public service management and responsiveness, the PMG links the integration and achievement of gender objectives to monetary incentives with regards to each ministry's budget and the remuneration of individual bureaucrats (UNDP 2011: 204). Given these mechanisms, we would expect SERNAM to have some leverage in reform debates within the executive.

The Party System

Despite deliberate attempts by the military dictatorship to weaken the influence of political parties, Chilean politics continues to be dominated by a highly institutionalized party system (Siavelis 2009; Siavelis and Sehnbruch 2009). Parties were the major structuring force of the democratic transition and have remained powerful players in national politics ever since. Two features of the party system are particularly relevant for the politics of social policymaking and reform: the dominance of two political coalitions within a multiparty system and the elitist nature of party politics.

First, while Chile continues to be a multiparty system, its central feature for the two-and-a-half decades following the return to democracy in 1989 was the existence of two relatively stable and cohesive coalitions (Carey 2002): *Concertación* on the center-left and *Alianza* on the right (see Table 2). This is a direct consequence of the electoral system² which also enhances the relative representation of the second strongest faction (up until 2010 the political right) and excludes smaller parties from formal political representation unless they establish electoral pacts with one of the two political blocks.³ The electoral imperative of coalition maintenance requires the selection of candidates, the distribution of ministerial portfolios and the design of the government agenda to be negotiated and agreed upon by the coalition's constituent parties. Given ideological

Table 2 Political coalitions and major constituent parties 2000–2010

<i>Alianza por Chile/Coalición por el Cambio</i>	<i>Concertación de Partidos por la Democracia</i>
Renovación Nacional (RN)	Partido Socialista (PS)
Unión Demócrata Independiente (UDI)	Partido Demócrata-Cristiano (PDC)
	Partido por la Democracia (PPD)
	Partido Radical Socialdemócrata (PRSD)

differences within and between the two coalitional blocks, this has not always been an easy task.

In terms of party ideology, there are clear differences in the degree to which the center-left and the right believe in markets as the central mechanism for solving economic and social problems (Dávila and Fuentes 2002; Siavelis 2009). *Alianza* has been ideologically cohesive in its suspicion of big government and its support for market principles. As a general rule, economic growth rather than welfare state benefits are held to be the key to poverty reduction. With regards to social policy, emphasis is placed on state subsidiarity, narrow targeting and low benefit levels to avoid work disincentives. Inefficiency in state provision is perceived to be an endemic problem that can be solved by way of privatization and greater competition among social service providers. Differences between UDI and RN are a matter of nuances, with RN being slightly more committed to the principle of equal opportunities (Dávila 2002). During its time in opposition (1990–2010), *Alianza* usually closed ranks on its criticism of rising public social spending, its defense of demand-side subsidies in health and education and its rejection of greater regulation.

While as a block *Concertación* places greater emphasis on the regulatory functions of the state and its role as a guarantor of equal opportunities, analysts and politicians regularly refer to the existence of two factions (“dos almas”) when it comes to economic and social policy. Indeed, neither the coalition nor its constituent parties are internally homogenous (Boeninger 2007). “Statist” and “market-friendly” currents exist and often cut across party lines (Pribble 2013). Yet, it is probably safe to say that during the four *Concertación* governments between 1990 and 2010⁴ the market-friendly sector—empowered by the elite-electoral party structures and the politics of agreement and expertise discussed further below—tended to maintain the upper hand. As a result, macroeconomic stability, fiscal prudence and efficiency in public service delivery remained cherished goals among an influential part of the Chilean center-left.

In terms of gender equality and women’s rights the commitment of *Concertación* governments has been rather weak (Haas 2010; Haas and Blofield 2013). Here, internal differences run more closely along party lines, with the PDC taking a more conservative stance than the PS and the PPD, especially when it comes to women’s rights issues that touch upon Catholic doctrine. The right has been even less committed and often directly inimical to strengthening women’s rights, though here as

well there are differences between the constituent parties of the coalition. UDI's ideological stance is strongly shaped by Catholic conservatism and its parliamentarians have consequently refused to endorse bills on divorce, sexual assault, domestic violence, or sexual and reproductive rights. RN is less consistent in its approach to gender equality and has co-sponsored some emblematic bills on women's rights. It has been argued that the importance of women's social and economic security is less controversial in terms of gender ideology (*ibid.*). Yet, there is little systematic research on the gender ideologies that underpin party positions regarding women's and particularly mothers' employment, for example. The historical trajectory of welfare state institutions traced in the following section points to two contradictory legacies in Chilean social policy: a socially conservative view that defines women largely in their role as mothers (i.e. based on gender difference) and an economically liberal, gender-blind view which assumes that all adults compete on equal terms in the labor market (i.e. based on gender sameness) (cf. O'Connor et al. 1999: 188–89).

The complexity of democratic transition and coalition politics spurred the development of a second defining feature of the Chilean party system, namely, the concentration of power in the hands of a small group of party leaders. Siavelis (2009) argues that this “model verges on a *partidocracia*” (20), that is, a situation where party elites dominate the democratic process and exert significant influence on policy agendas, candidacies and legislative behavior. Within each coalition, for example, the distribution of parliamentary candidacies and executive posts is negotiated among party elites according to a complex mechanism that tries to balance relative levels of party support with the representation of specific party factions, a system referred to as *cuoteo* (Siavelis 2006). The dominance of political parties—and their resistance to gender quotas or other mechanisms that would increase the number of women in political office—has also hampered women's representation and marginalized them from position of political influence (Franceschet 2005, 2011).⁵

Furthermore, traditional political parties, such as the PS and the PDC, have grown increasingly disconnected from their bases. Once deeply rooted in society, their party structures have morphed into elite-electoral vehicles with weak ties to civil society and few mechanisms that would support internal processes of democratic and participatory decision-making (Pribble 2013). Thus, the constituent parties of *Concertación* have eschewed contact with social movements and the citizenry beyond

the ballot box and steered deliberately clear of revitalizing former alliances (e.g. with trade unions) as a strategy for promoting social and political change. Indeed, there is a large literature on the demobilizing effects of democratization *à la chilena* on civil society, including the women's movement. This is generally attributed to the rise of neoliberal economics, the return to party politics, the institutionalization of women's rights issues via SERNAM or a combination of these (e.g. Matear 1997; O'Donnell and Schmitter 1986; Oxhorn 1994; Schild 1998; Waylen 1996). This has empowered the market-friendly sector within *Concertación* which supports a policy process that responds to 'technical' criteria rather than popular pressure (Pribble 2013). The political right, in turn, has historically been ambivalent in its commitment to representative democracy. Suspicious of popular preferences and the ambitions of elected officials, it has long supported semi-democratic structures, such as designated senators or other authoritative figures that are assumed to be "above" politics (Dávila and Fuentes 2002). In contrast to *Concertación's* reluctance to engage with its historical constituency, right-wing parties and UDI in particular "enjoys strong ties to business organizations and has tended to use these relations to coordinate policy activity" (Pribble 2013: 131).

The Legislative Process

Chile's unique electoral system⁶, the existence of unelected senators until 2005, and the requirement of super majorities for the introduction of changes in many areas complicate the task of generating majorities for the executive's policy and reform agenda. One of the effects of the two-member district system is that it raises the chances of the second strongest electoral coalition (or opposition) to reach a similar number of seats in Congress as the strongest (or governing) coalition. This usually leads to tight legislative majorities. During the first two *Concertación* governments, the existence of unelected senators further tilted the balance towards the right-wing opposition.⁷ Up until 1997, the composition of this group of senators meant that the government could not even achieve a simple majority without the votes of the political right (Boeninger 2007). From 1998 onwards, the composition slowly changed in favor of *Concertación*. The loss of relevance of the institution ushered in its unanimous elimination during the 2005 constitutional reforms. It is thus less significant for the policy reform processes discussed in this book given that they were all carried out from 2002 onwards.

Many legislative changes, however, require more than simple majorities. The Constitution distinguishes between constitutional reforms, which require a 3/5 majority, the modification of constitutional statutory laws (*leyes orgánicas constitucionales*)⁸ which requires a 4/7 majority and qualified quorum laws—including all laws related to social security, including health and pension insurance—which require an absolute majority to be modified. The quorum requirements for each law (or specific articles of a law) are defined during the legislative process; in case of disagreement, they are often voted upon on the floor.

The scope of social policy reform is further confined by the decidedly (neo)liberal thrust of the Constitution which is unusually specific when it comes to the principles and norms that rule economic life. Indeed, “the obsessive protection of the right to private property (...) contrasts strongly with the poor or inexistent recognition of important economic, social and cultural rights, including the right to education, strike or multiculturalism” (Couso and Coddou 2010: 196). Where reference to social rights is made, it is framed in markedly liberal terms: for example, as the right to “choose freely” between public and private provision in health and education (art. 19, °9 and °10). Other regulations, like the restriction on Congress to propose legislation that raises taxes or government spending, further reduce the capacity of elected officials to intervene in economic matters. Constitutional norms also set boundaries for state intervention in family and women’s rights issues. Thus, the Chilean Constitution protects the life of the unborn child (Art. 19, °1) which, in turn, has provided the normative basis for the total ban on abortion in the Health and Criminal Codes.

During the center-left administrations of *Concertación*, the political right actively used constitutional provisions in order to defend the legacies of military rule in both areas. During the 2002–2004 health reform negotiation, for example, it threatened to bring a constitutional complaint against a solidarity fund that would have pooled a small part of social security contributions between the public and the private system based on the argument that it violated the right to property (chapter 4). Similarly, in 2006 a group of mostly right-wing parliamentarians filed a constitutional complaint against Michelle Bachelet’s family planning policy which included the distribution of emergency contraception in public health centers based on the grounds of the allegedly abortive character of the morning-after pill (Guzmán et al. 2010; Sepúlveda-Zelaya 2016).

In sum, formal political institutions that shape the legislative process present formidable obstacles to social sector reform even in the case of strong executive commitment and leadership. Together with the complexities of a negotiated democratic transition, they have led to the emergence of a set of sophisticated informal institutions aimed at power sharing and policy coordination (Siavelis 2006). In terms of its impact on policymaking and reform processes, the most important of these informal institutions is the model of democracy by agreements.

The Politics of Agreement and Expertise

Chile's model of democracy by agreements (*democracia de los acuerdos*) has been based on the "tacit agreement that the President should negotiate with powerful economic actors and leaders on the right to arrive at consensus solutions for the most controversial legislation" (Siavelis 2009: 21). From the 1990 tax reforms through to the constitutional reforms in 2005, pre-legislative negotiations and agreements among party leaders from the governing coalition and the opposition have been a constitutive feature of the policymaking process. The fact that these negotiations take place with little congressional or citizen input, has had major effects on the breadth and depth of the political agenda. In particular, it has contributed to keeping conflictive issues, including those related to women's rights and gender equality (Baldez 2001; Franceschet 2010b), off the agenda. When reforms have been proposed in controversial areas, the search for broad-based consensus has tended to moderate executive proposals. The main apprehensions and demands of both coalition partners and the opposition are anticipated and incorporated in executive reform proposals before these are presented to Congress (Siavelis 2002). Once political bargains are struck, they often become a *fait accompli*. The lack of formal powers to modify bills combined with the power and persuasion exercised by party elites in order to maintain discipline in floor-voting leave critical *Concertación* legislators with little room for open disagreement. The fact that most of these deals are struck behind closed doors, in turn, forecloses the possibility of public debate or contestation by civil society organizations.

The politics of expertise underwrite the matter-of-fact nature of elite agreements. By reducing major social debates to seemingly value-neutral technical details they confine both the scope and the terms of political

debate. The reliance on technical cadres has been a central pillar of the consensus-building strategy within and between the two major coalitional blocks (Montecinos 2003). The politics of expertise limits the universe of actors and discourses in social policy reform debates and decision-making processes. While the ascent of the “Chicago boys”⁹ predates the return to democracy, economists, often foreign trained and with a strong commitment to orthodox postulates, continued to wield significant influence within political parties, the state bureaucracy and the executive after the return to democracy. This increased the room and purchase of market-friendly ideas in policymaking and reform processes. Within the executive, it strengthened the position of the Ministry of Finance in virtually all processes that involve public spending or the regulation of market actors (Montecinos 2003; Pribble 2013).

Technical criteria are portrayed as a politically neutral tool for defining the common good. As a corollary, demands that challenge the technical consensus are often dismissed as following “political”, that is, particularistic interests. The institutionalization of a technocratic bias has hence contributed to legitimize elite agreements with the public, protect them from internal criticism and disqualify demands that do not fit the neoclassical orthodoxy. Sonia Montecino’s (2001) study of technocratic elites and women’s movements in Latin American democratization processes vividly illustrates the implications of the politics of expertise for gender equality. Her analysis not only points to a lack of fit between the demands and discourses of feminist movements and economic technocrats. It also stresses the difficulty of placing gender inequalities within a framework that conceives “economic exchanges as separate from social controls, cultural values, power and coercion” (190).

In sum, formal and informal political institutions pose a series of constraints on the policy process that make wholesale reform unlikely. They are marked by power asymmetries, ideas and ideologies that privilege the position of market-friendly actors and ideas in debates and decisions on social policy and tend to sideline gender equality as well as redistributive concerns.

HISTORICAL JUNCTURES, HYBRID LEGACIES

Political institutions interact with and are mediated by sector-specific policy legacies and feedback effects in policymaking and reform processes. While the policies discussed in this book have been shaped by similar historical

junctures, these junctures have not had equal effects on all policy areas. Rather, they have led to coexisting and sometimes contradictory logics within and across sectors. Remnants of a Bismarckian logic and more universal, social democratic elements persist under the surface of a markedly liberal regime, and maternalist elements of social protection have not been obliterated by market reforms. Understanding these hybrid legacies and their gender implications requires a longer-term historical perspective. This section therefore traces the development of the Chilean welfare state, focusing on two critical periods: the phase of welfare state formation and expansion from the 1920s to the early 1970s and phase of market reforms and neoliberal restructuring from the 1980s onwards.

The review underlines the dynamism and radicalism with which development strategies—and with them the role of social policy—have been recast throughout the 20th century. Chile moved from state-led development and continuous welfare expansion to the radical neoliberal restructuring of its economy, including state retrenchment and the far-reaching privatization of social provision. The legacies of these transitions continue to shape contemporary social policy debates and decisions. Market reforms introduced new principles alongside pre-existing rules and practices, variably displacing old institutions (pensions), converting them towards new purposes (childcare), or undermining their performance through the introduction of parallel logics (health) and spillover effects from the labor market (maternity leave). Not always were statist and corporatist elements completely eliminated, nor did the gender logic of welfare state arrangements change as consistently as one might expect. As a result of these hybrid legacies, recent reform processes take place on an uneven and fractured institutional terrain.

The Formative Period: 1920–1973

The origins of the Chilean welfare state date back to the early 1920s, when workers were first granted protection against contingencies such as sickness, maternity, disability, old age and death through social insurance. From the 1930s to the mid-1950s, the system expanded rapidly to include different occupational groups, reaching around 65 % of the economically active population in 1955 (Arellano 1983). In parallel, further benefits, such as family allowances, maternity leave, healthcare for dependents and survivor benefits, were incorporated. The development of early social protection schemes was largely a state and elite-driven process (Filgueira

2005; Giménez 2005), inextricably linked to the political economy of import-substituting industrialization (ISI). In Chile, as elsewhere in Latin America, “ISI created urban constituencies for social insurance, that is, employed middle and working classes with an interest in protection from loss of earnings due to accidents, illness, and old age. Typically these groups were better organized than the self-employed, the unemployed, and the workforce in the rural sector and thus had their needs met to a much greater extent” (Huber 1996: 144).

The system that emerged from these power constellations achieved broad, but stratified coverage (Filgueira and Filgueira 2002; Mesa-Lago 2002). The conservative, status-preserving thrust of social insurance schemes was evident in the privileged incorporation of the military, civil servants and workers in “strategic” sectors. Responding to pressures by different occupational groups, new funds and schemes were established, granting additional rights and privileges. By the mid-1950s, the existence of 35 social security funds and 150 different schemes was a clear sign of institutional fragmentation and stratification of benefits along occupational lines (Arenas de Mesa 2010).

Attempts at universalizing coverage and unifying entitlements were made across sectors, but only partially successful. While pension coverage peaked at 79 % of the paid labor force in 1974, the system remained institutionally fragmented and occupationally stratified (Arenas de Mesa 2000; SAFP 2003). The wide variation in contribution rates, benefit levels and eligibility requirements flew in the face of the equity-enhancing principles that social security had been founded upon. The system was not only inefficient and financially unsustainable—a key criticism leveled by market reform advocates in the 1980s—but also inequitable in distributional terms. The malfunctioning and unfairness of the pre-1980 pay-as-you-go system continued to be a recurrent theme in 2011 during my interviews with politicians and bureaucrats across the political spectrum (see chapter 5). Virtually none of them saw the pre-1980 pension system as a valid or workable alternative to privatized pension funds.

In the health sector, attempts to move towards a single universal system were somewhat more fructiferous. The 1952 creation of the National Health Service (*Servicio Nacional de Salud*, SNS) is an important historical juncture in this regard (Lenz 2005; Mardones-Restat and de Azevedo 2006). It ushered in the massive expansion of primary care centers throughout the country and gradually unified healthcare facilities

for secondary and tertiary care. By the late 1960s, the SNS provided comprehensive healthcare to insured workers and their dependents as well as to pensioners and the poor, while preventative and emergency healthcare was extended to the whole population (Larrañaga 2010). Though its services were heavily subsidized by the state, the SNS maintained the social insurance principle based on employer and worker contributions for blue-collar workers. White-collar workers and the armed forces continued to be covered by parallel schemes. While the former were allowed to choose between (free) public and (subsidized) private care¹⁰, blue-collar workers along with the poor relied on the growing public network administered by the SNS (Labra 2005). In other words, the public health system accommodated middle-income sectors by way of a demand-side subsidy that left room for private medical practice and consumer choice long before the market reforms of the 1980s.

The result at the dawn of the military coup in 1973 was a considerably advanced and moderately integrated health system where Bismarckian (insurance-based) and Beveridgean (universal tax-financed) logics coexisted. Patterns of fragmentation and stratification persisted, but were not as pronounced as in the case of old-age pensions. In contrast to the pre-authoritarian pension system, the SNS is often held up as a success story with tangible outcomes in terms of population health (Mardones-Restat and de Azevedo 2006; Szot 2002). It also established a strong bond between the medical profession and the state by institutionalizing a sophisticated system of state-sponsored professional training and by offering doctors a stable career path in civil service. As one of my interviewees put it, “it is a relatively short story, but it leaves a strong mark on the actors and the Chilean society”.¹¹ As a result, there continues to be significant support for a strong public health system, particularly among corporatist actors in the public health sector.

Overall, early social security arrangements both reflected and reproduced existing inequalities by making the link to formal employment essential for claiming social rights. At the same time, they offered little protection to the informally employed, unpaid family workers, the unemployed and the economically inactive, among whom women were overrepresented. The nascent welfare state architecture hence shared the male breadwinner bias codified by the Bismarckian insurance model. Conservative ideals also loomed large with regards to family arrangements. The nuclear family where gender roles and responsibilities were assigned based on a strict division of labor was central to the nation-building project of social

reformers. While the male industrial worker would provide the national economy and his family with material prosperity, women were expected to contribute to national development by exercising changing notions of “responsible motherhood” (Pieper Mooney 2009: 10).

Ideas of gender difference and complementarity further backed traditional gender roles. Motherhood became a central theme and the very basis on which women staked their claims to citizenship rights and states deployed their efforts to mobilize female constituencies (Franceschet 2005; Pieper Mooney 2009). At the heart of this “civic maternalism” (Molyneux 2000: 44) was the belief that women’s difference had to be *recognized, valued* and *protected*. It is in this context, that women were granted a series of rights as wives and mothers. In the 1930s, for example, Chile’s public social security scheme started to disburse survivors’ pensions to the widows of male workers (Roseblatt 2001) and by the 1960s most pension schemes credited formally employed mothers with one year of contributions for childrearing purposes (Arenas de Mesa and Montecinos 1999). Healthcare coverage was gradually extended to the wife and children of the male worker with specific services being offered to this group as early as 1927 (Alvarado and Herrera 2011). High maternal and infant mortality rates led health officials and physicians to lobby successfully for legislation and policies based on the mother-child pairing, including programs to improve mothering skills, child nutrition and, from the 1960s onwards, also family planning (Pieper Mooney 2009).

Demographic, epidemiological and developmental concerns and the influence of medical professionals were also central to the legislation launched in favor of working mothers (Casas and Valenzuela 2011). In 1917, for example, working mothers were granted the right, and indeed duty, to breastfeed their children. This task would be facilitated by the mandatory provision of daycare facilities in companies that employed more than 50 women (Hutchison 2001). Another early milestone was the introduction (1925) and extension (1931) of paid maternity leave. In the course of the 1952 health reforms, the financing of maternity leave was collectivized via social insurance. It came to form part of the broader social insurance system and hence reproduced its status-preserving logic, offering comprehensive job protection and generous wage replacement to formally employed working mothers before and after childbirth.

Up until 1973, the breadth and scope of these measures gradually expanded. In parallel, a broad coalition of workers’ and women’s organizations, parliamentarians, doctors, lawyers and kindergarten teachers

started to lobby the state for the creation of a national network of pre-school and daycare services (Rojas 2010). In 1970, these efforts ushered in the creation of the National Council of Kindergartens (*Junta Nacional de Jardines Infantiles, JUNJI*). With JUNJI kindergartens, a complementary system was born, one that delinked childcare from the employment status and workplace characteristics of the mother, was financed out of general taxation rather than social insurance contributions, and placed greater emphasis on early childhood development and education. Within three years, JUNJI opened 122 kindergartens that enrolled around 8,700 children (ibid.).

The Market Reform Period: 1973–1989

With the military coup in 1973 welfare state expansion came to an abrupt halt and its institutions experienced far-reaching reforms. Social sector restructuring was part of a wider shift from state- to market-led development guided by neoliberal principles and geared towards restoring monetary stability and economic growth (Taylor 2003, 2006). In stark contrast to the preceding period of national developmentalism, in which the state had played a crucial role in stimulating economic and social development, the new policy agenda purported the idea that development was best achieved by promoting entrepreneurial freedom within a framework that guaranteed the rule of law, particularly individual property rights. Beyond this point, state intervention was perceived as a distortion rather than a means to enhance economic production and social welfare.

However, neoliberalism was more than just a response to economic malaise: it was also an ambitious project of social and political restructuring (Huber 1996; Kurtz 1999; Taylor 2003, 2009). Following the agitated period of the 1960s and 1970s rife with conflict and collective struggles over redistribution, neoliberalism promised to pave the way to “a depoliticized, individualistic, and market-driven society that, according to the predictions of neoclassical theory, would be rational, harmonious, and ultimately ensure shared prosperity” (Taylor 2009: 22). Processes of decision-making were removed from public scrutiny and control and previously prominent collective actors, most notably organized labor, were disempowered through restrictive labor laws, deregulation, flexibilization and forthright repression. As neoliberal reforms unfolded, “the balance of power (...) shifted squarely towards capital and away from organizations representing mass interests” (Huber 1996: 141).

In the realm of social policy, the universalist aspirations of the ISI period were abandoned. Social protection systems were stripped of mechanisms for intergenerational, cross-class and gender solidarity, placing greater emphasis on individual responsibility, risk management and the targeting of public support to the poor. Social services were decentralized and opened up to private sector participation. As market logic held sway, public services not only deteriorated due to severe underfunding but also often succumbed to commodification, by requesting co-payments for (hitherto free) services.

Of the four policy areas analyzed in this book, the pension system experienced the most radical transformation. Following the 1980 reform, the system shifted squarely “from collective to individual provision for retirement; from pay-as-you-go (PAYG) to fully funded (FF) financing; from the state to the market as the main supplier of pension benefits; and from solidarity-equity to competition-efficiency as the fundamental principle” (Mesa-Lago and Müller 2002: 688). Previous corporatist structures were displaced by a system of individual capital accounts. Employer contributions were eliminated and the administration of schemes was transferred to commercial insurance companies, the so-called *Administradoras de Fondos de Pensiones* (AFPs) which invest workers’ payroll contributions in financial assets. While the state assumed the enormous costs of this transition, its role under the new system was reduced to guaranteeing minimum pensions and providing highly targeted social assistance benefits to the extremely poor.

Like most of its kind in Latin America, the Chilean pension reform was entirely gender-blind: neither before nor immediately after its implementation were there any attempts to gauge its impact on women. Yet, even vis-à-vis the less than ideal conditions offered by the preceding pension system, women were among the losers of the reform (Arenas de Mesa 2000; Arenas de Mesa and Montecinos 1999). New rules and regulations strengthened the link between contributions and pension entitlements to the disadvantage of individuals with less continuous, more precarious employment patterns. They established tighter eligibility requirements for minimum pensions and eliminated the recognition of years spent on childrearing. The move to a liberal regime thus not only increased dependence on the market but also accentuated the male breadwinner bias that underpinned the corporatist framework.

Health reforms also shifted the boundary between the state and the market, though here the transition was less comprehensive than in pensions.

A first set of reforms merged existing public insurance schemes into one, creating the *Fondo Nacional de Salud* (FONASA).¹² Co-payments for public services were introduced and subsidies for the use of private health services, once the privilege of white-collar workers, were extended to all but the poorest affiliates and their dependents (Oyarzo 1994). In 1981, a second reform opened the health insurance market to private actors, the so-called *Instituciones de Salud Previsional* (ISAPRE). While both FONASA and ISAPRE collect mandatory health contributions, they follow parallel and largely incompatible distributive and gender logics. FONASA remains broadly redistributive, offering the same benefits to virtually all the insured independent of age, sex, pre-existing conditions or number of dependents. This setup implicitly benefits women who tend to earn lower wages and face greater health challenges. The ISAPRE, in turn, introduced a *new* apparently gender-neutral logic based on individual risks. By tying healthcare coverage more closely to the ability to pay, however, this logic is strongly male breadwinner biased in practice. Private insurance plans adjust premiums according to sex and age with the result that health premiums are significantly higher for women than for men, especially during reproductive years. Similarly, the introduction of user fees even in the public system is likely to have affected women disproportionately given their higher morbidity levels and lower ability to pay. At the same time, public health services maintained a strong emphasis on maternal and child health. Family planning officially continued to operate, but was no longer promoted, and legal changes in 1975 and 1989 imposed restrictions on sterilizations and therapeutic abortion which had been legal since 1931 (Faúndez 1997).

While the radical institutional transformation of health and pension systems is well documented, we know surprisingly little about the fate of maternity leave and childcare institutions during the market reform era. At first sight, there was little change in these areas. Casas and Valenzuela (2011) describe the military dictatorship as a period of “great inertia” (35) in terms of the legal framework for maternity protection. The only, albeit important, modification was carried out en passant: with the creation of private health insurance companies, tripartite financing was abolished and the burden shifted onto the state which would henceforth finance maternity leaves out of general taxation. The fact that maternity leave and childcare institutions were not directly targeted by neoliberal reforms may partly be due to their relative insignificance compared to large-scale and costly programs such as health and pensions at the time. Yet, broader

economic and social transformations almost certainly undermined the reach and effectiveness of maternity leave and employment-based childcare services. As part of the flexibility strategies of Chilean companies, for example, the incidence of subcontracting as well as temporary, informal and unprotected employment increased throughout the 1980s and 1990s (Reinecke 2000). Workers in these employment relationships are often insufficiently protected by social security. As more women flocked into the labor market, they did so under more precarious conditions.¹³ In addition, the generalized repression of labor left little room for claiming those rights in the context of collective bargaining processes. While there is no reliable data on the evolution of coverage of maternity leave and work-based childcare during this period, it is likely that these broader circumstances caused a significant degree of drift.

Childcare services that did not require links to formal employment, such as those offered by JUNJI, remained scarce and were redeployed to serve new goals. In tune with the ideological framework of the dictatorship, early education and care gave way to an emphasis on combating child poverty and malnutrition. The daycare centers run by JUNJI—initially established to serve the needs of working mothers and their children independent from income and labor market status—increasingly targeted their services to households in extreme poverty (Mideplan 2010; JUNJI n/d). Throughout the 1980s, JUNJI experienced cuts in professional staff, a decline in child-staff ratios and a process of de-professionalization through a shift towards lower-skill workers (JUNJI n/d). In addition, a new charitable institution with similar goals was created in 1975. Presided by Augusto Pinochet's wife, Luisa Hiriart, the National Foundation for Community Help (*Fundación Nacional de Ayuda a la Comunidad, FUNACO*) started to operate so-called open centers (*Centros Abiertos*) which also tended largely to the nutritional needs of poor children.

In sum, there was a general erosion of social rights and a shift in the goals, principles and instruments of different welfare institutions: from state responsibility to subsidiarity, from universal aspirations to targeting, from collective to individual responsibility, from equality to efficiency and from redistribution to poverty relief. From a gender perspective, social sector restructuring layered new inequalities onto the already existing legacies of maternalism and male breadwinner bias. The new pension scheme, for example, exacerbated the male breadwinner bias of previous schemes by tying pension outcomes even more strongly to the contributory record. The logic of the health system was fractured by the rise of

a private insurance industry and the general deterioration and commercialization of public health services hit women disproportionately hard. Finally, women's rights as workers ceased to be an issue in the context of broader labor market reforms and changes. However, neoliberal restructuring affected different welfare institutions to different degrees and in different ways. Some policy areas, such as health and pensions, experienced an active restructuring of rules and regulations, but the breadth and depth of reform varied. In others, such as maternity leave and childcare, institutional arrangements formally persisted, but their effectiveness was undermined by changes in the broader economic environment or a shift away from goals related to women's employment.

Lasting but Uneven Legacies

What are the implications of these rapid and often radical transitions for post-authoritarian reform endeavors? This section argues that the legacies of both periods continue to affect contemporary reform debates and decisions in the Chilean context. While the remaining rules and norms of the corporatist-maternalist era are often explicitly gendered—in that they define different rights and responsibilities for women as mothers and wives—neoliberal legacies are implicitly gendered—in that they do not formally prescribe different treatment, but affect women and men differently in practice (see chapter 2). Both sets of legacies shape the broader economic context, the constellation of actors, their beliefs and preferences.

Regarding the broader economic context, post-authoritarian governments validated and deepened the economic model based on trade openness, monetary stability, fiscal discipline and flexible employment (Borzutzky 2010; Sandbrook et al. 2007; Taylor 2003, 2006). This has important implications for the locus and scope of social policy reforms and innovations. On the one hand, it makes some policy areas more amenable to equity-enhancing change than others. Because the economic model rests upon a flexible and restrictive labor regime (Frank 2004; Leiva 1998), social policy is largely confined to enhancing workers' ability to compete on the market and to feathering off some of the worst risks that unregulated and precarious employment entails. Greater labor market regulation, in turn, has remained a no-go area even under the two socialist-led governments of Ricardo Lagos (2000–2006) and Michelle Bachelet (2006–2010) (López 2009; Sehnbruch 2013).

On the other hand, continued commitment to an orthodox macroeconomic model also limits the scope of expansionary social policy reforms by subjecting them to considerations of fiscal prudence. During the 1990s, Chile maintained an average budget surplus of 1.3 % of GDP (Marcel and Tokman 2002). Public social spending increased during this period, but remained significantly below that of other Latin American countries with similar levels of economic development (CEPAL 2010). Similar to the non-interventionist stance with regards to the labor market, fiscal conservatism was driven by “[t]he combination of a governing centre-left coalition firmly convinced that its credibility largely depended on its prudent handling of public finances, and a fiscally conservative opposition” (Marcel and Tokman 2002: 42). As a result, attempts to square greater equity and social inclusion with an open economy that maintains the confidence of international investors and local business have been fraught with tensions. Despite the dramatic drop in absolute poverty rates from 38.6 % in 1990 to 13.7 % in 2006, for example, the distribution of income and opportunities has remained highly unequal (Solimano 2009).

These broader factors are likely to impinge on social policy reforms across the board: most of the policies discussed in this book have some link to the labor market and all of them require fiscal resources. This, in turn, shapes the extent to which social policy reforms and innovations can shift the distribution of rights and resources to redress women’s economic disadvantage. In addition, market reforms led to significant changes in the endogenous rules that govern social policy. Again, the return to democracy did not entail any immediate transformations in this regard. Changes in the policy areas considered in this book were fairly modest throughout the 1990s, and it is only with the new millennium that Chilean policymakers start to consider more institutionally oriented reforms. In doing so, they confront a set of complex and contradictory legacies (see Table 3).

Neoliberal legacies—defined as the extent to which the state has retreated as a provider and business interests have become entrenched—are strongest in the pension system. Here market reforms eliminated the state from the collection and administration of payroll taxes and reduced its role to alleviating old-age poverty by disbursing limited social assistance benefits. Business interests, in turn, have become deeply entrenched with private pension administrators (AFPs) holding the exclusive right to collect and invest payroll contributions and manage individual accounts against sizeable commissions. High sales profit margins—around 28 % in 2004 (Altura Management 2004)—indicate that pension administration

Table 3 Uneven legacies across policy areas

	<i>Definition</i>	<i>Health</i>	<i>Pensions</i>	<i>Childcare</i>	<i>Maternity leave</i>
Neoliberal legacies	The extent to which the state has retreated as a provider and business interests have become entrenched	Strong	Strong	Weak	Weak
Corporatist legacies	The extent to which actors and ideas of the corporatist era continue to wield power over policy debates	Strong	Weak	Moderate	Strong
Maternalist legacies	The extent to which maternalist ideas remain embedded in formal rules and informal practices	Strong	Weak	Moderate	Strong

is indeed a very lucrative business. More importantly, however, AFPs have come to constitute an important player in the national economy. In 2007, six AFPs managed funds amounting to US\$ 100 billion equivalent to 70 % of the country's GDP (Quiroga and Ensignia 2007). Through their investment in financial assets, these resources are intrinsically linked to the rest of the economy. In 2006, 70 % of funds were invested domestically. A third of these funds goes to five of the largest Chilean business holdings which, in turn, have important stakes in the banking and insurance sector (Riesco 2006). In other words, the sheer size of the AFPs and their participation in the Chilean financial sector provide them with enormous economic and political power.

Private sector interests have also become deeply entrenched in the health sector. Although the great majority of the population remains in public insurance and continues to rely on public health services, the state operates alongside a prosperous private-for-profit system. It has also created linkages with the private sector by way of funding modalities that allows a segment of the publicly insured to seek treatment with private health providers. Private health insurance companies (ISAPRE) share the right to collect contributions with FONASA which continues to cover

the majority of the population. Yet, given that the ISAPRE mainly cover higher-income groups and are allowed to charge additional premiums, their financial basis has been far from negligible. In 2002, one year before the reforms, the ISAPRE managed approximately US\$ 1.5 billion in contributions (Sánchez and Labbé 2011). Private services delivery has also firmly established itself in the Chilean health system. In the early 2000s, more than 40 % of health services were rendered by private institutions (Clínicas de Chile 2008). This means that private services are also increasingly targeted at the higher-income segment of the publicly insured who has access to different modalities of provider choice against co-payments.

Compared to both health and pensions, neoliberal legacies are weaker in childcare and maternity leave. In childcare, the state continues to play a dominant role both as a regulator (stipulating the employment-based provision of childcare by law in companies that employ more than 19 women) and as a provider of crèche and kindergarten services via JUNJI (see chapter 6). In contrast to the health and the broader educational system, the state does not subsidize market-based service provision for children under the age of four. As a result, there are fewer vested business interests in this policy area. Larger firms may even welcome the expansion of publicly funded childcare as an alternative to mandatory employer-funded childcare. In the case of maternity leave, state responsibility actually increased under authoritarian rule. Today, the related subsidy is generous (at 100 % income replacement) and completely funded out of general revenue. Employers do not assume any direct costs for maternity leave, although they often point to indirect costs, such as job replacements or productivity losses. The impact of neoliberal legacies is indirect in this case, stemming from a labor market environment that has been radically transformed to serve the interests of employers (see above) and where the introduction of new rights for workers—for example, in the form of extended maternity or parental leaves—are bound to be denounced as harmful for the economy.

The relative strength of *corporatist legacies*—defined as the extent to which actors and ideas from the corporatist era continue to wield power and resonate in policy debates and decisions—also varies. As was already pointed out, organized labor has experienced a general loss of power and influence and the elite-driven character of the policy process described in the first part of this chapter exacerbates this loss. Yet, there are differences across policy areas in the extent to which former corporatist actors can add weight to their claims. Again, in the pension system, corporatist actors

have been practically eliminated. Whereas the representation and participation of organized labor in pension fund administration was common during the formative period, no such mechanisms exist under the current system. Neither was there a significant retiree movement up until 2016¹.

In health, in turn, public sector trade unions and professional associations—such as *Colegio Médico*—remain well organized and vocal about health policy issues, although the dictatorship stripped them of their former regulatory, policy formulation and wage-setting prerogatives (Castiglioni 2012). They also have ties with the formal political system through the so-called *bancada médica*, a group of *Concertación* legislators who are also medical doctors (see chapters 4 and 7). As the review of the origins of protective legislation for working mothers shows, medical associations have also tended to carry their views and values into broader policy debates that intersect with public health issues, such as maternity leave. While they may no longer be veto players they can be expected to have a palpable presence in recent reform debates. The corporatist legacy in the areas of health and maternity leave is therefore defined as comparatively strong.¹⁴ Because childcare is less important as a sector than health and childcare workers, while organized, enjoy less bargaining power and visibility than workers in other sectors, the corporatist legacy is defined as moderate.

Finally, policy areas vary with regards to their *maternalist legacies*—defined as the extent to which maternalist ideas remain embedded in formal rules and informal practices. Again, explicitly maternalist elements have been all but eliminated from the pension system: whereas some of the larger corporatist schemes included pension credits aimed at compensating working mothers for time taken out of paid employment for childcare purposes, such compensations no longer existed in the privatized system before the 2008 reform. The maternalist legacy in pensions is therefore defined as weak. Instead, the logic of individual capital accounts assumes “sameness” with women and men being expected to contribute equally and receive pensions commensurate to their contributory records. The dismal outcomes of this policy in terms of women’s pension entitlements are discussed in chapter 5.

In contrast, maternalist practices remain deeply embedded in the Chilean health system. This is apparent from the formal rules that govern public health insurance—where men can add their female spouses as dependents to their plans, while women cannot do so with their male spouses—to the day-to-day and largely informal practices in health

services provision. Reproductive health services, for example, remain predominantly targeted at women and ignore men's role (Gideon 2014). And while public health programs continue to rely almost exclusively on mothers to improve child health outcomes, women's reproductive choices remain insufficiently addressed (see chapter 4). The maternalist legacy in health is therefore defined as strong. This is also the case of maternity leave which, before the 2011 reform, did not include any significant provisions that would have allowed the parental sharing of childcare responsibilities.

Childcare service provision does, to some extent, allow for the redistribution of these responsibilities from mothers to public or private institutions. By allowing mothers to engage in paid employment, childcare services could therefore be seen as being only weakly maternalistic. However, because most childcare services continued to be targeted exclusively at mothers and tended to offer only part-time care—reflecting the assumption that mothers are readily available to spend at least half of the day with their children—the maternalist legacy is defined as moderate in Table 3.

Overall, the historical development of Chilean social policy leaves contemporary policymakers with an uneven and fractured terrain for reform. Different policy areas come with different sets of neoliberal, corporatist and maternalist legacies which are bound to affect contemporary reform debates and decisions in different ways. Where neoliberal legacies are strong, for example, we might expect that vested business interests and weak pressure by organized social groups will reduce the scope for strengthening public provision and/or regulating private providers. Gender concerns, in turn, are more likely to be interpreted and defined in terms of “sameness”—with little regard for differences in women's and men's status and needs. Where corporatist legacies are strong, organized social actors, such as trade unions or professional associations, are likely to play a more prominent role increasing the degree of contestation over the reform. The gender implications of this legacy are difficult to predict. Trade unions and other organized groups may push for expansionary social policy reforms that benefit women. However, gender concerns and the voices of gender equality advocates may also get sidelined in redistributive struggles between more powerful actors. Finally, strong maternalist legacies can be expected to lead to policy debates and outcomes that reinforce traditional gender roles, particularly with regards to caregiving, as gender concerns are likely to be defined based on “difference”.

The empirical case studies presented in the following chapters will explore the effect and interaction of these legacies in greater detail, shedding light on how exactly they played out and mattered in recent processes of social policy reform and innovation.

CONCLUSION

This chapter provided an overview of political institutions and policy legacies in Chile. Together, they constitute the institutional context in which the reform episodes discussed in subsequent chapters unfold: they shape the preferences and strategies of political elites, organized groups and mass publics; institutionalize hierarchies of symbolic and material power; privilege certain decision-making arenas over others; influence the universe of actors who participate in reform debates; and filter ideas that carry weight in policymaking circles. The above discussion gives us some preliminary clues about the possible trajectory of contemporary social policy reform processes and the kind of actors, ideas and institutions that impinge on their outcomes. In doing so, it allows us to refine the assumptions and questions posed at the end of the previous chapter.

First, the review of political institutions and policy legacies in Chile substantiates our assumption that in the absence of exogenous shocks, social policy reform and innovation will, at best, be gradual. Political institutions and policy legacies constrain the ability of reform entrepreneurs to effectuate wholesale changes: reform choices need to be politically viable both within the governing coalition and, to some extent, even with the opposition in the legislature; there is a strong tendency for these choices to be made within the constraints of macroeconomic considerations; and vested business interests are bound to oppose radical equity-enhancing changes. As a result, transformation will likely be pursued from within or at the margins of existing institutional arrangements where veto possibilities are lower.

Similarly, the Chilean context does not bode well for the radical re-gendering of social policy: a relatively demobilized civil society, low levels of women's representation in formal political institutions, the feeble commitment to gender equality even among center-left parties, and strong gendered legacies—both conservative and (neo)liberal—make it hard to see where radical challenges to existing gender arrangements would stem from. This does not preclude, however, that positive gender change may take place in the context of reform episodes which are generally oriented

towards improving equity and social inclusion, such as those discussed in subsequent chapters. The existence of comparatively strong institutional mechanisms for gender mainstreaming, for example, might allow for the incorporation of gender concerns into governmental flagship reforms. In addition, gender equality advocates may be able to seize institutional openings to influence reform agendas and outcomes. Overall, however, we can reiterate the proposition that patterns of incremental change are likely to predominate.

Second, the historical trajectory of Chilean social policies shows that different policy areas come with different gendered legacies. Market reforms installed a variety of implicitly gender-biased rules: they accentuated the male breadwinner bias of social insurance schemes, lessened the degree of solidarity and redistribution between people with different needs and resources and increased the commodification of social welfare. Yet, neoliberal restructuring did not simply sweep away previous policy choices. On the one hand, the transition towards (neo)liberal principles was often incomplete: new rules did not entirely replace old rules, nor did they completely erase their gendered underpinnings. Maternalist ideas remain strongly anchored within the institutional structures of the Chilean welfare state. On the other hand, not all policy areas experienced neoliberal restructuring in the same way or to the same extent. We can hence reaffirm the assumption of sector-specific legacies. A key question to be explored in the empirical case studies is how these uneven legacies feed into the politics of recent reform episodes and how they affect gendered patterns of policy change.

The review of the institutional context carried out in this chapter provides us, third, with a better understanding of the actors who are likely to matter in contemporary social policy reform processes. Given the elite-driven nature of Chilean politics, we can expect inside actors to play a key role in these processes. The review of political institutions, in particular, points to the executive as an important agenda-setter and to the bureaucracy as an important incubator of policy ideas. We can hence expect that gender concerns figure more prominently where gender equality advocates have access to and hold power within these institutions. Previous research highlights the Ministry of Finance as a particularly important gatekeeper that keeps sectoral reform ambitions in check. The successive strengthening of SERNAM and its focus on gender mainstreaming, in turn, might lead us to assume that the agency is likely to play a role in major governmental flagship reforms. At the same time, the content of most reforms

needs to be coordinated with coalitional partners and stand the test of legislative approval. This grants party leaders from both coalitional blocks with significant negotiating power over the details of reform initiatives, including the capacity to veto specific components. These are assumptions that will be further explored in the empirical case studies.

The range and significance of outside actors is likely to depend on the issue area. In pensions and health, we can expect business interests to play a major role given that market providers have taken a strong foothold in both areas. The reform of maternity leave—an emblematic labor right—will necessarily call trade unions and employers on the plan. In areas such as health and childcare, where service provision is important, we can further expect professional associations and sector-specific unions to come into play. Health, pension, childcare and maternity leave policy all have important gender dimensions, and their reform has the potential to enhance (or threaten) women’s economic security, social rights and personal autonomy. Women’s organizations hence have an important stake in these reforms. In contrast to their leading part in classical status-based policies, such as gender violence and reproductive rights, however, their presence and the nature of their claims in social policy reform and innovation processes remains an open question. Rather than starting with the claims of women’s organizations, the case studies will explore inductively which actors mattered for placing gender concerns onto broader social policy reform and innovation agendas.

Fourth, these actors (and the ideas they subscribe to) do not all carry the same political weight in the policy process. Chilean politics continues to be characterized by the “predisposition to a policy process that discourages participation by civil society and rank-and-file party members, while affording business access to the highest reaches of government” (Sandbrook *et al.* 2007: 164–65). In this sense, political authoritarianism and market reforms left important institutional and ideational legacies: they weakened the influence of labor, increased the role of business in social provision, strengthened the representation of business allies in political institutions, and more generally amplified the resonance of public philosophies that stress efficiency, competition, choice and flexibility. This constellation empowers business and market-friendly sectors, marginalizes critical voices and confines the room for substantive participation by civil society, including women’s organizations. In policy areas where corporatist actors—such as health sector workers or trade unions—continue to wield some, albeit limited, influence in social policy reform debates, their

interests and ideas may exert a stronger influence on how “gender” concerns are defined than those of women’s organizations who enjoy less visibility and have little to no bargaining power.

The following chapters elucidate the workings and interactions of actors, ideas and institutions in the context of specific reform episodes. The empirical case studies cover four policy areas which have experienced revisions under three subsequent governments: the 2002–2004 health reforms under Ricardo Lagos (2000–2006); the 2008 pension reform and the massive expansion of childcare services under Michelle Bachelet (2006–2010); and the 2011 reform of maternity leave under Sebastián Piñera (2010–2014), the first right-wing president since the country’s return to democracy in 1989. Together, they allow for a comprehensive assessment of change and continuity in Chilean social policy over the first decade of the 21st century. More importantly, they provide us with the opportunity to explore cross-sectoral variation in reform patterns and processes as well as the different constellations of actors, institutions and ideas that have shaped them.

NOTES

1. In July and August 2016, hundreds of thousands of people took to the streets across the country demanding an end to the privatized pension system following calls by the newly formed movement No+AFP (no more AFPs).
2. Until its reform in 2015, the Chilean electoral system was based on a two-member district rule (“binominal”). Parties or coalitions presented open lists with up to two candidates in each district and voters indicated a preference for one candidate within one list. The votes for each list were pooled and the first seat went to the strongest candidate on the list with most votes, while the second seat went to the strongest candidate on the list with second most votes. Detailed descriptions of this system can be found in Carey (2002), Siavelis (2002) and Navia (2005).
3. In the 2009 parliamentary elections, for example, an electoral pact with *Concertación* in three districts allowed the Communist Party to win seats in the lower house for the first time since 1973.
4. The first two *Concertación* administrations were headed by the Christian-Democratic Presidents Patricio Aylwin (1990–1994) and Eduardo Frei (1994–2000), followed by two administrations under the Socialist leadership of Ricardo Lagos (2000–2006) and Michelle Bachelet (2006–2010). The 2010 Presidential elections ushered in the defeat of *Concertación*, bringing the *Alianza* candidate Sebastián Piñera (*Renovación Nacional*) to power.

5. Indeed, women continue to be severely underrepresented in positions of political leadership. In 2010, women held only 14 % of seats in the legislature, a number well below the global (19.5 %) and regional (22.5 %) average (*Comunidad Mujer* 2012b).
6. See endnote 2 in this chapter. The 2015 electoral reform engineered a shift towards a moderate proportional representation system, including gender quotas (Waylen 2016). The new system will go into effect starting with the 2017 congressional elections.
7. Out of a total of 47 senators in the upper house 9 were unelected. Four of them were designated by the military, three by the Supreme Court and two by the President (Fuentes 2010).
8. Fuentes (2010) lists 18 thematic areas to which constitutional statutory laws apply, including the economic system, the political system, the military, the media and the educational system.
9. The term “Chicago boys” refers to a group of orthodox economists who had been trained in North American universities since the 1950s. Following the military coup, the “Chicago boys” played a fundamental role as economic advisors to the military junta (Silva 1991; Montecinos 2003).
10. This was a concession to both white-collar workers who refused to trade in their free choice of provider for a system of institutionalized public care and doctors who saw reform as a threat to lucrative private practice (Molina 2010).
11. Interview with Fernando Muñoz, Universidad de Chile; previously State Secretary for Health (1994–1998) and head of the research department (2006–2008), Ministry of Health, Santiago, 28 September 2011.
12. The only occupational group that maintained a separate system was the military which until today manages its own health facilities financed out of general revenue.
13. According to Census data, female labor force participation rates increased slowly but continuously from 20 % in 1970 to 28 % in 1992 and 36 % in 2002 (SERNAM-INE 2004).
14. Bearing in mind the overall weakness of organized labor in Chile, the corporatist legacy in the health sector is defined as strong only relative to other sectors, such as pensions, where it is virtually non-existent.

Health Reform (2002–2004)

In January 2000, the election of Ricardo Lagos—the first socialist president since Salvador Allende—raised hopes and fears regarding the return of left politics and more far-reaching changes to the “Chilean model”. Today we know that expectations of radical transformation, especially of the more redistributive, state-centered kind, were unfounded. The analysis of the 2002–2004 health reform, one of Lagos’ flagship projects, provides important insight into the formidable challenges of introducing redistributive elements in an institutional landscape that has been drastically altered by market reform. As this chapter will show, it is also an exemplary case of gender blindness.

Rather than modifying the dual public-private structure that characterizes the Chilean health system, the reform layered a new set of rules—aimed at improving equity and health sector responsiveness—onto the pre-existing institutional arrangement: *Plan AUGE*,¹ a set of explicit guarantees for a number of predefined health problems that would receive priority treatment independent of the insurer, within a given time frame, with limited co-payments, and according to standardized treatment protocols implemented by accredited providers. But because the attempt to finance these guarantees via a mechanism that would pool the risks and resources of both the publicly and the privately insured failed, the funding structure of the health system remains fragmented and unfair. Similarly, greater regulation aimed at curtailing abusive practices among private insurers was introduced, but did not challenge the individual, risk-based logic *per se*.

Persistently high levels of out-of-pocket spending suggest that, in practice, the reform has done little to alleviate the burden of health financing on households and individuals. This burden was compounded by the fact that the additional entitlements enacted by the reform were funded by way of a 1 % VAT increase—a tax that is known to be highly class- and gender-biased.

For women, the reform brought mixed news and no news at all in areas that were considered strategic for gender equity by women's health organizations. The introduction of explicit guarantees, particularly in terms of timely and adequate treatment for specific health conditions, benefits women from lower-income households who rely disproportionately on the public system and are more likely to take care of ailing dependents in the case of long waiting periods. While greater regulation of private insurers was expected to reduce discrimination against female affiliates, its impact has been limited in practice. Unpaid health provision at the household level was completely absent from mainstream reform debates and critics have argued that the shift towards greater ambulatory care will increase this burden. In spite of the claims staked by women's organizations, the reform did not incorporate strategic women's health issues, such as domestic violence or reproductive rights.

How can we account for these reform outcomes in general and the lack of gender awareness in particular? In line with other institutional analyses (Ewig and Kay 2011; Pribble 2013), I find that neoliberal policy feedbacks provide part of the answer: they influenced the range of actors, their participation and relative power in the reform process; shaped perceptions among the political elite about the kind of institutional changes that the reform could and should pursue; and created institutional lock-ins through the preferences and behavior of service users and health providers. I build on this analysis in order to show how these dynamics—and the political conflicts they entailed—shaped the extent to which gender concerns could gain traction during the reform process.

The argument of the chapter is developed in five sections. The first section outlines the key characteristics and outcomes of the Chilean health system before the reform. The following section provides a detailed assessment of the scope and nature of the 2002–2004 health reform, showing that despite the glaring lack of gender awareness among reform entrepreneurs some change in gendered rules and practices did indeed occur. The chapter then turns to tracing the reform through its defining stages in order to explain reform strategies, choices and settlements. It points to the crucial impact of neoliberal policy feedbacks and a technocratic reform

process in shaping both the process of reform and its outcomes, including the (lack of) opportunities for integrating gender concerns. However, precisely because the 2002–2004 reform skirted rather than addressed the fundamental problems of the health sector head-on, it left room for (re) interpretation under the subsequent administrations, including that of Michelle Bachelet which also opened new routes for integrating gender into health policies. This process is discussed in the fourth section of the chapter. The final section summarizes the main findings of the chapter and highlights their relevance for the overall argument of the book.

THE CHILEAN HEALTH SYSTEM BEFORE THE REFORM

The Chilean health system is an amalgam of legacies and logics that stem from different phases of institutional development (see chapter 3). These phases were driven by fundamentally different ideas and empowered different interest groups which continue to shape health reform debates today. Occupationally stratified and male breadwinner biased as it was, the Bismarck-style social insurance system created in the 1920s followed a logic of risk-pooling and redistribution. The 1950s and 1960s then saw the attempt to advance towards a Beveridge-style system through the expansion of public health services under the aegis of the *Servicio Nacional de Salud* (SNS) and the unification of insurance schemes which incorporated white-collar workers into the national health project by way of a significant concession: the provision of subsidies for the use of private health services. This phase left important legacies: it incorporated women into the health system based on the mother-child pairing (Pieper Mooney 2009); empowered the medical professions (Castiglioni 2002); sowed the idea of a unified and tax-financed National Health Service (Labra 2005), but at the same time consolidated private services provision through demand-side subsidies (Molina 2010; Oyarzo 1994). In the 1970s and 1980s, a series of reforms profoundly restructured funding arrangements and service delivery according to neoliberal principles, installing the dual public-private system which is still in place today. Yet, rather than neatly replacing previous rules and practices, market reforms allowed for the emergence of new (private) institutions and for the significant decay of the public health sector.

A first set of reforms carried out in 1979 and 1985 merged pre-existing health insurance schemes into one, creating the *Fondo Nacional de Salud* (FONASA). The logic of risk-pooling was maintained, but co-payments

at the point of delivery were introduced for all but the poorest affiliates. Subsidies for the use of private health services—once the privilege of white-collar workers—were extended to all but the poorest affiliates. In 1981, a second reform opened the health insurance market to private providers, creating the *Instituciones de Salud Previsional* (ISAPRE). ISAPRE are private for-profit entities which, like FONASA, collect mandatory health contributions. In contrast to FONASA, however, they define the premiums and coverage of individual health plans according to the risk profile of the insured, considering factors such as sex, age and pre-existing conditions. In practice, this means that the health plans of higher risk individuals are either subject to higher monthly premiums or limited coverage (e.g. exclusions and/or low reimbursement rates).

The bifurcation of health insurance heralded the continuous migration of higher-income, lower-risk affiliates to the private system, a process which was actively supported by the state by way of subsidies to lower-income sectors whose mandatory 7 % contribution was insufficient to buy a private plan. As a result, public coverage dropped from 83 % in 1984 to an all-time low of 59 % in 1997 (Mesa-Lago 2005). Market reforms also installed parallel distributive logics with important gender implications. FONASA's redistributive setup implicitly benefits women who tend to earn lower wages and face greater health challenges. The ISAPRE system, in turn, introduced a new apparently gender-neutral logic. Yet, the elimination of solidarity and risk-sharing is in fact strongly male-biased: it operates to the disadvantage of those with greater needs and less resources. As a result, women are not only underrepresented among private insurance holders (at around 35 %) but also face significantly higher premiums (Supersalud 2012). In particular, the lack of risk-pooling meant that women in reproductive age bear the costs of biological reproduction through their contributions alone with premiums tripling those of men of the same age (Pollack 2002). Unsurprisingly, many women could not afford these plans or chose to turn to so-called *planes sin útero* that did not cover maternity (Sojo 2006).

While FONASA continues to cover the majority of the population, it faces constant financial pressures. Given that the current system allows the healthy and wealthy to opt out of the redistributive arrangement and buy into an individualized system of private insurance, FONASA is left in charge of those with higher health risks and lower contributory capacity. Thus, while ISAPRE cater to a minority of 22 %, they collected almost 60 % of total insurance contributions in the early 2000s (Cid et al. 2006). Due to its weak contributory base, FONASA depends heavily on transfers from

general taxation. Despite these transfers, however, the public system has fewer resources than the private system and spends less on the (presumably greater) health needs of its affiliates. Indeed, in the early 2000s, ISAPRE spent almost twice as much on their affiliates than FONASA (Sánchez and Labbé 2011). Constant resource constraints in the public system make the timely provision of quality health services difficult to achieve (Solimano and Pollack 2005). Given that the mass of the population—including the majority of women for whom FONASA is often the only way to achieve health coverage independent from the relationship to a male earner—relies more strongly on the public system, the skewed allocation of risks and resources has an implicit gender as well as a class bias.

The role of the private sector in service delivery is also significant. While private health clinics, laboratories and practitioners started out catering mainly to the privately insured, the share of the publicly insured that use private services in search of greater quality or faster treatment has been growing. Throughout the 1990s, this development was actively supported by public insurance which implemented a series of funding mechanisms in order to facilitate healthcare seeking with private providers (Lenz 2005; Titelman 1999).² Because co-payments for private treatment remained relatively high, this option was restricted to the higher-income groups in FONASA, among which men are overrepresented. In other words, there is a tendency to opt out of public service provision among the better-off in FONASA that parallels that of the most affluent sectors who opt out of the public system (insurance *and* provision) altogether. While this can be seen as an escape valve for pressures on public health services—whose inability to cope is often exemplified with long waiting lists for specialist appointments, surgical interventions and medical treatments—it also reduces the number of people who see the strengthening of public health services as a desirable goal. Again, there is an implicit gender dimension to this trend as women rely more strongly on public services for themselves and for the people they care for.

The lack of responsiveness of public services can have detrimental effects on the health of those who cannot afford to seek alternative treatment in the private sector—as evidenced by differences in mortality rates for certain cancers (Infante and Paraje 2010). It also implies a huge financial burden: Chilean households assume a disproportionate share of total health spending through co-payments on services and drugs. In 2000, these payments constituted 27 % of total health expenditure: 22 % for FONASA and 33 % for ISAPRE affiliates (Cid et al. 2006). In other words, access to health was highly commodified. The absence of timely responses by public services also affects those who provide support to ill household

members. Given that dominant gender arrangements assign responsibilities for the health and wellbeing of others largely to women, they tend to fill the gaps through an intensification of unpaid preventative and curative care work, often to the detriment of their own health.

It is hence clear that broader patterns of health funding and service delivery have important class and gender implications. In addition, women have specific health needs. While the range of health issues that are sex and gender specific is too broad to be exhaustively covered in the context of this chapter, a number of concerns have been central to advocacy and research around women's health in Chile and elsewhere, including sexual and reproductive health, mental health and domestic violence. It is well known, for example, that Chile has disproportionately high cesarean rates in both the public (28 %) and the private system (64 %) and that the presence of fathers or other companions during labor is not always facilitated in the public system (Matamala et al. 2005; *Observatorio de Equidad de Género en Salud* 2007). In addition, low contraceptive prevalence, the unavailability of emergency contraception, and the complete ban on abortion severely limit women's reproductive freedom. Treatment for mental health problems—which are more prevalent among women—was widely unavailable in the public system and could be excluded from private health plans (Araya et al. 2001, 2006; Saldivia et al. 2004). Finally, domestic violence was barely recognized as an area in which the health sector has an important role to play with regards to the detection, prevention, protection and treatment of victims.

In all, the dominant role of market principles and the high degree of health commodification adversely affect women who face greater health challenges and a lower ability to pay. Furthermore, the Chilean health system has been slow and selective in its response to women's specific health needs. We would expect equity-oriented health reforms, like the one proposed by the Lagos government in the early 2000s, to present opportunities for addressing some of these issues. Yet, as the following section will show, the changes effectuated by the 2002–2004 health reform were piecemeal and ambiguous.

THE 2002–2004 REFORM: CONTINUITY AND CHANGE

Ricardo Lagos campaigned actively on healthcare, announcing a “comprehensive health reform in order to ensure that all people and families, independent from their level of income, have access to satisfactory health

care” (Lagos 1999: 9). In order to achieve this goal, his electoral platform foresaw the creation of a solidarity fund that would “guarantee the right to treatment for all citizens”, the introduction of strong regulations and enforcement of private providers in order to ensure “comprehensive coverage without discrimination”, the modernization of public health services and the implementation of specific guarantees in terms of access, opportunity and quality that would be claimable within two years of taking office (*ibid.*).

By 2004 a comprehensive reform package had been approved by the legislature. Its most important component was *Plan AUGE* which defined a number of health conditions to be universally covered by FONASA and the ISAPRE. For these health conditions, timely and standardized treatment as well as financial protection would be guaranteed. AUGE stipulated maximum waiting times, put ceilings on co-payments and introduced quality protocols for the treatment of each condition. In practice, AUGE has different implications for people covered by public and private plans. For FONASA affiliates AUGE guarantees affordable, adequate and timely treatment for a number of conditions that were hitherto subject to long waiting lists. This benefits women, particularly those from low-income households, who rely disproportionately on the public system and are more likely to take care of ailing dependents in the case of long waiting periods. FONASA is responsible for organizing diagnosis and treatment through the public health system. If the public system is unable to respond within the stipulated time frame, it can refer patients to accredited private providers. For ISAPRE affiliates the reform increased financial protection and extended the breadth of coverage. The inclusion of schizophrenia and depression among AUGE conditions, for example, now obliges private insurers to cover treatment, whereas the exclusion of mental disorders was legal and common before the reform. The reform also obliged ISAPRE to provide minimum financial coverage for non-AUGE conditions, effectively ending the hitherto legal commercialization of health plans that excluded maternity care, the infamous *planes sin útero* (Tegtmeier et al. 2009).³

The number of AUGE conditions was raised by subsequent administrations from initially 56 to 80 in 2015. Among the initial conditions were several that exclusively or disproportionately affected women, including breast and cervical cancer, and there is preliminary evidence that access to diagnostic and therapeutic services in these areas has improved (Infante and Paraje 2010). However, the main issues raised by the women’s health movement, including the detection and treatment of health conditions

related to domestic violence as well as greater attention to sexual and reproductive rights, found no place in the reform package.

The exclusion of maternity care from the AUGE conditions—apart from the right to anesthesia during childbirth—is particularly striking given that pregnancy and childbirth are the number one condition through which women come in contact with the Chilean health system.⁴ The full inclusion of maternity care would have had two potentially positive effects. On the one hand, it could have reduced gender discrimination in the private system given that the reform introduced the pooling of risks and resources for AUGE conditions within the ISAPRE subsystem. On the other hand, it could have addressed some of the problems regarding the quality of maternity care in both the public and the private system, including the high levels of cesarean sections, by standardizing treatment protocols in ways that guarantee women's rights to make informed choices. Although these issues were raised by women's health organizations, they were not taken into account in the main thread of the reform (see also Ewig 2008; Gideon 2006). As will be argued further below, this is partly a result of the criteria used for the selection and prioritization of health conditions that would be covered under *Plan AUGE*.

In order to finance the additional benefits of *Plan AUGE*, the reform initially foresaw a solidarity fund that would spread the risks and costs for AUGE pathologies across the public-private divide (Dannreuther and Gideon 2008). Given the distribution of risks and resources between ISAPRE and FONASA, this fund would have entailed net transfers from the former to the latter, thus injecting some degree of solidarity back into the system. Yet, as the following section will show, this measure stalled against the resistance of private sector interests, the political right and powerful players within *Concertación* who supported the maintenance of separate logics. Eventually, the additional entitlements enacted by the reform were financed by way of a 1 % VAT increase, known as a particularly class- and gender-biased way of raising revenue (cf. Browne 2011; Huber 2006).

In addition to the financial burden levied on households by way of the VAT increase, it has been argued that the reform was completely blind towards domestic processes of health production. As a result, the health system continues to rely—some argue even more strongly—on the unpaid provision of preventative and curative healthcare by family members. In general terms, for example, AUGE put emphasis on a shift from in-patient to out-patient care via ambulatory services both at the primary care and

hospital level (BCN 2004: 13–16). More specifically, some of the treatment protocols for AUGE pathologies shortened the length of hospital stays and increased expectations regarding support by family members (Provoste and Berlagosky 2002). From a gender perspective, these are worrying developments since it is overwhelmingly women who take care of sick or elderly dependents and thus bear the associated opportunity costs in terms of foregone earnings, lower social security contributions and strains on their own physical and mental wellbeing (Medel et al. 2006; *Comunidad Mujer* 2012b).

Finally, the reform established a number of regulatory measures for the private insurance market. Yet, because regulatory efforts did not defy the individual, risk-based logic of private health insurance per se, their effect has been limited. Indeed, the measures aimed at curtailing “unjustified” forms of price discrimination, that is, those that do not correspond to expected differences in risk profiles. Since maternity is an expected difference, however, it continues to be charged to women’s health plans, and women in reproductive age continue to pay significantly higher premiums than men of the same age (Tegtmeier et al. 2009: 32). As was pointed out above, one possible solution to this dilemma would have been the inclusion of maternity care in *Plan AUGE*. However, this option did not form part of initial reform discussion and was considered only at a later stage (see below). Additionally, a special fund for pooling the health risks covered by *Plan AUGE* was created within the private insurance system. This Inter-ISAPRE Compensation Fund was expected to benefit women by enabling cross-subsidies from lower to higher risk groups (Mesa-Lago 2008). In practice, however, transfers have been limited for several reasons (Infante and Paraje 2010). On the one hand, the fund only covers a subgroup of pathologies (those guaranteed by AUGE), while risk discrimination based on gender and age continues to be applied for all other contingencies. On the other hand, the use of AUGE by the privately insured is very low, partly because it is tied to a system of managed care, meaning that the doctor or health facility are allocated by the insurance company rather than chosen by the beneficiaries themselves. Many ISAPRE affiliates therefore opt for coverage outside of AUGE even if this implies co-payments.⁵

Overall, the reform introduced a number of important changes in financing and delivery that affect both the public and the private subsystem. In particular, it layered a new set of rules—related to the guarantee of specific health conditions—onto the otherwise unmodified dual structure of health financing and provision. In terms of the three dimensions of

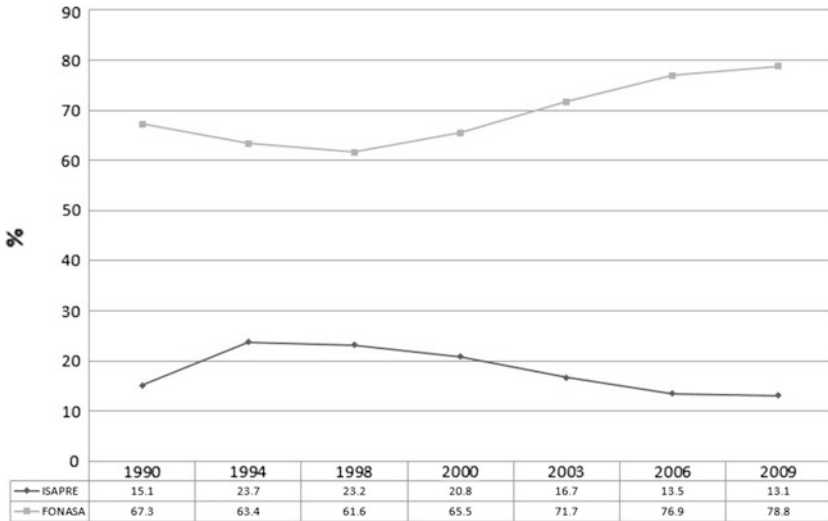


Fig. 2 Distribution of health affiliates between FONASA and ISAPRE, 1990–2009
Source: Author's calculations based on household survey data (MDS 1990–2009)

change and continuity laid out in chapter 2, the reform strengthened the role of the state, but without interfering with market providers in health insurance and service delivery. FONASA's role as a health insurer has grown both in absolute numbers and relative to the ISAPRE (see Fig. 2), but, the private insurance industry has remained a highly profitable sector. While profits fell slightly between 2005 and 2007, they picked up again strongly, especially from 2009 onwards, reaching 36.1 % in 2011 (Diario Financiero 2011). Furthermore, FONASA's growth went hand in hand with the expansion of the market in other areas. This includes the growing utilization of private services by FONASA affiliates as well as the purchase of complementary private plans that allow FONASA affiliates to cover co-payments for healthcare seeking in the private sector (Lenz 2005; Sánchez and Labbé 2011). In other words, the reform spurred a shift *within* the health market rather than a shift from the market to the state. The former head of the Technical Commission for health reform pointed out that while the insurance business may have suffered, the business for health providers, particularly private clinics, actually picked up as a result of the reforms.⁶ Private service delivery continues to be co-financed by FONASA

through demand-side subsidies for affiliates seeking healthcare with private providers, and the share of the publicly insured among private health service users rose from 38 % in 2001 to 52 % in 2012 (Clínicas de Chile 2008; La Tercera 2013a).

In terms of the financial burden placed on households, preliminary evidence suggests that access to health continues to be highly commodified and out-of-pocket expenditures on drugs and services have increased (Cid and Prieto 2012). With around 40 % of total health expenditure, out-of-pocket spending still constituted the largest single source of healthcare financing in 2008 (Cid 2011). The limited impact of the financial protection guarantee is partly explained by the fact that for the bulk of the publicly insured AUGE-related services were already free of charge before the reform.⁷ For the privately insured, the guarantee would indeed reduce the level of co-payments—from 32 % to 9 %—*if* treatment was sought under the AUGE modality (Tegtmeier et al. 2009). Yet, because AUGE is tied to a system of managed care, most ISAPRE affiliates opt for coverage outside of AUGE with the provider of their choice even if this implies higher co-payments. The reform may also have increased the care burden on households through shifts towards greater out-patient care, though there is no reliable evidence to substantiate this claim. However, the very absence of this data can be read as a failure to consider gender in health: despite the claims by women’s health organizations, unpaid care work is not currently measured through time-use surveys and not integrated into health accounting via satellite accounts.

Patterns of class and gender stratification continue to be important. On the one hand, the skewed distribution of risks and resources between both subsystems has remained largely unchanged. In 2008, the ISAPRE were still able to raise 5.5 times as much income from contributions per beneficiary as FONASA (Cid 2011), and the public-private gap in per capita spending remained stable between 2004 and 2009 (Sánchez and Labbé 2011). On the other hand, the ISAPRE system continues to offer highly unequal coverage to men and women. A study by Ewig and Palmucci (2012) finds that women’s health premiums in the private system actually increased after the reforms while reimbursement rates fell, particularly for high frequency reproductive health services. The authors suggest that this is largely due to the fact that the reform left sufficient leeway for private insurers to adjust premiums and reimbursement rates to newly created obligations, such as the inclusion of maternity care and depression. As a result, the system continues to discriminate against women, and their

share among primary insurance holders has remained virtually the same since the reforms (Supersalud 2012).

Finally, as was already pointed out, while the reform took up some women's health issues—particularly cancers—it was completely oblivious of others, including maternity care and domestic violence. Most notoriously, the reform did not engage with reproductive rights, including access to family planning and fertility control, which carry “considerable significance for women's autonomy within marriage and for young women's independence of parental authority” (Shaver 1992: 10).

THE REFORM PROCESS: ACCOUNTING FOR POLICY CHOICES

How can we account for the reform choices laid out in the previous section and for their limited impact on (gendered) patterns of health funding and delivery? How can we further explain the striking lack of gender awareness among reform entrepreneurs despite efforts by the women's health movement to integrate gender into health reform? This section seeks to locate the lack of attention to gender (in)equality within broader reform strategies and power struggles surrounding the reform. It shows that both sector-specific policy legacies and decision-making processes combined to reduce the scope for enhancing gender equity in funding arrangements and responsiveness to women's health needs. In order to substantiate this claim, the remainder of this section takes us through the defining stages of the reform process.

Lagos' proclamation of health reform as a flagship project of his administration spurred intense debate across the political spectrum. While there was a rather broad consensus regarding some of the problems that the reform should address—demographic and epidemiological shifts, the lack of responsiveness to patients' needs, and inequalities in health outcomes—assessments of the root causes of these problems as well as the kind of modifications that would be necessary in order to overcome them varied widely. A former health policy advisor recalled that there was no shared understanding of the health system's problems and hence no agreement on the direction the reform should take.⁸ The need (or not) to review the general financing mechanism was by far the most contentious issues, awakening “old divisions between statist and neoliberal currents and the sectors that sponsored more mixed approaches” (Lenz 2007: 13). While *Alianza* parties stood fairly united in their defense of neoliberal principles,

Concertación was divided between advocates of statist, neoliberal and mixed approaches. Furthermore, and in contrast to the case of pension reform discussed in the subsequent chapter, there was no pre-existing conceptualization of the *kind* of reform that was going to be carried out when Lagos took office in early 2000.⁹ This opened the debate to greater skirmishing both within and beyond the governing coalition.

The first round of confrontations took place within the Ministry of Health during the first two years of the administration. Aware of the highly politicized nature of healthcare, Lagos had entrusted Hernán Sandoval (PPD), a close personal friend, with the development of a detailed reform proposal. Sandoval was put in charge of the Technical Commission within the Inter-Ministerial Committee for Health Reform. This Committee counted with the participation of the Ministries of Health and Finance as well as members of the Presidential Office (SEGPRES); in contrast to pension reform, the women's policy agency SERNAM was not invited. While the Committee was headed by then Health Minister Michelle Bachelet (PS), Sandoval's Technical Commission wielded greater informal power deriving mainly from the direct trust and support of President Lagos (Ewig 2008). Indeed, during my field research it seemed to be an open secret that Lagos had favored Hernán Sandoval as a Health Minister, but could not appoint him due to (informal) coalitional arrangements for the distribution of cabinet posts.

According to several officials who participated in the reform process, the relationship between Sandoval's Technical Commission and Bachelet's team in the Health Ministry was uneasy and tense: struggles over reform leadership spurred by opaque and informal chains of command exacerbated substantive disagreement on the direction of the reform. Reflecting broader divisions within *Concertación*, Sandoval and Bachelet held fundamentally different views regarding the ways in which the health system should be reconfigured for greater equity and responsiveness. Bachelet and her team were commonly associated with the statist faction of *Concertación* whose aspiration was to work towards a universal national health system similar to the one envisioned by reformers in the 1950s.¹⁰ From this point of view, the main problem was the lack of investment in public health services which would be addressed through greater direct transfers by the state and broad-based risk-pooling under a single insurance scheme.¹¹ In this setup, the ISAPRE would be reduced to complementary insurance providers rather than collectors of mandatory social security contributions.

Sandoval's Technical Commission, in contrast, represented a mixed approach. In line with the statist current, it was concerned with discrimination and the negative impact of cream-skimming by private providers and hence initially considered some pooling of risks and resources across the public-private divide. In line with the neoliberal current, it readily accepted the existence of market players (particularly in the delivery of health services) and centered its critique on the lack of efficiency, accountability and responsiveness of public health services.¹² One of the solutions from this point of view was to increase competition by providing public health insurance with greater possibilities to buy-in private services (Lenz 2005). These plans were resisted by medical associations, civil society organizations and the statist sector within *Concertación* as "new forms of privatization".

Members of the Technical Commission, in turn, felt that those who defended the public health system did so based on ideology or interests instead of looking at actual health outcomes, such as lower life expectancy and higher mortality rates among lower income groups.¹³ This perception was aggravated by the fact that the most fervent criticism of public sector reform came from medical associations, particularly the doctors' association (*Colegio Médico*), who were suspected of defending occupational interests rather than the public good.¹⁴ By some, Bachelet—a physician herself and representative of the more left-wing faction of the Socialist Party—was perceived as falling prey to statist pressures thus blocking the Technical Commission's zeal for reform.¹⁵

The rivalry between Sandoval and Bachelet was also manifest in the different strategies they used for constructing their reform alternatives. On the one hand, Sandoval's Technical Commission drew up a reform proposal behind closed doors. Towards the end of the first year of the Lagos administration, it had already developed a proposal that included the decision to stress epidemiological objectives, create a plan of health guarantees and introduce some kind of solidarity-based financing (Lenz 2007). On the other hand, the Health Ministry under the leadership of Michelle Bachelet started to carry out participatory meetings with civil society organizations in early 2001. The conclusions drawn from over 40 consultations largely validated the statist approach in the sense that the participants "emphatically [supported the idea] that health should be the responsibility and obligation of the state", testified to "the sensation of marginalization, exclusion and inequity" generated by the public-private divide, and validated the "proposal to create a unified health system"

(Larraín 2002: 2). In the hope of gendering health reform, women’s organizations participated actively both in the working groups of the larger consultation process and in the specific Advisory Group on Gender Issues (*Grupo Asesor en Temas de Género*) which brought together officials from the Health Ministry, SERNAM, development agencies and civil society (OPS 2007). However, the largely parallel and disconnected nature of both processes meant that bottom-up demands were not taken into account by Sandoval’s Technical Commission—the key locus of decision-making—whose approach eventually prevailed.

Indeed, neither women’s organizations nor SERNAM had access to the Technical Commission. As a SERNAM official pointed out, many women’s NGOs had sought to participate through the Ministry of Health and had made proposals to address gender inequality. These had never made it to the center of the reform process, however; nor had SERNAM been given much space to participate in the commission or express its opinion.¹⁶ A gender and health activist who later acted as the gender focal point at the Ministry of Health was even more clear-cut: “SERNAM’s participation in health reform”, she argued, “was irrelevant”.¹⁷ This irrelevance partly reflected SERNAM’s lack of access: as was pointed out earlier, the Women’s Ministry was not invited to participate in the Inter-Ministerial discussions. Yet, a former SERNAM official also suggested that the Women’s Minister took a deliberate stance of non-involvement, based on the argument that the government already suffered enough pushback on the reform from medical associations and dissidents within the governing coalition.¹⁸

Unsurprisingly, women’s rights advocates were disappointed with the limited impact of their activities and criticized the reform proposal as gender-blind (see also Gideon 2006). A former member of the Technical Commission confirmed this lack of gender awareness. When asked about the ways in which the reform had incorporated gender, he replied:

Not at all. We were much criticized, because I would say that [gender inequality] wasn’t a relevant issue. We took up women’s issues to the extent that they carried epidemiological weight. (...) And at the same time there was the legislation that barred us from talking about therapeutic abortion. (...) So... no. But I believe that chiefly due to our approach which was about epidemiological priorities and if these applied to women—cancers—they entered.¹⁹

During an interview held in Santiago almost a decade after the reform, the head of the Technical Commission himself continued to believe that there were no gender inequalities in health in Chile.²⁰ His explanation that women tended to outlive men, consulted health services more frequently and had benefited greatly from the country's approach to maternal and infant health epitomizes the lack of "fit" between gender equality demands—based on the recognition of sex- and gender-based differences in needs (beyond maternal health)—and the technical approach which focused on the prioritization of health conditions according to seemingly gender-neutral, epidemiological criteria.

The process of prioritization was based on an algorithm that included both demand-side and supply-side criteria (Secretaría Ejecutiva 2002; Vargas and Poblete 2008). On the demand side, the burden of disease, socioeconomic inequality (gaps in mortality rates), financial implications (annual treatment costs greater than or equal to the minimum wage) and social preferences (based on survey data) were considered. On the supply side, criteria included the existence of cost-effective treatment and the availability of resources to offer nationwide treatment. The selection criteria reveal that while reformers did pay attention to inequalities based on income, gender inequalities were not explicitly considered. As a result, health problems and interventions where mortality rates were high and/or socioeconomic inequalities *among* women were important—such as breast cancer, cervical cancer and access to anesthesia during labor—were among the first to be included. This is an important improvement, particularly for lower-income women in the public system who hitherto faced long waiting times for cancer treatment and had no option of receiving anesthesia during childbirth. Yet, many *gender* inequalities in health are not easily captured by burden of disease indicators, such as incidence, prevalence or mortality rates. Issues such as domestic violence, sexual and reproductive rights or the evaluation of the reform's impact on unpaid health care at the domestic level had no place in this framework. The Technical Commission's very approach thus concealed important aspects of women's right to health.

Rendering these aspects visible would have required a different set of indicators including more qualitative ones. Maternity care is a good example. As was already mentioned, its inclusion among AUGE conditions would have effectively pooled the costs of biological reproduction under the Inter-Isapre Compensation Fund, potentially eliminating an important source of gender discrimination in health premiums. Yet, it would also have required the establishment of clinical guidelines and treatment

protocols with the potential to improve service quality in the public sector. However, because the Technical Commission key criteria was epidemiological impact, for example on mortality rates, maternity care was not part of the initial discussions.²¹

When Lagos announced the main components of his health reform in May 2001 further conflict ensued. On the one hand, the insurance industry and the political right voiced their opposition to the proposal of a solidarity fund that would “collectivize” part of the 7 % contribution administered by the ISAPRE in order to finance a set of health guarantees for the whole population. The president of the ISAPRE peak organization publicly questioned the constitutionality of the fund based on the argument that it violated the right to property (El Mercurio 2001a). The constitutionality of the fund—within the neoliberal framework of the 1980 Constitution highlighted in chapter 3—was a recurrent theme throughout the reform process. Indeed, the Technical Commission had already discarded two more far-reaching proposals for solidarity financing based on analyses that pointed to a potential conflict with constitutionally guaranteed property rights.²² And the political right would continue to challenge the solidarity fund until its removal from the reform package during the legislative debate.

On the other hand, there were important reservations within the governing coalition itself. The Christian-Democratic Party in particular was deeply divided on the issue with positions ranging from market-friendly to statist approaches. The first faction opposed the solidarity fund and even favored the (re)introduction of portable demand-side subsidies that would allow workers to choose between private or public insurance. Together with other *Concertación* MPs, the statist faction of PDC proposed a free universal health plan financed by a solidarity fund that would pool all contributions, public and private, for all health conditions (El Mercurio 2001b). For others, including medical associations and left-leaning MPs, the solidarity fund did not go far enough. *Colegio Médico*, for example, argued that the fund “only” redistributed existing contributions instead of incrementing direct spending on public health services.

According to Lagos’ former chief of staff, the reform discussions were convoluted and little progress was made over the course of a year.²³ In early 2002, Lagos decided to confront the political deadlock by removing Michelle Bachelet as a Health Minister. In her place, Christian-Democrat Osvaldo Artaza was tasked with pulling the Technical Commission’s proposal forward, realigning his party and garnering public support for the

reform. Bachelet's removal was interpreted as a defeat of the statist sector within *Concertación* and a personal victory of Hernán Sandoval (El Mercurio 2002a). Given SERNAM's absence from the reform debate, Bachelet's departure from the Health Ministry also closed down whatever limited opportunities had existed for women's organizations to channel their claims to the executive (OPS 2007; Gideon 2012).

Meanwhile, the dispute among leading Christian-Democrats was resolved to the benefit of the market-friendly sector (El Mercurio 2002b). This made the prospects of the solidarity fund's approval in the legislature look rather bleak given that the voting behavior of the PDC and swing voters was crucial for the reform's approval in the Senate (Dávila 2005). In the face of its probable defeat in the legislature, the executive abandoned the idea of redistribution and Lagos omitted reference to the solidarity fund in his 21 May address to Congress (El Mercurio 2002c).

Medical associations, in turn, remained in staunch opposition to the idea of the prioritization of health conditions. According to some interviewees, the lack of fiscal resources allocated to the reform complicated the relations with medical associations who demanded greater direct financing for public health services.²⁴ The Ministry of Finance conceived health reform mainly as a way of stabilizing rather than incrementing public expenditure through cost containment and productivity gains in public health services (Pribble 2013). Against this backdrop, the opposition of medical associations to these plans reflected concerns over their own wages and working conditions as well as legitimate fears that in the absence of additional funding prioritization would lead to the neglect of other, non-prioritized conditions.²⁵ Statist sectors in the political parties and civil society also feared that AUGE's opportunity guarantee would open the door to a veiled form of privatization as FONASA patients could be transferred to private health providers should public services be unable to deliver on time.

Medical associations were joined in their critique by left-leaning civil society organizations, including the Parliament of Women for Health Reform organized by women's organizations in May 2002. Its declaration staked a series of general claims, including greater civil society participation in reform debates, the consideration of the human right to health, the strengthening of FONASA and the public health sector more broadly, and the integration of gender into health reform. More specifically, it demanded the elimination of discrimination against women in the ISAPRE system, the incorporation of the Legal Framework on Sexual and

Reproductive Rights²⁶ into the legislative reform package, the inclusion of prevention and treatment of domestic violence among AUGE guarantees and greater recognition and support for unpaid and domestic health providers (CEM 2002). However, these demands remained entirely marginal to mainstream reform debates. In 2007, an assessment of the Pan-American Health Organization concluded that in spite of important efforts to engender the reform “there is almost no reference to gender, neither in the social and epidemiological assessments nor in other documents or the legislative projects that constitute the heart of the reform” (OPS 2007: 59).

In order to move the debate forward, the executive pursued a two-pronged strategy. On the one hand, it launched an aggressive public crusade that included both the promotion of the reform by way of media spots and door-to-door advertising and the disqualification of reform opponents, in particular the *Colegio Médico*.²⁷ On the other hand, it shifted the locus of the debate out of the Health Ministry and into the legislature by sending a package of draft laws to Congress in June 2002. During the ensuing negotiations, the government withdrew the solidarity fund in order to ensure the approval of *Plan AUGE*. A former Socialist MP who formed part of the Chamber of Deputies Health Commission during the reform negotiations stated that AUGE only became possible when any attempt of redistribution was dropped.²⁸

Clearly, neoliberal policy feedbacks placed important constraints on the scope and direction of reform through interest group legacies, institutional lock-in and policy learning among political elites.²⁹ First, the private insurance industry strongly resisted any changes that threatened their business model based on risk-selection and individualized health plans. Although the ISAPRE cater to a minority of contributors, it is a privileged minority that includes the rich and powerful whose opinion can be expected to weigh heavily on the decision-making process. Thus, during the reform process, the president of the insurance industry’s peak organization confidently pointed out that “ISAPRE are here to stay. They won’t cease to exist, because there are 3 Million people who will defend us if there was the eventual possibility that they would try to destroy us (...). Among our affiliates are all the opinion leaders, the business owners, all the parliamentarians, managers... and that guarantees me that the system will endure” (El Mercurio 2002d). Ideological support among the political right and “renovated” sectors within *Concertación* further enhanced the power of private insurers vis-à-vis the political forces who advocated for a

comprehensive review of health financing, including medical associations, women's organizations and the statist sector within *Concertación*.

Second, policy feedbacks favored the role of private providers in service delivery which was never seriously questioned by reform entrepreneurs. A bird's eye view of the trajectory of the Chilean health system shows that private service provision has strong historical roots that pre-date the market reform era (see chapter 3). Referring to FONASA's free choice modality, one interviewee pointed out that private health provision had always been accepted as part of the system's logic and that those who could afford it would seek treatment in private clinics.³⁰ The massive expansion of private services from the 1980s onwards cemented this logic with more people and institutions taking their stake in private medical practice, health clinics and laboratories. Several interviewees suggested that the parallel processes of expanding private practice and decaying public services also had a lasting impact on the social preferences of service users. A *Concertación* official, for example, pointed out that while left-leaning politicians like herself may be critical of the privatization process, ordinary people who have to spend hours queuing up to be seen by a doctor in the public health system, cared less about the public-private divide and were quite happy with the free choice modality despite its negative effects on the public health system as a whole.³¹ What they aspired to, in her view, was not only being treated well, but also to the social status and experience of accessing private clinics, such as *Clínica Alemana*³², which cater to high-income groups and market themselves as being at the forefront of quality healthcare.

This shift in preferences and their interpretation partly explains why mainstream reformers did not fundamentally question the role of the private sector provision, but simply assumed that the private sector could do it better.³³ Healthcare professionals, too, had adapted their behavior to the segmented system. It is an open secret, for example, that full-time physicians in the public system often engage in independent private practice in the afternoons. In other words, many doctors not only have a stake in public sector management reforms that impose greater transparency, accountability and control, but also benefit from FONASA's voucher system. Finally, the possibility of seeking private health services has become intimately tied to the financial sustainability of public insurance. Former Health Minister Soledad Barría—commonly associated with the statist sector—described the free choice modality as an escape valve and explained that a proportion of the publicly insured would probably

leave the public system if they did not have the option to seek treatment with private providers.³⁴ Since this segment also pays most contributions, its migration to the private insurance sector would financially hurt FONASA. Conversely, some authors explain the migration of more than a million ISAPRE affiliates to FONASA throughout the early 2000s with the expansion of free provider choice and complementary insurance arrangements (Sánchez and Labbé 2011).

These broader political dynamics had important implications for the extent to which gender concerns could gain traction during the reform process. In particular, the irreconcilable ideological differences with regards to key institutional features of the health system ushered in a highly technocratic framing and approach to reform that was inimical to the inclusion of gender concerns. In an attempt to avoid deadlock debates about inequitable financing structures or the implications of private vs. public health service delivery, the government opted for a commission that would elaborate a reform proposal in insulation from “political” pressures relying instead on “technical” criteria and scientific evidence. Given that from the Technical Commission’s perspective, gender (in)equality was not considered to be a significant issue in health, gender analysis was absent from the problem definition; gender differences were not explicitly considered in the selection of conditions to be covered under *Plan AUGE*; and the seemingly gender-neutral criteria used for prioritization concealed precisely those aspects of gendered ill-health that women’s rights advocates aimed to address, including reproductive health, domestic violence and the recognition of unpaid healthcare. While this strategy did not prevent political conflict, it successfully marginalized actors within and outside of the administration who challenged the Technical Commission’s approach. This included the few inside allies of women’s health groups, such as Health Minister Bachelet and her team as well as femocrats in the Women’s Ministry. By the time the reform proposal was presented to the public and went on to legislative debate, gender issues had *technically* disappeared and stood few chances of being *politically* reinstated as attention focused on conflicts with more powerful interests, such as medical associations, private insurers and their respective advocates in Congress and Senate.

However, precisely because the reform represented a political settlement that skirted rather than addressed the fundamental problems of the health sector, the rules it created could and would be implemented in different ways by subsequent administrations. The process of (re)interpretation that took place under the first administration of Michelle Bachelet

(2000–2006), to which we will turn in the following section, also provided alternative routes for gendering health policy at the programmatic, normative and intersectoral level.

IMPLEMENTATION, (RE)INTERPRETATION AND ALTERNATIVE ROUTES FOR GENDERING HEALTH POLICY

While the health reform package was approved during the Lagos government, its implementation took place largely under the subsequent administration headed by Michelle Bachelet. During her presidential campaign, Bachelet had expressed commitment to the implementation of AUGE, but it soon became clear that the priorities of her administration lay elsewhere. Other policy areas took precedence (see chapters 5 and 6) and within the health sector, new issues emerged on the agenda. As one analyst critically remarked, together with a “particular interpretation of the reform”, other aspects, “such as the morning-after-pill and gender issues”, acquired greater prominence (Lenz 2007: 22–23). This is hardly surprising when we consider that Bachelet and her first Health Minister, Soledad Barría, had not only been in disagreement with key aspects of Lagos’ reform but had also tried to open doors for the participation of women’s health organizations. During the implementation stage, the Bachelet administration used its room for maneuver to (re)interpret key components of the reform—enhancing some of its aspects, while neglecting or suppressing others—and to advance on some of the issues raised by women’s health groups through health-related programming and planning.

First, in the context of broader attempts to move towards a more rights-based system of social protection, the Bachelet administration picked up on and boosted the notion of rights encapsulated in *Plan AUGE*, drawing it from the margins to the center of health policy discourse and practice. What had been conceived more as a technical instrument for health planning and prioritization was (re)interpreted as a political instrument for the promotion of more universal health rights. While the health rights discourse under Lagos may have been a way of making the prioritization of certain health conditions acceptable for the Left³⁵, the Bachelet administration zoomed in on the notion of rights and explicitly interpreted AUGE as a *progressively growing* set of health-related guarantees. The incorporation of further health problems—beyond the 56 conditions that were initially considered—is a clear example of this approach. Bachelet’s

Health Minister, Soledad Barría, who had been skeptical of *Plan AUGE* at the design stage, argued that it eventually became an important instrument during implementation: “The way it turned out in the end, as a prioritized subgroup within the general health plan [of FONASA] that covers 80 % of the Chileans, it comes to be an instrument and if [this subgroup] is growing instead of fixed... because initially it was 56, period. And it is during President Bachelet’s campaign that this gradually increasing thing is installed and it is during her government that we tried to give it this incremental rhythm”.³⁶ By the end of the Bachelet administration, another ten conditions had been added to *Plan AUGE*.

A second form of (re)interpretation was the deliberate neglect of some of the reform’s provisions that had always met the resistance of the statist sector. For example, while the reform had foreseen the transformation of all public hospitals into self-managed entities by the end of 2006, by 2008, only 11 of 59 public hospitals had effectively undergone this process (Méndez et al. 2013). The Bachelet administration was also accused of deliberately limiting the extent to which FONASA bought in private health services in order to respond to the health problems covered by *Plan AUGE*. As was pointed out earlier, this aspect of the reform had always been a thorn in the eye of the statist faction. According to Lenz (2007) there was “a clear aspiration that it would be the public system that complied with the guarantees, whatever the cost, and to block private sector participation” (23). This was confirmed in interviews with both supporters and detractors of this approach. A gender and health activist who acted as a gender focal point under the Bachelet administration, for example, explained:

When Michelle Bachelet came in there was a tendency in FONASA to buy in services, and so there comes the counterattack, because Michelle Bachelet puts Marisol Barría as a Minister (...) and there is a tremendous effort to strengthen the public sector and to cut back on anything that has to do with the transfer of funds, trying instead that it was the state who guaranteed with its own funds. (...) There was a roll-back of this whole, somewhat unfettered thing of buying in services.³⁷

A former health official was less appreciative of this shift, declaring that the Bachelet administration had jeopardized AUGE outcomes by ceasing to buy in private sector solutions for ideological reasons.³⁸

Overall, the new administration implemented the reform in a more public fashion than intended by the reformers. This process was facilitated

by the ambiguities that the conflict over the approach to reform had left behind. The need to strike a balance between statist and market-based approaches ushered in an arrangement—*Plan AUGE*—that allowed for pro-public and pro-market interpretations.

Parallel to the implementation process, the “women-friendly” stance of the Bachelet government opened new spaces for integrating gender into health policy, building on analysis and advocacy that had proven relatively futile during the health reform design stage. Examples include the free and confidential access to emergency contraception at the primary care level through the revision of fertility regulations³⁹; the implementation of health staff training and pilot programs for the detection and treatment of victims of domestic violence at the primary care level (Provoste 2007); efforts to measure unpaid care work and integrate its contribution into health accounting via satellite accounts; the launch of a support program for home-based caregivers, including small stipends and access to training (MINSAL 2006); and attempts to “humanize” the process of childbirth, pre-partum and post-partum care (MINSAL 2008).

Officials in both the Health and the Women’s Ministry pointed out that progress on these issues had not been made within the main stream of the great reforms, but rather through ministerial/inter-ministerial channels.⁴⁰ According to several interviewees, women’s health issues came increasingly to the fore during the Bachelet administration due to an explicit commitment to gender equity at all levels of government and the fact that key individuals came to occupy decision-making positions. A former high-ranking health official explained that gender concerns “emerge precisely from the intentions of people who are able to occupy positions, who care for the issue and who, from the position they occupy, impose it, not because it was a relevant variable in the ideology of the reform or its history. (...) [And this] had to do with them having a vision, greater conviction and also being in a place where they could do it, right? Bachelet, for example, or Soledad Barria as a Health Minister.”⁴¹ Barria herself stressed the Bachelet administration’s general commitment to gender equity as an important factor:

There was a strong pressure, which I approve of, to mainstream gender and facilitate a diverse set of gender-equity policies (...). There are a series of gender policies that are not taken into account in the reform process, because the health reform is not all that’s happening in health. It’s much broader and more diverse than the reform which tackles only some issues:

it tackles an institutional issue, it tackles the issue of health goals [in terms of outcomes] where gender equity is raised as one requirement, but [that requirement] doesn't appear in the form of objectives that are as clearly established as [things] happen in reality. As they happened in reality: with regards to the issue of the [morning-after] pill, the care-givers, the issue of childhood, crèches and everything else.⁴²

Both quotes point to the influence of gender policy entrepreneurs on more specific and routine processes within the Ministry of Health rather than the mainstream execution of the reform. While important progress was made at the programmatic, normative and intersectoral level, other doors for integrating gender into health remained firmly shut. Several interviewees mentioned, for example, that a study on the inclusion of maternity care among the AUGE conditions was prompted under Barría, but eventually discarded due to the financial implications of treatment protocols for the public system. A former official of the Superintendent for Health explained:

They didn't want to do it, because they calculated that it would be very expensive to introduce it under FONASA and [the Ministry of] Finance wasn't willing to pay the difference. In other words, saying that childbirth would be this way, which was the way in which it had been studied internationally, it should be like this, like that, under those conditions, so many doctors, so many nurses, [following] these procedures, this frequency of exams... Well, it was different from how it is done today. It was different, it was more expensive. And so they weren't willing to finance the difference. That's the central issue.⁴³

This shows that the technical spirit within which AUGE had been created remained very much alive under the Bachelet administration and that cost-effectiveness considerations continued to operate against the inclusion of conditions that are central to women's health. Meanwhile, FONASA beneficiaries who can afford the flat-rate payment required to give birth at an accredited private clinic rather than a public hospital continue to vote with their feet: the number of births attended by private providers via FONASA's PAD modality⁴⁴ skyrocketed from around 9,000 in 2001 to 61,000 in 2011 (Fonasa 2012). Indeed, childbirth is by far the most frequent service offered through the PAD modality, making up for around 75 % of all PAD treatments sought by female FONASA affiliates in 2011 (*ibid.*).

Overall, the Bachelet administration deliberately bent the reform of the preceding government into a more statist direction (*conversion*) and found alternative ways to address gender concerns alongside the main stream of the reform (*layering*). Both rule-bending and the adding-on of programs that respond to women's health needs depended chiefly on key individuals with strong convictions and power over institutional procedures. As a result, some of these measures have been weakly institutionalized and it is unclear whether and how they can be maintained in the face of turning political tides. Indeed, evidence from the right-wing government of Sebastián Piñera (2010–2014) suggests that his administration turned towards a decidedly market-friendly interpretation of *Plan AUGE*, incrementing FONASA's options to co-fund healthcare seeking in the private sector through a system of portable subsidies for AUGE pathologies (the so-called *bonos AUGE*). It has also been argued that references to gender and human rights virtually disappeared from the political discourse and specific health policy proposals during his mandate (Díaz-Romero 2013; Matamala et al. 2011).

CONCLUSION

Focusing on funding arrangements, insurance principles and women's health needs this chapter provided an overview of the Chilean health system as an intrinsically gendered institution. It analyzed the extent and ways in which gender concerns were addressed by recent reforms, suggested a number of factors that explain the broader pattern of reform, and highlighted the ways in which gender was written out of the reform process. Based on this analysis, we can now tease out the key arguments of the chapter and their contribution to the book as a whole.

First, the chapter shows that the 2002–2004 reform followed a pattern of gradual change in which new rules—in the form of health guarantees and private sector regulations—were layered onto an otherwise unmodified institutional core. As a result, the central innovation put forth by the reform continues to be nested within a health system that is characterized by a high degree of private sector participation, commodification and social stratification. While *Plan AUGE* allowed for modest improvements in terms of access to diagnosis and treatment for certain conditions—including reproductive cancers and mental health problems that are common among women—broader institutional parameters continue

to conspire against gender and class equity in health financing, provision and outcomes.

One of the most striking features of the reform is its gender blindness, especially when compared to the 2008 pension reform discussed in the following chapter. From problem definition through to policy adoption, mainstream reformers were oblivious of gender inequalities in health despite important mobilizing efforts by women's health organizations and their attempt to link up with sympathetic insiders in the Health Ministry. As a corollary, the reform made little progress on health issues that were considered strategic by women's health organizations and introduced new gender biases in financing and provision.

Second, policy legacies go a long way in explaining the incremental pattern of reform. On the one hand, interest group effects (resistance by private insurers and their spokespersons among the political right) and policy learning (the acceptance of market-based solutions within parts of *Concertación*) spurred by privatization led reform entrepreneurs to abandon any ambitions to re-establish risk-pooling across the public-private divide. For similar reasons, the role of the private sector in health service delivery was never seriously called into question. The impact of policy feedbacks was compounded by political institutions: the decision to privilege technocratic processes, the need to accommodate the apprehensions of coalition partners and the political opposition in order to generate legislative majorities and the normative boundaries set by the 1980 Constitution enhanced the power of market-liberal ideas and interests. On the other hand, institutional lock-in and changes in the preferences of healthcare users meant that some of the rules and regulations introduced by the reform failed to produce the desired effects. That AUGE had a limited impact on household spending patterns, for example, can partly be attributed to the lasting impact of expanding private practice and decaying public services on the social preferences of service users. Mistrust in public health services and the reluctance to sacrifice provider choice limited AUGE's impact, particularly among the privately insured and among higher-income groups in FONASA. Both groups seem to opt for coverage outside of AUGE even if this implies higher co-payments.

Neoliberal policy feedbacks had important gender implications in that they contributed to marginalize women's rights advocates and their demands. In an attempt to avoid deadlock debates with corporatist actors, the government opted for a technical decision-making venue that would elaborate a reform proposal in insulation from "political" pressures relying

instead on “technical” criteria and scientific evidence. From the Technical Commission’s perspective, gender (in)equality was not considered a relevant issue—the assumption was gender sameness. As a result, gender analysis was absent from the problem definition; gender differences were not explicitly considered in the selection of AUGE conditions; and the seemingly gender-neutral criteria used for prioritization concealed precisely those aspects of gendered ill-health that women’s rights advocates aimed to address. This approach also marginalized the few inside allies of women’s health groups, including SERNAM and Health Minister Bachelet. By the time the reform proposal was officially presented to the public and went on to legislative debate, gender issues had *technically* disappeared and stood few chances of being *politically* reinstated as attention focused on conflicts with more powerful interests, including medical associations, private insurers and their respective advocates in Congress and Senate. In other words, neoliberal and corporatist legacies affected the constellation of interests and ideas in ways that erased gender from the reform discussions. They also eclipsed the political potential of the relatively strong maternalist legacy in the sector. Possible measures that would have benefited women *as mothers*—such as including maternity care among AUGE conditions—remained off-limits, obstructed by the application of “technical” prioritization criteria and considerations of budget constraint.

The chapter also shows, however, that the ambiguous agreement on which the 2002–2004 health reform was based opened the door for further skirmishing and contestation. The (re)interpretation of some of the reform’s features during the Bachelet government illustrates this point. Previously opposed to the prioritization of health conditions and the potential involvement of private providers in the delivery of AUGE services, her administration deliberately interpreted *Plan AUGE* as a progressively growing set of health rights that would be guaranteed primarily within the public health system. Gender policy entrepreneurs also found alternative routes to advance their agendas. Strong executive commitment to gender equality and the presence of key individuals in positions of power—factors whose absence had hampered the integration of gender concerns into the health reform design under the Lagos administration—allowed for progress on issues such as domestic violence, emergency contraception, and support for unpaid caregivers. However, these issues were not incorporated into existing institutional structures, such as AUGE, but pursued through parallel processes of health planning which relied heavily on the commitment of individual actors. This casts doubt on the con-

tinuity of health policy conversion in the face of changing cabinets and administrations.

The following chapter turns to the case of pension reform, an area which compared to health was more decidedly and enduringly addressed by the first Bachelet government. Similar to health, the changes effectuated by the 2008 pension reform were incremental and constrained by powerful policy legacies. Compared to health, however, gender concerns figured much more prominently on the pension reform agenda. What explains the greater visibility of gender issues compared to health reform? And what insights does this variation provide in terms of the impact of political institutions and policy legacies? These are fundamental questions that the subsequent chapter will address.

NOTES

1. The AUGE acronym stands for *Acceso Universal con Garantías Explícitas* or Universal Access with Explicit Health Guarantees.
2. This included the adjustment of reimbursement rates within the traditional free choice modality (*Modalidad de Libre Elección*, MLE) as well as the creation of novel modalities, such as PAD (*Pago Asociado a Diagnóstico*).
3. Since the reform, private insurers have to offer minimum financial coverage (25 %) for pregnancy- and maternity-related health services.
4. In 2001, pregnancy and childbirth were the single most important source of hospital releases accounting for more than one-third of all hospital releases among women (MINSAL-DEIS 2001).
5. Between 2005 and 2009 only 28 % of ISAPRE affiliates with a health condition potentially covered under *Plan AUGE* effectively opted to make use of the AUGE option (Tegtmeier et al. 2009).
6. Interview with Hernán Sandoval, *Universidad de las Américas*, former head of the technical commission, Santiago, 26 October 2011.
7. FONASA affiliates earning up to one minimum salary were exempt from co-payments. In 2003, this group accounted for 72 % of the publicly insured (MDS 2003).
8. Interview with Pedro Crocco, *Universidad de Chile*, former health advisor to the presidency of Ricardo Lagos, Santiago, 5 October 2011.
9. Interview with Enrique Paris, *Universidad Central*, previously chief of staff in the presidential office (2000–2006) and Budget Office official (2006–2010), Santiago, 3 November 2011.
10. Interview with Pedro Crocco.
11. Interviews with Marisa Matamala, gender health activist and gender advisor in the Ministry of Health (2006–2010), Santiago, 18 October 2011;

- and Soledad Barría, former health minister (2006–2008), Santiago, 20 October 2011.
12. Interview with Ernesto Ottone, *Universidad Diego Portales*; previously advisor to the Presidency of Ricardo Lagos (2000–2006), Santiago, 27 September 2011.
 13. Interview with Hernán Sandoval.
 14. Interviews with Ernesto Ottone, Hernán Sandoval, and Antonio Infante, former advisor to the Commission for Health Reform (2000–2002), Santiago 5 October 2011.
 15. Interview with Fernando Muñoz, *Universidad de Chile*; former State Secretary for Health (1994–1998) and head of the study department (2006–2008), Ministry of Health, Santiago, 28 September 2011.
 16. Interview with Andrea Reyes, head of the Regional and Intersectoral Coordination Department, SERNAM, Santiago, 7 December 2011.
 17. Interview with Marisa Matamala.
 18. Interview with Silvia Lamadrid, *Universidad de Chile*, former SERNAM official, Santiago, 2 August 2011.
 19. Interview with Antonio Infante.
 20. Interview with Hernán Sandoval.
 21. Maternal mortality rates are comparatively low in Chile.
 22. Interviews with Pedro Crocco and Hernán Sandoval.
 23. Interview with Enrique Paris.
 24. Interview with Ernesto Ottone.
 25. The constellation interests and claims by medical associations was complex. Doctors, for example, also defended their occupational status against greater state regulation and control in the form of treatment protocols and limited provider choice for AUGE conditions (Lenz 2007).
 26. The Legal Framework for Sexual and Reproductive Rights had been elaborated in 1998–1999 by women’s rights groups. The latter garnered the support of MPs who introduced a legislative proposal in Congress in October 2000. However, its debate was repeatedly postponed.
 27. Interview with Silvia Lamadrid.
 28. Interview with Marco Antonio Nuñez, Member of Congress (PPD), Valparaíso, 21 December 2011.
 29. See Ewig and Kay (2011) for a similar argument.
 30. Interview with Fernando Muñoz.
 31. Anonymous interview with former high-ranking official in the Ministry of Labor (2006–2010), Santiago, 28 October 2011.
 32. One of Santiago’s most prestigious and expensive private clinics.
 33. Interview with Camilo Cid, Public Health Department, *Universidad Católica*; former official at the Superintendent for ISAPRE.
 34. Interview with Soledad Barria.

35. Interview with Fernando Muñoz.
36. Interview with Soledad Barria.
37. Interview with Marisa Matamala.
38. Anonymous interview with former health official, Santiago de Chile, 2011.
39. See Sepúlveda-Zelaya (2016) for an in-depth analysis of the political battle over emergency contraception.
40. Interview with Andrea Reyes and Soledad Barria.
41. Interview with Fernando Muñoz.
42. Interview with Soledad Barria.
43. Interview with Camilo Cid.
44. See Endnote 2.

Pension Reform (2008)

In contrast to the presidency of Ricardo Lagos, the Bachelet administration represented a more promising scenario not only for further-reaching social reforms but also for integrating gender equality as a guiding principle within the two emblematic social policy initiatives of her government: the reform of the pension system and the expansion of childcare services. On the one hand, Michelle Bachelet headed the fourth consecutive center-left government after the return to democracy (the second under socialist leadership), and her room for maneuver was comparatively greater than that of previous administrations: politically, owing to the elimination of important authoritarian enclaves by the 2005 constitutional reforms and, fiscally, owing to the windfall of public revenue triggered by an unprecedented boom in commodity prices. Bachelet was not only the first female president of the country, but had campaigned and won based on an electoral platform in which both gender equality and social protection figured prominently (Staab 2016). Furthermore, she could build on a series of existing instruments and institutions to promote gender issues within the state, including the Council of Ministers for Equality of Opportunities, the gender mainstreaming component of the Program for the Improvement of Management (*Programa de Mejoramiento de Gestión*), and the Women's Ministry SERNAM which had significantly grown in staff, resources and capacity since its creation in 1990.

And indeed, in stark contrast to the case of health reform discussed in the previous chapter, pension reform incorporated gender issues from the outset. The analysis in this chapter confirms the finding that Bachelet's commitment to promoting women's rights increased the legitimacy of gender issues and empowered gender advocates within the bureaucracy (Thomas 2016). This made it impossible to ignore gender in the reform of the pension system: from the very definition of the problem through to policy adoption and dissemination, Bachelet made clear that improving women's pension outcomes was central to the reform project.

At the same time, policy feedbacks from pension privatization placed important constraints on the extent to which the presidential mandate for gender-sensitive pension reform was translated into concrete policy changes. The shift to privately administered individual capital accounts in the 1980s had set the pension system onto an institutional path which reform entrepreneurs within the bureaucracy perceived as impossible and, to a certain extent, undesirable to reverse. As a result, they developed a reform proposal that followed a clear pattern of gradual change: it layered a significantly strengthened pillar of non-contributory social assistance pensions onto the largely unmodified core of the individual capital account system. The strategic use of political institutions, particularly those related to the politics of agreement and expertise, sustained this reform project throughout the policy process and allowed for its eventual adoption without major modifications. The broader reform strategy had important gender implications. It meant that the key components of the reform were conceived under a clear mandate for incorporating gender, but that this incorporation would take on particular forms: it allowed for the modification of some implicitly gendered rules, such as eligibility criteria for non-contributory pensions, but also prevented the modification of others, such as the use of gender-differentiated actuarial tables in the contributory system. Furthermore, widely shared assumptions about gendered roles and responsibilities underpinned the introduction of new, explicitly gendered rules aimed at strengthening women's economic security in old age, such as childrearing credits.

The chapter is divided into four sections. The first section briefly recapitulates the key characteristics of the Chilean pension system before the 2008 reform. The main components of this reform are summarized in the second section, followed by an assessment of continuity and change in (gendered) rules and practices. The third section then traces the reform process through its defining stages in order to explain these patterns,

focusing on the interplay of actors, ideas and institutions. The final section summarizes the main findings of the chapter and highlights their relevance for the overall argument of the book.

THE CHILEAN PENSION SYSTEM BEFORE THE REFORM

The Chilean pension system before the 2008 reform emerged from a path-breaking reform carried out under military rule in 1981. This reform dismantled previous corporatist pay-as-you-go arrangements and replaced them with a privately administered system of individual capital accounts. It deliberately removed mechanisms for inter-generational, cross-class and gender solidarity, holding that the “ideal principle is that everyone looks to their own pension” (Piñera 1991, cited in Huepe and Yáñez 2011: 21), and it reduced state responsibility to assistance in cases of extreme poverty. As was already pointed out in chapter 3, the 1981 reform was the single-most important historical juncture in the trajectory of the Chilean pension system and its key features remained fully intact after the return to democracy in 1989. It is the policy area where neoliberal legacies are strongest, while both corporatist and maternalist legacies are weak.

Institutionally, the objectives of poverty alleviation (first pillar), consumption smoothing (second pillar) and voluntary savings (third pillar) were neatly separated. The first pillar consisted of a non-contributory social assistance pension (*Pensión Asistencial, PASIS*) targeted to elderly people in extreme poverty. In the early 2000s, PASIS amounted to 52,000 CH\$ (about US\$100) per month (Huepe and Larrañaga 2010) or 37 % of the minimum wage. In addition to its low amount, PASIS provided only limited coverage. Thus, the number of PASIS was subject to maximum allotments per region negotiated annually during the budget process between the Ministry of Labor and Social Security and the Ministry of Finance. In other words, in addition to narrow targeting criteria, the receipt of PASIS was subject to fiscal discretion.

The second pillar established a contributory system of individual capital accounts administered by private for-profit companies, the *Administradoras de Fondos de Pensiones* (AFP). This system is based on defined contributions—amounting to a 10 % payroll deduction¹—and hence establishes a direct link between contributory records and old-age entitlements. Thus, lower wages as well as longer periods of unemployment, economic inactivity or earlier retirement directly translate into lower pension benefits.

In contrast to previous corporatist schemes, the individual capital account system does not include any measures to attenuate the impact of differences in employment trajectories, life expectancy and retirement age on women's and men's pension outcomes.² Previous maternalist policy features, such as pension credits to compensate mothers for years spent on childrearing, were also abolished in the course of market reforms.

Contributions are collected and invested by the AFPs according to a multifund system which allows affiliates to choose among five funds with different levels of risk and returns. This system individualizes capital market risks and investment uncertainties, meaning that contributors assume the impact of investment failures and economic crises in the form of lower pension entitlements.³ In addition, AFPs are free to charge commissions for their services. Based on the assumption that competition among different providers would keep commissions in check, the regulatory framework defined the structure (fixed/variable), but not the amount of these commissions. As the system matured, however, it became increasingly clear that it did not deliver on its promises of increasing coverage and benefit levels by way of efficiency gains and incentives for private savings (Huber and Stephens 2000). Competition has been limited, for example. In 2005, there were six of initially twelve AFPs operating in the market, three of which concentrated almost 80 % of affiliates and more than 70 % of pension assets (SAFP 2007). Ironically, these three AFPs were not the ones with the lowest commissions (Mesa-Lago 2004).

Growing evidence on insufficient coverage and benefit levels proved particularly troublesome and contributed to the delegitimization of what had long been heralded as a pension model to be emulated by other countries. Most alarmingly, the system failed to provide a decent retirement income to a large group of workers whose employment conditions and labor market histories were less-than-ideal and among whom women were clearly overrepresented (Arenas de Mesa and Montecinos 1999; Arenas de Mesa 2000; Bertranou and Arenas de Mesa 2003; Huber and Stephens 2000; Mesa-Lago 2004; OIT 2004).

According to Mesa-Lago's (2009) calculations, effective coverage reached 63 % of the labor force by the mid-2000s with important differences according to income and gender: coverage was much lower among women (54 %) than among men (68 %) and among the poorest (48 %) compared to the richest income quintiles (78 %). Similar patterns applied to the retired population: while 62 % of the population aged 65 and older received an old-age pension in the mid-2000s, this share was much lower

among women (55 %) than among men (71 %). A significant portion of the elderly population fell between the cracks of the system by failing to accumulate enough for a contributory minimum pension while not being 'poor enough' to receive PASIS (Mesa-Lago 2008). Benefit levels of contributory pensions were also found wanting. According to some calculations, average replacement rates for workers retiring at age 65 were as low 49 % for men without dependents, 41 % for men with dependents, and 33 % for women. In absolute terms, women's pensions averaged only 66 % of men's even if both retired at age 65 (Arenas de Mesa et al. 2006).

Problems of coverage and benefit levels are closely related to the deregulated, flexible and informal nature of the Chilean labor market. A large share of the population moves, often involuntarily, in and out of paid employment, rotates between formal and informal jobs, and earns low wages. As a result, their contributions to social security tend to be irregular and insufficient. Between 1980 and 2002, for example, men contributed during 60 % of their working life, while women did so during 44 % of their working life (*ibid.*). Together with women's lower average wages, these patterns go a long way for explaining gender differences in replacement rates.

Explicitly and implicitly gendered rules in the pension system aggravated these inequalities. Access to minimum pensions within the contributory system, for example, required a record of at least 240 monthly contributions (i.e., 20 years): a formidable obstacle, particularly for women who are more affected by unemployment and interrupt employment more frequently than men to take care of dependents. Arenas de Mesa et al. (2006) estimated that more than 60 % of women who spent forty years in and out of employment would fail to meet the requirement. In addition, fixed commissions charged by the AFPs disproportionately affect low-income contributors among whom women are overrepresented. Together with the strong ties between lifetime contributions and pension benefits more broadly, minimum contributory requirements and fixed commissions are hence classic examples of implicitly gendered rules.

Explicitly gendered rules, such as gender-differentiated retirement ages and actuarial tables, further reduce women's pension benefits. When retiring at the legal retirement age of 60, for example, women's average replacement rate drops to 22 % and the gender gap widens, with women's average pension amounting to only 45 % of men's (*ibid.*). Gender-differentiated actuarial tables, in turn, are based on statistical differences between men's and women's life expectancy. This means that due to their greater expected

longevity women receive lower monthly benefits than men even if they accumulate the same amount of contributions in their individual accounts. According to conservative estimates, gender-differentiated actuarial tables reduce women's replacement rates by more than 10 % and, *ceteris paribus*, account for a difference of six percentage points between men's and women's replacement rates (*ibid.*). Other analysts point to much higher penalties for women, estimating that gender-differentiated actuarial tables account for a 30 % gap in the pension benefits of single women vis-à-vis single men (Yáñez 2010: 40).

In all, the Chilean pension system was characterized by a prominent role of the private sector and high levels of commodification given that economic security in old age depended largely on previous contribution patterns. By establishing a strong link between contributions and benefits, by stipulating gender-differentiated retirement ages and actuarial tables, and by defining tight eligibility requirements for minimum pensions the system harbored implicit as well as explicit gender biases. While primary inequality based on labor market income is significant in Chile, this tendency was accentuated in old age: the pension system effectively deepened rather than mitigated income inequality not only along class lines but also between women and men (Arenas de Mesa et al. 2006).

THE 2008 REFORM: CONTINUITY AND CHANGE

In early 2008, the Chilean legislature approved the most comprehensive reform of the pension system since its creation in 1981. While the reform effectuated changes to rules and regulations in all three pillars, the reorganization of non-contributory pensions represented its center piece (Berstein et al. 2009; Valdés-Prieto 2009; Huepe and Larrañaga 2010; Uthoff 2011). Pre-existing minimum and social assistance pensions were replaced by an integrated System of Solidarity Pensions with two main components: a non-contributory social assistance pension (*Pensión Básica Solidaria, PBS*) and a public subsidy to top up low contributory pensions (*Aporte Previsional Solidario, APS*). Both components are financed out of general revenue, cover men and women from the age of 65 onwards, are targeted broadly to the first three income quintiles, and require no minimum contributory record. Apart from reaching a higher share of elderly people, the benefit level of the PBS is significantly higher than that of its predecessor PASIS.⁴

Changes to the second pillar of contributory pensions included a set of efficiency-enhancing measures aimed at improving pension outcomes through lower administrative costs, higher returns on investments, and greater competition among private pension administrators. The reform eliminated fixed commissions and introduced a biannual bidding process to reduce proportional commissions via increased competition. Investment rules were simplified, reducing restrictions and gradually raising the limit on funds invested abroad. One of the most significant modifications was the introduction of mandatory contributions for self-employed workers whose participation in the pension system had hitherto been voluntary. In addition, the reform established a subsidy for young workers on low incomes which is partly credited to their pension accounts and partly paid to their employers as an incentive to hire.

Gender equality measures were usually highlighted separately in official documents (e.g. BCN 2008; MTPS 2008; Berstein et al. 2009). Given the gendered patterns of labor market participation and poverty,⁵ greater non-contributory pensions and top-up benefits implicitly benefit women who are overrepresented among the recipients of newly created benefits. In 2011, roughly two-thirds of solidarity pensions and 57 % of top-up subsidies went to women (SPS 2011). The top-up is particularly relevant for workers with irregular contributory patterns and low contribution densities, such as seasonal workers, many of whom are women (e.g. *temporeras* in agriculture). The elimination of the requirement of 240 contributions to qualify for a minimum pension has made it easier for these workers to access state subsidies that complement individually accumulated funds.

In addition, a series of measures were introduced in order to improve women's pensions more explicitly. First, the reform created a flat-rate maternity grant (*bono por hijo*) that is credited to the pension accounts of all mothers independent of their employment history and income status. The grant is equivalent to 10 % of 18 minimum wages, corresponding to roughly 290,000 CH\$ (US\$540) in 2009, and accumulates interests until mothers reach the age of 65. Simulations project the grant to increase final pensions by an average 7,279 CH\$ (US\$15) per month (Podestà 2007: 48). Second, changes to the Disability and Survivor's Insurance are likely to raise women's pension levels: Given that women's average accident rates are lower and their life expectancy higher than men's, parts of their contribution to disability and survivor's insurance will be redirected to their pension account. This measure has been estimated to increase women's final pensions by an average 5 % (*ibid.*: 42). Third, the reform authorizes

pension splitting upon divorce or annulment. Thus, the main (usually male) spouse's pension funds accumulated during marriage can now be split upon separation, if the judge considers that one of the parties faces economic disadvantage. Fourth, the reform put an end to the discriminatory rule according to which survivor benefits were granted unconditionally to widows, but not to widowers who had to accredit invalidity—a rule based on explicitly gendered assumptions of economic (in)dependence. Finally, the reform introduces the concept of “voluntary contributor”, the declared intention being that the working partner contributes on behalf of his, or more unlikely her, homemaking spouse (CAPRSP 2006; Arenas de Mesa 2010).

How can we assess these changes against the three dimensions of change and continuity laid out in chapter 2? Regarding the relative weight of states, markets and households in pension provision, the reform significantly expanded the reach of the state by increasing its importance in the administration of non-contributory benefits. New, state-sponsored benefits covered more than half of the elderly in 2009, compared to only 24 % before the reform (Arenas de Mesa 2010: 93). This move did not only imply a significant commitment of state resources,⁶ but also an expansion of its role in the regulation, control and disbursement of benefits. Many of the government officials and bureaucrats I interviewed underlined that state (re)building was a key characteristic of the social reforms carried out under the Lagos and Bachelet administrations.

Increased state spending, broader targeting, higher benefit levels and the elimination of fixed commissions unburden families in the provision of economic security for the elderly and offer greater protection against labor market (low incomes and unstable employment patterns) and capital market risks (returns on investment). The reform thus clearly moved beyond the minimal safety net approach that characterized the system before the reform, but it did so without challenging the interests of the private providers: the administration of payroll contributions is left entirely in the hands of the AFPs, and the regulating measures focus mainly on making the pension market “work better” by fostering competition.⁷ In fact, a series of measures essentially benefit market players: a newly created subsidy for young workers on low incomes is partly credited to their pension account, partly paid to employers as an incentive to hire, and the mandatory incorporation of the self-employed significantly expands the contributory base of the AFPs and thus the population who pays their commissions.

By according greater importance to non-contributory and top-up benefits, the 2008 reform reduces class and gender stratification in access and, to a lesser degree, in benefit levels. The reformed first pillar introduces a stronger component of defined benefits to the system and is likely to improve the replacement rates of workers with low incomes and irregular employment trajectories. In addition, the elimination of contributory requirements (previously 240 months) removes an important access barrier, particularly for women, and closes the gap in coverage for those who previously failed to qualify for a minimum pension, but were not poor enough to receive PASIS. These are important changes in implicitly gendered rules that previously hampered women's access to old-age pensions.

Yet, those outside of the first three income quintiles continue to rely on the individual capital account system with replacement rates based on lifetime contributions (rather than average or final earnings) and life expectancy. Gender-differentiated retirement ages and actuarial tables were maintained without introducing measures to offset their negative effect on women's old-age pensions. Given their greater contributory lacunae and longevity, these rules continue to work to women's disadvantage. In addition, the reform created new inequalities among women. While the retirement age for women in the contributory pillar continues to be 60 years, the eligibility age for benefits in the solidarity pillar was set at 65 years. This means that women who have not accumulated sufficient contributions (usually those with histories of intermittent, informal employment or extended periods of unpaid care work) can claim their old-age benefits five years later than women with a good contributory record (usually those with a history of relatively well-paid, continuous and formal employment) (Yáñez 2010).

In terms of the (re)definition of social citizenship, the greater importance of non-contributory benefits reduces dependence on the market by providing a modicum of income security to pensioners in low-income households. Although these benefits are low, they increase the decommodification of economic security in old age vis-à-vis the previous arrangement. Defamilialization, that is, economic independence from family relationships, is more difficult to assess. The reform proposal explicitly framed solidarity pensions as a social right that would secure a "reasonable degree of protection and economic autonomy for the pensioner" (BCN 2008: 13). A Christian-Democratic MP underlined the significance of this change in an interview, stating that the reform had established older persons as individual right-holders who were entitled to a pension even if they lived with their children or children-in-law who earned a decent income.⁸

A closer look at the eligibility rules for PBS and APS shows, however, that this definition of autonomy rests on important gendered assumptions. We recall that eligibility for the newly established first pillar benefits hinges on a means test and that beneficiaries must belong to the first three income quintiles. For the purpose of means-testing, the reform defines the family unit as “the potential beneficiary, his/her spouse, children under the age of 18 and children above this age but under 24 provided that they are regularly students of basic, secondary, technical or higher education” (BCN 2008: 3202–3). In other words, individual pensioners are guaranteed economic autonomy from family members who live in the same household but are considered capable of earning their own income, with the exception of their spouses, the assumption being that partners will share their pension income. To be fair, once a family unit classifies as vulnerable, all its elderly members (i.e. both spouses) are granted first-pillar benefits, thus providing an important source of independent income to elderly women classified as vulnerable. However, it excludes elderly individuals whose family unit does not meet the means test because one spouse has access to income that puts the household above the 60 % threshold (while the other may not have access to an autonomous income at all). Despite a policy discourse that stresses social rights and autonomy for elderly people then, women’s economic autonomy was not explicitly considered. Rather, it was the implicit outcome of a pro-poor approach: the solidarity pillar conceives independence from family relationships for (women as part of) the vulnerable elderly, but not for women *qua* women.

Similar assumptions about income-pooling underpin the creation of the “voluntary contributor”, where income-earning spouses are expected to pay contributions for their homemaking partners ignoring unequal power relationships that may make it difficult to negotiate such arrangements. Nevertheless, this measure is held to “integrate the gender dimension into social security coverage, particularly for higher-income women” (Arenas de Mesa 2010: 101). The authorization of pension splitting upon divorce or annulment, in turn, explicitly promotes income-sharing between ex-spouses. By potentially making available up to half of the funds accumulated during marriage to the economically disadvantaged partner, it recognizes the unpaid contribution that this partner may have made to the household economy, foregoing paid employment through which economic security in old age could have been financed autonomously.

With regards to gender roles in paid employment and unpaid care, the reform sends mixed signals. On the one hand, the equalization of entitle-

ments to survivor's pensions for both spouses erased assumptions about women's economic dependence, recognizing (the desirability of) role *equity*. The *bono por hijo*, on the other hand, explicitly reinstates gender *difference*. It recognizes unpaid care work as a basis of entitlement to pension income, but categorically targets mothers (not fathers or other caregivers). While this may respond to a social reality (i.e., it is mainly mothers who forfeit income security in old age by interrupting employment in order to take care of children), it reinforces different entitlement bases for men and women. At the same time, the grant is low and likely insufficient for outbalancing contributory lacunae due to childrearing.

In sum, the 2008 pension reform follows a pattern of incremental change by layering new non-contributory entitlements onto the largely unmodified core of the individual capital account system (see also Hertel-Fernández 2009; Ewig and Kay 2011). In terms of state-market relations, it does not challenge private for-profit administration. Indeed, the reform might enhance the political sustainability of the individual capital account system by taking better care of those left at its margins. In doing so, however, it also departs from the neoliberal orthodoxy of the minimalist state: it commits significant fiscal resources in order to provide a modicum of income security in old age; it makes this modicum less dependent on contributory and employment histories as well as family ties; and it reaches out to middle-income segments rather than targeting the poorest of the poor. These general measures are likely to benefit women both in terms of improved coverage and higher benefit levels.

Despite its spectacular awareness of women's disadvantage, however, the reform components aimed at its redress convey ambivalent understandings of gender (in)equality. First, the unhappy ménage-a-trois of women's lower retirement age, gender-differentiated actuarial tables and defined contributions will continue to conspire against more gender-egalitarian pension outcomes in the contributory system. Second, eligibility requirements for first-pillar benefits insufficiently incorporate the principle of economic autonomy and hence fail to consider how power relations and economic dependence may stifle women's wellbeing in partnerships independent from the aggregate income of their household. Finally, the only truly universal measure introduced by the reform, that is, the maternity grant, is highly ambiguous. On the one hand, the grant represents an important recognition of unpaid care work as a basis of entitlement and will improve pension levels, particularly of women in the solidarity pillar. Its categorical targeting to mothers along with its low value, on the other

hand, misses the opportunity to send signals and set incentives that work towards transforming traditional gender roles. As such, it is unlikely to offset the systemic disadvantages that hamper women's pension outcomes.

THE REFORM PROCESS: ACCOUNTING FOR POLICY CHOICES

How can we account for the broader policy choices as well as for the particular ways in which gender concerns were addressed? By tracing the reform through the defining stages of the decision-making process, this section explains how concerns over women's pension benefits came to be such a visible part of the reform—which in itself is a significant achievement—and accounts for the specific ways in which gender inequalities in pension outcomes were interpreted and addressed. In doing so, it locates gendered reform outcomes within the broader reform strategy of incremental change pursued by government officials and bureaucrats.

Before the early 2000s, analyses of the 1981 pension reform focused largely on its financial and macroeconomic effects while attention paid to distributional consequences was negligible (Arenas de Mesa et al. 2006). As the new system matured, however, concerns over coverage, benefit levels and financial sustainability surfaced on the research and policy agenda. Evidence on the malfunctioning of the existing pension system was collected over decades by international organizations and actors within the Chilean state itself. Policy entrepreneurs in the bureaucracy, particularly the regulating authority and the Ministry of Finance, started to generate specific data sets to substantiate their concerns⁹ and then intensively lobbied those who would likely be key figures in a potential fourth *Concertación* government to include pension reform in the electoral platform for the 2005 presidential elections.¹⁰

From the late 1990s onwards, publications on the system's shortcomings in terms of coverage and benefit levels included gender-disaggregated data and increasingly also some kind of gender analysis (Arenas de Mesa and Montecinos 1999; Arenas de Mesa 2000; Arenas de Mesa and Gana 2003). The three-tiered problem definition—coverage, benefit levels and fiscal implications—often included reference to women, for example, as group that was particularly vulnerable to income insecurity in old age. This systematic creation of evidence helped to gradually debunk industry claims that the system was functioning commendably and, as a corollary,

lary, drew attention to gender inequality by making women's problematic pension status blatantly clear.¹¹ In the words of a former high-ranking SERNAM official, "the base line assessment was so obvious showing that those who were most disadvantaged were women that I believe this didn't allow much of a discussion".¹²

This evidence fell on fertile ground during Michelle Bachelet's first term as a president. Almost all interviewees pointed to the political and symbolic weight of the President as an important factor for gendering pension reform. A SERNAM official who had also followed the process of health reform under President Lagos explained that improving women's pension outcomes had been assumed as something obvious by the Bachelet administration and doubted that it would have been under the presidency of one of her predecessors. She also explicitly distinguished the pension reform from the health reform process in that the former came with a strong top-down mandate for including gender concerns.¹³ This mandate formed part of Bachelet's electoral platform and was maintained throughout the policy process. Thus, the Advisory Council created by the President in order to develop the reform proposal, had a clear mandate to present recommendations for "eliminating discriminations against women" (Gobierno de Chile 2006: 2). The strong presidential endorsement also secured support within the executive. A high-ranking SERNAM official, for example, did not recall significant resistance by other cabinet members in discussions about integrating gender in pension reform:

It wasn't like we—as SERNAM—felt that we went to a battle field in which we had everyone against us. No. On other occasions it had been that way, but not in this particular reform. I insist that the President's will was clear on this [issue] and therefore the rest of the Ministers understood that it was like part of the rules of the game.¹⁴

Strong evidence on women's catastrophic pension status and presidential commitment to gender equality thus facilitated the inclusion of gender concerns from the outset. Yet, as we shall see, the specific characteristics of the reform process shaped the boundaries within which these concerns would be addressed.

Raising pension reform as a campaign issue involved both electoral opportunities and threats: On the one hand, the system of individual capital accounts was highly unpopular among the population and announcing its reform promised to generate electoral support (Valdés-Prieto 2009).

On the other hand, there was “fear about the economic noise that it would generate” (Arenas de Mesa 2010: 52) among industry representatives and the broader business community, as well as the divisions that the reform debate could engender within *Concertación*. From the point of view of reform entrepreneurs, the tactical solution to this dilemma consisted in communicational vagueness regarding the details of the envisioned reform and the announcement of an Advisory Council to develop a concrete proposal (*ibid.*). This is not to say that reform entrepreneurs in the bureaucracy lacked ideas about the kind of reform they wanted to pursue. Indeed, just as crucial as a clear definition of the system’s problems and their exhaustive documentation, was the fact that reform entrepreneurs could convince Bachelet that pension reform was “an idea [that had] matured for a long time [and was] financially sustainable” (*ibid.*: 51). Several interviewees suggested that the constitutive components of a reform proposal had already been discussed and developed by key actors in the bureaucracy, including the decision to focus on changes at the margins rather than the core of the contributory system.¹⁵ A reform proposal presented to the industry by the end of the Lagos government, for example, did not foresee the creation of a state-owned AFP or the introduction of a solidarity fund, but already focused on non-contributory benefits and efficiency-enhancing measures (El Mercurio 2005a; Titze 2006).

The early “authoritative choice” (Kingdon 1995: 3) to focus on non-contributory pensions eliminated the most contentious issues from the pension agenda and, as a result, substantially and deliberately narrowed the universe of reform alternatives that would be considered. In the words of a former Budget Office official:

When pension reform was carried out, it was never said: AFPs will come to an end. (...) Maybe the President herself didn’t like the AFPs. But they convinced her early on that it wasn’t worth fighting against them, that it was much more worth it to do all this other stuff and [it was] probably Alberto Arenas [Bachelet’s Budget Director] and Andrés Velasco [Bachelet’s Finance Minister] who convinced her. Very early. So they didn’t let this other strand grow.¹⁶

The reasons for this early choice are more political than the dominant discourse on the technical character of pension reform suggests. Like Ewig and Kay (2011), I find policy feedbacks to play an important role in ruling out a more thorough reconsideration of the pension system’s institutional

structure. The institutional lock-in produced by Chile's integration into the global capital markets and the importance of private pensions in the country's financial system was perceived to be economically risky. As one Bachelet advisor pointed out:

It wasn't simple, because AFPs easily manage 70% of Chilean GDP today (...) and almost the whole capital market in Chile has some kind of link to the AFPs. That's a huge amount of resources. (...) So to barge in there was risky, to barge in there and make a mistake could drive Chile into bankruptcy.¹⁷

Furthermore, 25 years of individual capital accounts had created new powerful interests in the form of pension fund administrators, but also the broader business community which benefits from the investment of pension fund resources into their activities. In the words of an Advisory Council member:

If one could start all over, there is no reform here in Chile. We could have done something different. But given what was there, I think it's a good reform. The pension funds had already been institutionalized as part of the overall functioning of the economy, and independently of whether their managers were doing a good or bad job. You had a lot of people who had already taken their stake in this.¹⁸

In the face of economic risks and political pressure, the government was keen to underline that the reform would not threaten industry interests. The very day Bachelet took office, Labor Minister Osvaldo Andrade (PS) distanced himself from more radical positions within *Concertación* and the trade union movement, reassuring the industry that "it had nothing to fear" (El Mercurio 2006a).¹⁹ The terminology across a series of official documents and speeches was that the system of individual capital accounts had to be "brought to perfection" (*perfeccionar* or *perfeccionamiento*) (Larraín 2006; Bachelet 2006; Ossandón 2008; Arenas de Mesa 2010). These were also the preferred terms used by industry representatives and the right-wing opposition in order to disavow the need for more far-reaching changes during the presidential campaign in 2005 and the first months of the Bachelet government (El Mercurio 2005b, c, 2006f; contributions to Titze 2006).

Finally, there are three distinct forms of political learning that form the backdrop to the broader reform choice. First, key actors within

Concertación had embraced important aspects of the market-based model (Castiglioni 2002; Ewig and Kay 2011) and were hence not convinced that an overhaul of the system was at all desirable. An advisor to the Bachelet government explained to me:

We do support [the idea] that people save for their pension, we do believe that part of the traditional welfare state's excess is that benefits are decoupled from individual savings which generates a kind of perverse culture (...). We don't have any problems with the fact that there is private administration, seriously, there is no ideological problem. We are pragmatic in this respect.²⁰

Second, the disrepute of the individual capital account's predecessor—the system of corporatist pay-as-you-go schemes—meant that a credible alternative experience in the country was lacking. Indeed, several interviewees referred to the malfunctioning and unfairness of the pre-1980 pension system when reflecting on the 2008 reform choices. One of them stated that

what was under discussion at some point was the general system of the AFPs, the general system of individual capital accounts. In fact, there was a series of seminars (...) [with] experts from different countries and there were (...) more radical positions like returning to the pay-as-you-go system which, in Chile, has [had] disastrous results. I mean, you cannot idealize what there was, can you? The pay-as-you-go system was a disaster, especially for the poor sectors.²¹

A third element of learning was based on the health reform experience discussed in the previous chapter. *Vis-à-vis* the long and exhausting process of health reform, the engineers of the 2008 pension reform—many of which had participated in health reform negotiations during the Lagos government—opted for a solution that would be politically viable with the opposition and difficult to object to from within *Concertación*. To this end, the Bachelet government took special care to work with the right-wing opposition from the outset and to second-guess those aspects of pension reform that it would veto or resist.²² In contrast to health, this approach allowed for pension reform to make its way through legislative process without major modifications and in record time.²³ Yet, it also entailed steering clear from any attempt to reintroduce a mechanism of solidarity into the contributory system which had been undertaken but spectacularly failed in the case of health. One of Bachelet's loyal collaborators put it the following way:

I do believe that giving a good blow to the AFPs was omitted and this was part of, some would call it negotiations or political realism. We thought: if we cannot dismantle this thing, let's do it along this other path.²⁴

So the reform refrained from major modifications to the individual capital account system, focusing on non-contributory benefits instead. This focus was not simply a second-best choice, but driven by clear ambitions of institutional re-engineering. Several high-ranking officials of the Bachelet administration portrayed the relaxation of eligibility criteria and the increase in benefits levels as part of a deliberate strategy to construct a new type of welfare state: one that would gradually shift away from neoliberal notions of individual responsibility and state subsidiarity towards an emphasis on solidarity and universal social rights.²⁵ The need to incorporate non-poor households on low incomes was bolstered by fresh evidence—including longitudinal panel data on household trajectories generated between 2001 and 2006—which documented “considerable dynamism around the poverty line” (*Fundación para la Superación de la Pobreza* et al. 2007: 2). While absolute poverty levels had declined significantly, the likeliness of lower-income households moving in and out of poverty remained high. This data challenged conventional targeting mechanisms based on static poverty assessments and justified the expansion of social policies beyond the poverty line using a broader definition of socioeconomic vulnerability. In the words of Bachelet's former Minister of Planning, “the dilemma facing the new administration was not, as was the case a decade ago, how to reduce poverty but how to prevent its emergence and reproduction and how to ensure social protection (the observance of social rights) to those in need either because of their poverty conditions or their vulnerability that exposes them to risk of impoverishment” (Hardy 2011: 162–3). In other words, together with the difficulties associated with modifying other features of the pension architecture, changing interpretations of need lent weight and legitimacy to a more comprehensive definition of non-contributory entitlements.

In order to defend this reform choice, the executive maintained tight control of the policy process. The decision to steer clear of major modifications to the privately-administered contributory pillar, in particular, required the careful management of more radical demands articulated by labor unions and dissident voices within the governing coalition. A key mechanism for marginalizing these claims was the creation of an expert group in order to define the problems associated with the pension system and to produce

policy recommendations for addressing them. Similar to the case of health, a “technical” body—the Advisory Council for Pension Reform—rather than a “political” institution, such as the legislature, became the key site of deliberation around pension reform. In addition, the executive defined important boundaries for the discussions that would take place in the Council by clearly delimiting its mandate.²⁶ These boundaries were spelt out by Mario Marcel, former Budget Director and President of the Advisory Council: “what is at stake here is not the replacement of the individual capital account system, but its improvement. The system’s principles continue to be valid” (cited in *El Mercurio* 2006g). The Council’s report reiterated that “the individual capital account regime created by the 1981 reform is not in crisis”, but that broader changes in demographic, family and employment patterns required state action in order to avoid a “vicious circle of frustrations, contestations and conflicts that in the long run threaten the very viability of the system” (CAPRSP 2006: 7). This problem definition effectively shifted the emphasis away from the individual capital account system itself.

Agenda confinement was reinforced by the decision to staff the Council only with experts who had “a predisposition to generate agreements” (Arenas de Mesa 2010: 59), and to discard the participation of “academic representatives with predefined positions—which seemed not given to negotiation—and the extra-parliamentary Left” (*ibid.*), thus excluding actors who had voiced structural criticism of the pension model.²⁷

Despite Bachelet’s participative rhetoric, the Council’s mandate, composition and procedure reflected the ambition to create a bipartisan consensus among the political elite that would be acceptable to the industry and the opposition in Congress and Senate.²⁸ Against this backdrop, it is hardly surprising that Council members tended to qualify the discussion as “technical” rather than “political”. One Council member pointed out that the most political issue may have been the creation of state-administered AFP.²⁹ Rather than questioning private for-profit administration per se, this meant that the debate was confined to the question of whether a state agency would enter the pension market to compete with market providers. While the Council did not recommend state participation, the issue was hotly debated during the following stages of the reform process, including in the Inter-Ministerial Committee, Congress and Senate. However, the idea of a state-administered AFP lacked strong support among reform entrepreneurs in the executive, and generated substantial disagreement among leading *Concertación* politicians as well as the unambiguous rejection by *Alianza* MPs. As a result, even this relatively minor modification eventually disappeared from the agenda.

The participation of citizens and civil society organizations, in turn, was restricted to hearings and tightly controlled by the executive. As one Council member explained, Mario Marcel and the presidency defined who would be received to present proposals and who would not.³⁰ Labor activists—who had proposed to return to a pay-as-you-go system and greater employer responsibility—felt that their presentations had not been given serious consideration. An advisor to the Women’s Trade Union Committee (*Comité Sindical de Mujeres*) expressed her frustration in an interview, stating that the government had created a series of what she considered to be tokenistic opportunities for participation as part of the Advisory Council, but that the whole discussion had been restricted to the non-contributory pillar from the outset.³¹

The general reluctance to engage with the individual capital account system provided an unfavorable context for the elimination of gender discrimination in actuarial calculations, and although women’s organizations had made the case for this measure (CEM 2006), the final report of the Council avoided a clear recommendation. SERNAM subsequently raised the issue during meetings of the Inter-Ministerial Committee in charge of elaborating the legislative proposal. According to a former official who attended those meetings, however, the elimination of actuarial tables was a lost cause given that:

There was never any interest to touch the AFPs, never any proposal to substantially modify the essence of the individual accumulation model (...) [At] SERNAM, we were alone [in this] and there was the Minister who went and hit the table, (...) but we didn’t achieve much more.³²

As a result, the issue disappeared from the agenda. Indeed, unless explicitly asked, my interview partners did not usually raise the persistence of gender-differentiated actuarial tables as an issue, and even then, they tended to downplay their importance. When directly asked about the fact that women with the same contributory record as men would receive lower pensions only based on their greater longevity, a leading Socialist politician and former Minister for Labor and Social Security acknowledged this fact but held that actuarial tables were a technical instrument and necessary to define pension benefit levels.³³

The authorization of pension splitting upon divorce—a longstanding goal of SERNAM which had failed to make it into the 2003 divorce law—was less controversial, but nevertheless contested. A former SERNAM official who accompanied the process of pension reform suggested that

SERNAM had “fought tooth and nail for it” during Council meetings and inter-ministerial discussions, “and that’s why it’s there”.³⁴ When the provision was once again challenged by members of the Labor Commission in Congress, two women MPs—Adriana Muñoz (PPD) and Carolina Goic (PDC)—successfully defended the proposal against its detractors (Arenas de Mesa 2010: 98).

Another general constraint on policy choices had to do with the fact that the reform was devised and driven by policy entrepreneurs in the Ministry of Finance who not only hold the key to state spending but also share a strong commitment to key principles of “sound” macroeconomic policy. Concerns over the higher retirement age for women in the solidarity pillar—raised by SERNAM and the President herself—stalled against considerations of fiscal prudence and efficiency, for example. According to a former SERNAM official, the issue had been discarded as too expensive and that it had been hard to challenge the Ministry of Finance on that point.³⁵ The Budget Office insisted that access to first-pillar benefits at age 60 for women would not only be too costly, but also set the wrong incentives.³⁶

To resolve the impasse, the maternity grant was put forth as a measure that would “compensate woman [sic] for gender inequalities”, reconciling “the positions of those who didn’t want a unisex actuarial factor, those who did, and those who said that the introduction of solidarity system benefits (...) at age 65 would harm women” (Arenas de Mesa 2010: 70). In other words, the maternity grant was also used to buy consent on issues the executive was not willing to concede. Bachelet’s decision to override the Council’s recommendation to target the maternity grant to low-income women can be seen in this context: if the measure was supposed to compensate for gender inequalities in the pension system as a whole, she argued, it should be applied universally to *all* women, independent from their income level (Bachelet 2008a).

The maternity grant illustrates that even in the case of pensions where explicitly maternalist rules had been eliminated in the course of market reforms, motherhood continues to hold significant political appeal. In the face of strong neoliberal legacies that made other gender equality measures difficult to pursue, the reform reclaimed the idea that motherhood should be recognized and rewarded and reinstated a mode of compensation that had indeed existed in some pre-neoliberal pension schemes. The measure proved particularly attractive in that it did not disrupt the functioning of privately administered pensions and appealed to broader

maternalist sentiments. As such, the *bono* was highly acceptable to the political right but also received widespread support among *Concertación* members and the general public. A 2009 survey (Bravo 2010) indicated that the maternity grant was the best-known measure of the whole reform package, particularly among women.

Even gender-sensitive bureaucrats and parliamentarians were not openly critical about the maternalist thrust of the *bono*.³⁷ Women MPs, such as Maria Antonieta Sáa (PPD) and Carolina Goic (PDC), expressed their satisfaction with the fact that the reform “recognizes the great contribution of women to the national economy through their domestic work, [their work] as housewives, for which they are granted a solidarity pension” and that “a female president has been able to put on the table the recognition of intra-household work and the value of maternity as a social good” (Goic, cited in BCN 2008, p. 2705).³⁸ The idea of a gender-neutral caregiver grant, in turn, which had been proposed by women’s organizations (CEM 2006) never gained traction in the broader debate.

CONCLUSION

This chapter highlighted how implicitly and explicitly gendered rules in the pension system differentially affect women’s and men’s access to economic security in old age. It analyzed the extent to which these rules were modified in the course of the 2008 pension reform and suggested a number of factors that explain both the broader pattern of reform and the particular ways in which gender was incorporated. Based on the in-depth analysis of reform patterns and processes, this section highlights the key arguments of the chapter and their contribution to the book as a whole.

First, this chapter confirms that the 2008 pension reform followed a pattern of gradual change in the course of which new rules were layered onto an otherwise unmodified core. This pattern is also discernible with regards to gendered rules and practices. On the one hand, the reform eliminated important barriers to women’s access to minimum pensions, introduced new rules in order to protect women against economic insecurity in the case of divorce and created a maternity grant to compensate for time spent on childrearing. These measures are likely to translate into tangible material gains, particularly for women in low-income households. On the other hand, evidently gendered rules—such as actuarial tables—were not revised and continue to work against more gender-egalitarian pension outcomes. In addition, the newly created entitlements continue

to be imbued with “old” gendered assumptions: eligibility rules for non-contributory benefits are based on the idea that, where available, women can rely on the income of a spouse rather than needing one of their own, and the maternity grant explicitly reinstates women’s role as caregivers.

This concomitant pattern of change and continuity was shaped by the interplay of policy feedbacks and political institutions. While neoliberal policy feedbacks go a long way in explaining why a specific reform path was chosen, the use of political institutions was crucial to sustain this path throughout the policy process. The legacy of pension privatization created significant institutional lock-in, empowered new interest groups and spurred policy learning among the political elite. As such, it crucially shaped the goals and preferences of reform entrepreneurs in the bureaucracy with regards to the kind of changes that were feasible and desirable. Reform entrepreneurs in the Budget Office devised a reform path of incremental change aimed at increasing the coverage, benefit levels and financial sustainability of the pension system by layering new rules and entitlements onto the margins of the privatized individual capital accounts.

The strategic use of political institutions, in turn, helped reform architects to carry their proposal through the policy process without major modifications and in record time. The politics of agreement and expertise played a crucial role in this regard. They allowed reform entrepreneurs to accommodate the apprehensions of industry representatives and the political right and to marginalize demands for more radical transformations. The creation of the Presidential Advisory Council for Pension Reform—widely heralded as a ‘participatory’ mechanism that would allow for the inclusion of civil society demands—must be seen in this context. By deliberately locating the debate within the “technocratic” realm of expertise and controlled participation rather than within the “political” realm of representative democracy and deliberation, the executive was able to exert considerable control over the Council’s recommendations. Civil society demands that did not fit with the overall approach to reform—including those of women’s organizations—were marginalized and not reflected in the Council’s final report. The relative power of the Budget Office within the executive further meant that most of the Council’s recommendations were adopted by the Inter-Ministerial Committee and incorporated into the proposal presented to the legislature. When party discipline threatened to fail during the legislative debate, strategic concessions by the executive succeeded in fending off demands for greater institutional transformation and “unreasonable” increases in state spending.

This broader reform strategy set clear boundaries for the ways in which gender concerns could be addressed. Given the overarching orientation of the reform, for example, gender actuarial rules remained fully intact. Although non-contributory social assistance pensions implicitly benefit lower-income women, their scope and generosity was limited by fiscal concerns—reflected in relatively low benefit levels and higher retirement ages in the non-contributory pillar—as well as gendered conceptions of rights and responsibilities—reflected in the absence of truly individual entitlements and the maternity grant. Despite these constraints gender advocates found ways to introduce changes that strengthen women’s economic security. These opportunities opened largely as a result of Bachelet’s explicit commitment to women’s rights. In contrast to the health reform carried out under Ricardo Lagos, her mandate to incorporate gender into pension reform made it impossible to ignore the issue, although the policy design processes were similarly technocratic in both cases. Bachelet ensured that SERNAM sat at the inter-ministerial table where the reform design was discussed and even intervened herself in order to shape specific policy choices.

This provided gender advocates in different institutional arenas with some, albeit limited, leverage: they pushed the boundaries of public spending that directly benefits women (trying to raise non-contributory benefit levels, lower the retirement age in the solidarity pillar, and universalize the maternity grant) and fought for the authorization of pension splitting upon divorce as a measure to enforce intra-family transfers. They found allies and succeeded where this did not challenge institutionally embedded power relations, including the rules of the game in the contributory pillar and the hegemony of fiscal restraint. While the modification of actuarial tables was a lost cause from the beginning, measures such as pension splitting that did not carry fiscal implications or interfere with the system of individual capital accounts proved easier to include. The political mobilization of motherhood was used as another policy lever. In the face of strong neoliberal legacies that made other gender equality measures difficult to achieve, reform entrepreneurs reclaimed the maternalist legacy by restoring and universalizing pension credits for mothers that had been eliminated in the course of market reforms.

In all, the chapter shows that in contrast to health, pension reform did involve important and deliberate attempts to attenuate gender inequalities and improve women’s pension outcomes. This difference can largely be attributed to the women-friendly thrust of the Bachelet administration.

Yet, similar to health, policy feedbacks acted as major constraints on positive gender change in pension policy by restricting policy innovations to the non-contributory pillar. While new ideas about poverty as a dynamic and more generalized phenomenon underpinned important changes in non-contributory benefits, new rules and entitlements continue to be shaped by conservative ideas about gender roles and relations at the household level.

Having discussed the gender dynamics of reform in two classical social policies, the following two chapters turn to two more explicitly gendered policy areas—childcare and maternity leave—in order to gauge whether policy reform and innovation processes in these areas are shaped by similar dynamics.

NOTES

1. Employer contributions were eliminated.
2. Previous, pay-as-you-go schemes attenuated the impact of differences in employment trajectories, life expectancy and retirement age *implicitly* by defining pension benefits as a percentage of the workers' earnings obtained during the final years preceding retirements. They also did so *explicitly* by recognizing years spent on childrearing and by requiring fewer years of affiliation and no minimum contributions of women to access minimum pensions (Arenas de Mesa and Montecinos 1999).
3. The volatility of global financial markets since 2008, for example, had dramatic effects on the profitability of Chilean pension funds (CENDA 2011; SSPS 2011).
4. In 2010, the PBS amounted to 75,000 CH\$ (US\$147). The value of PASIS had been 52,000 CH\$ (US\$100).
5. In 2006, women were more likely (14.3 %) to live in poor households than men (13 %) (MDS 2006).
6. According to the former budget director, the 2008 pension reform was the public policy initiative with the highest fiscal implications since 1990 (Arenas de Mesa 2010).
7. Even the elimination of fixed commissions is hardly market challenging, given that at the time of reform fixed commissions had already ceased to be a relevant factor in the financing structure of AFPs (Mastrángelo 1999). Furthermore, insurance companies raised proportional commissions in response to the elimination of fixed commissions (Berstein 2011).
8. Interview with Carolina Goic, Christian-Democratic MP, Valparaiso, 18 January 2012.
9. The state-sponsored creation of a Social Protection Survey, carried out since 2002, was repeatedly mentioned as a crucial input by providing

- auto-reported data on contributory behavior that existing data sets had failed to capture.
10. Interviews with Francisco Díaz, public policy advisor to the presidency of Michelle Bachelet (2006–2010), Santiago, 16 August 2011; Andras Uthoff, *Universidad de Chile*, former member of the Advisory Council for Pension Reform (2006), Santiago, 17 August 2011; and Ricardo Solari, former Labor Minister and member of Michelle Bachelet’s campaign team (2005–2006), Santiago, 21 September 2011.
 11. Interviews with Carolina Goic, Andras Uthoff and Andrea Reyes, head of the Regional and Intersectoral Coordination Department, SERNAM, SAntiago, 7 December 2011.
 12. Interview with Carmen Andrade, former Vice-Minister (2006–2009) and Minister (2009–2010) for Women, Santiago, 2 August 2011.
 13. Interview with Andrea Reyes.
 14. Interview with Carmen Andrade.
 15. Interviews with Andras Uthoff, Enrique Paris, *Universidad Central*, former chief of staff in the presidential office (2000–2006) and Budget Office official (2006–2010), Santiago, 7 November 2011; and Maria Pia Martin, *Universidad de Chile*, former public policy advisor to the Presidency of Ricardo Lagos (2000–2006), Santiago, 19 August 2011.
 16. Anonymous interview, Santiago, 2011.
 17. Interview with Francisco Diaz.
 18. Interview with Andras Uthoff.
 19. More radical alternatives put forth by major trade unions included an end to private for-profit administration, the restitution of employer contributions, the creation of a solidarity fund in order to finance universal pensions, care credits for women workers and a parallel pay-as-you-go system, the idea being that workers would be able to choose (El Mercurio 2006b, c, d, e; Anamuri 2006; *Comité Sindical de Mujeres* 2006). Parts of the Socialist Party also elaborated a document that included aspirations of more far-reaching changes (El Mercurio 2006d). However, these proposals remained marginalized from the executive decision-making process.
 20. Interview with Francisco Diaz.
 21. Interview with Carmen Andrade.
 22. Interview with Enrique Paris.
 23. The executive bill was sent to Congress in December 2006 and approved only 14 months later.
 24. Interview with Carmen Andrade.
 25. Interviews with Carmen Andrade, Francisco Diaz and Clarisa Hardy, Minister of Planning (2006–2008), Santiago, 22 August 2011.
 26. Interview with Maria Pia Martin.
 27. For example, the left-of-center think tank CENDA (see CENDA 2006; Riesco 2006, 2007b).

28. Five of the Council's 15 members belonged to think tanks close to *Concertación*, two belonged to think tanks close to the opposition. More importantly, however, one-third of the Council's members had strong ties to the AFP industry (Ewig and Kay 2011).
29. Interview with María Margarita Errázuriz, *Universidad Andrés Bello*, member of the Advisory Council for Pension Reform (2006), Santiago, 13 December 2011.
30. Interview with Andras Uthoff.
31. Interview with Carmen Espinoza, director of the *Programa Economía del Trabajo*, facilitator of the *Comité Sindical de Mujeres*, Santiago, 3 November 2011.
32. Interview with Claudia Iriarte, former SERNAM official in charge of following the pension reform process, Santiago, 3 October 2011.
33. Interview with Ricardo Solari.
34. Interview with Claudia Iriarte.
35. Interview with Carmen Andrade
36. Interview with Francisco Diaz.
37. Interviews with Carmen Andrade and Pamela Fariás, former gender focal point, Ministry of Labor and Social Security, Santiago, 2 August 2011.
38. Confirmed in interview with María Antonieta Saa, member of Congress (PPD), Santiago, 13 January 2012.

The Expansion of Childcare Services (2006–2010)

Embedded in a life course narrative that advocated social protection “from the cradle to old age”, the expansion of childcare services constituted the second pillar of Michelle Bachelet’s social policy agenda. More strongly than the reform of the pension system, the expansion of childcare services resonates with research and advocacy on gender equality and women’s rights. Students of gender and social policy usually agree that the extent to which states support families in the process of raising children and through what mix of policies affects gendered patterns of work and employment and plays an important role in promoting women’s economic autonomy (Bettio and Plantenga 2004; Daly 2001; Gornick et al. 1997; O’Connor 1993; Orloff 1993). Public support for childcare has also been a key demand of second-wave women’s movements (Jenson and Sineau 2001). Yet, this chapter shows that it was not the outside pressure of women’s movements, labor unions or other civil society organizations, but the economic and social policy objectives of powerful actors within the bureaucracy that propelled childcare onto the executive agenda. During the second half of the Lagos government, bureaucrats in different ministries coalesced around a pro-(female)-employment/anti-(child)-poverty agenda. Ideas of social investment—whose pervasive presence among technocrats, policy entrepreneurs and implementing actors was still palpable at the time of my field research in 2011—underpinned the support for childcare expansion as an economically sound policy option which would increase children’s human capital as well as the employability of their mothers.

Once the issue was on the agenda, however, there were a series of important choices to be made: How would the services be funded? Who would be in charge of delivery? Who would be entitled to access and on what basis? What rules would be put in place with regards to opening hours, geographical location and quality standards? The task was complicated by the fact that childcare was not an institutional *tabula rasa*. A confusing mix of arrangements—some rooted in employment, others in educational policy—already existed. Among the alternatives for expanding childcare coverage, the Bachelet administration made several notable choices. First, rather than reforming the labor code—which among other things establishes important employer responsibilities for childcare services—the administration chose to reactivate and convert early childhood education and care services under the aegis of the Ministry of Education, expanding their reach and enhancing their compatibility with employment-related goals. Second, rather than promoting parental choice and private provision by way of a voucher system, the executive chose to invest directly into the infrastructure and operation of public services for 0–3-year-old children. This contrasts sharply with the case of health reform where private service delivery was never seriously questioned and continues in full swing (see chapter 4). Third, and similar to the case of pensions discussed in the previous chapter, the relaxation of eligibility criteria imbued existing childcare institutions with a more universalist thrust moving away from narrow targeting principles based on absolute poverty.

The chapter argues that the massive expansion of public childcare services was driven by the collective puzzling of reform entrepreneurs over problems of child poverty and low maternal employment. Its implementation also reflected policy learning from the failure of private sector participation in the broader educational system. Low political hurdles and weak neoliberal legacies made it possible to translate these lessons into a policy choice that involved a much more vigorous and decided rebuilding of state institutions than in health and pensions. By 2010, the large majority of enrolled 0–3-year-old children attended free public childcare centers. In contrast to health and pensions, private sector interests were not a major hurdle in childcare and the expansion for younger children did not require legislative approval. Direct public provision also gave the government greater leeway for extending schedules in ways that meet the needs of working mothers.

The continuities in this case are to be found in the broader policy environment. The expansion eschewed interfering with preschool services

for 4- and 5-year-old children, for example, which continue to operate largely on part-time schedules and extensive school holidays. In addition, a persistently hostile and discriminatory labor market environment continues to create tensions, especially for women with children. The chapter shows that these continuities are the result of a deliberate reform strategy that focused on engendering change where it was relatively easy to attain: the expansion of public childcare institutions only required the approval of budgetary resources, an area where the executive holds far-reaching prerogatives, and did not have to contend with entrenched business interests. Changes to preschool provision and labor market regulations, in contrast, would have required legislative debate and approval which, given the strong neoliberal legacies in both areas, would have been contentious and difficult to attain. As a result of this selective reform strategy, however, the new childcare services remain nested within broader institutional continuities that limit their equity-enhancing effects.

The argument of the chapter is developed in four sections. The first presents background information on the organization of childcare in the early 2000s. The following section analyzes the pattern of change and continuity in the context of the 2006–2010 expansion. The third section proposes explanations for specific policy choices. It provides key insights into why some parts of the institutional framework shifted while others remained essentially unmodified. The final section summarizes the findings and reflects on their relevance for the broader argument of the book.

CHILDCARE SERVICES BEFORE THE EXPANSION

Before turning to the offer of childcare services provided by state or market institutions, it is worth taking a look at the broader organization of care for children of preschool age. Household survey data give some insight into childcare arrangements by asking respondents what person or institution (mother, grandparent, other family member, childcare facility, domestic worker) is in charge of small children in the household. It shows that, in 2006, mothers were the main childcare providers across income groups, representing two-thirds of primary caregivers. With rising household income, other arrangements become more important. In the middle-income quintiles, for example, some maternal care is replaced by the reliance on other family members, particularly grandparents. Only in the highest income quintile was a significant amount of childcare (29 %) outsourced to daycare institutions and/or domestic workers.¹ Overall,

Table 4 Early childhood education and care in Chile, 2006

<i>Level</i>	<i>Age group (years)</i>	<i>Total coverage (%)</i>	<i>Main providers (% coverage)</i>	<i>Main sources of funding</i>
Daycare (<i>nivel sala cuna</i>)	0–1	6	JUNJI (31 %) Fundación Integra (18 %) Fee-based private facilities (35 %)	General taxation or employer (Art. 203) General taxation or employer (Art. 203) Parents and/or employer (Art. 203)
Kindergarten (<i>nivel medio</i>)	2–3	27	JUNJI (36 %) Fundación Integra (18 %) Fee-based private facilities (19 %)	General taxation General taxation Parents
Preschool (<i>nivel de transición</i>)	4–5	76	Public schools (30 %) Subsidized private schools (36 %) Fee-based private schools (12 %)	General taxation General taxation and co-payments by parents Parents

Source: Author's elaboration based on official information and household survey data (MDS 2006)

childcare was both highly maternalized and familialized and the degree of familialization clearly reflected a household's ability to buy-in services.

The coverage of childcare services, in turn, was uneven and fragmented, with different institutions catering to different age and income groups in a haphazard and uncoordinated manner. Depending on the age of the child, three overarching levels can be made out (see Table 4): daycare services (0–1 year), kindergarten services (2–3 years) and preschool services (4–5 years). At each of these levels different providers, funding arrangements and eligibility requirements further complicated the picture.

Since the early 2000s, preschool services for 4- and 5-year-old children had been integrated into primary schools. Their setup hence mirrored the broader educational system and its mix of public, subsidized and fee-based schools. Public and subsidized schools receive per-capita funding out of general taxation, the former being free of charge and the latter charging varying levels of co-payments. Fee-based private schools, in turn, are entirely financed by parents. Given that the Lagos administration had focused its efforts on this age group, coverage had started to

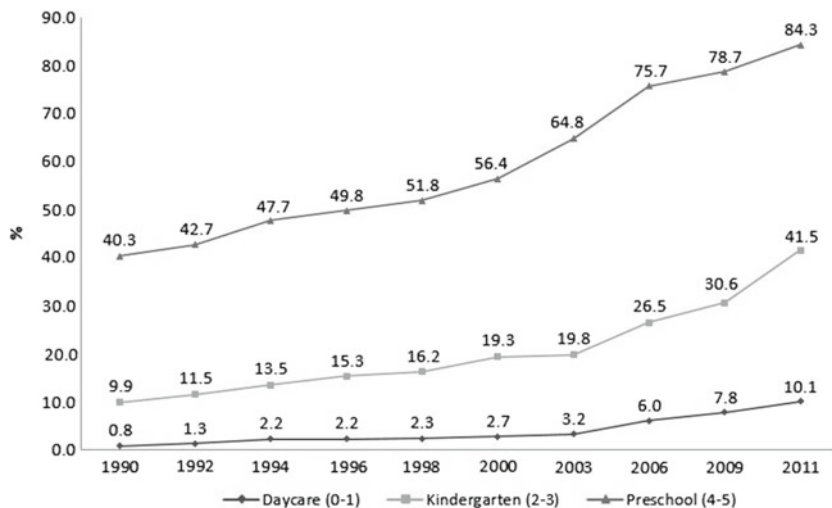


Fig. 3 Coverage of daycare (0–1 years), kindergarten (2–3 years) and preschool (4–5 years) services, 1990–2011.

Source: Author's calculations based on household survey data (MDS 1990–2011)

grow more rapidly from the late 1990s onwards (see Fig. 3). In 2006, roughly 76 % of 4- and 5-year-old children were enrolled in preschool programs, albeit with important differences between higher- and lower-income households.

Kindergarten and daycare services for children under the age of four were provided by a different set of institutions operating at the interface of education and welfare services. Some childcare facilities were centrally administered by the National Council of Kindergartens (*Junta Nacional de Jardines Infantiles, JUNJI*)² and *Fundación Integra*³; others were locally administered through the transfer of funds to municipalities and non-profit providers. Both sets of facilities were financed out of general taxation and provided services free of charge to children from poor and vulnerable households.⁴ Together JUNJI and *Integra* accounted for more than half of the enrolment of children between 0 and 4 years. In addition, a significant proportion of children attended private, fee-based facilities (18 % at the kindergarten and 35 % at the daycare level). State-subsidized private institutions—which play an important role at the preschool level—were less prominent in this younger age group.

At the daycare level (0–1 year), funding arrangements and service provision were further complicated by the existence of work-based childcare stipulated in employment legislation. Thus, Article 203 of the Labor Code—a remnant of the early legislation on maternity protection that had survived the deregulation of employment in the 1980s—obliges companies to fund daycare for children under the age of two if their company employs more than 19 women workers. The regulation was widely criticized for its negative effects on women’s employability given that companies would avoid daycare costs by hiring less than 19 women workers. In any case, employer obligations applied only until the child reached the age of two. Beyond that age, working mothers had to make their own arrangements. If they failed to meet the vulnerability test for one of the scarce public spaces provided by JUNJI and *Integra*, the cost of childcare had to be covered entirely by the household.

Up until 2003, ECEC coverage for children under the age of 4 presented sluggish growth (see Fig. 3). In 2006 only 6 % of all children under the age of two and 26.5 % of children aged 2–3 years were enrolled in ECEC institutions.⁵ Social differences were significant both in terms of coverage and in terms of the institution attended. At the daycare level, 13 % of children from the highest income quintile were enrolled in a childcare facility, compared to only 3 % of children from the lowest quintile.⁶ Similarly, enrolment rates at the kindergarten level varied between 38 % in the highest income quintile and 24 % in the lowest income quintile. Children from the highest income quintile were concentrated in private facilities (79 %), while a similar proportion of children from the lowest income quintile attended public institutions (76 %).⁷

Responsiveness to the needs of working mothers—in terms of full-time and extended schedules—was highly variable across age groups and institutions. Reflecting their mission of getting 4- and 5-year-old children school ready, preschool services offered mainly part-time programs. In 2006, only around 25 % of children aged 4–5 were enrolled in full-time programs. The situation was better at the daycare and kindergarten level, where full-time programs covered 68 % and 54 % of children respectively (Author’s calculations based on household survey data). Yet, given that full-time programs attend children from 8.30 a.m. to 4.30 p.m., they were still largely incompatible with employment schedules.⁸ Throughout the late 1990s and early 2000s, SERNAM consistently tried to negotiate greater compatibility of ECEC services with the needs of working mothers, pushing for extended schedules as well as programs for specific groups,

such as seasonal agricultural workers.⁹ While the number of childcare services with extended schedules grew only slowly during this period, these efforts paved the way for integrating gender into the ambitious expansion of childcare services under the Bachelet government (see below).

In sum, ECEC services in the early 2000s were characterized by low and uneven coverage as well as fragmented funding and service delivery arrangements for different age and income groups. Institutional fragmentation created gaps and discontinuities. A large share of working parents who were not employed in companies with more than 19 women workers, but did not meet the means test of public institutions either, held no entitlement to childcare at all and were obliged to turn to fee-based private services if they could afford them. Those who did gain access to employment-based daycare upon their return from maternity leave, were left stranded once the child reached the age of two and employers were no longer obliged to fund daycare. Finally, families who could secure employer- or state-funded full-time care for children up until the age of four were subsequently confronted with a preschool system for 4- and 5-year-olds that consisted almost exclusively of part-time programs.

CHILDCARE SERVICES EXPANSION (2006–2010): CONTINUITY AND CHANGE

The Bachelet government turned ECEC into a policy priority and set out to increase access to services at the daycare (0–1 years) and kindergarten (2–3 years) level, focusing on children from lower-income households (Mideplan 2007). During the first year, the administration constructed 800 new daycare facilities and subsequent years saw further increases in daycare centers and places. The new services are provided through public or semi-public institutions (JUNJI, *Integra*, municipalities)¹⁰; they apply a rather broad targeting mechanism, covering children from the first three income quintiles (60 % of the lowest-income households); and are free of charge for families who meet the eligibility requirements.

Many interviewees underlined the impressive pace with which childcare services were rolled out between 2006 and 2010. An expert and former advisor to the Ministry of Education argued that the Bachelet government had constituted a “golden age” for early education and that it would be difficult to get any future government to invest a similar amount of fiscal resources in this area.¹¹ Similarly, a social worker at JUNJI spoke of a

“historical moment” for early education and care.¹² These accounts are confirmed by official data according to which the number of available places for children under two years rose from around 14,000 in 2005 to 61,000 in 2008, while the number of places for 2- and 3-year-old children doubled over the same period (Ortiz 2009; Mideplan 2010). The priority given to childcare expansion is also reflected in the evolution of fiscal spending. Thus, JUNJI’s budget increased significantly between 2006 and 2009 and actual spending tended to exceed the resources that were initially allocated through the budget law (meaning that additional resources from discretionary Executive funds were allocated to childcare institutions in order to meet the demanding goals of the expansion): after a period of relative stagnation in the early 2000s, JUNJI’s executed budget quadrupled between 2006 and 2010 (see Fig. 4).

This injection of fiscal resources was accompanied by significant institutional choices. First, rather than promoting parental choice and private provision by way of a voucher system, the executive opted for the expansion of public service delivery. In contrast to the health system as well as the broader educational system—where private service delivery has been promoted by the state for decades and become normalized over the years—the expansion of ECEC services for children under the age of 4 was

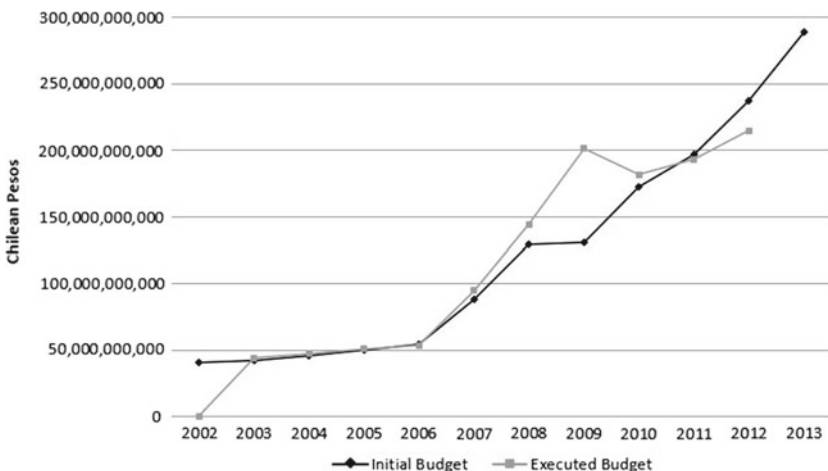


Fig. 4 *Junta Nacional de Jardines Infantiles*: Public budget 2002–2013.
Source: Author’s elaboration based on annual budget reports (DIPRES 2002–2012)

carried out exclusively through public or semi-public institutions. This move was by no means uncontested. Indeed, the previous administration had launched a pilot program which subsidized home-based childminders in poor neighborhoods, and it had strengthened the public-private mix in the preschool system (Staab 2010). The Advisory Council for the Reform of Childhood Policy, created by Bachelet herself, also recommended a mix of public and private providers in order to safeguard parental choice. Yet, in contrast to these trends and recommendations, the Bachelet administration scaled up the reach of public services with significant investments in infrastructure and operational resources.

In doing so, the role of the state in the provision of childcare services was significantly strengthened. From 2006 onwards, the coverage of public institutions grew both in absolute numbers and relative to private and work-based daycare. At the daycare level, the share of public coverage rose from less than a third in the year 2000 to more than three-quarters in 2011 (see Fig. 5). In 2011, facilities run by JUNJI, *Fundación Integra* and the municipalities provided the bulk of daycare for children from all but the highest income quintile. While private services continue to cater to the better off, their enrolment rates have remained fairly stable and the expansion did not actively support their development through vouchers.¹³ In contrast to the preschool level, subsidies for private providers were uncommon at the daycare and kindergarten levels in 2006. The state could hence expand its reach relatively easily without interfering with the interests of market providers.

Second, rather than going through employment policy, the recent expansion activated and converted child-centered ECEC institutions, using them to increase the supply of childcare places and syncing them more strongly with employment-related goals. This strategy is likely to reduce stratification in access to childcare services and different levels of quality. By delinking access to ECEC services from formal employment and firm size it benefits a greater number of working mothers than pre-existing arrangements, such as Article 203 of the Labor Code. As evidenced by the evolution of coverage across income groups, this may already have contributed to a reduction of differences between formally employed (usually higher-income) and informally employed (usually lower-income) women and their children. Compared to 2006, daycare coverage for children under the age of two had become relatively even across income groups in 2011. Similarly, social differences in access to kindergarten for

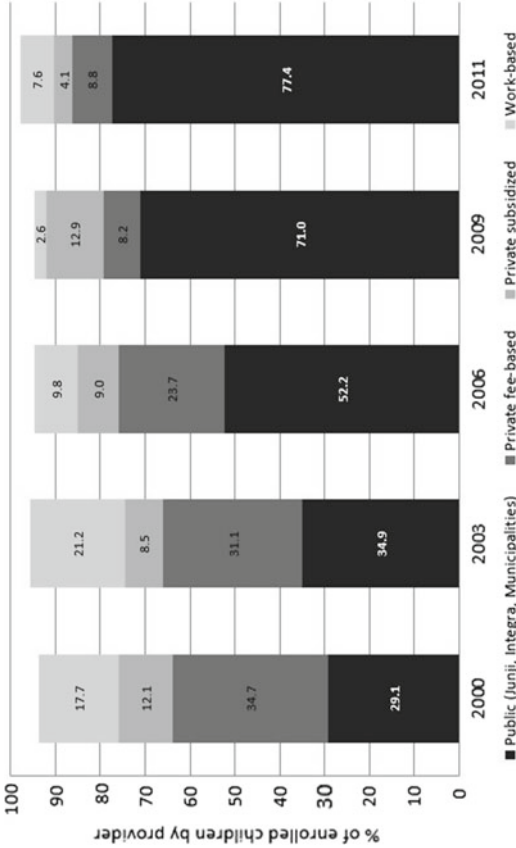


Fig. 5 Daycare (0–1 years): Distribution of coverage by provider, 2000–2011.
Source: Author's calculations based on household survey data (MDS 2000–2011)

children aged 2–3 had decreased, though coverage in the highest income quintile remained much higher (52 %) than in the lower-income brackets (39–42 %) ¹⁴. In addition, the concentration of ECEC provision in public institutions—with clearly defined standards—bears a greater potential of guaranteeing similar quality across daycare and kindergarten facilities than providing subsidies to a diverse set of private providers with wide-ranging faculties to define service orientation and content. ¹⁵ JUNJI and *Integra* operate according to relatively uniform and transparent principles regarding professionalization and quality standards, such as child-to-staff ratios (Staab and Gerhard 2011).

Third, the relaxation of eligibility criteria imbued existing childcare institutions with a more universal thrust, moving away from principles of narrow targeting based on absolute poverty. From the outset of the expansion, services were made available to a comparatively large share of households (the “poorest” 40 %). In 2009, eligibility criteria were legally codified, establishing the right to a daycare and kindergarten place free of charge for children from the first three income quintiles (the “poorest” 60 % of households). While the universal right to daycare is still far from being realized, the broadening of eligibility rules is an explicit offer to relieve the financial burden on families. Deliberate efforts to sync childcare services more strongly with the needs of working mothers, in turn, can be expected to enhance women’s chances to access paid employment. New facilities were urged to provide full-time and extended schedules and the share of centers offering such arrangements has grown significantly (see below). The expansion hence promotes both decommodification and defamilialization.

Yet, there are also important continuities that undermine the equity-enhancing effect of this otherwise notable policy innovation. On the one hand, newly created childcare services for 0–3-year-old children continue to be followed by an unmodified preschool system for 4–5-year-old children which remains highly fragmented and incompatible with the needs of working mothers, operating largely on part-time schedules and extensive school holidays. On the other hand, the structure and organization of paid employment limits the transformative potential of the policy in terms of social citizenship. While some interviewees portrayed childcare services expansion essentially as a “win-win” policy for women and children, others acknowledged tensions between facilitating mothers’ access to employment and promoting early childhood development, on the one hand, and

actually existing working conditions, on the other. Chile is notorious for its long working hours, for example. In 2011, the country ranked third out of 36 OECD countries in terms of hours per worker, outstripped only by Mexico and South Korea (OECD 2011). Along with the enormous amounts of time spent commuting, long working hours for both women and men make it hard to find adequate and sustainable childcare alternatives. An official who had worked in the Ministry of Planning during the first half of the Bachelet government explained:

Well, a child cannot be in daycare for ten hours. What happens is that with the expansion of daycare and everything, the adjustment is made on the children's side, not on the labor market side. Because if this person has to work nine or ten hours a day and it takes [her] two hours by bus [to get there]. I mean, twelve hours in daycare? No. So it's not compatible with an organization of work, with salaries, with what women earn, it's not sustainable. You don't tap the fundamental element which is the labor market. You tap other elements, but not that one! So you get this lack of compatibility.¹⁶

In sum, the expansion of childcare services under the Bachelet administration follows a pattern of gradual change through reactivation (reversing drift) and conversion. On the one hand, existing ECEC institutions were used to expand the availability and reach of daycare and kindergarten services. While this suggests institutional stability, it did in fact involve a number of significant policy choices. Thus, the Bachelet administration chose to update and empower public institutions rather than funding private providers to increase coverage—an arrangement that continues to be common in primary and secondary education as well as health (see chapter 4). On the other hand, the purpose of those institutions was altered in two important ways. First, changes in eligibility rules shifted their focus from absolute poverty towards more universal ambitions. Second, service provision was transformed in ways that would facilitate mothers' employment. As such, the institutional purpose of ECEC institutions was reinterpreted as involving educational as well as employment-related goals. While this strategy was fairly successful in terms of expanding coverage and enhancing equity in access for children from different social strata, the avoidance to meddle with more conflictive adjacent areas, such as employment and educational policy, left important gaps and inconsistencies, especially for working mothers. The following section seeks to account for this selective reform pattern.

THE REFORM PROCESS: ACCOUNTING FOR POLICY CHOICES

Through a detailed tracing of the policy process, this section explores the interactive effects of institutions, actors and ideas that shaped the childcare agenda and the associated institutional choices between 2006 and 2010. On the one hand, it elucidates how and why childcare—“an issue that politically (...) is not very sexy” (Bachelet 2008b: 2)—was so vigorously pursued by the Bachelet administration. On the other hand, it sheds light on the policy choices discussed in the previous section, including the expansion of *public* services, the relaxation of eligibility criteria, and the responsiveness to working mothers’ needs as well as some of the troubling continuities in adjacent areas, such as preschool and labor market regulations.

What explains the apparent eruption of childcare services on Bachelet’s policy agenda? ECEC expansion did not respond to the claims or mobilization of women’s organizations, nor was it, as some of my interviewees hypothesized, simply the fancy of Chile’s first female president and her personal disposition as a pediatrician and single mother who had relied on daycare services during her time in exile. The fundamental driver of the childcare agenda was the convergence of different state institutions around a pro-(female)-employment/anti-(child)-poverty agenda.

This convergence at the bureaucratic level took shape in the second half of the Lagos administration, and its results were emphatically taken up by key individuals working on Bachelet’s campaign team. On the one hand, a small group of bureaucrats working for the Ministry of Planning (*Ministerio de Planificación, MIDEPLAN*), had been taken in by the idea to launch a comprehensive social protection system for children. Early contact with educational institutions was seen as a fundamental part of such a system. On the other hand, persistently low levels of female labor force participation were causing growing concern in the Ministry of Finance. Together with the promise of high returns on investment in early child development, this concern spurred the Ministry’s interest in developing ECEC services. A former child protection officer at the Ministry of Planning explained that the idea had been that, if *Concertación* was re-elected, the next government would take up this commitment.¹⁷

Influential individuals of the core team in charge of devising Bachelet’s electoral platform—including Andrés Velasco who would be her Finance Minister—considered childcare services expansion to be an electorally

attractive, economically sound and politically feasible measure. A former Budget Office official underlined what was perceived essentially as a win-win agenda in social, economic and political terms:

I believe that the whole point of preschool policy is (...) that it brings together many positive things. Nobody can oppose preschooling. Because if you ask educational experts, they will tell you that in preschool [education] the whole future is at stake. So you have all the support of those in education. If you look at it from a labor market perspective, if you have preschool care, women can go out to work more easily and there is greater female labor force participation. So you have the support of that whole world, too. That's how it is. I mean, in terms of where one peso of public spending performs best, it performs much better here than in tertiary education. So it's like many things came together in order to say: this is a policy everybody will support. And I believe that it made a lot of sense to the Finance Minister, too. It made a lot of economic sense to him. And that helped.¹⁸

And indeed, childcare figured prominently in Bachelet's electoral platform, as a policy that would serve educational, employment and gender equality goals alike (Bachelet 2005). Once in office, Bachelet promised to create 800 new daycare facilities within a year's time (*Cooperativa* 2005). In parallel she entrusted an expert commission—the Advisory Council for the Reform of Childhood Policy—with the elaboration of a comprehensive proposal for the protection and development of children up to the age of eight. However, similar to the Advisory Council for Pension Reform discussed in the previous chapter, the agenda of the Advisory Council for the Reform of Childhood Policy was largely predefined and the array of its suggestions tightly controlled by the executive. A former MIDEPLAN official who worked in the Council's Secretariat explained:

It was an uncomfortable situation in the sense that (...) we knew that there already was a design. But [for] the people who were appointed to the Council, it was like: "you have to propose a system", right? From zero. Which was not false, but we also knew that what had to come out wouldn't be very different from what we already had. (...) So, the Council had a specific mandate (...): the creation of a Child Protection System with special emphasis on the working woman, the labor force integration of the woman, daycare, etc., which were the two objectives.¹⁹

The Council's final report proposed detailed recommendations in the area of childcare services, including: the elimination of Art. 203 of the Labor

Code which obliges employers to provide daycare in establishments with more than 19 female workers, replacing it with a (non-specified) alternative financing mechanism that would delink daycare from women's employment; free access to part-time care for children from the poorest 40 % of households if their mothers were not working—a target group that had been predefined in the presidential mandate and was extended to 60 % during the legislative debate in 2008/2009; and to full-time care for children aged 0–4 years whose mothers were working, studying or looking for work. For children of working parents aged 4–5 years attending part-time preschool programs, the Council recommended the introduction of an additional voucher to finance the other half-day either within the same or a different institution.

Exactly how the new ECEC services would be financed and delivered was a contentious issue in the Council.²⁰ Eventually, however, the recommendation tended towards a voucher system, similar to that operating in the broader educational system, which would allow “parents the possibility to choose between all accredited (public and private) providers and modalities (conventional, community-based, etc.)” (CAPRPI 2006: 82).

In mid-2006, the Council's report was analyzed by the Inter-Ministerial Committee on Childhood. This committee was steered by the Ministry of Planning and counted with the participation of the Ministries of Education, Health, Housing, Justice, Labor and Social Protection, SERNAM and the Presidential Office (SEGPRES). At that point, several of the Council's recommendations were discarded given the lack of consensus both within the governing coalition and lurking conflicts with the opposition in the legislature. The committee decided, first, to limit the age range to 0–4 rather than the initially foreseen 0–8 years, which would have comprised interventions in the educational system.²¹ This decision was strategic, aimed at avoiding to jeopardize key elements of the childcare agenda by getting caught up in conflicts over the much more contested structure of the school system. The age threshold thus separated the (incipient) efforts to expand ECEC from broader reforms of the (institutionally entrenched) educational system, including preschool services for 4–5-year-old children. As was previously mentioned, these services had been integrated into the broader educational system, where neoliberal legacies are particularly pronounced: private providers cater to a significant proportion of children in this age group and the majority operates according to a state-sponsored voucher system that despite major criticism has proven extremely difficult to change. In addition, any changes in this area would have required

legislative approval, including special majorities (4/7) that *Concertación* would have been unable to achieve even if the coalition had managed to agree internally on the kind of changes they considered desirable.²²

The executive decided, second, to refrain from touching the Labor Code. This left the modification of Article 203 on work-based daycare provision pending. Although virtually everybody agreed that tying employer funding for daycare to the number of women in a company was an unfortunate arrangement, opinions regarding alternative modes of financing differed widely. The Socialist Party, for example, envisioned a tripartite arrangement with employer, employee and fiscal contributions that would finance daycare for working parents in all kinds of companies, independent from the number and sex of their employees. This was rejected by trade unions—including female labor activists—who insisted on maintaining employers' full financial responsibility for childcare given that it was the only remaining cost of social reproduction they assumed since employer contributions to health and old-age insurance had been abolished in the 1980s.²² At the other end of the spectrum, there were those who favored an abolition of employer contributions to childcare altogether.²⁴

The decision to refrain from reforms to preschool provision and labor market regulations was based on pragmatic considerations regarding the number of political and fiscal disputes that the government was able to settle. Bachelet's former Minister for Planning explained that

We agreed with the President to take the childhood reforms forward in line with the Executive's capacities, through programmatic decisions and fiscal resources, without necessarily venturing into legal reforms. Such reforms would have implied substantive changes in labor legislation, pre and post-natal leave, social security, etc. as well as a rise in fiscal outlay. [All of this] in the face of an adverse Congress and [the fact that] the pension reform was the government's priority (...) which meant an increase [of public spending] of no less than 1 per cent of GDP.²⁵

Thus, the focus shifted away from legislative changes towards pushing for progress at the programmatic level, including "daycare and kindergartens services [which] do not require creating a new institutional structure, because it is already in place. And so assigning fiscal resources was enough to increase coverage and quality"²⁶.

While the more contentious issues were weeded out of the legislative package, the expansion of ECEC services continued on the ground.

Here, the Bachelet government omitted the Council's recommendation regarding service delivery—in particular the fancy for mixed provision through a voucher system—and resolved to strengthen public services instead. This is remarkable given that the public-private mix is widespread and has fervent supporters both in the educational system and in the health sector (see chapter 4). The explanation for this institutional choice lies in a combination of political pragmatism, this time to avoid conflicts with existing ECEC institutions and their staff, and policy learning, in particular the growing skepticism regarding the benefits of vouchers in the broader educational system.²⁷ An expert on early education suggested, for example, that nursery school teachers' professional identity was closely tied to existing public institutions and that the introduction of a voucher would have generated a major political conflict.²⁸

JUNJI and *Fundación Integra*'s disagreement with the voucher system was confirmed by high-ranking officials of both institutions. While neither institution has a particular interest in competing with market providers, their arguments against the voucher system were also based on a critical assessment of the broader educational system and its outcomes in terms of segregation by social class and uneven quality standards.²⁹ At a time when the voucher system in primary and secondary education was coming under increasing attack³⁰, these arguments seemed less far-fetched and were shared by members of the executive³¹.

The close friendship between JUNJI's director, Estela Ortiz, and President Bachelet, acted as a transmission mechanism for some of these ideas and was frequently pointed out as a factor that strengthened the position of public providers in the debate over institutional choices. The following quote by a former Budget Office official summarizes the complex constellation of institutions, ideas and actors at play:

I believe that it was because of the tendency to say: in preschool [education], let's go for what will be easy to achieve. Because [the expansion of public services] didn't require any law apart from the budget law in order to hand over the money (...). It didn't imply any ideological debate, like saying, listen: voucher. It turns out we're criticizing or one faction of the *Concertación* government is criticizing the voucher system in education in general... how are we going to invent a voucher for this? I mean, no! We're talking about public education here, we have a public institution here, let's use it. (...) But eventually personal relationships also matter a great deal (...) and the director of JUNJI was a personal friend of the President. So sometimes there were formal meetings in *La Moneda* [the government palace]

and you discussed things and you knew that afterwards the President could be having dinner at her house with the director of JUNJI and they would come to an agreement on other things. So the Ministry of Finance couldn't discuss or confront the director of JUNJI much. This was very different from discussion with Minister X from any other area who didn't have this relationship.³²

Apart from its emphasis on public provision, the 2006–2010 expansion of childcare services modified eligibility rules moving away from a narrow focus on households in poverty. Similar to the case of pensions, the greater universal thrust of ECEC institutions reflects ideational shifts about the role and reach of the state in welfare provision. As discussed in the preceding chapter, this included new conceptions of poverty as a dynamic—and, in the case of childcare, inter-generational—phenomenon that affects a much higher proportion of households and individuals than those below the poverty line at a given point in time. New eligibility rules in childcare (and pension policy) are an expression of this gradual shift in ideas and its translation into institutional practices.

A final aspect of institutional choice is linked to the phenomenon that despite the markedly child-centered rhetoric and institutional location, new services were implemented in ways that aimed to meet children's as well as working mothers' needs, particularly in terms of schedules. That the conversion of ECEC institutions towards employment-related goals went rather smoothly was by no means obvious. Indeed, ECEC institutions and workers had resisted the extension of schedules for years on corporate as well as moral grounds. Long-lasting groundwork by SERNAM slowly paved the way to overcome this resistance. During the 1990s SERNAM had worked hard to shift the operational logic of public childcare institutions from educational services targeted at children towards the incorporation of elements that would serve the needs of their mothers. To do so femocrats had to work through existing institutions, such as JUNJI and *Integra*, and within the limitations of low and constantly changing budgets. A former high-ranking SERNAM official explained that this had been an uphill struggle, because the idea of women's labor force participation did not have sufficient support and many people continued to think that the best place for a woman was at home.³³

Gradually, however, changes were introduced at the margins of the limited public daycare network that existed at the time through specific programs directed at particular groups such as beneficiaries of SERNAM's

female heads of household program and seasonal agricultural workers (*temporeras*). But they did not come easily. Among those who resisted the idea of daycare for working mothers were ECEC institutions and their workers. A long-term SERNAM official working on childcare recalled the negotiations with JUNJI in the early 1990s:

The meetings with JUNJI were very difficult, because we wanted to give this a different focus. (...) For example, when we made the proposal for the *temporeras* (...) I remember one meeting which back then seemed pathetic to me, but I remember that when we asked the person who back then was the second [official] in charge, we started to explain all the needs of the women, trying to sensitize them (...) and the second one in charge tells us: ‘The man works for the bread and the woman works for the butter, and you can do without butter.’ So I tell her: ‘This is possible (...) but there are many households, too many households, where the woman works for the bread *and* for the butter.’ (...) I mean, the cultural resistance was enormous!³⁴

Apart from conservative conceptions of gender roles, childcare workers had moral and corporate objections. On the one hand, they dreaded organizational change without the corresponding adaptation of staff levels, resources and training that would allow them to fill these extra hours in ways they considered adequate for the children in their care. The fact that extra hours had to be covered by existing staff in a shift system, for example, was perceived as a degradation of working conditions.³⁵ On the other hand, some childcare workers opposed the “institutionalization” of children in the context of a rigid and hostile labor market environment for working parents.³⁶ A former SERNAM official recalled the debates in the 1990s:

When we first started with this issue of flexible schedules, the struggle with the nursery school teachers was extremely tough. (...) They told us: ‘You, with your concern for women’s rights and that they can generate an income (...) what you’re asking us is to institutionalize the children!’ And they have a point, don’t they? Because we told them: ‘The women enter work early, but in addition they commute long distances, and so the kindergarten would have to open at around 6 am and close around 10 pm.’ That was our aspiration. (...) And it is true that that’s what women needed, but when you listen to the nursery teachers’ view, they also had a point, right?³⁷

While childcare workers continued to view extended daycare hours critically, JUNJI’s former technical director who had served in the

institution for more than thirty years explained that, by 2006, they had become part of the institutional landscape, but that the issue was taken on more strongly with the expansion under the Bachelet administration.³⁸ This view was shared by a former high-ranking SERNAM official who explained that “this [battle] had been previously won, after many years. Then there were drawbacks, so we went again. Well, that’s how these things are. (...) So when the expansion came, in a way that had already been achieved”³⁹.

In other words, the gradual conversion of institutional objectives towards a greater combination of educational and employment-related goals preceded the Bachelet government’s efforts to expand service provision. Yet, it is under her administration that extended schedules become an essential component of public childcare institutions. From 2006 onwards, the number and share of centers with extended schedules increased significantly. While only 28 % of JUNJI facilities offered extended schedules in 2006, this share had grown to over 50 % in 2011.⁴⁰ The expansion legitimizes and aims to facilitate the employment of mothers, challenging predominant family care arrangements and maternalist ideas. In addition to the institutional groundwork laid by SERNAM during the 1990s and early 2000s, the Ministry of Finance’s growing interest in female labor force activation was a key driver of this development. The activation agenda was further supported by a discourse that emphasized the benefits of early education for children’s physical, social and cognitive development. In one of her speeches, for example, Bachelet remarked that “as a woman, as a mother, but also as a paediatrician—I am convinced that initial education is fundamental” (Bachelet 2007: 15). Implicit in this statement is the idea that both scientific knowledge and motherly concern make childcare the “right” choice. At the symbolical level then, reform entrepreneurs continued to appeal to maternalism, but they also redefined motherhood in line with their agenda: being a good mother now included sending children to daycare.

A final word is warranted on the significance of childcare service expansion in the context of a persistently hostile and discriminatory labor market environment. Although the Bachelet administration had committed to the creation of more family-friendly and less discriminatory working environments (Bachelet 2006; SERNAM 2007), labor market regulation remained essentially off the agenda or, as in the case of pay equity, was diluted beyond recognition.⁴¹ One of Bachelet’s ministers made the limits of policy change explicit by arguing that childcare service expansion had

been “politically very viable, because you didn’t get involved in actual labor market reforms”⁴². Similar to the educational system, neoliberal feedback effects on interests and ideas are particularly resilient in this area in terms of a powerful employer lobby and a strong belief in labor market flexibility among Chilean policymakers. In this context, measures such as childcare service expansion that enable women to join the workforce may be uncontroversial especially when they do not impose any costs on employers. Attempts to improve the terms and conditions of women’s labor force participation and paid employment more generally, however, continue face significant resistance.

The fact that childcare services expansion did not go hand in hand with modifications in employment conditions, however, may well be one of the reasons behind the rather modest increases in female labor force participation since 2006. Long working hours, precarious and low-wage employment mean that paid work is not necessarily an empowering experience for women, particularly those with lower educational credentials (Godoy 2011). While the overall share of economically active women remained at 43 %, the participation of women in key reproductive age (25–35 years) grew from 61 % in 2006 to 65 % in 2011, a pace similar to the five-year period between 1998 and 2003 (CEPAL 2012).

In all, the policy choices involved in the 2006–2010 childcare expansion reflect ideational shifts with regards to the role of the state in tackling the inter-generational transmission of poverty and enabling women’s employment. Reform entrepreneurs chose to put these ideas into practice by reinvigorating public childcare services and by converting them to serve new goals and target groups. This strategy elicited little controversy in an institutional environment where neoliberal legacies were weak and political hurdles low. In contrast to the case of health and pensions (chapters 4 and 5), business interests were only weakly entrenched in childcare service provision and the expansion could be taken forward without legislative approval. As a result, we see a more vigorous and decided expansion of state responsibility in this area. In addition, the expansion explicitly sought to promote women’s role outside the home by syncing service provision more strongly with the needs of working mothers and by embedding institutional changes in a discourse that appealed to but also redefined maternalist ideals. The blind spots of the expansion—preschool services and labor market regulations—are equally instructive. Strong neoliberal legacies and the need to obtain legislative approval for reforms in these areas would have required reform entrepreneurs to confront private

sector interests, tailor an agreement that would elicit consensus within *Concertación* and navigate the legislative process to obtain approval. The executive consciously chose to avoid these battles and focused its attention on promoting change where it was easier to attain.

CONCLUSION

This chapter provided evidence on the massive expansion of childcare services under the administration of Michelle Bachelet as well as the specific institutional forms through which this expansion was taken forward. It showed that existing childcare institutions were reactivated and converted towards new goals and target populations in ways that increased their compatibility with the needs of working mothers. Based on an in-depth analysis of the political processes surrounding the expansion, the chapter makes a number of inter-related arguments about the drivers and constraints of childcare policy choices that are relevant from an institutionalist perspective.

First, it argues that it was not the outside pressure of women's movements or labor unions, but the economic and social policy objectives of powerful actors within the state that propelled childcare onto the political agenda. Previous to Bachelet's presidential inauguration, debates within and between the Ministry of Planning and the Ministry of Finance had coalesced around a pro-(female)-employment / anti-(child)-poverty agenda. Ideas of social investment underpinned the support for ECEC expansion as an economically sound policy option. On the one hand, it promised to break the inter-generational transmission of poverty through early investments in the human capital of children, particularly those from low-income households. On the other hand, it was expected to reduce poverty in the here and now by enhancing the employability of their mothers and by providing households with an (additional) source of income.

Second, the chapter shows that once childcare had made it onto the presidential agenda, the administration made a series of remarkable institutional choices. Rather than going through employment policy, it chose to emphasize the educational mission of ECEC services. It activated and converted child-centered ECEC institutions, using them to increase the supply of daycare and kindergarten places and syncing them more strongly with employment-related goals. Rather than promoting parental choice and private provision by way of a voucher system, the executive decided to scale up the reach of public childcare services with significant invest-

ments in infrastructure and operational resources. Rather than narrowly targeting services to households in poverty, the expansion relaxed eligibility criteria in order to cater to a broader target group. These choices reflect ideational shifts among key actors within the Bachelet government about the role and reach of the state in welfare provision, including negative policy feedbacks from the broader educational system, new ideas about social investment and activation, more dynamic conceptions of poverty, and SERNAM's longstanding commitment to women's economic autonomy. This rather protean set of ideas congregated an otherwise heterogeneous set of actors within the bureaucracy and the executive behind the expansion of childcare services.

Third, the chapter argues that concomitant patterns of change and continuity ensued from political decisions made by key individuals in the Bachelet administration who were aware of institutional opportunities and constraints. On the constraints side, policy feedbacks as well as political institutions adumbrated extensive and protracted debates for some areas of childcare provision. Preschool services for 4- and 5-year-olds, for example, had become locked into the institutional dynamics of the broader educational system and were hence much more difficult to revise. Furthermore, constitutional provisions required any modification in the funding or delivery of these services to be subject to legislative debate and approval (with special majorities). Similarly, a modification of the Labor Code would have required agreement on an alternative financing mechanism with labor unions and employers as well as extensive legislative debate. The executive consciously avoided these battles—particularly in view of other major projects, such as pension reform, that weakened its capacity to confront additional political conflicts—and chose to focus its efforts on programmatic changes financed through the public budget.

On the opportunities side, the contrast to health and pensions is instructive. Indeed, the rebuilding of public institutions was pursued much more vigorously in childcare than in the previously discussed reform episodes. While both the number and share of children attending public childcare institutions has grown significantly, for example, the expansion of private health services has continued in full swing. In the absence of major politico-institutional constraints, and few lasting legacies from the era of market reform, the Bachelet administration seized the opportunity to bolster public childcare institutions and discarded proposals for greater marketization. This was possible, on the one hand, because private providers had not yet taken a strong foothold in this area. Neither did they benefit from

public subsidies as in the case of health service delivery or the broader educational system. On the other hand, the expansion of public services in this area did not require legislative approval (beyond the annual budget allocations which were further stocked up by the use of Executive discretionary funds). Executive power over agenda-setting and policy implementation was enough to take the expansion of public childcare forward and avoid a replication of the voucher model. In other words, reformers consciously refrained from creating the kind of institutional lock-ins that had constrained the leeway for reform in health and pensions. The conversion towards more employment-related goals was driven by a growing interest in female labor force activation, particularly within the Ministry of Finance. The “women-friendly” expansion was facilitated, institutionally by SERNAM’s work with childcare service providers during the 1990s and early 2000s, and ideationally by a discourse that (re)defined “good” motherhood in ways that made childcare services acceptable by emphasizing their benefits for child development.

While the gradual conversion of institutional reach and purpose allowed for important progress in terms of coverage and equity, childcare service provision remains plagued by institutional fragmentation. This generates important gaps, discontinuities and incompatibilities for working mothers: an important share of households, particularly those pertaining to the fourth and fifth income quintile, is likely to fall between the cracks of (limited) employment-based daycare and (means-tested) public services; those who do have access to employment-based daycare are left stranded once the child reaches the age of two and employers are no longer obliged to fund daycare; and working mothers continue to be confronted with a preschool system for 4- and 5-year-olds that consists almost exclusively of part-time programs. Finally, while childcare services are an important aspect of work-family reconciliation, they may not hold the key to women’s labor force participation. The very structure of the labor market itself creates a series of tensions for working mothers. Precarious and low-wage employment means that paid work is not necessarily an empowering experience for many women, particularly those with lower educational credentials, and that it does not necessarily lead to economic autonomy. In addition, excessively long working hours, flexible schedules, extensive commuting times, and domestic burdens other than childcare make it hard to find adequate and sustainable alternatives to family care. In other words, the expansion and conversion of childcare services continues to

be nested in an institutional environment that is likely to hamper the equity-enhancing effect of this otherwise notable policy innovation.

The following chapter turns to the reform of maternity leave, another policy area that is crucial for the conciliation of work and family life. Indeed, there was extensive debate on whether the Bachelet administration should strengthen childcare services, change maternity leave regulations or pursue a combination of both. While Bachelet discarded maternity leave reform for economic and political reasons, a comprehensive extension of maternity leave would be enacted by her successor, Sebastián Piñera, who assumed the leadership of Chile's first right-wing government since the return to democracy in 2010.

NOTES

1. Author's calculations based on household survey data (MDS 2006).
2. JUNJI forms part of the Ministry of Education.
3. *Fundación Integra* is a semi-public institution that belongs to the President's network of charitable organizations.
4. Children were selected based on a poverty assessment with priority given to children of working mothers and female heads of households (JUNJI 2005).
5. Given that the household survey was carried out in late 2006, this number may already reflect some of the expansion that had taken place during the first year of the Bachelet government.
6. Author calculations based on household survey data.
7. Author calculations based on household survey data.
8. Part-time work is uncommon in Chile. In 2011, more than 80% of women workers were on full-time contracts (45 h/week) (*Dirección del Trabajo* 2011).
9. Interviews with Carmen Andrade, former Vice-Minister (2006–2009) and Minister (2009–2010) for Women, Santiago, 2 August 2011; Andrea Reyes, head of the Regional and Intersectoral Coordination Department, SERNAM, Santiago, 7 December 2011; and Maria Teresa Alvarez, program officer, SERNAM, Santiago, 9 December 2011.
10. The main difference between JUNJI and Integra is that Integra's workers are not considered civil servants and thus subject to a different labor regime.
11. Interview with Blanca Hermosilla, *Universidad Alberto Hurtado*, Santiago, 13 December 2011.
12. Interview with Carmen Luz Sancho, Social Worker, JUNJI, 9 November 2011.

13. In primary and secondary education, the voucher system has led to a continuous decline in public schooling. In 2008, public schools accounted for only 43.5 % of total enrolment. In other words, more than half of primary and secondary students attend privately administered schools (Mineduc 2008).
14. Author's calculations based on household survey data (MDS 2006, 2011).
15. To date, private childcare facilities are not obliged to undergo a process of accreditation that ensures minimum quality standards. A 2013 inspection found that 43 % of private childcare facilities did not fulfill the minimum requirements established by JUNJI (La Tercera 2013b).
16. Interview with Maria Pia Martin, *Universidad de Chile*, former public policy advisor to the Presidency of Ricardo Lagos (2000–2006), Santiago, 19 August 2011.
17. Interview with Ana Maria Farias, former childhood official, Ministry of Planning, Santiago, 4 August 2011.
18. Anonymous interview, Santiago 2011.
19. Interview with Ana Maria Farias.
20. Interviews with Pablo Gonzalez, UNDP, Santiago de Chile, 17 August 2011, and Paula Bedregal, *Universidad Catolica*, Santiago de Chile, 31 August 2011. Both interviewees were members of the Advisory Council for the Reform of Childhood Policies.
21. Interviews with Ana Maria Farias and Paula Bedregal.
22. The protracted conflict over the country's educational system illustrates that there was no consensus on educational reform within the governing coalition (Burton 2012; Ruiz 2012).
23. Interviews with Maria Luz Navarrete, public sector workers' union, and Margarita Moraga, trade and services sector union, Santiago, 7 October 2011.
24. Interview with Cecilia Cifuentes, *Instituto Libertad y Desarrollo*, Santiago, 6 December 2011.
25. Interview with Clarissa Hardy, Minister of Planning (2006–2008), Santiago, 22 August 2011 and personal communication on 14 May 2016.
26. Interview with Clarissa Hardy.
27. Interview with Ana Maria Fariás.
28. Interview with Blanca Hermosilla.
29. Interview with Estela Ortiz, former director of JUNJI, Santiago, 21 October 2011, and Victor Serrano, director of operations, *Fundacion Integra*, Santiago, 9 November 2011.
30. In mid-2006, secondary students started to mobilize and stage claims for educational reform which the Bachelet administration attempted (but failed) to address through another expert commission and an ensuing legislative proposal (Bellei et al. 2010; Burton 2012).

31. Interviews with Carmen Andrade and Francisco Diaz, public policy advisor to the presidency of Michelle Bachelet (2006–2010), Santiago, 16 August 2011.
32. Anonymous interview, Santiago, 2011.
33. Interview with Carmen Andrade.
34. Anonymous interview, Santiago, 2011.
35. Interview with Blanca Hermosilla.
36. Interviews with Carmen Andrade and Carmen Luz Sancho.
37. Interview with Carmen Andrade.
38. Interview with Nuri Garate, former technical director, JUNJI, Santiago, 26 August 2011.
39. Interview with Carmen Andrade.
40. Author's calculations based on data provided by JUNJI (2012a, b).
41. Interview with Pamela Farias, former gender focal point, Ministry of Labor and Social Security, Santiago, 2 August 2011.
42. Interview with Clarisa Hardy.

Maternity Leave Reform (2011)

The electoral victory of right-wing candidate and businessman Sebastián Piñera in the 2010 presidential run-off heralded the end of an era. After 20 years and four consecutive administrations, the center-left coalition *Concertación* that had engineered Chile's return to democracy and dominated post-transition politics was voted out of power. Given the right's record during its time in the opposition, its ascendance to power promised to boost the prominence of market solutions and its tight connections to the country's economic elite to provide business interests with even greater leverage. Against this backdrop, the outcomes of the 2011 maternity leave reform are at any rate surprising: the reform effectively extended paid maternity leave by 12 weeks granting mothers the right to stay with their children twice the amount of time they did before; it increased the coverage of workers in less stable employment relationships; and it established comparatively generous income replacement subsidies. These measures defy market-liberal principles related to the role of the state in social provision and labor relations: the extension of maternity leave to six months strengthens women workers' rights vis-à-vis their employers and is hence subject to allegations of increasing labor market rigidities; the additional leave is funded out of general revenue and hence imposes significant costs on the public exchequer; and generous wage replacement rates fly in the face of neoliberal ambitions to target public resources to the poor. Indeed, as this chapter will show, it was precisely for these reasons that the

Bachelet administration had shied away from the extension of maternity leave despite its emphasis on more expansive social protection.

Maternity leave reform—and in particular its extension—can offer a unique opportunity for re-gendering an institutional framework that has historically defined childcare as the exclusive right and responsibility of mothers. Some of the rules that have been highlighted as important in this context are the introduction of parental leaves that can be shared between mothers and fathers; the creation of additional incentives for fathers, such as non-transferable daddy quotas, in order to ensure paternal take-up; high wage replacement rates and relatively high income ceilings to make leave attractive to men; and flexible arrangements that allow parents to stay in touch with their work environment (Hegewisch and Gornick 2011; Ray et al. 2010; Saxonberg 2013). Yet, while the 2011 reform significantly strengthened working mothers' rights, progress towards a more egalitarian conception of gender roles in the family was limited. The reform allows the mother to transfer up to six weeks of the new leave period to the father, but does not foresee any individual rights for fathers or specific incentives for male take-up.

Both outcomes require further analysis. How can we account for a reform that significantly strengthened the rights of women workers in a context where labor market reforms have been off the agenda for years? Why was this reform enacted under a right-wing government which could have been expected to be more rather than less business-friendly than its *Concertación* predecessors? How can we explain the lack of traction of feminist demands for measures that would actively promote fathers to take parental leave?

The chapter argues that strong policy legacies from both the welfare state formation period and the period of market reforms shaped reform debates and decisions in ways that did not favor the integration of gender concerns with regards to parental sharing. On the one hand, a market-liberal faction that cut across the two party coalitions saw maternity leave reform as an opportunity to reduce fiscal spending and increase labor market flexibility. The faction that favored the comprehensive, rights-based extension of maternity leave to six months, on the other hand, was decidedly maternalist, driven by medical concerns and a discourse that emphasized the benefits of exclusive breastfeeding. Claims for parental sharing did not fit with either agenda. That the balance eventually tilted towards the medical faction can be attributed to the persistent resonance of maternalist ideas as well as to the particular political circumstances under which

the reform was discussed and enacted. These circumstances upset the habitual workings of informal political institutions related to the politics of expertise and agreement giving way to a more deliberative politics in the legislature. This process ushered in the loss of executive control over the reform agenda and eventually allowed for a significant extension of rights for working mothers.

The argument of this chapter is developed in four sections. The first section summarizes maternity leave regulations before the reform. It briefly recalls the historical origins of protective labor legislation for mothers in the early twentieth century given that the goals and discourses that shaped this legislation also played a prominent role in recent reform debates. The second section assesses the pattern of change and continuity introduced by the 2011 reform. By tracing the reform through its defining stages, the third section shows that, compared to the previous three areas, the reform outcome owed as much to historical legacies as to the specific political contingency in 2011, including the first right-wing administration since the return to democracy, *Concertación's* new role in the opposition and the general atmosphere of social discontent which materialized in a number of regional uprising and massive student protests. The final section summarizes the findings and reflects on their relevance for the broader argument of the book.

LEAVE ARRANGEMENTS BEFORE THE REFORM

Before outlining the main characteristics of Chilean leave regulations before the reform, it is worth recalling the historical origins of this maternalist body of legislation par excellence. As was pointed out in chapter 3, regulations surrounding maternity leave date back to the first half of the twentieth century when policymakers enacted protective legislation to “safeguard” the reproductive functions of working mothers as well as the survival and health of their newborn children (Molyneux 2000; Giménez 2005). Maternity protection included rights as well as restrictions for women. In 1917 working mothers were granted the right to breastfeed their children, a task which would be facilitated by the creation of daycare facilities in factories that employed more than 50 women (Hutchison 2001). Such was the importance attributed to breastfeeding that the 1931 Health Code obliged mothers to nurse their infants for five months and declared their milk to be the property of the newborn child (Rojas 2007). The 1931 Labor Code, in turn,

included the right to 12 weeks of job-protected, paid maternity leave, but also prohibited women's work in heavy industry, underground mining and night shifts. Up until the 1970s, the breadth and scope of maternity protection expanded. Under the Allende government, maternity leave was set at 18 weeks and a paid medical leave was introduced in order to care for a seriously ill child under the age of one. Concerns over child health and survival were a key driver of protective legislation and mothers' capacity to breastfeed was seen as instrumental to achieving these goals (Casas and Valenzuela 2011).

After the military coup in 1973, the formal legislative framework remained essentially unchanged. It is likely, however, that the restructuring of the economy, labor relations and employment patterns undermined its effective reach. Informal and unprotected employment increased throughout the 1980s and 1990s (Reinecke 2000). In addition, the generalized and systematic weakening of organized labor meant that there was little room for claiming these rights. While there is no reliable data on the evolution of coverage of maternity benefits, it is likely that broader macroeconomic shifts and spillover effects from employment policy caused a significant degree of drift. A study conducted in the mid-1990s found that maternity-related rights were not a relevant issue in collective bargaining processes and that trade unions did not actively pursue their dissemination or compliance (Henríquez and Riquelme 1996).

The 1990s and early 2000s saw small modifications to stabilize coverage and grant some, albeit limited, rights to fathers. In the mid-2000s, maternity leave had a total duration of 18 weeks (6 weeks before and 12 weeks after childbirth) paid at a 100 % wage replacement rate with a ceiling of approximately 1,300,000 CH\$ (about US\$2,200) per month. In 2011, only about 3 % of working women in reproductive age (20–44 years) earned salaries above this amount.¹ Both the pre- and post-partum leave period were compulsory, that is, the mother was obliged to withdraw from the workplace during the full period. Leave entitlements were accompanied by a comparatively long period of job protection, from the start of the pregnancy until one year after the end of the leave period. However, there is evidence that job protection rules were frequently violated by employers and that workers were fired when they informed of their pregnancy (Riquelme 2011).

Since 2005, there is a 5-day paternity leave. Despite its compulsory character, however, the uptake of this leave has been extremely limited. A

survey cited in *Comunidad Mujer* (2012b) found that only 3 % of fathers in the Greater Santiago area had taken their five paid days leave; another 20 % had taken unpaid leave and 77 % had taken no leave at all. In addition to maternity and paternity leave, working parents had the right to fully paid medical leave to care for a seriously ill child during its first year of life. This leave as well has been used almost exclusively by women (SUSESO 2011). With the exception of the 5-day paternity leave, all leave benefits were financed out of general revenue.

With female labor force participation on the rise, maternity leave and medical leave to care for a seriously ill child acquired increasing importance throughout the 1990s and 2000s. In terms of coverage, an estimated 66 % of working women in reproductive age had access to maternity benefits in 2009 (CMTM 2010). A full third of working women in reproductive age were not entitled to leave benefits, mainly due to eligibility rules which required women to be formally employed and/or contributing to social security at the start of the leave period. Thus, a large number of employed and self-employed women with less continuous employment patterns held no formal right to the maternity subsidy because their contracts expired before the start of the leave period or because their social security contributions were scattered and irregular throughout the year.

In terms of the distribution of benefits according to gross income, official data shows that about half of the almost 50,000 maternity leave benefits granted between January and April 2011 went to women earning less than two minimum salaries per month, but this income bracket also concentrated the largest share of working women in reproductive age. This means that middle- and higher-income women, that is, the 34 % earning more than two minimum salaries per month, were much more likely than lower-income to receive maternity benefits.²

The fact that the total number of maternity benefits rose by around 40 % between 2000 and 2010 (SUSESO 2011)—despite declining birth rates—reflects the growing participation of women in (formal) employment. Given that maternity benefits are financed out of general revenue, this put increasing pressure on the public purse. The disproportional rise in medical leaves to care for a seriously ill child caused even greater concern among fiscal authorities. While spending on maternity leave benefits increased by around 85 % between 2000 and 2010, spending on medical leaves to care for a seriously ill child almost tripled over the same period (Fig. 6). The lack of demographic

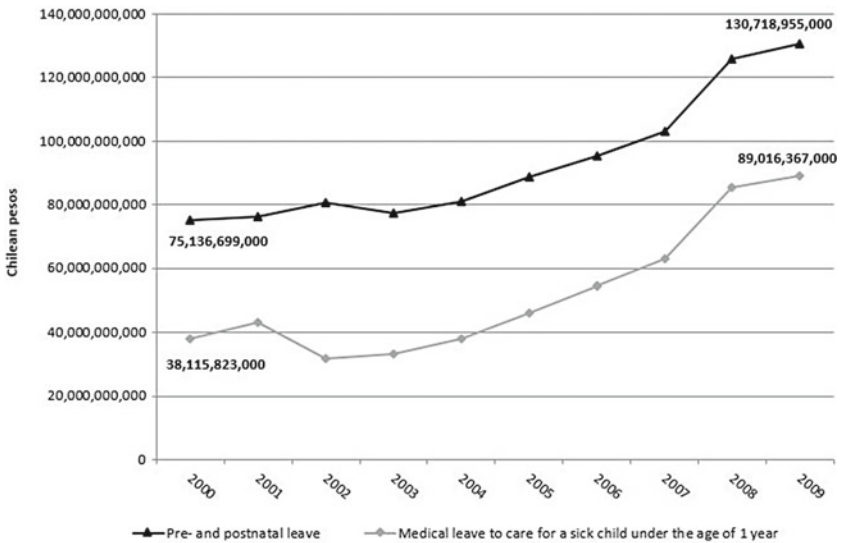


Fig. 6 Evolution of annual spending on maternity subsidies, 2000–2010

Source: Author's elaboration based on SUSESO (2011)

and/or epidemiological explanations for this phenomenon gave rise to the suspicion that mothers were (fraudulently) using medical leaves in order to extend their post-partum leave period. The distribution of those leaves according to gross income was slightly more biased towards middle- and higher-income women than the distribution of maternity leave benefits (SUSESO 2011).

In sum, most leave rights and benefits were related to maternity and hence restricted to mothers. Where rights had been granted or extended to working fathers, take-up was low, reflecting dominant gender norms and practices. In addition, there were serious problems of coverage, penalizing women in less stable, less protected and less well-paid employment. The rising use of medical leaves to care for a seriously ill child under the age of 1, in turn, spurred concern among fiscal authorities. By some, the allegedly fraudulent extension of post-partum leave was read as “an implicit manifestation by mothers to obtain legal recognition for their natural desire

to spend more time with their children” (Altura Management 2008: 2). Natural or not, this desire had indeed been expressed in a 2002 SERNAM survey which showed that 74 % of women (and 63 % of men) favored the extension of maternity leave, and almost 80 % of women favored greater flexibility, such as the possibility to transfer parts of prenatal leave to the post-partum period (SERNAM 2002).

MATERNITY LEAVE REFORM 2011: CONTINUITY AND CHANGE

The 2011 maternity leave reform addressed several of the issues outlined above though, as the following section will show, not all had been of concern to reform entrepreneurs from the outset. After prolonged debate and negotiations, the existing period of maternity leave was extended by 12 weeks giving mothers the option of transferring up to 6 weeks of this additional period to the father. The option of parental sharing was not backed up with any specific incentives for male take-up, such as daddy quotas. Indeed, the new law establishes no independent rights for fathers at all. The mother continues to hold the legal ownership of the right and it is only upon her decision that fathers can take “their” share.

The new leave period continues to be generously paid at 100 % wage replacement with a relatively high cap. There is also the option of taking the new leave period in a part-time arrangement of 18 weeks (instead of 12 weeks in full-time) with a reduced income replacement subsidy of 50 %. In addition, the reform increased the coverage of maternity leave making it easier for workers in less stable employment relationships, such as short-term, piece-work or contract-work to claim associated benefits. Women who have no valid employment contract, but who have been affiliated to social security when they became pregnant and have made at least 8 monthly contributions over the 24 months preceding the pregnancy are eligible for the maternity subsidy. In this case, the amount of the subsidy is calculated on average earnings. Like maternity leave, the additional post-partum leave period is compulsory, meaning that if the leave is *not* shared with the father, the mother has the right *and* the obligation to stay home for the full 6 months following childbirth.

These changes significantly expanded the role of the state in the funding of maternity leave. The creation of an additional leave entitlement

of 12 weeks with full income replacement along with the broadening of eligibility rules aimed at increasing coverage among mothers in less stable employment relationships entail a significant commitment of fiscal resources. Between 2010 and 2012, spending on maternity leave subsidies doubled.³ Since leave benefits were already entirely financed out of general revenue before the reform, these changes did not impose any direct costs on employers. The reform also includes measures aimed at reducing stratification in coverage based on labor market status. By relaxing eligibility requirements, it is expected that a larger number of women in less stable, less protected employment will gain access to leave rights. The fact that eligibility continues to be tied to social security, however, will continue to leave a large number of informal workers—who do not contribute to social security—without coverage.⁴

From a gender perspective, the ways in which maternity leave was extended is highly ambiguous. On the one hand, the extension of maternity leave together with a comprehensive income replacement reduces the dependence of mothers on the market as well as on their male partners by ensuring a sustained inflow of autonomous income before and after childbirth. On the other hand, the effect of the additional leave period on women's medium- and longer-term economic opportunities was subject to intense debates during the reform process. While opponents of the extension argued that longer leaves would negatively affect employers' willingness to hire, continue to employ and/or offer career opportunities to women in reproductive age, its advocates either denied negative effects on female employment prospects or considered them secondary compared to the gains in child and maternal health and wellbeing.

Part of the problem with regards to employer perceptions is that the additional leave period was, again, granted to mothers, not fathers. The reform introduced the possibility of transferring up to a quarter of post-partum leave to the father, thus creating something similar to a parental leave that was unavailable before the reform. In addition, high replacement rates and income ceilings increase the likeliness of paternal uptake, particularly in the face of large gender earning gaps.⁵ There are, however, several limitations to effective sharing. First, and in spite of its "parental leave" label, the new leave period comes closer to an extension of *maternity* leave, given that the leave right is granted to the mother (and hence hinges on her employment status). Strictly speaking, there is thus neither a family entitlement nor an independent paternal right: if the mother has no access to maternity leave benefits via her employment contract, the

father has no right to take parental leave at all. Second, the trajectory of leave regulations in advanced industrialized countries suggests that fathers are less likely to take leaves that are shared with the mother and that specific incentives—such as non-transferable father quotas or rewards for paternal take-up—are necessary for fathers to increase their participation in leave-taking (Haas and Rostgaard 2011; Moss and Korintus 2008; Ray et al. 2010). In this sense, the voluntary sharing of parts of the post-partum leave period is a weak instrument for promoting change in traditional gender roles. Preliminary evidence on paternal uptake confirms this. According to data by the Labor Bureau, only 611 of more than 36,000 eligible fathers had made use of their portion of parental leave during its first year in operation (Dirección del Trabajo 2011).

In all, three innovations were layered onto the existing rules for maternity protection: an additional and generously paid leave period, a new set of eligibility criteria that is likely to increase coverage and the possibility of transferring up to six weeks of post-partum leave to the father. While some of the general rules (high replacement rates, high income ceilings) bode well for paternal take-up, international evidence and preliminary data from Chile suggest that more decided measures are required to increase fathers' participation in childrearing. Maternalist ideals and childrearing practices are too entrenched to change without explicit incentives. As the following section shows, policy entrepreneurs were well aware of the limitations of voluntary parental sharing and women's organizations underlined the importance of father quotas during the reform debate. However, their proposals never gained much currency. As a result, the reform significantly increased the generosity, but was less successful in terms of incorporating gender equality into existing leave regulations. Through a detailed tracing of the policy process, the following section seeks to account for both outcomes.

THE REFORM PROCESS: ACCOUNTING FOR POLICY CHOICES

Two seemingly contradictory phenomena require further explanation. First, the fact that the reform significantly strengthened women's workers' rights to paid maternity leave in a context where labor market reforms and employment regulations had been off the agenda for years. Indeed, as was discussed in the previous chapter, the Bachelet government had deliberately stayed clear of employment-related reforms. It is even more surprising that this reform was enacted under a right-wing government

which was expected to be more rather than less business-friendly than its *Concertación* predecessors. A second puzzle is the relative lack of traction of feminist demands for measures that would promote fathers to take parental leave more actively. While the particular political contingency in 2011 goes a long way in explaining the first puzzle, I will show that the obstacles to re-gendering maternity leave have much to do with the way in which the issue was framed by the two dominant coalitions of reform entrepreneurs that had emerged in the early 2000s under the Lagos government.

The first faction, which I will label “market-liberal”, was driven by fiscal and employment objectives. Reflecting the interests of employers as well as *Concertación* technocrats in the Ministry of Finance, it pursued the flexibilization of maternity leave by way of a voluntary transfer of pre-partum leave to the post-partum period and a gradual return to employment via part-time arrangements. Associated to this proposal was the hope that this would reduce public spending on medical leaves to care for a seriously ill child under the age of one. As was pointed out before, the uptake of these leaves had skyrocketed in the early 2000s. This caused the suspicion that mothers used medical leaves in order to extend maternity leave and that they received the tacit support of pediatricians who issued (fraudulent) sickness certificates for their babies.

The extension of maternity leave was seen as a way to address the issue both for the state (reducing fiscal outlays) and for employers (increasing flexibility). However, given that the central goal of this faction was to cut costs, the extension had to be achieved without allocating additional funds. This ushered in a series of penny-pinching proposals under the Lagos and Bachelet administrations. In 2003, for example, the Lagos government proposed the flexible and voluntary transfer of three weeks of prenatal leave to the post-partum period along with a reduction in replacement rates and restrictions on medical leaves to care for a seriously ill child under the age of one, in the hope of saving up to 10 billion Chilean pesos (La Tercera 2003). Similar proposals were floated under the Bachelet government. The Advisory Board on the Reform of Childhood Policies, for example, proposed the option extending the stay-at-home period for mothers by spreading the three-month subsidy across a maximum of six months (CAPRPI 2006). The gender focal point of the Ministry of Labor under the Bachelet administration recalled:

We tried so hard looking for a way to extend it without spending more money! So all the proposals we made (...), they were all: let’s take two weeks

from here to extend there, we take from here, we add there... Well, we said: let's extend it to four [months] for everybody and period. But this was a deadly sin! It wasn't possible, because everything was [about] costs.⁶

The second faction, which I will label “medical-protectionist”, was essentially driven by a child health agenda with strong references to the benefits of exclusive breastfeeding (El Mercurio 2002e; Ruiz-Esquide 2007, 2009). Spearheaded by health professionals, in particular the Chilean Pediatric Society, it advocated a comprehensive extension of post-partum maternity leave to six months and rejected any proposals for greater flexibility based on medical considerations and fears of employer abuse. This agenda mustered the support of a group of legislators from the medical professions referred to as the *bancada médica* (medical faction) led by Senator Mariano Ruiz-Esquide (PDC). Ruiz-Esquide garnered the support of other MPs, including Enrique Accorsi (PPD) and Carolina Goic (PDC). Outside support for their agenda came from labor unions as well as a nascent “family movement”: the *Movement for the Extension of Post-Partum Leave to 6 Months* which emerged in the late 2000s agglutinating a diverse range of organizations working on labor, family health and child rights issues.⁷ This movement started to mobilize in the run-up to the 2009 presidential elections and played a key role in urging Piñera to keep his campaign promise to extend maternity leave after he took office in early 2010.

Throughout the Bachelet administration, the group of legislators related to the medical camp repeatedly asked the president to sponsor a law for the extension of maternity leave. However, Bachelet was reluctant to initiate changes in this area. While many interviewees simply stated that the issue had not formed part of her electoral platform and that the government had its hands full with two other flagship reforms, others indicated that key actors within the administration were skeptical of the measure itself. From the point of view of Bachelet's economic advisors, the extension of maternity leave was the antithesis to childcare expansion: economically unreasonable and politically risky. Economically, fears of a negative reaction by employers with regards to the hiring of women in reproductive age meshed with the consideration that (publicly financed) maternity subsidies disproportionately benefited higher-income women and that an extension would be rather costly. Politically, there were concerns that the strong legislative lobby for a comprehensive extension to six months together with the significant support of trade unions and the

general public would make it difficult to keep the costs of the reform within a reasonable limit. A former budget office official recalled:

Within *Concertación* there were two different perspectives. There were some who said: let's give six months, because the benefits for the child are undeniable. But at the same time [there were those who] said: but this will affect the market for female hiring. So (...) when I said that daycare facilities made sense to the administration in economic terms, extending maternity leave didn't make any sense [to them], because they thought that it would affect female labor force participation. So the truth is that there was no consensus. In addition, maternity leave is extremely expensive! (...) And in reality, [the Ministry of] Finance was never much in favor.⁸

What is clear from this brief discussion of the origins of the maternity leave reform debate in Chile is that neither faction was particularly concerned about women's rights or gender equality, although both occasionally alluded to the alleged benefits for mothers. While the liberal camp pointed to expected positive effects on employment opportunities through the flexibilization of leave regulations, the medical camp highlighted a potential reduction in health risks, including reproductive cancers and post-partum depression, as well as gains in general wellbeing through mother-child bonding (Ruiz-Esquide 2008, 2009). Paternal involvement was, at that point, not on the agenda at all,⁹ though it had been raised by women's organizations early on (CEM 2003). Recalling the debates, a former high-ranking official in the Ministry of Labor explained that the market-friendly sector's main concern had been to prevent alleged fraud by mothers who claimed leave to care for a sick child, while the medical-protectionist sector had framed its pledge for maternity leave extension entirely around the rights of the child and the need for prolonged breastfeeding.¹⁰

During the 2009 presidential election campaign, the group of legislators who had unsuccessfully lobbied Michelle Bachelet found a willing ally in Eduardo Frei (PDC). In June 2009, *Concertación's* candidate to the presidency promised to extend maternity leave to six months in order to promote breastfeeding and included the proposal in his electoral platform (La Tercera 2009). Given the tremendous popularity of the promise, his right-wing contender, Sebastián Piñera, caught fire. Much in line with the liberal wing of *Concertación*, his government platform had announced the introduction of greater flexibility and a (small) voluntary extension which—if taken part-time—would allow for a post-partum leave of “up to

6 months” (Piñera 2009: 67). However, an advisor at the conservative think tank *Libertad y Desarrollo* pointed out that in the heat of the presidential campaign Piñera had eventually offered a leave period *of* six months instead of *up to* six months and that this is what he had been held accountable for once in office.¹¹ Following the elections, advocates of the extension would interpret this statement as a presidential promise that required keeping.

In the case of both candidates, electoral incentives proved stronger than the reservations voiced by their economic advisors. An interviewee who had worked in the Budget Office under the Bachelet administration stated that maternity leave extension had been in Frei’s program against the opinion of the Ministry of Finance who wanted to focus on making the existing leave regulations more flexible.¹² Similarly, another official who had continued to serve at the Budget Office during the first months of the Piñera government stated that

the Right, too, promises [extension] in defiance of all its technical advisors. I mean, all the technical advisors of the Right knew that they didn’t want to do this. They think more in economic terms than *Concertación*! So the first months [of the Piñera government] leave reform comes up and the Ministry of Finance didn’t want to do it or it wanted to do it in a very complicated way that implied almost no extra spending. So I told them, look, for some reason we didn’t do this during the previous government, because we didn’t want to open Pandora’s box.¹³

The new government’s reluctance to extend maternity leave to six months was confirmed by a policy advisor at the think tank *Libertad y Desarrollo*. She indicated that the intention had been to make the existing leave scheme more flexible in the hope of reducing labor market rigidities as well as fiscal spending on medical leaves, and confirmed that the economic advisors of both *Concertación* and *Alianza* had been skeptical of extension.¹⁴ But this time, technical consensus failed to prevail against the political traction of maternalist promises.

It is important to point out that the reform of maternity leave had not been among the expectations that historical women’s organizations had articulated vis-à-vis the presidential candidates (La Nación 2009a). The only organization which did indeed present a proposal for maternity leave reform was *Comunidad Mujer*, a relatively new association of female professionals with strong ties to the Chilean business community. It centered on increasing flexibility, including the proposal to shorten the

compulsory post-partum leave period from 12 to 8 weeks, the possibility to transfer parts of the prenatal leave to the post-partum period, the option to return in part-time and to transfer two weeks to the father. These recommendations, the organization claimed, reflected the interests of “professional women with high educational levels and in management positions” (*Comunidad Mujer* 2009). It was hence more in line with the market-liberal faction and resonated strongly with the agenda of employers who argued that: “From the business perspective, there is only one recipe: 1. Flexibility, 2. Flexibility, 3. Flexibility” (CPC 2010). However, *Comunidad Mujer* would also push for father quotas when the reform was discussed in the aftermath of the presidential elections. This was not the case of employers who were contrary to paternity or shared parental leave portraying it as an unjustified rise in annual vacation for their “ideal-typical” male employees who, in contrast to women, were expected to be available 24/7 no matter if they had children or not.¹⁵

Their insistence on flexibility and father quotas set *Comunidad Mujer* apart from other civil society organizations, including trade unions and family-oriented organizations who were wary of any attempt to increase flexibility and hence tended to be closer to the proposal of the medical faction. Trade unions, in particular, warned that non-compulsory schemes, the possibility to transfer prenatal leave to the post-partum period or the option to return in part-time would open the door to employer abuse. Flexible and voluntary leave arrangements do indeed raise thorny questions in a context where labor markets have been deregulated and trade unions severely weakened. Under these conditions, workers hold little bargaining power for negotiating whether and how to take their leave and the resources to monitor and enforce agreements with employers or challenge potential violations are limited. This explains the insistence of many workers’ rights advocates on maintaining compulsion and their rejection of flexibility even though this represents a de facto restriction of parents’ and particularly mothers’ autonomy in decisions over work-family arrangements.

Organizations, such as CUT (*Central Unitaria de Trabajadores*) and ANAMURI (*Asociación Nacional de Mujeres Rurales and Indígenas*)—an association which defends the rights of seasonal agricultural workers—also raised other issues, including the need to increase coverage among workers in less stable employment. Ideas of parental sharing, in contrast, failed to garner significant support even among female labor activists who were skeptical about fathers actually assuming their responsibility rather than

simply taking advantage of a benefit that would otherwise be granted to the mother. Class differences among women loomed large in these narratives. A lawyer working with a group of female trade unionists, for example, held that getting men to assume childcare responsibilities was a fantasy, especially for lower-income women, and that if male blue-collar workers were granted leave entitlements, they could be expected to leave the baby with another relative or neighbor while engaging in leisure themselves.¹⁶

According to the vice-president of the public sector union ANEF (*Asociación Nacional de Empleados Fiscales*), even the women's section of the major umbrella organization CUT had been unenthusiastic about parental sharing.¹⁷ This lack of enthusiasm was echoed by two female trade union activists who argued that such demands originated from middle-class women's organizations and bore little relation to working-class women's reality.¹⁸ From their perspective, it was preferable to increase the protection of working mothers by extending maternity leave to six months without flexibility—which they considered rendered them vulnerable to employer abuse—and without sharing their leave with the father—which they considered unnecessary and counterproductive.

Similarly, the involvement of fathers during the first six months of a child's life was not a major concern of civil society organizations that pushed for the extension of maternity leave for the sake of child health and wellbeing. While declarations of the *Movement for the Extension of Post-Partum Leave* and its member organizations generally underlined the importance of both parents in a child's life, they also seemed to assume that fathers' presence during the first months was dispensable. In part, this had to do with the importance attributed to breastfeeding. Indeed, references to the WHO's recommendation of six months of exclusive breastfeeding as an ideal period for infant health were ubiquitous in the debate (Cámara 2008; Colegio Médico 2010; Goic et al. 2010; La Nación 2009b; Movimiento Ciudadano 2010) and in 2010 the Movement organized two "tetadas públicas"¹⁹ in front of the presidential palace in order to underline its case. From this perspective, it was unnecessary if not undesirable that the father went on leave during the first six months of a child's life—which was the period up for grabs. Often this seemed to be tacitly assumed. However, in its presentation to the expert commission created by President Piñera shortly after taking office, the NGO *Espacio Crianza*—a group of child and family health professionals associated to the *Movement for the Extension of Post-Partum Leave*—explicitly challenged early paternal involvement, arguing that

during the first years in the life of the child, the mother should be the one in charge of being with her child to the full extent. We would like to highlight this point given that the commission is discussing the possibility of sharing the post-partum leave with the father during the first six months, an idea which ignores the profound impact of the constant presence of the mother for the child's emotional and physical health, and vice versa. We make this affirmation responsibly, without ignoring the importance of paternal presence both for the baby and for the mother in childbed. However, during the first months in life, this [presence] is secondary (Espacio Crianza 2010).²⁰

In this complex environment, Piñera entrusted an ad hoc expert commission—the Commission on Woman [sic], Work and Maternity—with the elaboration of a proposal to reform labor legislation on maternity protection. This proposal was to achieve three objectives: “1. to delink the cost of maternity from the hiring of women, thus allowing for their real integration into the world of paid formal labor; 2. to guarantee the best care for our children; and 3. to promote greater co-responsibility in the care and upbringing of children in order to facilitate a better conciliation between family and work for men and women” (CMTM 2010: 3). Thus, despite its widespread absence from preceding debates, the issue of parental sharing was part of the Commission's mandate. The fact that the Commission was convened and presided by SERNAM's Minister Carolina Schmidt, a former member of *Comunidad Mujer*, likely contributed to defining the terms of reference in this particular way.

The composition of the commission resembled that of the advisory councils used by Michelle Bachelet: most members were experts from conservative think tanks close to the governing coalition or academics close to *Concertación*. In terms of their educational profile the majority had advanced degrees in economics or business administration (8), followed by lawyers (4), and medical doctors (2). Employers were well represented—with three members coming directly from the business community—while labor had only one representative who dropped out of the commission halfway through.²¹ Out of its 16 members, 11 were women. At least two of its members, among them the commission's president, had ties to *Comunidad Mujer*. The medical camp and its supporters were poorly represented. Indeed, the two doctors who participated in the commission cannot be classified as belonging to this group. One of them, a pediatrician herself, was openly critical of what she herself referred to as “myths” created by the medical camp, including maternalist discourses and simplistic assumptions about breastfeeding.²²

Neither historical women's organizations nor NGOs working on health, childhood and family issues were represented in the commission. They did, however, present their analyses and recommendations in a series of public hearings. Women's organizations not only underlined the importance of parental sharing, but also the need to introduce concrete incentives, such as non-transferable daddy quotas (CEM 2010; Valdés 2010). However, as one commission member recalled, paternal co-responsibility lacked appeal for most people.²³ Only one commission member—a business woman and executive director of *Comunidad Mujer*—insisted on father quotas as a way to promote paternal responsibility in childcare and to “feminize” male workers in the eyes of employers to level competitiveness and reduce gender discrimination (CMTM 2010: 27). However, her position was perceived as radical or impracticable.²⁴

It is thus hardly surprising that father quotas did not form part of the Advisory Commission's final recommendations (CMTM 2010). While the commission's report proposed the creation of a parental leave scheme open to either the mother or the father, access remained conditional on the mother having previously taken maternity leave. The additional leave should be “flexible and voluntary, that is, parents should be free and autonomous in their decision about whether to take the leave and for how long” (CMTM 2010: 25). In terms of length, the reported consensus was to extend maternity leave by 6 weeks full-time or 12 weeks part-time. In terms of coverage, the Commission put emphasis on the need to extend leave benefits to all women able to accredit a minimum period of economic activity during the year preceding the pregnancy. Regarding medical leaves to care for a seriously ill child, the report proposed greater control and enforcement in order to avoid abuse, including higher sanctions for doctors who issued fraudulent sick leaves. While the commission suggested maintaining existing replacement rates and income ceilings, it dedicated a long paragraph to the regressive character of maternity leave financing, urging policymakers to revise the financing structure of leave benefits.

In all, the recommendations tended towards a short additional leave period with a high degree of flexibility in terms of duration (including the possibility to transfer parts of prenatal leave to the post-partum period), parental sharing and part-time modalities. They were thus closer to the market-liberal position. The medical-protectionist faction was quick to levy its criticism, arguing that they would “insist on the extension of this period to six months instead of its flexibilization” (El Mostrador 2010). The reactions to the commission's report also showed that the faction had

succeeded to align large parts of the opposition behind its corporatist-maternalist agenda. Indeed, child-based arguments now extended much beyond Christian-Democratic MPs and the *bancada médica*. Adriana Muñoz (PPD), for example, a long-term MP with a strong record on women's rights and gender equality initiatives, argued that "it is worrying that in a country with employment abuse we leave the historical right of women to prenatal leave subject to individual negotiations with the companies. Here market logic wants to forcibly predominate over the rights of the child" (cited in Cámara 2010a). Similarly, Socialist MP Denise Pascal stated that "as *Concertación* we propose a post-partum leave of six months because it is the way to breastfeed the child in peace and to have the infant grow well" (*ibid.*).

These reactions foreshadowed the difficulty of drafting a bill that would be viable in Congress and Senate. And indeed, it took almost seven months for the executive to send a proposal to the legislature. During this period, family movements and the opposition (Christian-Democratic MPs in particular) maintained constant pressure on the government. As a result, the draft bill presented in February 2011 departed from the Advisory Commission's proposal in important aspects (BCN 2011). In terms of the length to which the leave would be extended, the executive's proposal committed to a full six months instead of the four-and-a-half months suggested by the commission. This can be read as a major concession to the political pressures that had built up around the presidential campaign promise in a context where the government was already facing a major credibility crisis (see below). A policy advisor who had followed the process closely, explained that the government eventually gave in not due to conviction, but political pressure: giving the impression that the government was shirking a popular campaign promise in a context where approval rates had reached very low levels would have been politically costly.²⁵

While the Ministry of Finance wanted a voluntary and fully flexible leave, SERNAM and the Ministry of Labor attempted to strike a balance between those who argued that a voluntary scheme would fail to protect less skilled, lower-income workers and those who privileged a voluntary and flexible extension: somewhat oddly, the proposal established *rigidity* for lower- and middle-income women for whom the leave would be mandatory in full-time but offered some *flexibility* to higher-income women for whom the leave would also be mandatory, albeit with the option of returning part-time after three months.²⁶ At the same time, the proposal was a clear expression of the Ministry of Finance's quest to limit the fiscal

impact of the reform. Thus, the subsidy for the additional three months would be subject to a much lower income ceiling than the preceding maternity leave, and while the option of transferring part of the leave to the father was introduced, his subsidy would be calculated based on the mother's wage. Both measures clearly limited the probability of paternal take-up given that men tend to derive higher earnings from their labor market participation than women. While provisions were included to increase coverage, eligibility rules remained quite restrictive, combining a valid employment contract, a given amount of social security contributions and a means test. The provisions regarding job protection—which was effectively reduced by three months—and medical leaves to care for a seriously ill child—for which eligibility criteria and benefit levels were tightened—most clearly reflected the employment and fiscal objectives of the liberal camp.

In contrast to pension and health reform, the executive's proposal experienced a rather radical transformation during its debate in the legislature. When the law was passed in September 2011, the income ceiling had been raised; the income replacement rate for fathers had been adjusted to their own rather than the mothers' salary; the eligibility rules for non-standard workers had been relaxed; the period of job protection had been restored to its previous level; and restrictions on sick leaves had been lifted. As a result, the reform committed considerably more public funds than the Ministry of Finance had envisioned. The outcome was widely criticized by actors from both political blocks who subscribed to more market-liberal positions,²⁷ while supporters of the medical faction interpreted it as a major victory.²⁸

How can we explain this astonishing loss of executive control over the reform agenda? In contrast to the previously discussed cases of health, pensions and childcare, the outcome of maternity leave reform is much more contingent. While the other reforms were driven primarily by market-liberal technocrats who maintained strong control over reform agendas, in the case of maternity leave politics trumped technocracy.²⁹ From an institutionalist perspective, the reform can be read as the (temporary) breakdown of informal political institutions, in particular the politics of expertise and agreement, which had allowed the executive to engineer pre-legislative agreements that privileged (market-liberal) technocratic criteria and accommodated the apprehensions of major veto players (see chapters 4 and 5). This breakdown was driven by two inter-related political dynamics.

First, the government's negotiating power was severely weakened in the face of an educational conflict that was getting out of control and approval rates that had entered a seemingly bottomless downward spiral.³⁰ Faced with accusations of "small print" policymaking—that is, the announcement of big changes in response to social pressures which were then deceitfully watered down and distorted in the details—the government opted to buy its way out of the political deadlock. A labor market expert at the conservative think tank *Libertad y Desarrollo* explained that the political pressure was such that the Ministry of Labor and SERNAM became more flexible in their positions in order to get the project approved, while the Ministry of Finance started to withdraw from the negotiations.³¹

Second, the change in government as well as the intense conflict and civil society mobilizations around education in 2010/2011 brought about a new political dynamic at the legislative level. Other than their *Alianza* peers during the *Concertación* governments, *Concertación* MPs, now in the opposition, did not try to slim down executive proposals on social policy, but to scale up their reach and benefit levels. The fact that the government they were negotiating with was not run by their own coalition facilitated this endeavor. In contrast to pensions or health, direct pressure to approve the reform proposal designed by the executive and calls for coalitional discipline were simply lacking. Rather, there was an incentive to flex the political muscle and defy the government in charge.³² As a more radical rights-based rhetoric was gaining currency in the context of massive protests for educational reform, legislators started to depart from business-as-usual negotiations and agreements behind closed doors, heading instead for open confrontation with the government. One Christian-Democratic MP pointed out that civil society participation had been crucial in the case of maternity leave reform. While it had not been as visible as the students' movement, the *Movement for the Extension of Post-Partum Leave* and other organizations had played an important role in influencing the parliamentary debate. Not only did they link up with sympathetic MPs in the legislature to influence the reform, they also made common cause—a phenomenon, she explained, had not necessarily occurred in other policy areas.³³

Legislators also met with *Comunidad Mujer*, ANAMURI and the Women's Trade Union Committee (*Comité Sindical de Mujeres*). Some of my interviewees from the trade union sector confirmed that the legislative process had been rather offbeat in the sense that *Concertación* engaged in an unusually strong defense of workers' rights.³⁴ In the process, the oppo-

sition increasingly lined up behind the corporatist-maternalist proposition and started to put children at the center of their arguments for more generous leave provisions. This was a powerful argument for enhancing the universal thrust of the executive's proposal. Former SERNAM Minister, Laura Albornoz (PDC), argued for example that "a right that is prompted by the birth of a child should not make distinctions between one type of woman and another" (Mostrador 2011a). More bluntly, Senator Ruiz-Esquide (PDC) stated "that maternity leave does not belong to the woman, it belongs to the child" (Mostrador 2011b).

From this perspective, greater efforts to extend coverage and to raise the ceiling for income replacement were necessary to guarantee equal rights for all working mothers and their children. Indeed, the lower income ceiling and the fact that some women would have to return in part-time in order to complement their earnings was portrayed as "discriminatory" by trade unions, health professionals and leading *Concertación* members (La Nación 2011a, b, c). According to Albornoz, there would be "a segment of middle-class women who will not be able to exercise this right comprehensively" (Mostrador 2011c). This frame garnered the support of some MPs of the government coalition, including Lily Pérez (RN) and Karla Rubilar (RN). During the legislative debate, both argued that greater efforts were necessary to expand coverage and that the income ceiling had to be raised to a higher level (La Nación 2011d; Cámara 2011; Cooperativa 2011b, c).

At the same time, the direction of the reform debate did little to enhance the prospects for strong gender-egalitarian measures. Indeed, once the reform proposal reached the legislative stage, the issue of daddy quotas was eclipsed by an ever more widespread discourse about motherhood, child rights and exclusive breastfeeding. Even the Women's Minister, who had long made the point of male involvement, eventually argued that fathers should be granted individual rights only after the breastfeeding period (La Nación 2010). According to a *Concertación* MP with a strong record on women's rights, breastfeeding arguments continued to be central during the legislative debate and were extensively used by *Concertación* parliamentarians, especially those belonging to the *bancada médica*. This, she argued, had made the participation of fathers seem useless.³⁵

In this sense, not only did politics trump technocracy, but maternalism—or expectations of role difference—also trumped the market—or expectations of role sameness. Motherhood was naturalized and

its exaltation successfully used to claim labor rights in an environment characterized by huge power differentials between workers and employers. While women's organizations were able to place the issue of paternal involvement onto the reform agenda, the strength and appeal of the maternalist discourse prevented more far-reaching changes in institutional rules. In this context, major disincentives, such as lower income ceilings and the calculation of leave benefits for fathers based on the mothers' salary could be avoided. The idea of father quotas, however, failed to garner sufficient support. Instead, the opposition increasingly framed its critique as the quest "to protect the newborn child and the mother" against pressures of "productivity, cost-effectiveness and market interests" (Adriana Muñoz, PPD, cited in Cámara 2010b). While this allowed for an important extension of social rights based on role difference, it left little space for potentially transformative measures aimed at role equity, such as father quotas. In the eyes of a gender equality advocate at *Comunidad Mujer*, the precarious labor market context had increased public and political support for this maternalist approach:

After the whole debate the outcome is a maternity leave law which accentuates the male-earner / female carer model (...). I mean it's not like the policy is bad, it's not like women didn't ask for it. Because there is also a difference between the assessment of what would lead you to a more egalitarian society and what women want! And finally, in a context of such strong cultural patterns, of such a precarious labor market and such low wages, the truth is that many women prefer to stay home with their salary being paid for.³⁶

CONCLUSION

This chapter discussed Chilean maternity leave as a body of explicitly gendered rules and regulations that shape rights and responsibilities with regards to paid employment and parenthood; it analyzed the extent to which these rules were revised in the course of the 2011 reform; and it traced the reform through its defining stages in order to account for specific policy choices. Based on this in-depth analysis of reform patterns and processes, we can now turn to summarize the chapter's main findings and their contribution to the book as a whole.

The chapter shows, first, that the 2011 reform introduced important changes in the formal rules and regulations that govern maternity leave:

it layered a new entitlement onto the pre-existing body of employment legislation for mothers and, in the process, converted its reach and purpose. The new entitlement differs from classical maternity leave in that six weeks of the additional leave period may be transferred to the father, and the relaxation of eligibility rules is aimed at incorporating workers in less stable employment. At the same time, there are important continuities. Most importantly, the additional entitlement is not to be mistaken for a fully-fledged parental leave. Rather, the leave entitlement continues to hinge on the mother's employment status, and it is her right *and* obligation to stay with the newborn child. The participation of fathers remains voluntary given that the reform failed to establish independent rights and concrete incentives for their involvement. Overall, the reform led to important gains for working mothers, but did not challenge the gender logic of maternity leave which remains based on the assumption of different rights and responsibilities.

Second, the chapter shows that policy legacies were crucial in shaping reform debates and decisions. Both corporatist-maternalist and market-liberal ideas have strong historical roots. From a market-liberal point of view existing regulations were excessively rigid and costly. The fact that arguments for greater flexibility and different financing mechanisms were common across the political spectrum underlines the lasting effect of neo-liberal legacies on ideas about employment and social policy even in a case like maternity leave where institutional rules suffered few direct modifications during the high tide of market reform. Indeed, policy learning nurtured by the broader changes in the labor market environment, led a significant proportion of the political elite to conceive of maternity leave regulations as remnants of an employment and social policy regime that was no longer valid. From this perspective, an extension under similarly generous conditions was out of the question even under the Bachelet government which otherwise promoted more expansive social policies. Yet, the encroachment of market-liberal ideas on maternity leave regulations was eventually frustrated by a more powerful historical narrative that defended the corporatist-maternalist legacy. Almost a century later after the introduction of maternity protection, arguments about child health and wellbeing were again successfully used—by strategy and by conviction—to push for more generous leave regulations.

Eventually, the medical-protectionist camp won the day, forcing the government to remove market-liberal elements from the reform proposal. This somewhat surprising victory owes not only to the strength of

the corporatist-maternalist legacy, but also to the specific political contingency in 2010/2011. While the ambitions to extend maternity leave had stalled against the considerations of market-liberal sectors under the Bachelet government, *Concertación's* defeat in the 2010 presidential runoff provided the medical camp with a rather unexpected opportunity. After promising maternity leave extension during an extremely competitive election campaign, Piñera came under increasing pressure to act upon his pledge. While the preferences of the governing coalition were much in line with the market-liberal proposal, the opposition lined up behind the medical proposition, and family movements rallied visibly and creatively to hold the president to his campaign promise. Together with growing social mobilization and waning popular support for the government, this unsettled the principles that had guided the reform processes under the preceding *Concertación* administrations. Instead of adhering to the proposal elaborated by experts in the Advisory Commission or negotiating a pre-legislative agreement with the government, *Concertación* MPs took an increasingly confrontational course in their defense of maternity protection. The case of maternity leave reform can hence also be read as the (temporary) breakdown of informal political institutions: the politics of expertise and agreements through which the executive, and in particular the Ministry of Finance, had engineered reform proposals in health and pensions gave way to a more deliberative politics in the legislature.

Why did this same dynamic not allow for a re-gendering of leave regulations? The chapter argues that the very ways in which both factions defined the problem and framed the debate limited the extent to which gender equality demands could be brought to bear. Neither medical arguments about child health—strongly rooted in claims about the benefits of breastfeeding—nor the desire to contain fiscal spending could be reconciled with demands for promoting the involvement of fathers. In addition, the stances of organized women regarding parental sharing differed strongly along the lines of class. The demands for a more equal distribution of caring labor between men and women—via the introduction of father quotas—articulated by some women's organizations met with the skepticism of female labor activists who felt that parental sharing was of little relevance to their day-to-day lives. Furthermore, medical-protectionist arguments that naturalized the mother-child bond resonated strongly with ideas of maternal virtue and obligation, and were taken up by a nascent family movement led by middle-class women. This obstructed a unified stance among women and contributed further to the disappearance of

gender equality concerns from the reform debate. Instead, the struggle was increasingly framed as one of mothers against the market. While the naturalization and exaltation of motherhood allowed for an important extension of social rights based on role difference, it left little space for potentially transformative measures aimed at role equity, such as father quotas.

In account with the preceding chapter on childcare service expansion, the case of maternity leave underscores the importance of sector-specific legacies, although they mattered in different ways. While the absence of strong legacies from the market reform period allowed for the expansion of public childcare services under the center-left government of Michelle Bachelet, the strength of corporatist-maternalist legacies thwarted the attempt of market-friendly reform of maternity leave under the right-wing administration of Sebastián Piñera. In contrast to the relatively rigid and predictable set of political institutions that shaped the reform of health, pension and childcare policy, this chapter also underscores the importance of more contingent exogenous conditions, including premature campaign promises, changes in government and opposition and social mobilization. Contrary to the cases discussed in the preceding chapters, these conditions weakened executive control over the reform agenda and unsettled the functioning of longstanding informal institutions that had allowed for the negotiation of agreements between government and opposition. We will return to some of these comparative pointers in the concluding chapter which synthesizes the findings from the four case studies and links them back to the questions and assumptions posed at the outset of the book.

NOTES

1. Author's calculations based on MDS (2011) and SUSESO (2011).
2. Author's calculation based on SUSESO (2011).
3. This increase was partially offset by a significant reduction in medical leaves to care for a child under the age of one. Overall however, spending on leave subsidies still rose by 33 % (SUSESO 2010, 2011, 2012).
4. Personal communication with Andrea Betancor, *Comunidad Mujer*, Santiago, 25 April 2013.
5. In Chile, women's average salary was 73 % of men's in 2011 (MDS 2011).
6. Interview with Pamela Farias, former gender focal point, Ministry of Labor and Social Security, Santiago, 2 August 2011.
7. See <http://www.nacerenchile.blogspot.com/p/quienes-somos.html>.
8. Anonymous interview, Santiago, 2011.

9. This is also evident in the recommendations produced by the two advisory boards on child protection and employment and equity. The final reports of both boards included proposals to reform maternity leave without mentions of parental sharing or paternal involvement (CAPRPI 2006; CAPTE 2008).
10. Anonymous interview, Santiago, 2011.
11. Interview with Cecilia Cifuentes, *Instituto Libertad y Desarrollo*, Santiago, 6 December 2011. See also *Cooperativa* (2011a).
12. Interview with Enrique Paris, *Universidad Central*, previously chief of staff in the presidential office (2000–2006) and Budget Office official (2006–2010), Santiago, 21 November 2011.
13. Anonymous interview, Santiago, 2011.
14. Interview with Cecilia Cifuentes.
15. Interview with Andrea Betancor, *Comunidad Mujer*, Santiago, 22 November 2011.
16. Interview with Carmen Espinoza, director of the *Programa Economía del Trabajo*, facilitator of the *Comité Sindical de Mujeres*, Santiago, 3 November 2011.
17. Interview with Ana Bell, vice-president of the public sector union ANEF, Santiago de Chile, 8 November 2011.
18. Interview with Maria Luz Navarrete, public sector workers' union, and Margarita Moraga, trade and services sector union, Santiago, 7 October 2011.
19. Sit-ins where protestors publicly breast-fed their babies.
20. See also Relacahupan (2010), another member organization of the movement.
21. Ana Bell from the public sector union ANEF withdrew from the Commission in July 2010 in protest over the dismissal of public sector workers during the first months of the new administration (Observatorio Género y Equidad 2010).
22. Interview with Paula Bedregal, *Universidad Católica*, member of the Advisory Commission on Woman, Work and Maternity (2010) and the Advisory Council for the Reform of Childhood Policies (2006), Santiago, 31 August 2011.
23. *Ibid.*
24. Interview with Paula Bedregal and Carolina Goic, Christian-Democratic MP, Valparaíso, 18 January 2012.
25. Interview with Cecilia Cifuentes.
26. This included those earning *more* than the proposed income ceiling of 650,000 CH\$ (US\$1,250) corresponding to roughly 10 % of the female labor force.

27. Interviews with Enrique Paris, Cecilia Cifuentes and Rodrigo Castro, *Universidad del Desarrollo*, former director of the social program at the think tank *Instituto Libertad y Desarrollo*, Santiago, 22 December 2011.
28. Interview with Carolina Goic.
29. Interview with Pablo Gonzalez, UNDP, Santiago de Chile, member of the Advisory Council on the Reform of Childhood Policies (2006), 17 August 2011.
30. When the project was sent to the legislature in February 2011, approval rates had gone down to 42 %. When it was discussed in Congress, this rate had further dropped to an unprecedented 26 % of approval and 53 % of disapproval (Varas 2011).
31. Interview with Cecilia Cifuentes.
32. Anonymous interview with former high-ranking official in the Ministry of Labor (2006–2010), Santiago, 2011.
33. Interview with Carolina Goic.
34. Interviews with labor activists Maria Luz Navarrete, Margarita Moraga and Ana Bell.
35. Interview with Maria Antonietta Saa, member of Congress (PPD), Santiago, 13 January 2012.
36. Interview with Andrea Betancor.

Gender and the Politics of Gradual Change: Comparative Findings and Conclusions

How does change in economic, social and political institutions occur? How are gender inequalities and power hierarchies reflected in, reproduced through and challenged by processes of institutional creation, evolution and innovation? And can institutions be transformed for greater equity and inclusion even in conditions of strong contextual constraints? These are big questions for feminist political scientists to whom a better understanding of real world puzzles is not only of theoretical but also of practical relevance. By looking at policy reforms and innovations as cases of gradual institutional change, this book has contributed to moving this research agenda forward. Drawing on conceptual and methodological tools from historical institutionalism and feminist political science, it provided a theoretically informed and empirically grounded account of how change happens, why it is so difficult to achieve, and where it reaches its limits. As an essential part of this endeavor, it highlighted the multiple ways in which gender shapes and is shaped by broader political processes.

Bolstered by extensive empirical evidence from four reform episodes in Chile, the preceding chapters examined the scope and the quality of recent changes in social policy, analyzed their implications for women's rights and gender equality, and unveiled the complex interplay of institutional, agential and ideational factors that have shaped specific policy choices. Overall, the case studies reveal uneven, incomplete and selective patterns of change. While some parts of the policy architecture have been modified, others

remain firmly in place. Against this backdrop, positive gender change has clearly taken place. Yet, there were also important obstacles to re-gendering social policies more fully. The main task of this concluding chapter is to synthesize and compare the findings from the four case studies and return to the questions and assumptions that were raised in chapters 2 and 3. Based on this comparative discussion, the chapter highlights the volume's contributions to ongoing intellectual inquiry in comparative politics.

THE SCOPE AND NATURE OF POSITIVE GENDER CHANGE

The general assumption that this book started out with was that recent social policy reforms and innovations in Chile would not involve a frontal attack on pre-existing institutional arrangements. Instead, changes would be introduced gradually and at the margins, working around the political constraints that were discussed in chapter 3. The in-depth discussion of different reform episodes in chapters 4–7 confirms this supposition. In health and pensions, new entitlements—some of which benefit women directly—were layered onto the margins of the unmodified institutional core of privatized or dual systems. In childcare, existing institutions were re-invigorated and converted to serve new goals, combating previous tendencies of drift and including measures that enable mothers to join the workforce. Maternity leave reform also created new entitlements, but largely maintained the maternalist thrust of the pre-existing policy framework. In all cases, the state reasserted its role in social policy and in most, this benefited women implicitly or explicitly. At the same time, however, gender biases remain in each of the policy areas and important innovations remain “nested” within broader contextual continuities.

What can we learn from the four individual case studies in terms of the features of social policy that have been malleable or resistant to change? In a nutshell, my findings suggest that while recent policy reforms and innovations involved important attempts at state rebuilding, they have also been mindful of the interests of market players. The state has expanded its reach in financing, regulating and providing social transfers and services: eligibility rules have been relaxed, benefit levels have been raised, new entitlements have been created and institutional purposes have been broadened. Across policy areas, we have documented a renewed emphasis

on legally inscribed (and thus theoretically claimable) social rights and entitlements, and although many measures retain an important needs-based element—that is, are not applied based on citizenship alone—they do reach out to middle-income segments rather narrowly targeting the poor. Yet, reforms have also taken a stance of non-interference with the parameters of private pension schemes, commercial health plans and for-profit service provision in health and preschool education. As a corollary, private business continues to play an important role in social provision and its right to reap profits from this provision has remained unchallenged. Employers, too, remain largely exempt from contributing to the costs of social reproduction.

Against this backdrop, changes in implicitly and explicitly gendered rules did occur and many of them have been positive: greater access to non-contributory and minimum pensions, childcare and maternity leave subsidies benefits women who have less continuous employment trajectories and often depend on state-supported childcare arrangements. Yet, selective and piecemeal reform strategies implied important trade-offs in terms of the equity-enhancing impact of otherwise important policy initiatives. In pensions, for example, gender-differentiated actuarial rules continue to put women at a disadvantage vis-à-vis men on the basis of their greater longevity, while non-contributory pensions remain insufficient for maintaining a “socially acceptable standard of living” (Esping-Andersen 1987: 86). Similarly, the expansion of childcare services and maternity leave—note-worthy policy developments in and of themselves—took place in the context of an otherwise unmodified and highly discriminatory labor market. Furthermore, in the case of childcare, the strategy to increase public daycare facilities for children without reforming other components of the childcare architecture causes significant discontinuities for working mothers.

In all, none of the reforms has led to sweeping change or path departure. Instead, the book highlights how policy innovations are both historically and contextually bounded. On the one hand, they are profoundly shaped by previous policy choices. Although the path of institutional development in each of the policy areas did not preclude change altogether, it made some problem definitions and policy choices more likely and more viable than others. As a result, reform processes have been dominated by gradual change: while the scope and purpose of existing welfare institutions has been redefined and new rules have been layered on to previously existing

institutional arrangements, core elements of these arrangements—and of the broader context—have remained firmly in place. Gradual and haphazard change has also pre-empted the comprehensive re-gendering of Chilean welfare institutions. To be sure, all reforms have entailed positive gender changes, but these changes did not imply a thoroughgoing challenge of pre-existing gender logics, particularly with regards to gendered assumptions about unpaid care.

Furthermore, the effect of important innovations in some policy areas is restricted by continuities in the broader context, a context that continues to be rife with gendered rules, norms and practices. These interconnections—succinctly captured by Mackay’s (2009, 2013) concept of “nested newness”—have far-reaching implications for the extent to which positive gender change can materialize through individual policy innovations. Recent changes in childcare and maternity leave policies, for example, significantly strengthen women’s rights as working mothers. Yet, in the context of a persistently hostile labor market environment and a lack of engagement with male roles in care and domestic work, the extent to which we can speak of re-gendering is clearly limited.

This general verdict, however, conceals important variations across policy areas. Detecting and explaining these variations became possible by way of the book’s comparative case study design based on different policy areas within a single country. This approach was driven by theoretically derived assumptions about sector-specific policy legacies as well as a more intuitive discomfort with existing analyses that concentrated on the rather isolated analysis of single policies or excessively abstract constructs, such as welfare regimes. While the conclusions that can be drawn from the analysis of a single policy are necessarily limited, welfare regime analysis would have brushed over sector-specific characteristics which, as this book has shown, are an essential part of the story: not only do the challenges to gender-egalitarian policy design vary across policy areas, but sector-specific legacies also produce different political reform dynamics.

The combination of cross-sectoral and diachronic analysis put forth in this book offers important insights that complement and enrich existing approaches. Similar to single policy studies, it draws our attention to the complex set of implicitly and explicitly gendered rules and practices that operate in each area. Yet, by expanding the universe of cases it is able to provide a more comprehensive and nuanced account of the kind of changes that are taking place. In contrast to welfare regime analysis,

this allows us to point to important trends that operate across policy areas—for example, the profound and lasting impact of neoliberal and maternalist ideas—without losing sight of consequential variations in the ways in which these broader trends interact with sector-specific characteristics.

A number of paired comparisons are instructive in this regard. Consider the case of health versus childcare services. State rebuilding has been much stronger and less contested in the latter compared to the former. While both the number and share of children attending wholly public institutions have grown significantly, the expansion of (publicly subsidized) private health provision has continued in full swing. Similarly, there are differences in the extent and ways in which gender concerns were taken into account and addressed. While gender was largely absent from the health reform debate, for example, it figured prominently in the case of pensions, and the defamilialization of childcare via service expansion contrasts sharply with the re-familialization of childcare via maternity leave reform. To be sure, both reforms strengthened the rights of working mothers, but they did so prioritizing different dimensions of this role. While the former aimed at supporting women's participation in paid employment, the latter prioritized their role as mothers.

EXPLAINING VARIATION ACROSS POLICY AREAS

How can we account for different patterns of change and continuity within and across policy areas? Why has change occurred in some dimensions of social policy but not in others? And why has the scope and quality of change varied across policy areas? To stick to the previous examples: What factors facilitated the unprecedented expansion of public service provision in the area of childcare, but foreclosed a similarly vigorous rebuilding of the state in healthcare? Why was it notoriously more difficult to integrate gender concerns into health as opposed to pension reform? How can we explain the sequence of massive childcare service expansion aimed at integrating mothers into the market, followed by a reform of maternity leave that reinforces traditional gender roles in the home? The following comparative analysis will shed further light on these questions by looking at key institutional factors that shaped (a) the politics of state rebuilding and (b) the politics of integrating gender in social sector reform. This is followed by an analysis of gendered actors and ideas. In doing so, I return to some of the key themes discussed in chapters 2 and 3, including the

ways in which political institutions and policy legacies shape the goals and preferences of political actors, their access to decision-making arenas, and the leverage of their interests and ideas.

The Politics of State Rebuilding

Chapter 2 defined the relative weight of states, markets and households in welfare provision as a key dimension for assessing change in social policy from a gender perspective. With regards to the Chilean context, I hypothesized in chapter 3 that the combination of a restrictive politico-institutional framework and strong neoliberal legacies would place major constraints on rebuilding the state's role in social provision. The case studies reinforce this argument and shed further light on the interaction of these two variables in the context of specific reform episodes. Across sectors, political institutions and neoliberal policy legacies enhanced the leverage to actors with market-liberal ideas, empowered interests with a strong stake in maintaining the status quo, and limited the influence of those pushing for more far-reaching changes. Health and pension reform processes most clearly illustrate this point. In both cases, the need for legislative approval—and the formal and informal institutions associated with this process—reinforced neoliberal feedback effects. While market reforms had locked health and pension systems onto an institutional path that granted important space to private business, political institutions ensured that their interests were well represented in (formal and informal) reform negotiations. Though comparatively stronger in health than in pensions, corporatist actors and ideas were outplayed by a technocratic reform process that privileged market-friendly solutions.

At the same time, there is significant variation in the scope and quality of state rebuilding across sectors (see Table 5). While health and pensions experienced low to moderate state rebuilding, childcare service expansion and the reform of maternity leave expanded the role of the state more decidedly. In addition, there are differences in the ways in which the return of the state affects market-based social provision in each policy area. We have seen, for example, that state expansion in health—via the AUGE guarantees—was market-enhancing in that it allowed for diagnosis and treatment to be outsourced to private providers. In pensions and childcare, in turn, state expansion in the form of transfers and services was

Table 5 The politics of state rebuilding: opportunities, constraints and outcomes

	<i>Legislative approval</i>	<i>Neoliberal legacies</i>	<i>Corporatist legacies</i>	<i>Scope of change</i>	<i>Quality of change</i>
Health	Necessary	Strong	Strong	Low	Market-enhancing
Pensions	Necessary	Strong	Weak	Moderate	Market-conforming
Childcare	Not necessary	Weak	Moderate	High	Market-conforming
Maternity leave	Necessary	Weak	Strong	High	Market-challenging

market-conforming. It did not strengthen the market, but neither did it encroach on its territory. Instead, reformers adopted a strategy of non-interference with private childcare providers and pension administrators.

Varying political constraints and sector-specific legacies are key factors for explaining these differences. In childcare, reform entrepreneurs faced relatively few institutional constraints and seized the opportunity to re-activate and convert existing public institutions: neoliberal legacies (entrenched business interests) were weak and political hurdles (need for legislative approval) low. Executive power over agenda-setting and policy implementation were enough to take the expansion forward. This gave the administration greater leeway for rebuilding the state than in health and pensions where neoliberal legacies are stronger and all reforms required legislative approval. When it came to childcare services, for example, reform entrepreneurs chose not to replicate the public-private mix that had proven impossible to reverse in the area of health service delivery.

Maternity leave is the outlier. Its comparatively generous extension presents not only a case of strong state rebuilding despite the need for legislative approval, but also challenges the market. Although it does not impose any direct costs on employers, it introduces regulations that strengthen the rights of workers vis-à-vis their employers. Relatively weak neoliberal legacies and comparatively strong corporatist legacies are only part of the answer in this case. To be sure, formal rights in this area had survived the dictatorship; *retrenching* them under democratic conditions would have been politically costly. Yet, this does not explain

the vigorous *strengthening* of entitlements in ways that fly in the face of the employer-friendly stance that has dominated Chile's approach to the labor market. The case hence adds an important aspect to the general argument of this book: institutional constraints matter, but political contingency can (at least temporarily) suspend their force. As chapter 7 has argued, the surprising outcome of maternity leave reform can be explained partly by the temporary breakdown of informal political institutions which, in the case of health and pensions, had helped to engineer elite agreements that privileged market-friendly policy choices. This breakdown—associated with the change in government as well as a rising wave of social protest—gave corporatist and other actors who favored stronger state engagement, including medical associations, trade unions and family movements, greater leverage in the legislature.

Overall, the case studies confirm that once business interests have become entrenched in social provision—whether replacing or operating alongside the state—they act as a major constraint on reforms aimed at strengthening the state's role in the provision and regulation of social goods. I have argued throughout this book, that this has important gender implications. Market solutions are often implicitly gender biased: leaving access to employment, social protection or social services to the “invisible hand” of the market tends to reproduce, if not deepen, pre-existing inequalities based on gender and class by assuming that there are no differences in women's and men's ability to participate in the labor market or pay for social services. This is not the case, however, because women carry out the lion's share of unpaid care work and face important disadvantages in terms of their labor market status, earnings and contributory capacity. As a result, a stronger emphasis on out-patient care in the context of health reform negatively affects women who are likely to pick up the slack in terms of home-based health provision. Similarly, the non-interference with private pension administrators leaves in place rules that discriminate against women and prejudice their pension outcomes. While a stronger state does not automatically solve these problems, gender-responsive regulation as well as public provision of social services can play an important role in redressing such biases. What are the factors that shape the salience of gender issues in broader processes of social policy reforms and innovations? The following subsection addresses this question by looking at similarities and differences in the scope and quality of positive gender change across policy areas.

The Politics of Integrating Gender

The comparative case study findings show significant variation in the extent and ways in which gender concerns were taken up and addressed in different policy areas. Health reform was largely gender-blind, and despite the sector's strong maternalist legacy, policy choices were based on the assumption of gender sameness. Women benefited to some extent from the general move towards guaranteeing diagnosis and treatment of certain health conditions, but reform entrepreneurs did not explicitly consider gender inequalities in the health sector. In the other three policy areas, gender inequalities were more explicitly acknowledged, but measures to address them differed in terms of their gender role assumptions. In chapters 2 and 3, I hypothesized that sector-specific policy legacies as well as the extent to which gender equality advocates gain access to the reform process would help to explain such variations (Table 6).

A comparative analysis shows that the presence, access and leverage of gender equality advocates was indeed crucial for gender concerns to be considered at all. Comparing the cases of health and pensions, for example, I find that both reform processes were similarly executive-driven, technocratic and closed to civil society participation. Women's organizations tried much harder to gender the reform agenda in the health than in pensions, but they were less successful. The most significant difference between the two reform processes is executive commitment and a top-down mandate for reform entrepreneurs to integrate gender concerns into mainstream social sector reforms. While this mandate was absent from health reform, it clearly fed into the pension reform process under the political leadership of Michelle Bachelet. The comparison shows that in an institutional context characterized by the politics of agreement and expertise, outside mobilization was less important than the commitment of inside actors with access to power—an issue to which we will return below.

In addition to the lack of executive commitment, sector-specific legacies complicated the integration of gender issues in health. One important difference between health and pensions was the relative complexity of interest group constellations and ideological positions. While pension reform entrepreneurs “only” faced significant resistance on one front—by entrenched private sector interests—health reformers had to confront both market and corporatist forces. Furthermore, problem definitions and

Table 6 The politics of integrating gender: opportunities, constraints and outcomes

	<i>Gender equality advocates</i>	<i>Maternalist legacies</i>	<i>Neoliberal legacies</i>	<i>Corporatist legacies</i>	<i>Scope of change</i>	<i>Quality of change</i>
Health	Insiders/outside without access/leverage	Strong	Strong	Strong	Low	Sameness
Pensions	Insiders in positions of power	Weak	Strong	Weak	Moderate	Equality/ Difference
Childcare	Insiders in positions of power	Moderate	Weak	Moderate	Moderate	Equality
Maternity leave	Insiders/outside with limited leverage	Strong	Weak	Strong	Moderate	Difference

public health philosophies differed widely within the governing coalition. This constellation made health reform more conflictive and drawn out than pension reform and increased the reluctance to open additional battlefields that would have been important from a gender perspective, such as domestic violence or reproductive rights.

The case of health reform hence lends support to the hypothesis—articulated in chapter 3—that strong corporatist legacies may contribute to the marginalization of claims by less powerful actors, including gender equality advocates, a pattern that was repeated in the case of maternity leave. Here the combination of strong corporatist and maternalist legacies made gender equality proposals practically irrelevant to the reform debate. Instead, the reform clearly reinforces gender difference: the additional leave entitlement is assigned to the mother and while she can decide to transfer parts of her leave to the father, no incentives were created for this to occur. As expected, take-up among fathers has remained abysmally low. In the two policy areas with weak maternalist legacies, in turn, policy choices tended more towards equality. Pension reform included a mix of gender-responsive measures, some underlining the importance of equality (e.g. equal access to survivors' pensions for both spouses) and others reinforcing gender difference in access to pension entitlements (e.g. pension credits for mothers). Childcare service expansion, in turn, was pursued in a way that enables mothers to participate on a more equal footing in the labor market through free access to full-day and extended schedules.

Within this context of institutional opportunities and constraints, who were the reform entrepreneurs, what motivated them and how did this affect gendered reform outcomes? The following section draws on comparative findings from the four case studies to answer this question.

Gendered Actors and Ideas

To reconstruct the universe of actors, ideas and institutions that impinge on the scope of positive gender change, this book has taken a broader perspective than studies that focus on the influence of women's movements or feminist bureaucrats or specific gender equality policies in the area of violence or reproductive health. Rather than presuming feminist intentions or following the claims and strategies of women as political actors, it started with specific reform outcomes in social policy—an area which is less explicitly gendered, but has nevertheless important gender

implications—and traced them back to their political origins. By providing a comprehensive understanding of the factors that shape social policy reform and innovation processes, the book underlines the importance of actors and ideas that are not always on the radar of gender scholars and activists.

Given the elite-driven nature of Chilean politics and the extensive agenda-setting powers of the presidency, chapter 3 assumed that reform entrepreneurship would essentially emanate from the executive and that the bureaucracy would work as a major incubator of policy ideas and proposals. And indeed, inside actors were important drivers of reform: they created, collected and interpreted evidence, detected and defined social problems, thought up policy responses, and convinced political decision-makers of the need to reform. At the same time, inside actors acted with an important degree of self-constraint by setting boundaries on the goals, scope and nature of reform. Thus, reform entrepreneurs frequently anticipated the demands and objections of major veto players, including business interests, coalition partners and the political opposition in the legislature. Given the enormous power of the Chilean executive, other political actors—including gender equality advocates in the legislature and in civil society—found it hard to push these boundaries at subsequent stages of the reform process.

The early choice to leave the individual capital account system unaltered provides the least ambiguous example in this regard, but the pattern of pre-emptive exclusion is also visible in other policy areas, including the reluctance to strengthen public health services or interfere with the preschool system as well as the recurrent caps on public funding. The latter also underlines important power asymmetries within the executive, in particular, the enormous weight of the Ministry of Finance in social policy debates and decisions. A former Bachelet minister put the perception of many sectoral ministries in a nutshell by stating that “effectively the most powerful Ministry in the cabinet is the Ministry of Finance”¹. Several interviewees suggested that the only person in the executive that could trump the Ministry’s power was the President herself²—though even this was sometimes questioned.³ In the absence of explicit presidential support, the extent to which sectoral ministers could wrest concessions from the Finance Ministry, in turn, was highlighted as a matter of personal leadership, negotiation skills and technical standing in the eyes of budget officials. My case studies not only confirm that the Ministry of Finance is an important *gatekeeper* in the Chilean policy process, but also show that

it exercises major *agenda-setting* power. Indeed, in two out of four policy areas—pensions and childcare—the very initiative for reform originated mainly from within the Exchequer. In this sense, the Ministry of Finance not only places limits on the reform aspirations of other actors, including sectoral ministries, but plays an active part in policy design that goes beyond its innate territory of macroeconomic policy.

The preponderance of the Ministry of Finance also limited the leverage of gender equality advocates, including SERNAM which did not seem to enjoy sufficient technical standing or political relevance in the eyes of mainstream reform engineers.⁴ This is a rather important finding, suggesting that while SERNAM may have played an important role in shaping gender status policies like domestic violence or divorce laws, its influence on governmental flagship reforms in social policy has been limited. It also defies my initial assumption that given SERNAM's growing attributions and explicit mandate to mainstream gender throughout the administration, it would have greater leverage over executive reform decisions. SERNAM's lack of influence was particularly evident in the case of health where the agency had no access to the commission in charge of elaborating the reform proposal. While the Bachelet government strengthened SERNAM's position and ensured that the entity sat at the table when pension reform was discussed, the evidence suggests that the fundamental decisions about the scope and nature of reform in this area had already been taken elsewhere and that attempts to challenge these decisions proved relatively futile. Similarly, while SERNAM played an important role in the gradual conversion of childcare institutions towards serving working mothers' needs, it is unlikely that the massive expansion carried out under the Bachelet government would have taken place without the explicit endorsement of the Exchequer. More than reflecting SERNAM's direct influence, positive gender change in both areas seems to have been related to the women-friendly stance of the Bachelet administration and the fit it generated with powerful interests in the Ministry of Finance.

If SERNAM's influence on reform outcomes was limited, civil society organizations, including labor and women's movements, had an even harder time to make their voices heard. Indeed, their claims and proposals made little, if any, inroads into the negotiations. In health, significant organizing efforts stalled against the lack of access to key decision-making arenas and the lack of fit between the demands of women's organizations with the technocratic framing of the reform. Similarly, in the case of maternity leave reform claims for fathers' quotas, articulated by some

women's organizations, simply did not resonate with dominant reform discourses. In other cases, such as pension reform and, perhaps more surprisingly childcare, there was little mobilization by women's organizations in the first place. In these cases, whether the reform considered women's rights and gender equality concerns hinged, to a significant degree, on the commitment of key individuals in the executive, including Bachelet herself. The point about executive commitment finds further backing in the transformations carried out in the health system under the Bachelet administration where some of the claims articulated by women's health organizations found an expression at the programmatic and inter-sectoral level. In childcare, on the other hand, it was the power of new ideas around social investment not the pressure of women or workers' organizations that were crucial for garnering the support of the Ministry of Finance for the comprehensive expansion of childcare services.

This is not to say that the absence of feminist ideas and actors did not matter. In fact, the case studies also alert us to the perils of leaving social policy design in the hands of bureaucrats and experts whose understanding of gender relations is limited. Thus, even under the presidency of Michelle Bachelet, when gender equality and women's rights reached an unprecedented level of attention, their interpretation and translation into concrete policy changes were often inconsistent and selective. The omissions, silences and continuities in different policy areas indicate that gender equality and women's empowerment need to be placed much more squarely onto the agenda of current processes of welfare state reform in Chile and beyond.

CONTRIBUTIONS TO INTELLECTUAL INQUIRY

Overall, this book generates a thorough understanding of the gendered politics of gradual change in a highly constrained setting. Drawing on rich and original data, including first-hand accounts of policymakers and bureaucrats involved in the design and negotiation of social policy reforms in Chile, it unveils the forces that have driven and constrained positive gender change in the context of broader equity-enhancing reform endeavors. In doing so, it makes an important contribution to the literature on gender, policy and politics. Echoing the propositions made by Htun and Weldon (2012), it suggests that gender change in social policy is subject to different and perhaps more complex political dynamics than classical gender status policies. On the one hand, economic interests and ideas play

a pivotal role. To be sure, economic factors—particularly those related to financing—are also important for the implementation gender status policies, such as access to domestic violence shelters, birth control or safe abortion. In social policy, however, their overwhelming weight is already patent at the reform design and negotiation stages. In the case studies, this is epitomized by the authoritative role of the Finance Ministry, the power of private business to veto important equity-enhancing changes and the persistent strength of market-liberal ideas among the political elite. On the other hand, the influence of factors that have been at the heart of changes in gender-status policies, including women’s movements and gender machineries, seem to be less decisive in social policy, at least in the cases studied here. Understanding the dynamics of positive gender change in social policy thus requires feminist political scientists to engage more strongly with broader institutional processes and a different set of actors and ideas. At the same time, it is harder to scrutinize these processes and actors from a gender perspective, because male bias is often concealed within a seemingly gender-neutral shell and tangled up with broader redistributive issues.

Yet, the book also shows that change and continuity in social policy do not follow a simple pattern of (gender-neutral) class-based politics. Social policies can be redistributive and even women-friendly, but still entirely blind to gender hierarchies and power relations. As a corollary, the book provides a more nuanced view of class-based, non-doctrinal policies, such as maternity leave and state-funded daycare services that are often assumed to be inherently “pro-equality” (cf. Htun and Weldon 2010). But policy change in these areas is not necessarily driven by gender equality objectives, and it may not, in fact, contribute to their achievement in practice. Much depends on the specific features of policy design, that is, the rules and practices that have been the focus of my empirical case studies, and the ways in which they are nested in their broader institutional environment. Maternity leave reform, for example, may strengthen the rights of working mothers but fail to involve fathers, thus reinforcing traditional gender roles. This can harm women’s employment prospects, particularly in contexts where labor market flexibility is a core component of economic strategies. Similarly, the case of childcare service expansion alerts us to the boundaries of conformance to a labor market regime that remains inimical to the participation of “encumbered” workers (cf. Fraser 1995; Gornick and Meyers 2008; Orloff 2009). Furthermore, although policy change in these areas may not touch as neatly upon religious doctrine as abortion

or family law, it is clearly shaped by gendered ideas. Dominant frames and problem definitions repeatedly complicated the integration and comprehensive treatment of gender equality concerns, and ideas and discourses about motherhood played an important albeit ambiguous role in shaping specific policy choices. This does not imply that the analytical distinction between status-based and class-based policies per se is problematic, but that the category of class-based policies might benefit from a stronger conceptual engagement with the gendered norms and assumptions that have been central to feminist analyses of the welfare state.

The book also makes a number of relevant contributions to the new institutionalist literature—both historical and feminist. By applying existing concepts and theories of gradual institutional change to a qualitatively different context it generates important insights for historical institutionalists. In contrast to the highly institutionalized welfare states of advanced industrialized countries, the historical development of Latin American social policy has been more dynamic and less consistent. And counter to trends of liberalization and retrenchment in advanced industrialized countries which form the backdrop to most theorizing of gradual change, Latin American social policy experienced a period of sustained expansion in the first decade of the twenty-first century. Despite these differences, existing theories about policy feedbacks and path dependency in the face of retrenchment have proven useful for explaining resistances to more expansive and equity-oriented policy change. Market reforms have altered the composition and resources of interest groups, the policy environment and population of social actors and preferences of political elites and mass publics (cf. Pierson 1993, 2006). What changes is the content of these categories: instead of “armies of beneficiaries” that resist the retrenchment of social programs, market reforms have created powerful business interests able to obstruct equity-oriented change; rather than drawing strength from their number, the main resources of these interests are financial capital and semi-institutionalized access to political decision-making venues; instead of tying social sector workers, such as doctors, to public services, market reforms have enhanced their stakes in mixed provision; and instead of creating broad-based support for universal public services and solidarity, they have led to the growing valuation of provider choice and individual responsibility.

The book shows not only that neoliberal legacies are implicitly gendered—in that they affect the prospects of positive gender change—but also draws attention to the ways in which explicitly gendered policy legacies

shape reform outcomes in different ways. Even in a highly marketized context such as the Chilean one, maternalist ideas and discourses remain politically powerful and feed back into ongoing reform debates and decisions. Indeed, motherhood was often strategically deployed by reform entrepreneurs to achieve their objectives. The interaction with neoliberal legacies was particularly important here. In pensions and maternity leave, for example, maternalist measures were put forth to strengthen women's rights and entitlements in a context of market dominance. Pension credits for mothers were introduced to benefit women partly because strong neoliberal legacies made the removal of implicit gender biases in the privatized pension system hard to achieve. Here, reform entrepreneurs reclaimed the maternalist legacy by restoring and universalizing pension credits for mothers that had been eliminated in the course of market reforms. Meanwhile maternity leave reform turned into a veritable battle for protecting mothers (and their children) against a ruthless labor market where neoliberal reforms had left workers powerless *vis-à-vis* their employers. Here, reform entrepreneurs relied on a strongly maternalist discourse that exalted and naturalized motherhood—including through strong references to exclusive breastfeeding—to achieve their goals. In the area of childcare services extension, in contrast, the challenge was to promote the market-friendly agenda of social investment and female activation in a context where maternal care remains both an important ideal and a reality. Here, reform entrepreneurs used a discourse that redefined “good” motherhood to include sending children to daycare by emphasizing the benefits of early education for children's physical, social and cognitive development.

By documenting the analytical importance of policy legacies, the book also adds a new angle to feminist institutionalist research which, to date, has focused largely on political institutions and the various ways they facilitate or constrain the introduction of positive gender change in different policy areas (e.g. Annesley 2010; Annesley and Gains 2010; Franceschet 2010a, b, 2011; Franceschet and Piscopo 2013; Grace 2011; Mackay et al. 2010). In doing so, it has tended to treat public policies as outputs (or dependent variables)—that is, as indicators of women's substantive representation in broader political processes—rather than inputs (or independent variables). While affirming the importance of political institutions, the book argues that policy legacies are at least as important for women's substantive representation in policy innovation and reform processes. The case studies provide ample evidence on the ways in which previously enacted policies

feed back into recent reform processes, variably facilitating, constraining or foreclosing the introduction of positive gender change. This suggests that specific reform outcomes are best understood as resulting from the interaction of both sets of institutions. While the importance of policy legacies is perhaps more obvious in social policies—which tend to have longer historical trajectories than, say, policies against domestic violence—we should not discard that status-based policies are also nested within historically grown institutional structures. In fact, feminist scholarship that locates change and continuity in sexual and reproductive rights within the broader institutional structures of the health system lends significant support to this proposition (Ewig 2010; Rousseau 2007).

The book also raises the question of whether genuine re-gendering—that is, the “recognition of the gendered dimensions of politics and policy and a thoroughgoing challenge to and transformation of gendered political hierarchies, practices, and norms” (Mackay 2010: 370)—can actually be achieved in the context of gradual change processes. The case studies suggest that this is rather unlikely: while positive gender change can and does occur incrementally, a thorough transformation of institutionalized gender logics seems to be hard to achieve this way, at least in the context of a single reform episode. Of course, this finding may be biased by the limited time horizon adopted in this book. Yet, while taking the long view might teach us otherwise, it is also an implicit acknowledgement that the pursuit of gradual change strategies aimed at re-gendering might require more patience and perseverance than many gender equity entrepreneurs are willing and able to afford. This means that we might need more fine-grained (and realistic) categories for assessing the gender implications of gradual change processes if we do not want to dismiss smaller gains as unimportant.

The importance of institutional configurations and (in)consistencies is another key finding of this book, suggesting that while sector-specific dynamics are important, change in gendered rules and practices cannot be analyzed in isolation. Rather, it works in complex interaction with other rule sets, both formal and informal. In this sense, the book contributes to the thinking around “nested newness” (Chappell 2011; Mackay 2009, 2013). Mapping broader configurations of “old” and “new”, the book proposes that recent policy innovations in Chile are nested in at least three ways: (a) they exist alongside continuities in other rules and practices of their own policy area; (b) they interact with continuities in other policy areas; and (c) they run up against the immutability of informal institutions, such as the

gender division of labor. Work-family policies are a good example. Here, the positive impact of childcare service expansion on mothers' employment opportunities may be hampered by (a) the haphazard and uneven offer of services for different age, occupational and income groups; (b) the lack of attractive and reasonably paid jobs or the absence of housing and transport policies that reduce urban segregation, insecurity and commuting times; and (c) the persistence of strong gender norms around motherhood and unequal burdens of responsibility at the household level. Again, these findings have important analytical and policy implications. On the one hand, they suggest that while single policies are a useful unit of analysis for tracing the political dynamics of continuity and change, the outcomes of such dynamics have to be located within their broader context. It is only in their articulation with other institutional formations that the full (gendered) meaning of specific policy innovations can be assessed. On the other hand, the findings confirm that effective responses to gender inequality require system-wide rather than sectoral approaches. While this might sound like a truism to gender scholars, it is still surprisingly rare to find such approaches in real world politics.

Finally, and with due respect for the importance of institutional constraints, the case studies also point to more contingent moments of political opportunity that allowed for the alteration or circumvention of institutionalized power relations and spurred policy change in areas hitherto considered immutable. To a certain extent, all reform episodes include such moments. The women-friendly stance of the Bachelet government, for example, opened spaces for integrating gender concerns into mainstream social policy reforms (pensions) as well as into the programmatic work of sectoral ministries (health). The paradigmatic example of contingency in this book, however, is the reform of maternity leave. Here, the presidential promise to extend maternity leave ushered in the struggle between two competing groups: a medical-protectionist one concerned with child health and development enthused with the comprehensive extension of maternity leave and a market-liberal one concerned with the fiscal and labor market implications of such a move. In stark contrast to the other three reform episodes, the outcome of this process was highly contingent. *Concertación's* defeat in the 2010 presidential elections and the rising wave of social protest, triggered a (temporary) breakdown in precisely those informal political institutions which had constrained policy choices in the case of health and pensions: the politics of expertise and pre-legislative negotiations failed to produce agreement over key components

of the reform and *Concertación* MPs—now in the opposition—took an increasingly confrontational course with the government. This gave way to a more deliberative politics in the legislature that resulted in an extensive overhaul of the executive's initial reform project and a substantial gain in the rights of working mothers.

IMPLICATIONS FOR FEMINIST POLITICS

A final word is warranted on the implications of this book for feminist politics. The Chilean case studies raise thorny questions about the most promising political strategy to be adopted by feminist activists in such highly constrained settings. A key issue in this regard is whether and how limited institutional openings can be exploited for the achievement of short-term (practical) gains without compromising longer-term (transformative) goals. This is not only relevant to social policy, but also to gender status-based policies, such as abortion. The re-election of Michelle Bachelet as Chile's President for 2014–2018, for example, finally provided an institutional opening for placing the legalization of abortion in three cases (fetal unviability, threat to the mother's life and rape) onto the legislative agenda. At the beginning, parts of the feminist movement were reluctant to settle for this restrictive definition, fearing that it may thwart a more far-reaching discussion about women's right to choose. The book suggests that all-or-nothing approaches are unlikely to succeed in the Chilean context and advances a more sanguine view of gradual change processes. From this perspective, the legalization of therapeutic abortion may constitute the first step towards more comprehensive abortion legislation, instead of terminating the discussion altogether.

Indeed, neither the 2008 pension nor the 2002–2004 health reform put an end to the debate about solidarity and redistribution in Chilean social security. Rather they provided some, albeit limited space for debating progressive policy proposals. While these were not necessarily approved, they pushed the boundaries of imagination and received growing public attention thereafter. In health, for example, the idea of a solidarity fund that would pool the contributions of the privately and publicly insured has remained on the agenda and garnered broad-based support in an advisory commission created by the Piñera government (Comisión Presidencial 2010). In pensions, the idea of creating a state-administered fund—still a taboo in 2006—also gained further ground following the 2008 reform: it formed part of Bachelet's re-election campaign and a legislative proposal

was sent to Congress in 2014. During her second mandate Bachelet also created another advisory council for pension reform which recommended, among others, the elimination of gender-differentiated actuarial tables and the creation of a gender-neutral pension credit for people caring for dependents other than children (Comisión Asesora Presidencial 2015). This does not imply that more radical demands should be abandoned; rather, feminists—and other actors in pursuit of positive gender change—can use gradual change processes to plant the seeds for longer-term transformation while also achieving smaller wins that have a more immediate impact.

NOTES

1. Interview with Clarisa Hardy, Minister of Planning (2006–2008), Santiago, 22 August 2011.
2. Interviews with Maria Pia Martin, *Universidad de Chile*, former public policy advisor to the Presidency of Ricardo Lagos (2000–2006), Santiago, 19 August 2011; and Enrique Paris, *Universidad Central*, previously chief of staff in the presidential office (2000–2006) and Budget Office official (2006–2010), Santiago, 7 November 2011.
3. Interview with Sergio Aguiló, independent Member of Parliament, formerly Socialist Party, Santiago, 19 December 2011.
4. During interviews, budget officials and policy advisors usually did not mention SERNAM as a significant actor. When asked directly, they tended to be critical or dismissive of what they saw as bothersome attempts to mainstream gender throughout the administration. A former Budget Office official confessed, for example, that he was opposed to gender mainstreaming and considered SERNAM to be a technically weak institution.

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