

## Adding Methodological Thickness to the Study of Social Policy & Informal Workers in the Development Context: Relational Approaches & Adverse Incorporation

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In his edited volume on *Social Policy in a Development Context* (2004), Mkandawire argues that a characteristic of much of the writing on social policy in a development context is its “excessive” description and “lack of theoretical and conceptual underpinnings.”<sup>1</sup> This short reflection aims to consider some of the theoretical concepts which may be brought to bear on the study of social policy and informal workers. In doing so it aims to contribute to Mkandawire’s call to add “methodological thickness” to the study of social policy in the developing world more generally. It focuses on the nexus of inclusion and exclusion – concepts that are sometimes explicit, but also often implicit, within much of the social policy literature. Questions about inclusion and exclusion manifest in different ways, depending on the focus, but there are two areas where they impact on WIEGO’s approach to social policy.

The first relates to the “terms of inclusion” into social policy,<sup>2</sup> and specifically the tension that exists between inclusion based on work status, and more universal conceptions of social policy where inclusion is based on citizenship. Whilst this is tension rather a binary, within the social policy discipline it very often does translate into a division between those scholars, policymakers, and trade unions who focus on work-related social protection (which is generally oriented towards formal workers) and those who focus (often within development circles) on social protection for vulnerable poor – children, the elderly, and the disabled. Here poverty – and the inability to work – is the determining criterion for inclusion. Working with informal workers – who are both workers and poor – means that this division is particularly visible to us, as we are forced to bridge it.

Related to this is the line that is drawn between those who members of society who are included into social policy and those who are excluded. Informal workers often fall into the category of the excluded. As the acknowledgement of the continued existence of the informal economy has grown, the question of how to “extend social protection to informal workers” has become increasingly prominent. There are different ideas about this best way in which to do this – and perspectives are often influenced by whether one comes from a background in work-related social protection or from the more development/poverty-centred approach.

This paper suggests two things. Firstly, that instead of focusing on the worker *or* the citizen, as is commonly done, it is important to think about the worker *and* the citizen *in relation* to one another. This relational approach draws on a Marxist dialectical method, allowing us to see different elements within a system not as separate, but as “dual aspects of a unity.”<sup>3</sup> Secondly, that particularly in relation to informal workers in the context of rapid urbanization, there is a need to think more widely about the

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<sup>1</sup> Mkandawire, T. 2004. ‘Introduction’ in T. Mkandawire (Ed.), *Social Policy in a Development Context*. Basingstoke: Palgrave/UNRISD.

<sup>2</sup> Cooper, F. 1996. *Decolonization and African Society: The Labour Question in French and British Africa*. Cambridge: Cambridge University Press.

<sup>3</sup> Harvey, D. 2010. *A Companion to Marx’s Capital*. London: Verso.

exclusion/inclusion nexus. Drawing on Du Toit's concept of "adverse incorporation,"<sup>4</sup> we need not only to think about how to include informal workers into systems from which they are excluded, but also to think about where, how and on what terms informal workers are already included into systems, and how this inclusion interacts with the aims and goals of social policy. In making these arguments, the paper draws on examples from health policy to illustrate these insights, but they are applicable to many (if not all) of the different areas of social policy.

### **Relating Workers and Citizens in Health Provision**

Particularly in the development field, health provision is thought of as an issue of human rights and citizenship – it is framed as a social issue, not an economic issue. Where people as economic agents – as workers – come into view is often limited to a small and often ignored area of health – occupational health and safety. Alternatively, work comes up in relation to the types of employment related contributory health schemes which tend to be thought of as ill-suited to development contexts because of small formal workforces and because they divide risk pools and reinforce the status of an elite class. This means that the worker – the person as an economic agent, connected into the economic system – is not something that is considered. The following story is an historical example which shows why it is dangerous to ignore the worker in health provision, and why it is important to think about the worker in relation to the citizen, and work-related health provision in relation to universal provision.

In 1950 the World Health Organization (WHO) declared that health was a right for all and in line with the Universal Declaration on Human Rights placed the responsibility for health provision squarely on governments. In many African countries which were just beginning to emerge from colonial oppression, this had some no doubt unintended consequences. British colonial governments, whilst certainly biased towards the interests of large industries, had also put pressure on large employers (plantations, oil companies, mining companies and so on) to provide health services to their workers and families (mainly as a way to avoid their own spending on such services). Some (by no means all) of these employers complied, thereby providing health services to thousands of workers and their families, often in rural areas where the state was unwilling (colonial) or unable (post-colonial) to reach.

The ensuing debates and deliberations played out particularly clearly at the 1951 Conference on Industry and Tropical Health, which was a gathering of the major corporate powerhouses working in the developing world.<sup>5</sup> The key issue was about "getting out from under," which meant thinking of ways to free industry from its prior commitments to general health service provision – not an easy process where arrangements were the result of union bargaining. Yet it was reasoned that as long as the WHO's drive towards state provision of primary health care continued, it would become easier for business to withdraw. Occupational health suddenly assumed some strategic importance. If health service provision was to be renegotiated between the state and business, business should rightly take on "preventive and constructive medicine in contradistinction to curative medicine," and should involve itself only with workers and not their families. The provision of occupational health services – with a focus on

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<sup>4</sup> Du Toit, A. 2005. *Forgotten by the Highway: Globalization, Adverse Incorporation and Chronic Poverty in a Commercial Farming District*. CSSR Working Paper No. 101. Cape Town: University of Cape Town.

<sup>5</sup> The Conference was held every four years from 1951 to 1970 at Harvard University, funded by the Rockefeller Foundation. This information is derived from the Proceedings of the Conference on Industry and Tropical Health housed at the Wellcome Trust Archives in London.

prevention and the individual worker – could be the bargaining chip for industry to use to free itself from the expensive and complex provisions of general health provision.

Why is this an important story? Firstly, because it shows what can happen when the employment space and the citizenship space are not seen together – as two elements of a whole. While state health provision has the potential to be more egalitarian, the loss to countries with fragile economies and state capacity, low tax bases and low ability to collect taxes, of the direct contribution of capital to health systems is problematic.

Secondly it provides a warning about current move to integrate occupational health services into public health, which is promoted by the WHO. It has been argued that doing so will make OHS accessible to informal workers falling outside the employment relationship. It certainly does have this potential, but it also means shifting of responsibility away from capital and onto the state. This is in a context where states have less and less fiscal space to provide them: labour is informalizing, and along with it the ability to collect payroll taxes and to build up effective contributory schemes, and multinationals are ever more creative in avoiding or evading taxation. By not seeing the employment relationship as a concern within health service provision, those who analyse health policy from this universalist position do not see the shifting and become vulnerable to what Rubery has termed a “dangerous liaison” between universalism and neo-liberalism.<sup>6</sup>

### **Social Policy, Urban Policy & Adverse Incorporation**

Another historical anecdote: Whilst workplace related fatalities in colonial industries in Ghana were (probably less than) meticulously recorded in the annual reports of labour inspectors, the only statistics on work-related mortality for the women workers – who were actively discouraged from waged employment, but who dominated urban trade – are to be found in the municipal sanitation records for Kumasi.<sup>7</sup> In 1924 plague broke out in the Asante capital, Kumasi. Percy Selwyn-Clarke, the Medical Officer of Health for Kumasi, wrote a report on the outbreak. He concluded that the “conditions under which food was sold in the market and in which water for drinking and washing purposes was obtained both constituted contributory causes to the outbreak.” To emphasise his point, Selwyn-Clarke recorded the occupations of the deceased. The resulting tabulation indicated that petty traders (considered a woman’s occupation) were the worst affected with 43 cases of plague. He noted that “petty traders and market women stood a greater chance of becoming infected than others” because they stored edible goods (later to be sold) in their own homes. This attracted rats – the source of the fleas which spread the plague.

This will not be a surprising story for urbanists, but it does upset the established narrative within social policy, which tends to position informal workers as existing outside of and excluded from social and labour systems. This is of course often true if we limit the analysis to social or labour policy, but it is not true if the net is thrown wider to look at urban policies. In this story the market women of Kumasi were more vulnerable to plague because they worked in unsanitary conditions, with no access to storage in the markets, a still common complaint amongst street vendors. To argue that informal workers were

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<sup>6</sup> Rubery, J. 2015. “Regulating for Gender Equality: A Policy Framework to Support the Universal Caregiver Model,” *Social Politics: International Studies in Gender, State & Society*, Vol 22 (4).

<sup>7</sup> This information is drawn from the Kumasi Municipal Records from 1925-1926 held at the National Archives of Ghana in Accra.

excluded from health systems because they were excluded from work-related health systems obscures the reality – they are very visible within the municipal sanitation reports<sup>8</sup> as opposed to their complete absence in the labour reports. A more nuanced perspective would shift the focus from exclusion, to think about the relationship between informal workers and urban systems as one of adverse incorporation. Rather than simply seeing exclusion, Du Toit argues, when one focuses on the ways in which people are included into systems in a manner which serves to disempower them, one is able to understand more precisely the multiple ways in which disempowerment is produced in the real world.<sup>9</sup>

One of the key roles of work-related social protection is to protect worker's incomes from risk (health or otherwise). Whilst informal workers are often excluded from the social protections which help them to manage risk, many of the risks they face – particularly those who work in informal workplaces such as urban public space, their own homes, or landfill sites – arise because of the adverse ways in which they are incorporated into urban systems. Seeing inclusion and exclusion in this more complex way brings together two areas of policy which are generally considered to be unrelated – urban policy and social policy. It suggests that if we are to think about the world in way that fits the reality of urban informal workers then there is further work to be done to interrogate the institutional division that exists between social and urban policies, and a need to think about the concepts which will help us to do so.

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<sup>8</sup> So much so that as Robertson notes, the standard pronoun in the Accra sanitation reports changed from “he” to “she” which reflected better the gender composition of the people with whom they interacted on a daily basis.

<sup>9</sup> Du Toit, A. 2005. *Forgotten by the Highway: Globalization, Adverse Incorporation and Chronic Poverty in a Commercial Farming District*. CSSR Working Paper No. 101. Cape Town: University of Cape Town.