

## Who Persists? Explaining the Pursuit of Social Welfare Benefits in Brazil

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Gaining and maintaining access to government social welfare programs often requires significant and sustained effort by potential beneficiaries; the difficulty of engaging in that effort deters some individuals eligible for these programs but not others. What explains why some individuals persist in pursuit of state benefits while others do not? In this paper, we argue that individual attitudes and beliefs that affect (1) the psychological costs of interacting with the state and/or (2) the expected likelihood of receiving program benefits impact citizens' behavior vis-a-vis the state. We analyze survey data from Brazil, in which we develop a new measure of persistence, along with novel measures of attitudes and beliefs that affect the perceived costs and benefits of pursuing social programs. Specifically, we study entitlement and indignation, which affect psychological costs, and self-efficacy and expectations of the state, which affect perceived benefits. We provide evidence of strong correlations between these variables and individual-level willingness to persist in pursuit of government programs. Finally, we show that sociodemographic variables poorly predict these attitudes while individual-level knowledge of social rights has more predictive power.

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- “I go walking around the health centers, because sometimes they’re out [of the medication] at one center but they have it in another. I ask them to put the stamp saying they are out, and I go look for it at another center” (María Jose, focus group participant, chronic illness group, Recife, Brazil)
- “Sometimes, they are out of it [at the health center], and I have to buy. When they’re out of the blood pressure [medication], I have to buy it” (Simone, focus group participant, chronic illness group, Recife, Brazil)
- “First, I went to the daycare where I wanted to enroll my daughter and I asked the director how many openings were left. She asked me to wait until they closed the enrollment period. Then, when I went back, there were two spots left. That same day, I went to the Guardianship Council to ask for a letter for the Department of Education. There, I waited to do all the paperwork to get the spot for my daughter” (Patricia, focus group participant, parent group, Recife, Brazil)
- “All of us were trying to get in [to the online system], and nobody could, and when they did, [the available space] was in a neighborhood completely opposite to ours, it wasn't even on the way to work, and so we gave up” (Daniela, focus group participant, parent group, Recife, Brazil)

Across the globe, uneven uptake of social welfare programs is a common phenomenon. While many countries in the Global South have expanded the number or size of social policy programs targeted at the poor, actual *access* to social welfare programs and benefits remains highly uneven (Berlinski and Schady 2015; Lustig 2016; World Bank 2018a). The World Bank estimates, based on household survey data, that only one out of five people in the poorest income quintile in low-income countries are enrolled in *any* social protection or labor program and that only half of individuals in the poorest income quintile in lower-middle-income countries are enrolled in such programs (World Bank 2018b). Underenrollment among those eligible for social programs has also been documented in long-standing wealthy democracies like the United States and the United Kingdom (e.g., Currie 2004). In the early 2000s, for example, major means-tested social welfare programs in the United States featured uptake rates far from 100 percent (Lerman, Sadin, and Trachtman 2017; see also citations in Moynihan, Herd, and Harvey 2015, 48).

What explains such unevenness in uptake of social program benefits among those eligible? Predominant explanations in the literature focus on efforts to restrict the provision or supply of such benefits, either to certain individuals or more systematically. For example, explanations for limited enrollment in lower and middle-income countries tend to emphasize the active manipulation of benefits for political gain by politicians and bureaucrats (e.g., Diaz-

Cayeros, Estévez, and Magaloni 2012; Nichter 2018; Weitz-Shapiro 2014). In the United States, scholars have highlighted how many social policy programs entail substantial “administrative burdens” in their designs (e.g., Herd and Moynihan 2019; Moynihan, Herd, and Harvey 2015), thereby limiting uptake among those eligible.<sup>1</sup> Other scholars emphasize how demand-side factors, including the decisions and actions of citizens eligible for these benefits, contribute to their uneven provision. For example, even within a single program with a given level of administrative burden, individuals vary in their capacity to navigate this burden (e.g., Christensen et al. 2020). Research from both the United States and the Global South provides examples of the strategies citizens can use to overcome challenges in access, as well as of the variation across individuals in their use of those strategies and in whether they approach the state at all (e.g., Chudnovsky and Peeters 2021; Maynard-Moody and Musheno 2003; Michener 2018; Peeters and Campos 2021).

In this paper, we build on the literature that emphasizes the importance of citizen-driven factors explaining variable social welfare uptake. Both theoretically and empirically, we call attention to the fact that lack of enrollment often occurs even among individuals who have made an initial attempt to gain access to benefits and programs for which they are eligible. Our field research in Brazil helps illustrate how variation in the receipt of social policy benefits can come to exist among individuals who have made an initial attempt to obtain benefits. Among 63 participants in eight focus groups we conducted among low-income Brazilian citizens, almost everyone reported attempting to access either public daycare services and/or free medication for their chronic illnesses, and many of these participants experienced at least some difficulties in those attempts.<sup>2</sup> However, individuals responses to those difficulties varied widely. As the two initial quotes above illustrate, when confronted with a lack of available medication for a chronic illness at their local public health clinic, some participants reported spending time and energy continuing to pursue the medication through the public health system, whereas others resorted to the private market (or, in other cases, skipped or decreased doses). Similarly, in response to scarcity in public daycare spots for children age three and younger, the subsequent two quotes illustrate that some participants went to other government agencies to obtain an opening, whereas others desisted from searching and opted to find another solution to their childcare needs- often having the child stay home with a parent or another family member.

In this paper, we set out to explain this type of variation. Why do some individuals persist in pursuing benefits after encountering obstacles to access, while others do not? We

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<sup>1</sup> Ideological preferences and racial bias lead some state government to further discourage enrollment (e.g., Mettler and Soss 2004; Soss, Fording, and Schram 2011).

<sup>2</sup> In July and August 2022, we conducted four focus groups in the cities of Recife and São Paulo, respectively. All participants came from households with incomes less than three times the monthly minimum salary. For four of the focus groups, we recruited individuals with chronic health problems (two in each city), and for the other four (two in each city), we recruited parents of young children. In total, 63 individuals participated. Focus groups were administered by a professional moderator and transcribed on the basis of video recordings of the sessions.

focus on persistence because of the critical relevance of individual persistence for obtaining and retaining access to social policy benefits, especially in the Global South, where bureaucratic hurdles and constraints on state resources can be especially acute.

To explain variation in citizen persistence, we build on existing theory that calls attention to the costs and benefits of accessing social policy. Specifically, we elaborate on the beliefs and feelings that affect how individuals perceive both the costs and the benefits of pursuing access to social programs. With respect to costs, we argue that individual feelings of entitlement can diminish the psychological costs of pursuing individually targeted social policy benefits. Feelings of entitlement directly diminish the psychological costs of persistence, and when an individual faces obstacles to access, feeling entitled can generate indignation, which is mobilizing to action. With respect to benefits, we propose that a sense of self-efficacy and more positive beliefs that a state will deliver on its policy commitments increase the perceived likelihood of obtaining a benefit and therefore its expected value. Individuals with a greater sense of self-efficacy and those who believe that the state is more likely to deliver are more likely to persist in pursuing social program benefits.

To test these claims, we run two original online surveys among samples of middle and lower-class Brazilian citizens. We ask respondents how they would react if they encountered a problem obtaining access to a social policy program and identify those who say they would persist in pursuing access from the state. We develop a series of novel measures of individual feelings of entitlement and indignation, as well as feelings of self-efficacy and expectations of the state. We find strong evidence that psychological attitudes—particularly entitlement, indignation, and self-efficacy—are correlated with persistence in pursuing social programs from the state. While we build on related qualitative and quantitative work, this paper is unique in providing survey-based, individual-level empirical evidence that links these beliefs and feelings to a measure of willingness to persist in the pursuit of social policy programs. At the end of the paper, we briefly explore possible correlates of the feelings, finding that socio-demographic characteristics are surprisingly weak predictors of which citizens are most likely to feel entitled, indignant, and efficacious, and to have strong expectations of the state. In contrast, we find that a measure of knowledge of social rights has more explanatory power.

### **The importance of persistence**

In this paper, we focus on variation in individual *persistence* in pursuit of individual benefits from the social policy apparatus of the state. We do so because of the critical relevance of individual persistence to obtaining and retaining access to social policy benefits. To some extent, the importance of persistence reflects design features of many social welfare policies. Programs commonly demand repeated interactions with the state, whether due to rules which require recertification of eligibility at set intervals (e.g., Barnes 2021), the need for confirmation of compliance with conditionality requirements (e.g., Fiszbein and Schady 2009; Peeters and

Campos 2021), or the distribution of benefits, such as prescription medication, that require ongoing contact with providers.

Beyond administrative requirements for regular contact with the state, the importance of persistence also reflects the fact that citizens' initial attempts to access social policy programs are often frustrated. Unclear rules, substantial paperwork requirements, and inflexible bureaucratic procedures may all contribute to difficulties in access (for examples from the U.S., see Michener 2018; Pahlka 2023; Soss 2002; Zacka 2017). Even in high-income countries like the United States, scholars have identified "tenacity" as relevant for successful access to individual social policy benefits (Gordon 1975, 198) and have documented the links between persistence and the successful receipt of benefits (e.g., Campbell 2014; Maynard-Moody and Musheno 2003, chap. 11.1; Michener 2018).<sup>3</sup>

Persistence is likely to be even more crucial for social policy access in the Global South.<sup>4</sup> Many countries in the Global South can be characterized as what Kruks-Wisner calls "intermediate states" in the realm of social policy—states where promised social welfare benefits have broad scope, reach, and visibility, but state performance is irregular and access to those benefits varies (Kruks-Wisner 2018, 52). Compared to so-called advanced welfare states, these mostly lower and middle-income contexts are more likely to be characterized by bureaucratic absenteeism (see citations in Finan, Olken, and Pande 2017); unpredictable or uneven adherence to formal rules, including those that govern program access (e.g., Brinks, Levitsky, and Murillo 2020; Helmke and Levitsky 2004); irregular citizen access to needed documentation (e.g., Hunter and Reece 2022); and shortages of promised benefits, such as medications, due to fiscal constraints or unreliable distribution networks (e.g., World Health Organization 2023).<sup>5</sup> The presence of such conditions makes it more likely that any initial attempt to receive a social policy benefit will be frustrated.<sup>6</sup> In such settings, we should not presume that citizen persistence will guarantee access to social policy benefits. A citizen who is willing to persist and engage in repeated interactions with the state, however, is more likely to

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<sup>3</sup> The importance of persistence for successfully engaging with the state is likely more acute in the realm of social policy as compared to other areas because characteristics of the target population of social policies—often the poor, infirm, and/or elderly—elevate the difficulty of navigating state requirements and increase the likelihood of citizen failure to comply with requirements (Christensen et al. 2020).

<sup>4</sup> Persistence may also be crucial in other arenas where state responsiveness to citizens is variable, for example, in the justice system (e.g., Gallagher 2017).

<sup>5</sup> In addition, scholars have documented how street-level bureaucrats in the Global South may control and regulate access to social programs, either to serve the goals of elected officials or as a reflection of their own tastes and preferences (e.g., Eiró 2019; Mohammed 2022; Oliveros 2016; Slough 2022).

<sup>6</sup> The importance of persistence in these contexts is also evident in the existence of certain widespread phrases that communicate this idea. For example, in their exploration of doctors' willingness to persist in attempts to access maternity benefits in Pakistan, Masood and Nisar (2021, 66) reference the Urdu term "*dheet*," which they define as "becoming a nuisance even when one is faced with hostility or rebuke." In our focus groups in Brazil, participants often spoke about the importance of "*correr atras*"—the act of "running after" social rights and promised social policy benefits. See Holston (2008, 2011) on the origins and wide resonance of this phrase in Brazil.

successfully receive the social policy benefits for which she is eligible, making persistence an important object of study.

### **Attitudes motivating persistence in pursuing social policy benefits**

Beginning with Moffitt (1983), many scholars have applied a cost-benefit framework to explain why some individuals seek out the receipt of social welfare program benefits for which they are eligible while others do not (Bhargava and Manoli 2015; Chudnovsky and Peeters 2021; Currie 2004; Peeters and Campos 2021). An individual's cost-benefit calculus in choosing to pursue access to a government program and in choosing to persist when she encounters difficulties is a function of (1) the expected value of the program benefits and (2) the perceived costs of pursuit. These costs and benefits can be understood as a product of both material and perceptual or psychological factors: the expected value of program benefits is a function of the material value of benefits *and* an individual's beliefs about her likelihood of successfully obtaining them, while the perceived costs of pursuit entail both material and psychological costs. In this paper, for both costs and benefits, we focus on a set of psychological and perceptual factors that are likely to affect an individual's persistence in pursuing social policy benefits.<sup>7</sup>

### The psychological costs of pursuing social policy benefits

Beginning with psychological costs, scholars have long pointed to the feelings of stigma or shame that individuals might experience upon enrolling in and receiving social policy programs (e.g., Skocpol 1988; Wilson 1987) and how these feelings might deter pursuit of these programs (e.g., Moffitt 1983). The psychological costs of such sentiments may be especially acute for means-tested social policy benefits and in contexts where poverty is viewed as a personal failing and/or social program beneficiaries are widely viewed as "undeserving" (e.g., Gilens 2009; Stuber and Schlesinger 2006; Mettler 2011).<sup>8</sup> A more recent literature on administrative burden points to an even wider range of psychological costs that individuals may experience in their pursuit of social program benefits. In addition to the possibility of stigma and

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<sup>7</sup> We focus on individual feelings and attitudes, though we acknowledge these might be explained in part by structural barriers to access, including discrimination by bureaucrats. For example, society may impose uneven psychological costs on certain types of beneficiaries, such as ethnic or racial minorities, and certain beneficiaries may correctly anticipate that they will be discriminated against and therefore have lower expectations of the state. In our empirical analyses, we control for some potential sources of systematic discrimination—race, social class, and education. Nonetheless, understanding possible structural sources of the individual-level attitudes we examine is an important topic for future research. For an example of the relationship between supply- and demand-side factors in affecting access to social programs in the Global South, see Slough (2022).

<sup>8</sup> Other scholars have found limited evidence of the relevance of stigma or shame for explaining uneven uptake of social programs (Bhargava and Manoli 2015; Currie 2004), even in contexts, like the United States, where social narratives highlighting the "undeserving" poor have wide resonance (e.g., Katz 2013; Soss 2002). See also Roelen (2020) for a discussion of the ways in which targeted social policy benefits may have countervailing effects on stigma and shame.

shame, Döring and Madsen (2022) describe how interactions with the bureaucracy are often stress-inducing, while Moynihan, Herd, and Harvey (2015) emphasize that interacting with bureaucracies can generate a perceived loss of autonomy.<sup>9</sup> The bureaucratic processes that individuals must navigate to gain access to state services can be “degrading, intrusive, and directive” (Moynihan, Herd, and Harvey 2015, 49) in a way that leaves individuals feeling like they are not free to make their own decisions. This sense of lost autonomy over one’s self and one’s actions can be psychologically costly (Deci and Ryan 1985), driving a sense of frustration that may lead individuals to eschew engagement with the state.

Nonetheless, not all individuals are equally likely to incur these psychological costs. We point to two individually-held attitudes that, when present, may counteract these psychological costs and, as a result, encourage persistence in the pursuit of social program benefits.

### *Entitlement*

Entitlement is a judgment about the appropriateness of receiving some positive outcome that is based on an external frame of reference, most commonly a legal or quasi-legal norm or principle that concerns a group or category of individuals (Feather 2003). As compared to notions of deservingness, where the appropriateness of an outcome is linked to a person’s actions, the belief that someone is entitled to something is not contingent on how that person has behaved. Instead, one’s sense of entitlement depends on whether an accepted framework of laws, rights, and/or social dictates says that the outcome is appropriate for that individual based on some characteristic(s), for example, their status as a citizen (Feather 2003). While the idea of entitlement has a legal meaning (i.e., that there is a legally enforceable right), what concerns us is not the juridical reality of this claim but rather whether an individual holds a subjective belief that she is entitled to access some state-provided good or service.

Beliefs about entitlement, in turn, can have consequences for how citizens experience the costs of pursuing the state and consequently for how they behave. As Super (2004, 640) proposes in defining “subjective entitlement” as one of six types of entitlement, “[p]eople believing they have rights feel and act differently than those believing their well-being is at the sufferance of others.” In a similar vein, Jeremy Waldron argues that an individual who believes she has certain rights expects to be treated as “a full-fledged member of society, who is not going to go away, and who expects to be taken seriously as an enduring source of continuing demands” (Waldron 2000, 122; see also Williams 1991).<sup>10</sup>

The belief that one is entitled to some benefit may be particularly impactful for individuals and groups who are socially or economically disadvantaged or marginalized. Consistent with the assertions of legal scholars referenced above, scholars studying social policy

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<sup>9</sup> This literature also identifies learning costs and compliance costs as contributing to administrative burden; these kinds of costs are not our focus here.

<sup>10</sup> See Hofeld (1913) for the classic legal articulation of rights as entailing correlative duties.

pursuit in the Global South call attention to the fact that a citizen who views herself “as a bearer of rights” approaches the state differently than one who sees herself as a “supplicant, client or subject” (Bertorelli et al. 2014, 9 cited in Auerbach and Kruks-Wisner 2021). In India, Kruks-Wisner (2022) documents how NGOs call attention to citizens’ rights as part of their strategy to foment more active citizen claims on the state; these organizations presume that creating a feeling of entitlement will generate action. In a similar vein, the absence of entitlement can impede action. Auyero’s work in Argentina for example, illustrates how an *absence* of felt entitlement among potential social welfare program beneficiaries is linked to passivity in the pursuit of social programs (Auyero 2011, 2012).<sup>11</sup>

In summary, when an individual feels herself to be entitled to a certain benefit, we expect that individual to feel less stigma about enrolling in a program, less shame about asserting a right to access the program, and less uncertainty about the appropriateness of persisting against any resistance to their enrollment in the program. These feelings will reduce the psychological costs of attempting program enrollment, thereby making it more likely that the individual will persist in attempting to gain access to government programs. This then leads to our first hypothesis:

H1: Individuals with a stronger sense of entitlement are more likely to persist in the pursuit of social policy benefits.

### *Indignation*

We understand indignation as an emotional reaction “specifying disapproval of someone else’s blameworthy action, as that action is explicitly viewed to be in violation of the objective order, and implicitly perceived as injurious to the perceiver’s self-concept” (Miller 2000, 17–18). In a similar fashion, Kahneman and Sunstein (2007) define indignation as a sentiment that results when an individual suffers “a loss relative [to] an entitlement,” wherein they define an individual’s entitlements as those “governed by rules and expectations that are shared by the community.”

Similar to the effects of feelings of entitlement, we expect that feeling indignation will decrease the psychological costs of pursuing the state. Indignation originates in a belief that the obstacles one is facing are inappropriate or unjust. It is likely to generate “righteous anger” and therefore to be inconsistent with feelings of shame (Corrigan and Watson 2002). It should also be motivating to action. Deciding to seek redress when one believes one has suffered an injustice is psychologically easier than seeking redress when one believes she is asking for a

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<sup>11</sup> Auyero recounts that not a single interviewee referred to him or herself as having a “right” to benefits (Auyero 2012, 122) and links the absence of a belief in rights to passivity in the face of obstacles. In the words of one interviewee, “I never ever get mad, you have to be calm. This is an aid the government gives you, so you have to be patient” (Auyero 2012, 10).



special favor or an exception. As Abrams explicates, indignation is galvanizing to action “because it underscores norm violation or wrong doing, and it points to the need for remediation” (Abrams 2011, 573). This echoes earlier work on social movements that highlights how a change in viewing a problematic condition from a “misfortune” to an “injustice” can lead to mobilization (Snow et al. 1986, 466 cited in Kruks-Wisner 2022). While some individuals might react to obstacles with a sense of resignation or simple acceptance, those who react with indignation will be more likely to seek redress and to persist in trying to obtain access. This then leads to our second hypothesis:

H2: Individuals who feel a greater sense of indignation are more likely to persist in the pursuit of social policy benefits.

### Expected value of benefits

Next, we turn to the expected value of benefits, which can be understood as a function of the perceived material value of benefits and an individual’s belief that she will obtain them. Our focus is on the latter. At the most basic level, some potential recipients of social program benefits may be uncertain if they are eligible for those benefits (see for example Chudnovsky and Peeters 2021 on the AUH program in Argentina; Banerjee et al. 2018 on the Raskin program in Indonesia; and Heinrich and Brill 2015 on the CSG program in South Africa). Crucially, however, even knowing that one is eligible for a program benefit does not automatically lead to the belief that one is assured of its receipt. Especially in countries marked by an intermediate level of provision, potential beneficiaries may experience significant uncertainty in their beliefs about whether benefits will actually be delivered. For example, among eighty-nine interviewees seeking social policy benefits in Argentina, Auyero reports that nearly two-thirds “do not know if or when they will receive the benefit they came to ask for” (Auyero 2012, 111). Similarly, an ethnographer studying recipients of the Bolsa Familia program in the northeast of Brazil observes that many recipients have “the sense that uncertainty, fate, or chance rules how benefits are disbursed” (Eiró 2019, 400). The lower the expectations of receipt, the more likely a citizen is to desist from trying to pursue a program benefit. In the words of a participant in one of our focus groups in Brazil, “the person doesn’t run after [a social benefit] a lot because they know they’re not going to get it, the person gets discouraged” (Maria Inês, Focus Group Participant, Sao Paulo Medication Group 1). In these and other similar settings, factors that increase expectations of receipt should increase the pursuit of social policy benefits. Here, we focus on perceptual factors that are likely to be crucial to a citizen’s belief that she will obtain benefits: her judgment about her own capabilities and her beliefs about the likelihood that the state will ultimately deliver in the event of a successful determination of beneficiary status.

### *Self-efficacy*

In considering an individual's beliefs about her own capability to successfully obtain benefits from the state, we focus on self-efficacy, commonly defined as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura 1997, 2). Following Bandura, self-efficacy is best understood as specific to a particular domain or task (Bandura 1977, 1982), and for our purposes, we focus on citizens' perceived self-efficacy in the pursuit of social policy program benefits. Our focus on self-efficacy for engaging with the state over social policy is closely tied to existing research that argues that an individual's capacity to engage with the state bureaucracy—variously termed administrative capital (Masood and Nisar 2021), bureaucratic competence (Danet and Hartman 1972; Gordon 1975; Chudnovsky and Peeters 2021), or administrative literacy (Döring 2021)—will affect her success in obtaining the outcome she seeks from her interactions with the state.<sup>12</sup>

This work posits that individuals who are more familiar with bureaucratic rules and procedures have more self-confidence in engaging with the bureaucracy (Danet and Hartman 1972; Gordon 1975; Chudnovsky and Peeters 2021; Döring and Madsen 2022; Döring 2021). This greater knowledge and self-efficacy should increase confidence that attempts to receive benefits will ultimately be successful and hence willingness to engage in those attempts.<sup>13</sup> This is consistent with Bandura's original claims regarding the effects of self-efficacy: that "[e]fficacy expectations determine how much effort people will expend and how long they will persist in the face of obstacles" (Bandura 1977, 194).<sup>14</sup> This leads us to our third hypothesis:

H3: Individuals with a greater sense of self-efficacy in interacting with the state social policy apparatus should be more likely to persist in the pursuit of social policy benefits.

### *Expectations of the state*

An individual's beliefs about whether the state actually delivers to its citizens in the realm of social policy should also affect her assessment about the likelihood of eventually

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<sup>12</sup> Kruks-Wisner (2018, chap. 2) develops a related argument that a greater sense of personal efficacy increases aspirations and ultimately claims on the state. She defines efficacy more broadly than we do, as she includes both beliefs about "one's place in a social and political hierarchy" (37) and beliefs that public officials "can and will respond to citizens' demands" (38). Empirically, she measures efficacy by focusing on beliefs about the efficacy of the political system (i.e., that politicians and bureaucrats are effective at solving problems), rather than a citizen's beliefs about her capacity to navigate that system (see tables 6.5 and 6.5 and the discussion of them on pp. 170-174).

<sup>13</sup> While we focus on self-efficacy's effects on expectations of the state, it may also increase pursuit by diminishing the psychological costs of pursuing programs, for example, by making it "less stressful to face the rules and requirements of public programs" (Döring and Madsen 2022, 684). Through either mechanism, greater self-efficacy should be linked to more active pursuit of state programs.

<sup>14</sup> Domain-specific self-efficacy can also increase expectations of the state through its effects on bureaucrats. Individuals with more administrative literacy might receive better treatment from bureaucrats because their knowledge effectively reduces the transaction costs for those bureaucrats (Christensen et al. 2020), leading individuals with greater self-efficacy to be more successful, further increasing their felt self-efficacy and encouraging greater persistence in future interactions with the state.

receiving a given benefit and hence the expected value of that benefit. We separate expectations of state delivery from self-efficacy because an individual could believe that she can execute the required set of steps to obtain a benefit and yet simultaneously believe that the state will not adhere to its part of the bargain and will not deliver the desired outcome. There are a number of state-driven factors that may affect a state's likelihood of delivery (regardless of individual self-efficacy), including variation in available resources, bureaucratic capacity, and/or political commitment to ultimately deliver the sought-after benefit. In addition, perceptual factors, like low levels of trust in the state (e.g., Chudnovsky and Peeters 2021), may affect expectations of the state. All of these factors are likely to be highly relevant in the Global South, and we expect individuals to vary in the extent to which they believe the state is constrained in its capacity to deliver. Below, we consider both sociotropic and personal expectations of the state: the former captures a belief that the state will deliver social policy benefits in general, while the latter captures an individual's belief that the state will deliver those benefits to her personally. The greater either of these expectations, the more likely an individual is to view the pursuit of benefits as worthwhile, rather than futile. This leads to our final hypothesis:

H4: Individuals with higher expectations of state delivery should be more likely to persist in the pursuit of social policy benefits.

### **Empirical context**

We test these hypotheses using two original online surveys in Brazil with questions on the pursuit of social policy programs in the arenas of medication access and public daycare. We focus on these two areas of social policy provision because of their substantive importance for citizen well-being and because the unevenness of provision within these areas is likely to make persistence important for ultimate access. Public coverage of prescription medication access, particularly for chronic illnesses, like diabetes and high blood pressure, makes up a large and increasing share of public health expenditure around the globe (World Health Organization 2013, 2023). These expenditures are recognized as particularly important in lower and middle-income countries, where the burden of non-communicable diseases is greater than in wealthy countries and falls disproportionately on lower-income groups (Bonilla-Chacín 2013; Niessen et al. 2018).

Although Brazil has a robust public health system that is designed to provide free access to many prescription medications, actual access on the ground can be uneven, and drug shortages have long been recognized as a problem (e.g., Rosa, Reis, and Perini 2016). Data from a Ministry of Health national survey conducted in 2014 shows that, among respondents with at least one non-communicable disease, 46% reported that medications were sometimes missing from the primary health units within the national health system (Matta et al. 2021). This was also evident in our own focus groups in Recife and Sao Paulo in July 2022, where participants

frequently mentioned encountering shortages of their prescribed medications within the public health system. As the quotes at the beginning of this paper illustrate, individual responses to such shortages varied.

With regard to public daycare offerings, there is increasing recognition of the importance of early childhood education to children's health and educational outcomes, as well as to labor market participation of family members (Attanasio et al. 2022; Black et al. 2017; Engle et al. 2011). Throughout Latin America, countries have expanded their policy and financial commitments in early childhood education, although the scope of public coverage remains far below demand (Berlinski and Schady 2015). Brazil fits this broader pattern, as the number of slots in government-run daycares have expanded over the past decade, yet there continues to be insufficient supply to meet demand (Attanasio et al. 2022; Evans and Kosec 2012). Data from 2019 indicates that about 38% of Brazilian children aged 3 and under are enrolled in a daycare (public or private), with the lowest coverage rates among the lowest income quintile (Educação Infantil n.d.).<sup>15</sup> Our own focus groups with parents of young children in Recife and Sao Paulo in 2022 provided many examples of the scarcity of slots and difficulties in access.

In summary, examining attitudes towards access to medication and daycare in Brazil provides us with information from a setting in which public provision is broad but uneven. In this context, survey questions that ask respondents how they would respond to difficulties in access should be realistic and resonant.

## Research design

We conducted two online surveys in December 2022 and January 2023 in Brazil.<sup>16</sup> The first survey was restricted to online panel members in social class C1 or below and asked questions related to obtaining free medicine through government programs.<sup>17</sup> We used survey quotas to recruit a sample that was demographically similar to the national population in terms of age, gender, and region. The second survey was targeted at parents with children aged six or younger and included questions about access to government-run daycares as well as questions

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<sup>15</sup> Data indicate that about 27% of children ages 0-3 in lowest income quintile households are enrolled in a daycare, versus 55% of children in the highest income quintile. These data do not distinguish between public and private daycares.

<sup>16</sup> The surveys were administered by Netquest, a company that recruits survey respondents from an online panel and rewards them with credit that can be redeemed for consumer goods. We programmed the survey into Qualtrics, and respondents could complete it on a computer, tablet, or smartphone.

<sup>17</sup> The Brazilian Institute for Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*, IBGE) and the Brazilian Association of Research Enterprises (*Associação Brasileira das Empresas de Pesquisa*, ABEP) have historically classified the Brazilian population into six social classes based on household characteristics, ranging from A (highest) to E (lowest). As of 2022, 25 percent of the population was classified as belonging to classes A and B, 21 percent to C1, 26 percent to C2, and 28 percent to classes D and E (ABEP 2022). We exclude respondents from social classes A and B because these groups are the most likely to have the capacity to use private options for health and childcare services and so the questions we ask may be less realistic for them, decreasing response validity.

about access to free medication.<sup>18</sup> This survey also was restricted to online panel members in social class C1 or below. Because of the restriction to parents, we used only region quotas in this survey; we lacked population data to identify appropriate age weights for the population of parents of children six or younger. We also expected to yield more female than male respondents and so did not employ a gender quota. Respondents who participated in one survey were not eligible to participate in the other survey.

### *Measuring persistence*

Our outcome variable is a measure of state-centric persistence. In both surveys, we asked respondents how they would react to challenges in gaining access to free prescription medicine, and in the parents survey, we asked respondents how they would react to challenges in obtaining a spot in a public daycare. Following other questions about medication access from the government, the surveys asked respondents the following: “Imagine you tried to get a medication for free but did not succeed. What would you do?”<sup>19</sup> Respondents were presented with five closed-ended answer options ((1) call someone from the TV, radio, or newspaper; (2) post on social media (e.g., Instagram, Facebook); (3) ask a friend, family member or acquaintance for help; (4) get a lawyer to help or go to the public prosecutor’s office (*Ministerio Publico*); (5) go to another government office); the opportunity to provide an open-ended response; and the opportunity to say, “I would not do any of these things.”<sup>20</sup> Respondents could select as many of the answer options as they wanted but were restricted from selecting both the no-action response and any one of the six other responses.

Since we are interested in persistence vis-à-vis the government, we code respondents as persistent if they say that they would get a lawyer or go to the public prosecutor’s office; say that they would go to another government office; or provide an “other” response that references approaching the government. Under the “other” responses, for instance, some respondents mentioned speaking to a supervisor in the same office or contacting the ombudsperson’s office. If respondents do not mention any of these actions concerned with government offices, we code them as 0 on the outcome variable.<sup>21</sup> Overall, persistence is relatively high, with anywhere from 55 to 70% of respondents saying that they would pursue

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<sup>18</sup> Questions about daycare access should be realistic and relatable for parents with children under the age of six and therefore likely to yield accurate measures of the attitudes and behaviors of interest.

<sup>19</sup> For the survey of parents, the question about daycares said, “Imagine you tried to sign up for public daycare for your child but did not get a spot. What would you do?”

<sup>20</sup> Due to a programming error, the general population survey about medication omitted the “go to another government office” option. Somewhat fewer respondents overall are coded as persisting in the medication survey relative to the daycare survey. We do, however, see higher rates of respondents selecting “get a lawyer or go to the public prosecutor’s office” in the medication survey, which supports the idea that these options reference persistence vis-à-vis the government.

<sup>21</sup> That is, individuals who either say they would take no action or say they would only take some action not oriented towards the government are coded as 0 for this variable.

further action vis-à-vis the state if they encountered a difficulty in obtaining free medication or a spot in a public daycare.<sup>22</sup>

### *Measuring predictor variables*

We develop new survey questions to measure our key predictor variables—entitlement, indignation, self-efficacy, and expectations of the state.<sup>23</sup> We describe the original coding of all variables below; for ease of interpretation, in the analyses, we rescale all variables of theoretical interest to run from 0 to 1.

Beginning with our measure of entitlement, we use a question that asked respondents to agree or disagree with a statement about having a right to a given public service—medication and, in the case of the parent survey, also daycare. These questions took the following form: “Imagine you wanted to get a prescription medication for free [a spot in a public daycare for your child under 4 years old]. On a scale from 1 to 4, where 1 means disagree strongly and 4 means agree strongly, how much do you agree with the following statement? I have a right to get my medication for free from the government [a right to enroll my child in a public daycare].” We use the response for either medication or daycare to measure the respondent’s feeling of entitlement in that domain.

Our measure of indignation combines two questions into a three-value index. We asked respondents to imagine trying to get a medication for free but not getting it or trying to sign their child up for public daycare but not getting a spot, and then we asked, “On a scale from 1 to 4, where 1 is ‘not at all upset’ and 4 is ‘very upset,’ how upset would this situation make you?” And then we asked, “Which of the following is closer to your opinion? (a) That’s just the way it is, and these things happen. (b) That’s wrong and things shouldn’t happen this way.” The index takes a value of 0 if the respondent reported she would not be at all upset or only a little upset and if she responded “that’s just the way it is.” It takes on a value of 0.5 if the respondent reported she would be upset or said “that’s wrong” but not both, and it takes on a value of 1 if the respondent reported she would be upset and said that the situation was wrong.

To code respondents’ sense of domain-specific self-efficacy, we develop questions that are modeled on those used in the existing literature that assesses self-efficacy in health access, self-care, and educational tasks (e.g., McAvay, Seeman, and Rodin 1996; Pajares 1996 and references therein; Schwartz et al. 1996). We average responses to three questions about either

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<sup>22</sup> We are not aware of similar survey data from Brazil or other middle income countries that would allow us to assess whether this should be considered high or low, but this apparently high proportion is consistent with some ethnographic work on citizenship and pursuit of the state in Brazil (e.g., Holston 2008, 2011). Also of note, the responses to this survey are quite similar to the rates of requesting selective benefits from the state that Kruks-Wisner identifies in rural Rajasthan; about 64% of her survey respondents report such claim-making (Kruks-Wisner 2018, 107).

<sup>23</sup> See Hunter and Sugiyama (2014) for a related question in a survey of Bolsa Familia recipients that asked them if they considered the program a “favor” or a “right.”

access to daycare or access to medication. Each question asks respondents to rank their confidence on a one to four scale from “not at all confident” to “very confident.” The daycare-focused questions ask, “How confident are you that you could follow the steps necessary to apply for a spot in a public daycare for your child?”; “How confident are you that, if you did not get a spot for your child in public daycare, you could follow the steps necessary to appeal that decision?”; and “How confident are you that, if you did not get a spot for your child in public daycare, you would find a way to get a spot eventually?” The questions about access to prescription medication are parallel.

Finally, we measure expectations that the state will provide social welfare programs and benefits using two questions, each of which focuses on either sociotropic or egotropic expectations, and then average responses across these two questions. For the former, we asked survey participants to think about “some services and programs that the government sometimes provides” and solicited responses on a scale from one to four where one means “the government almost never provides these to eligible people” and four means “the government almost always provides these to eligible people.” In both surveys, to assess sociotropic expectations for medication access, we use each respondent’s answer to the prompt that asks the respondent to consider “free medication,” while in the daycare survey, we use responses to the prompt that asks respondents to consider “free daycare for children under 5.” To measure egotropic expectations of the state, we asked respondents to rate on a scale from one to four the likelihood that they would get medication for free or that they would get a spot in public daycare if they applied for one. For our empirical analyses, we use as a predictor the domain-specific expectations that correspond to the outcome of interest for any given analysis.

In addition to the key variables of interest, we include a series of basic socio-demographic variables in the regression analyses that follow. These individual characteristics may predict both responses to the attitudinal questions and persistence in pursuing the state, and so including them as covariates helps us address the potential of confounding. These variables are an indicator for whether the respondent is male, an ordinal measure of the respondent’s social class, an ordinal measure of the respondent’s education, an indicator for whether the respondent describes their race as white or some other category, and the logarithm of age.<sup>24</sup> Table 1 presents the descriptive statistics for the two surveys.

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<sup>24</sup> The social class variable takes on three values, from lowest to highest included in our sample: 0 - D/E; 1 - C2; 2 - C1. Education takes on seven values, ranging from 0, indicating no formal education, to 6, indicating a completed bachelor’s degree or higher. For race, respondents are asked whether they consider themselves to be white, black, mixed-race (“parda”), Asian, indigenous, or other. For the purposes of the analysis, we create a dichotomous variable that takes on the value of 1 for white and 0 otherwise. We report actual age of respondents in the descriptive statistics, but we use the logarithmic transformation in our analyses.

Variable	General Survey			Parent Survey		
	Obs.	Mean (St. dev.)	Min/Max	Obs.	Mean (St. dev.)	Min/Max
Persistence – Medication	1003	.56 (.50)	0/1	998	.69 (.46)	0/1
Entitlement -Medication	1007	.79 (.26)	0/1	1000	.82 (.24)	0/1
Indignation - Medication	990	.81 (.31)	0/1	988	.84 (.30)	0/1
Self-Efficacy - Medication	1002	.52 (.25)	0/1	993	.56 (.25)	0/1
Expectations - Medication	1008	.57 (.23)	0/1	1000	.59 (.23)	0/1
Persistence - Daycare				999	.70 (.46)	0/1
Entitlement - Daycare				1006	.86 (.24)	0/1
Indignation - Daycare				994	.81 (.32)	0/1
Self-Efficacy - Daycare				1000	.62 (.24)	0/1
Expectations - Daycare				1006	.68 (.25)	0/1
Male	1014	.51 (.50)	0/1	1014	.47 (.50)	0/1
SES	1014	1.28 (.81)	0/2	1014	1.4 (.72)	0/2
Education	1002	4.08 (1.35)	0/6	996	4.11 (1.22)	0/6
White	1014	.42 (.49)	0/1	996	.37 (.48)	0/1
Age	1014	40.27 (15.79)	18/92	1014	34.29 (6.56)	22/63

**Table 1. Descriptive Statistics.**

## Results

We run a series of linear regression models with persistence as the outcome variable and one or more of the attitudinal questions as predictor variables. In our initial analyses, we include only one theoretical predictor at a time, along with the sociodemographic control variables. We also include region fixed effects based on the survey firm’s data on the region of residence of each respondent. We present results for persistence (1) after facing difficulty obtaining free medication among the general population and (2) among parents, and (3) persistence after facing difficulty obtaining a spot in a public daycare among parents.<sup>25</sup>

Table 2 presents the results for entitlement and indignation. Columns 1 and 2 present results for the general survey for persistence in medication and columns 3-6 for the parent

<sup>25</sup> As described above, we did not ask questions about daycare among the general population survey, since this public service would not be relevant for many of the respondents in that sample.



survey for persistence in medication (columns 3 and 4) and daycare (columns 5 and 6). We expect individuals with a greater sense of entitlement and stronger feelings of indignation will experience lower psychological costs of pursuing programs from the government and thus be more likely to persist. The results are consistent with this expectation. Across the three models that include a measure of entitlement, a shift in response from one standard deviation below the mean level of entitlement to one standard deviation above the mean level of entitlement is predicted to be associated with about a 15 percentage point increase in the likelihood of persisting. Indignation is even more strongly correlated with persistence; a 0.5 point increase in indignation is associated with a 17 to 23 percentage point increase in the likelihood of persistence. Gender and race are not significantly correlated with persistence in any specification, whereas higher education, SES, and age are associated with greater persistence in some specifications.

Persistence in. . .						
	(1)	(2)	(3)	(4)	(5)	(6)
<i>Survey Topic</i>	General Medication	General Medication	Parents Medication	Parents Medication	Parents Daycare	Parents Daycare
<i>Predictors</i>						
Entitlement	0.34*** (0.059)		0.36*** (0.060)		0.31*** (0.062)	
Indignation		0.46*** (0.049)		0.42*** (0.048)		0.34*** (0.044)
Male	-0.0042 (0.031)	0.016 (0.031)	-0.045 (0.031)	-0.043 (0.030)	-0.021 (0.030)	-0.0013 (0.030)
SES	0.014 (0.021)	0.0093 (0.021)	0.027 (0.022)	0.036* (0.022)	0.066*** (0.022)	0.073*** (0.022)
Education	0.044*** (0.012)	0.041*** (0.012)	0.031** (0.013)	0.024* (0.012)	-0.0032 (0.012)	-0.0079 (0.012)
White	-0.029 (0.034)	-0.0089 (0.033)	-0.0020 (0.032)	-0.024 (0.031)	0.0022 (0.031)	-0.021 (0.031)
Log(Age)	0.20*** (0.044)	0.16*** (0.043)	0.17** (0.081)	0.14* (0.080)	0.090 (0.080)	0.039 (0.079)
Constant	-0.50*** (0.18)	-0.67*** (0.17)	-0.39 (0.29)	-0.29 (0.28)	-0.021 (0.29)	0.14 (0.28)
Observations	993	976	992	982	991	984
Adjusted R-squared	0.072	0.121	0.045	0.083	0.038	0.072

**Table 2. Entitlement and Indignation as Predictors of Persistence.** Standard errors in parentheses. Col 1-4 predict persistence in medication using data from the general survey (1-2) and parents survey (3-4). Col 5-6 predict persistence in daycare. Entitlement and indignation are measured in the corresponding domain. Region fixed effects are included but not reported. \* p<0.10, \*\* p<0.05, \*\*\* p<0.01

Table 3 explores the relationship between self-efficacy and expectations of the state, as explanatory variables, and persistence, following the same structure as Table 2 above. We expect that higher domain-specific self-efficacy and greater expectations of the state will increase the perceived value of benefits and therefore persistence, and results support this expectation. Results for self-efficacy suggest that going from one standard deviation below the mean to one standard deviation above the mean is associated with a 12 to 18 percentage point increase in the likelihood of persistence vis-à-vis the state. Compared to an otherwise similar

individual, moving from one standard deviation below the mean to one standard deviation about the mean in expectations of the state is associated with about an 11 percentage point increase in the likelihood of reporting that one would persist.

<i>Survey Topic</i>	Persistence in . . .					
	(1)	(2)	(3)	(4)	(5)	(6)
	General Medication	General Medication	Parents Medication	Parents Medication	Parents Daycare	Parents Daycare
<i>Predictors</i>						
Self-Efficacy	0.27*** (0.062)		0.37*** (0.059)		0.25*** (0.059)	
Expectations		0.21*** (0.068)		0.24*** (0.065)		0.22*** (0.060)
Male	-0.017 (0.032)	-0.017 (0.032)	-0.057* (0.031)	-0.051* (0.031)	-0.026 (0.031)	-0.016 (0.031)
SES	0.014 (0.021)	0.012 (0.021)	0.031 (0.022)	0.027 (0.023)	0.071*** (0.022)	0.067*** (0.022)
Education	0.047*** (0.012)	0.048*** (0.012)	0.028** (0.013)	0.032** (0.013)	-0.0041 (0.013)	-0.0021 (0.013)
White	-0.036 (0.034)	-0.036 (0.034)	-0.0058 (0.032)	-0.0060 (0.032)	0.0074 (0.031)	-0.0011 (0.031)
Log(Age)	0.19*** (0.044)	0.20*** (0.044)	0.16** (0.081)	0.18** (0.082)	0.079 (0.080)	0.086 (0.080)
Constant	-0.55*** (0.17)	-0.33* (0.18)	-0.23 (0.28)	-0.28 (0.29)	0.25 (0.29)	0.11 (0.29)
Observations	988	993	987	992	988	991
Adjusted R-squared	0.058	0.050	0.047	0.024	0.031	0.027

**Table 3. Self-Efficacy and Expectations as Predictors of Persistence.** Standard errors in parentheses. Col 1-4 predict persistence in medication using data from the general survey (1-2) and parents survey (3-4). Col 5-6 predict persistence in daycare. Self-efficacy and expectations are measured in the corresponding domain. Region fixed effects are included but not reported. \* p<0.10, \*\* p<0.05, \*\*\* p<0.01

Table 4 presents a final set of specifications in which we jointly include all theoretical predictors, along with sociodemographic variables. Results suggest that a greater sense of entitlement, indignation, and self-efficacy are all linked to a higher likelihood of saying that one

would persist after encountering difficulties in accessing the state. The coefficients on indignation are strongest across the three specifications, pointing to a particularly strong relationship between feelings of indignation and the likelihood of pursuing the state. When included alongside other predictors, higher expectations of the state are no longer statistically significantly associated with the likelihood of persistence.

	<i>Persistence in. . .</i>		
	(1)	(2)	(3)
<i>Survey Topic</i>	General Medication	Parents Medication	Parents Daycare
<i>Predictors</i>			
Entitlement	0.12* (0.063)	0.13** (0.065)	0.15** (0.066)
Indignation	0.44*** (0.052)	0.35*** (0.052)	0.33*** (0.045)
Self-Efficacy	0.26*** (0.076)	0.33*** (0.071)	0.18** (0.074)
Expectations	0.019 (0.084)	-0.0038 (0.077)	0.067 (0.076)
Male	0.016 (0.031)	-0.045 (0.030)	0.0011 (0.030)
SES	0.0062 (0.020)	0.032 (0.022)	0.062*** (0.022)
Education	0.039*** (0.012)	0.024** (0.012)	-0.0088 (0.012)
White	-0.022 (0.033)	-0.018 (0.031)	-0.012 (0.031)
Log(Age)	0.16*** (0.043)	0.12 (0.079)	0.044 (0.078)
Constant	-0.87*** (0.17)	-0.47* (0.28)	0.0035 (0.28)
Observations	971	977	981
Adjusted R-squared	0.142	0.111	0.095

**Table 4. Combined Models of Persistence.** Standard errors in parentheses. Col 1 predicts persistence in medication using data from the general survey and Col 2-3 predicts persistence in medication and daycare from the parents survey. Entitlement, indignation, efficacy, and Expectations are all measured in the corresponding domain. Region fixed effects are included but not reported here. \* p<0.10 \*\* p<0.05 \*\*\* p<0.01

## Predicting different forms of action in the face of obstacles

As described above, we are particularly interested in persistence vis-à-vis the state, but our outcome variable also explored other types of action in response to encountering obstacles in access to daycare or medication from the state. In Table 6, we present results from a multinomial logit model in which the outcome variable takes on four values: 0 for respondents who say that they would do nothing in response to an obstacle, 1 for those who report they would respond to an obstacle by using some non-governmental channel only (social media, conventional media, a friend of family member, or some combination of these), 2 for those respondents who report they would both pursue the state and at least one nongovernment channel, and 3 for those who say that they would persist through government channels only.<sup>26</sup> Following the specification used in Table 4, we include all four key explanatory variables in the model and the same set of covariates and region fixed effects. As above, we report results for three models that use the persistence-in-pursuit-of-medication variable from the general survey and both that variable and the daycare-focused variable from the parent survey.

Indignation emerges as the strongest predictor in these models. Respondents who feel more indignant are significantly more likely to take *some* form of action with large increases in the probability of either persisting through government channels only or a mix of government and nongovernment channels.<sup>27</sup> In the general survey, self-efficacy significantly predicts an increased likelihood of taking any kind of action; the increased likelihood of taking actions that target the government or a mix of government and nongovernment actors are larger than the increase in actions that target only nongovernment actors. In the parent survey, we see similar but weaker effects for self-efficacy vis-a-vis pursuing the government (for medication) and a marginally significant effect for self-efficacy vis-à-vis pursuing only the government with respect to daycare. For all three outcomes, the effects of self-efficacy are the largest when comparing pursuing only the government to doing nothing. The coefficients on entitlement are generally positive, and for the case of using a mix of government and non-government channels to persist, they are at least marginally significant for the medication outcomes. Expectations of the state are a surprisingly negative indicator in many cases: in these models, people who expect more of the state appear more likely to do nothing at all than to take any sort of action after encountering some difficulty in accessing a state program or benefit.

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<sup>26</sup> In the main specifications reported above, we compare respondents who report they would pursue the state (regardless of whether they also report using non-governmental channels) with all other respondents. In other words, the first and second outcome categories described here are included together to define the zero values in the main analyses, while any persistence through government channels is treated as a positive value. While appealing to conventional media or social media might be an indirect way of appealing to the state (akin to whistle blowing), these might also be purely expressive acts (that is, blowing off steam).

<sup>27</sup> Even where indignation is associated with an increase in non-governmental focused responses (i.e., in the parent survey, it is associated with a statistically significant greater increase in government-centric persistence.

Overall, the results from this analysis reinforce the findings in Table 4. Respondents with higher levels of indignation and self-efficacy are more likely to channel their persistence towards pursuit of the state, while those who score higher on entitlement also show some indications that they will act similarly. The analysis, more strongly than Table 4, also suggests that high expectations of the state may actually be associated with a decrease in persistent behavior.

	<i>Persistence in . . .</i>		
	(1)	(2)	(3)
<i>Survey Topic</i>	General Medication	Parents Medication	Parents Daycare
<i>Baseline: Doing Nothing</i>			
<i>Using Non-Governmental Responses</i>			
Entitlement	0.23 (0.44)	0.30 (0.51)	-0.21 (0.52)
Indignation	0.30 (0.34)	0.78** (0.38)	0.79** (0.35)
Self-Efficacy	1.58*** (0.59)	-0.39 (0.65)	-0.23 (0.68)
Expectations	-1.21* (0.65)	-0.46 (0.68)	-1.07 (0.69)
<i>Using a Mix of Non-Governmental and Governmental Responses</i>			
Entitlement	1.24** (0.49)	1.00* (0.53)	0.77 (0.54)
Indignation	2.09*** (0.41)	2.26*** (0.41)	2.01*** (0.37)
Self-Efficacy	2.08*** (0.61)	1.17* (0.64)	0.51 (0.67)
Expectations	-1.42** (0.67)	-0.70 (0.67)	-0.22 (0.69)
<i>Using Governmental Responses</i>			
Entitlement	0.25 (0.48)	0.75 (0.50)	0.51 (0.51)
Indignation	2.48*** (0.42)	2.08*** (0.38)	2.08*** (0.35)
Self-Efficacy	2.75*** (0.62)	1.73*** (0.62)	1.06* (0.64)
Expectations	-0.13 (0.68)	-0.053 (0.65)	-0.42 (0.66)
Observations	971	977	980
Pseudo R-squared	0.09	0.06	0.06

**Table 5. Multinomial Logit Models of Forms of Persistence.** Standard errors in parentheses. Col 1 predicts persistence in medication using data from the general survey and Col 2-3 predicts persistence in medication and daycare from the parents survey. Entitlement, indignation, efficacy, and Expectations are all measured in the corresponding domain. Measures of male gender, SES, education, white racial identification, log(age), and region are included but not reported here. \* p<0.10 \*\* p<0.05 \*\*\* p<0.01



### **Correlates of attitudes regarding expected costs and likelihood of receiving benefits**

The findings reported above suggest strong correlations between individual attitudes and beliefs about the costs and benefits of pursuing social policy programs and stated willingness to persist in the face of difficulties when trying to access such programs. In this section, we briefly explore the correlates of feelings of entitlement, indignation, and self-efficacy and expectations of the state. A comprehensive exploration of the sources of these attitudes is beyond the scope of this paper, and the preliminary analyses below suggest that there is significant research still to do.

We first examine the relationship between sociodemographic characteristics and the attitudes that we argue are crucial to persistence. Once again, we look separately at attitudes that should affect the psychological costs of pursuing the state (i.e., feelings of entitlement and indignation) and those feelings and beliefs that affect the expected likelihood of receiving state assistance (i.e., self-efficacy and expectations of the state). In these exploratory analyses, we thus treat the same attitudes that we used as key predictors of persistence as the outcome variables of interest. Although we view these analyses as exploratory, we expect that individuals with greater social privilege—including men, higher social class and more educated respondents, and those who identify as white—may have different patterns of psychological attitudes vis-à-vis the state than respondents with lower levels of social privilege. Tables 5 and 6 report the results of OLS regressions that include as predictors the sociodemographic characteristics already described, along with a series of regional indicators (not reported).

	(1)	(2)	(3)	(4)	(5)	(6)
<i>Survey</i>	General	General	Parents	Parents	Parents	Parents
<i>Topic</i>	Medication	Medication	Medication	Medication	Daycare	Daycare
<i>Outcome</i>	Entitlement	Indignation	Entitlement	Indignation	Entitlement	Indignation
Male	-0.035** (0.017)	-0.063*** (0.020)	-0.027 (0.016)	-0.033 (0.020)	-0.016 (0.016)	-0.074*** (0.022)
SES	0.0076 (0.011)	0.012 (0.013)	0.026** (0.012)	-0.0018 (0.015)	0.030*** (0.011)	0.022 (0.016)
Education	0.011* (0.0067)	0.018** (0.0080)	-0.0052 (0.0067)	0.011 (0.0083)	0.0029 (0.0064)	0.0072 (0.0089)
White	0.010 (0.018)	-0.029 (0.022)	-0.016 (0.017)	0.018 (0.021)	-0.0092 (0.016)	0.042* (0.022)
Log(Age)	-0.021 (0.024)	0.079*** (0.028)	0.040 (0.043)	0.11** (0.053)	-0.026 (0.041)	0.13** (0.057)
Constant	0.85*** (0.094)	0.42*** (0.11)	0.67*** (0.15)	0.45** (0.19)	0.86*** (0.15)	0.30 (0.20)
Observations	999	982	994	984	996	987
Adjusted R-squared	0.004	0.027	0.000	0.002	0.013	0.013

**Table 6. Demographic Correlates of Entitlement and Indignation.** Standard errors in parentheses. Region fixed effects are included but not reported here. \* p<0.10 \*\* p<0.05 \*\*\* p<0.01

Table 6 presents the correlates of feelings of entitlement and indignation in the general study (columns 1 and 2) and for the parent study with respect to medication (columns 3 and 4) and daycare (columns 5 and 6). The most consistent relationship seen in the table is that older people are more likely to feel indignant: age is a positive and significant predictor of indignation in columns 2, 4, and 6. Perhaps surprisingly, we see evidence that men are *less* likely to feel entitled or indignant compared to women; these differences are statistically significant in three of the six specifications.<sup>28</sup> Higher social class positively predicts entitlement for both variables in the parent survey, but the relationship in the general survey is not statistically significant, nor does social class predict indignation. Education predicts both entitlement and indignation in the

<sup>28</sup> We speculate this might be due to the gendered nature of some social programs, particularly those centered on children.

general survey but is not a statistically significant predictor in the parent survey. The point estimates on race vary substantially across the outcome variables.

	(1)	(2)	(3)	(4)	(5)	(6)
Survey	General	General	Parents	Parents	Parents	Parents
Topic	Medication	Medication	Medication	Medication	Daycare	Daycare
Outcome	Self-Efficacy	Expectations	Self-Efficacy	Expectations	Self-Efficacy	Expectations
Male	-0.0012 (0.016)	0.0054 (0.015)	0.011 (0.017)	-0.0049 (0.015)	0.0050 (0.017)	-0.039** (0.016)
SES	0.0063 (0.011)	0.019* (0.0099)	0.0057 (0.012)	0.029*** (0.011)	0.0097 (0.012)	0.040*** (0.012)
Education	0.0058 (0.0063)	0.0011 (0.0058)	0.00099 (0.0068)	-0.010 (0.0062)	0.0038 (0.0068)	-0.0020 (0.0067)
White	0.040** (0.018)	0.046*** (0.016)	-0.0046 (0.017)	-0.015 (0.016)	-0.032* (0.017)	0.000097 (0.017)
Log(Age)	0.031 (0.023)	-0.00053 (0.021)	0.060 (0.044)	0.0094 (0.040)	0.0072 (0.044)	-0.015 (0.043)
Constant	0.39*** (0.090)	0.53*** (0.081)	0.33** (0.15)	0.56*** (0.14)	0.56*** (0.15)	0.64*** (0.15)
Observations	994	1000	989	994	993	996
Adjusted R-squared	0.013	0.017	0.002	0.009	0.007	0.043

**Table 7. Demographic Correlates of Self-Efficacy and Expectations.** Standard errors in parentheses. Region fixed effects are included but not reported here. \* p<0.10 \*\* p<0.05 \*\*\* p<0.01

Table 7 reports results for respondents' reported feelings of self-efficacy and expectations of the state; once again, columns 1-2 report results for the general survey, while columns 3-6 report results for the parent survey for attitudes with respect to medication (3-4) and daycare (5-6). The most consistent result from this table is that higher SES respondents have greater expectations of the state, as seen in columns 2, 4, and 6. In contrast, there is no relationship between socioeconomic status and feelings of self-efficacy. Neither age nor education is significantly correlated with either outcome, and gender has an inconsistent relationship with the two outcomes. White respondents report higher feelings of self-efficacy and expectations of the state in the general survey only, whereas white respondents report

lower feelings of self-efficacy in the domain of daycare. In summary, the results do not suggest a consistent relationship between different forms of social privilege and psychological attitudes and expectations vis a vis the state.<sup>29</sup> Across the two surveys and two domains, higher SES respondents do appear to have higher expectations of the state and, in the parents' survey, to have a greater sense of entitlement to benefits. However, these estimates are substantively small, and these same groups do not have higher levels of self-efficacy or indignation. Results for race and education and similarly mixed and/or null, while men appear, if anything, to experience lower feelings of entitlement and perhaps also indignation and expectations than women.

In light of the limited explanatory power of sociodemographic characteristics, we then include two additional predictors in the specifications: an index of the respondent's knowledge of social rights and an indicator for whether or not the respondent reports that someone in her household receives the Bolsa Familia program. Having knowledge of one's social rights might be an important antecedent to feeling entitled, indignant, or efficacious and might influence expectations about state service provision. Following Weitz-Shapiro and Winters (2022), we define knowledge of social rights (KSR) using a battery of five questions that capture both abstract and concrete elements of social rights and social policy.<sup>30</sup> We create a KSR index that takes on the value of the proportion of correct answers. The KSR index has a mean of 0.70 (i.e., somewhere between three and four out of five questions correct) and a standard deviation of 0.21. We included the series of questions on knowledge of social rights only in the general survey and so limit our analysis here to that survey.

Direct experiences with the state in the realm of social policy may also inform attitudes and beliefs about the nature of future experiences. Although we do not have data on past experiences with the state within the substantive areas of focus—medication and daycare access—the survey did ask respondents whether they or someone in their household received the Bolsa Familia program. Bolsa Familia is a large conditional cash transfer program targeted at families with children that benefits approximately 25% of the Brazilian population.<sup>31</sup> In our survey, 27% of respondents reported being in a beneficiary household. To the extent that success in navigating one part of the social policy apparatus translates into psychological attitudes in other areas of social policy, we expect experience with the program to increase feelings of entitlement and indignation, as well as expressed self-efficacy and expectations of the state.

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<sup>29</sup> Although in a different domain (pursuing justice for disappeared family members in Mexico), Gallagher (2017, 2022) also finds that sociodemographic characteristics do not predict behavior vis a vis the state.

<sup>30</sup> Weitz-Shapiro and Winters (2022) define KSR as having three essential components: (1) knowledge of what rights the state has promised to fulfill, (2) knowledge of who within the state is charged with fulfilling those rights, and (3) knowledge of how the state fulfills those rights.

<sup>31</sup> Renamed Auxilio Brasil during the administration of Jair Bolsonaro, the program is still widely known by the older name. We used both names in the survey question.

	(1)	(2)	(3)	(4)
Outcome	Entitlement	Indignation	Self-Efficacy	Expectations
KSR Index	0.16*** (0.039)	0.20*** (0.047)	0.081** (0.038)	0.071** (0.035)
BF Recipient	0.035* (0.020)	-0.025 (0.024)	0.010 (0.020)	0.0035 (0.018)
Male	-0.032* (0.017)	-0.063*** (0.020)	0.0019 (0.016)	0.0082 (0.015)
SES	0.0037 (0.011)	0.0058 (0.014)	0.0046 (0.011)	0.017* (0.010)
Education	0.0091 (0.0066)	0.011 (0.0080)	0.0044 (0.0064)	-0.00020 (0.0059)
White	0.018 (0.018)	-0.022 (0.022)	0.041** (0.018)	0.047*** (0.016)
Log(Age)	-0.021 (0.024)	0.058** (0.028)	0.028 (0.023)	-0.0027 (0.021)
Constant	0.74*** (0.097)	0.40*** (0.12)	0.34*** (0.095)	0.50*** (0.085)
Observations	991	974	986	992
Adjusted R-squared	0.021	0.044	0.015	0.019

**Table 8. Demographic Correlates of Attitudinal Variables Including KSR and Program Receipt, General Survey.** Standard errors in parentheses. Region fixed effects are included but not reported here. \* p<0.10 \*\* p<0.05 \*\*\* p<0.01

As Table 8 shows, knowledge of social rights is a positive and statistically significant predictor of all four psychological outcomes of interest. KSR is most strongly correlated with indignation, where an otherwise similar respondent who moves from one standard deviation below to one standard deviation above the mean level of KSR is expected to report about a 0.08 point increase in indignation. This is a larger change in indignation than that associated with any of the demographic variables, although it is still a less than 10% change over the range of the scale. Respondents who report being a member of a Bolsa-Familia-receiving household report a

slightly higher sense of entitlement to medication, but being in such a household has no relationship with feelings of indignation, self-efficacy, or expectations of the state.

The results above reveal the relatively limited utility of sociodemographic characteristics to predict entitlement, indignation, self-efficacy, and/or expectations of the state. Although we might expect that indicators of social privilege—including gender, education, SES, and self-identification as white—would be associated with greater entitlement, indignation, self-efficacy and expectations of the state, our analysis in this section does not consistently reveal such patterns. In contrast, knowledge of social rights is a consistent positive predictor of all four attitudes. Although the substantive size of the correlations is small, this suggests a fruitful direction for future research. We also note the relatively low adjusted R-squared values of these analyses, which highlight the low power of these sociodemographic variables to explain variation in these feelings and attitudes. Given that these attitudes and feelings are important predictors of persistence, there is clearly more work to be done on understanding their origins.

## **Conclusions**

While recent decades have seen a dramatic expansion of social programs in many countries around the world, data on program uptake shows variation in citizen's sustained usage of these programs and benefits. That is, major government initiatives in the realm of social policy sometimes fail to enroll as many potential beneficiaries as they could. A large body of literature approaches this problem from the supply side, focusing predominantly on the political manipulation of government programs and low state capacity as key constraints on program delivery. Even in cases where programs are run without political interference and by relatively high-capacity bureaucracies, however, there still may be demand-side explanations for low levels of uptake.

Existing literatures on administrative burden and citizen claim-making toward the state highlight that individuals make cost-benefit calculations based on their expectations of eventually receiving access to social program outputs and the material and psychological costs of pursuing program access. In this paper, we highlight how greater feelings of entitlement and indignation can reduce psychological costs, while feeling self-efficacious and holding greater expectations of the state can increase the expected value of perceived benefits.

We develop original measures for the four explanatory variables and the outcome variable of persistence. In data collected in two surveys in Brazil, we find evidence that all four variables predict persistence. In a combined model, indignation and self-efficacy have the largest substantive effects, while expectations of the state ceases to be a significant predictor. These results suggest that important social welfare gains might be achieved by affecting certain psychological attitudes and beliefs among potential beneficiaries of social policy—increasing an individual's sense of entitlement, indignation, and self-efficacy may lead to increased program enrollment.

We secondarily explore the origins of entitlement, indignation, self-efficacy, and expectations of the state and find that basic socio-demographic variables predict inconsistently. We do find evidence that people with more knowledge of social rights have somewhat higher enabling beliefs and attitudes. Overall, our models of the correlates of beliefs suggest that we have much more to learn about the origins of these important attitudes.

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## Appendix

### Original Portuguese for Opening Epigraphs

“Eu saio andando pelos postos, porque às vezes falta em um posto, mas em outro tem. Eu peço para botar o carimbo de falta e vou procurar em outro posto.” [María Jose, Recife-Med-2]

“Às vezes, falta [no posto], e tenho de comprar. Quando falta o da pressão, tenho de comprar.” [Simone, Recife-Med-1]

“Primeiro, fui à creche onde queria matricular minha filha e perguntei à gestora quantas vagas restavam. Ela me pediu para aguardar o período em que se encerravam as inscrições. Então, quando voltei, haviam sobrado duas vagas. Nesse mesmo dia, eu fui ao Conselho Tutelar pedir um ofício para a Secretaria de Educação. Lá esperei fazer todo o levantamento para ver a vaga da minha menina, então consegui a vaga recorrendo ao Conselho Tutelar.” [Patricia, Recife-Daycare]

“Mutirão tentando entrar, e ninguém conseguia, e quando conseguia, era em um bairro completamente oposto ao nosso, não era nem no caminho para o trabalho, assim, desistimos.” [Daniela, Recife-No Daycare]