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*SHAME ON YOU*  
THE STIGMA OF SOCIAL WELFARE BENEFITS

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*Shame on you*

The Stigma of Social Welfare Benefits \*

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**Abstract**

We examine the drivers of stigma of social protection benefits in Portugal by exploring how individual socio-economic characteristics relate to levels of personal stigma (thinking that social benefits are for people that are different than me) and to levels of stigmatization (believing that the society thinks less of individuals that receive social benefits). We conducted a survey on stigma perceptions targeting residents of the Metropolitan Area of Lisbon. We find that age, being employed, and being a political conservative tend to increase the likelihood of reporting personal stigma. On the other hand, having completed a college degree is expected to decrease the odds of reporting personal stigma. On the stigmatization side, evidence suggests that reporting personal stigma increases the likelihood of declaring stigmatization. These results unveil the influence of sociological context on stigma-related opinions.

**Keywords:** Assistance, Entitlements, Means Testing, Safety Net, Social Welfare Program, Welfare Provision.

**JEL Classification Number:** I38

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## 1. Introduction

In 2015 social protection benefits in Portugal accounted for 24.8 per cent of GDP, which corresponds to an equivalent annual expense of 4290 euros per individual.<sup>2</sup> While some advocate that this alleviates poverty and enhances equality of opportunities, others defend that social benefits spur laziness and idleness. This debate is usually resurrected in times of electoral campaigns, and has been frequently used as a social label across population subgroups.

Benefit stigma has been a research subject across the full spectrum of social sciences; however, we believe that the existing literature does not fully account the dimension of stigma of social benefits in Portugal. We aim to contribute to the extension of knowledge on this topic by exploring how individual socio-economic characteristics relate to levels of personal stigma (thinking that social benefits are for people that are different than me) and to levels of stigmatization (believing that the society thinks less of individuals that receive social benefits).

We conducted an extensive survey on the different measures of stigma, and we pursued two different strategies. First, we divided responses into “high” and “low” stigma and ran probit regressions on the outcomes of interest. As robustness checks, we applied ordered probits, where we take full account of the several degrees of stigma reported by respondents. We also employed alternative proxies of political orientation to check the magnitude of political views on stigma measures.

The paper is structured as follows. Section 2 provides a literature review on the stigma of social benefits and the Portuguese social security system. Section 3 describes the survey

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<sup>2</sup> Eurostat (2017). Social Protection Database. Retrieved from: <http://ec.europa.eu/eurostat/web/social-protection/data/database>

design and data collection, and section 4 reports the central econometric results. Section 5 culminates with a brief synthesis of the main conclusions.

## **2. Literature Review**

### **2.1. The take-up of social benefits**

For this paper, take-up rates of social benefits are defined as the proportion of individuals or households that are receiving a public-provided social protection benefit among all those that are eligible for it. An illustrative example of a take-up rate under one hundred per cent dates from 1970 in the US where only 69 percent of eligible families for Aid to Families with Dependent Children seized the social benefit (Michel, 1980). Additional research highlights that 30 to 60 percent of eligible American households do not participate in means-tested government programs (Blank and Ruggles, 1996; Moffitt, 1983).

One may argue that low take-up of welfare benefits is not a relevant policy issue, as it testifies that some eligible households do not need welfare assistance. However, some authors have pointed out that low-take up of social benefits are a matter of policy concern as it compromises social well-being and economic efficiency. First, if a social protection policy fails to reach its target, it may compromise short- and long-run efficiency of welfare policies, such as poverty reduction or vertical mobility (Hernanz, Malherbet, Pellizzari, 2004). This matter is of peculiar concern given that persistent poverty rates were around 20 percent in EU-26 in the 2008-2012 period (Vaalavuo, 2015), and 67,7 percent in Portugal from 1994 until 2001 (Ferreira, 2008). Secondly, the existence of non-negligible information and transaction costs – i.e. asymmetry of information about eligibility requirements or time-burdening administrative rules - may spawn inequalities of access to welfare benefits (Hernanz et al., 2004). In short, low take-up rates of social protection benefits may pose efficiency and equity risks for modern welfare states, and hence should not be neglected.

Regarding supply-side ingredients for low take-up of welfare benefits, the possibility of applicants' refusal due to governmental financial constraints, is pointed in the literature as the main formal supply-driven constraint to welfare take-up. However, eligibility and access rights are usually mandated by the law in democratic societies, and hence governmental resources do not need to be included in the interpretation of take-up rates (Hernanz et al., 2004).

In respect of demand-driven determinants of take-up, those can be sorted into four major categories, albeit not mutually exclusive. First, pecuniary determinants, which comprise total amount and expected duration of benefits, were found to have a positive influence on program participation (Ashenfelter, 1983). Secondly, information costs are pinpointed as determinants of take-up rates of welfare programs, and are frequently proxied by the distance between the welfare office and the address of the recipient. On the line of this, Warlick (1982) showed empirically that residents in small cities are less likely to receive social benefits, *ceteris paribus*, and this has been perceived as evidence that costs of applying are positively correlated with the distance between claimant's address and social security facilities (Hernanz, et al., 2004). Thirdly, uncertainty about application's outcome and costs by cause of administrative process, such as delays and data gathering, are identified as take-up inhibitors (Storer and Van Audenrode, 1995). Halpern and Hausman (1986) estimated that, under uncertainty, eligible households are less likely to apply to social assistance programs when they perceive the probability of successful application to be low. Lastly, social stigma, the concept framed by Moffit (1983) as a 'disutility arising from participation in a welfare program per se' has been acknowledged in the literature as a potential source of low levels of take-up. The same author noticed that recipients of social benefits frequently reported feelings 'of lack of self-respect and negative self-characterizations from participating in welfare' (Moffit 1983), which corroborates the idea that stigma may threaten the well-being of

beneficiaries of social benefits (Crocker, Major, and Steele, 1998). Furthermore, low levels of take-up of social assistance benefits by pensioners in Germany were found to be linked to the idea that welfare assistance is demeaning (Engels and Sellin, 2000).

## **2.2. The stigma of social benefits**

Goffman (1963) formalized stigma as ‘an attribute which is deeply discrediting’ in a given society. For this paper, stigma will be analysed on two components – personal stigma and stigmatization -, a conceptual framework empirically applied in recent literature on the topic of social benefits (Baumberg, 2016). In this context, personal stigma can be described as the individual’s own perception that being a recipient of welfare benefits implies a depreciation of identity; stigmatization is the thought that society will devalue one’s identity because she or he is receiving social assistance. As Baumberg (2016) points out, these two dimensions of stigma are not mutually exclusive.

Although some authors advocate that stigma is non-binding in take up decisions (Spicker, 1984), others acknowledge that stigma implies an under-reporting behaviour as ‘the admission of stigma is itself stigmatising’ (Taylor-Gooby, 1976). According to Larsen (2008), 19 per cent of Danish and 34 per cent of Finnish long-term unemployed individual revealed having perceived that ‘people looked down a little’ on them due to their recipient status. Likewise, there seems to exist a cultural negative perception about means-tested benefit recipients in the US (Hochschild, 1996; Klugel and Smith, 1986).

The dominant explanation for the association of stigma and welfare claiming relates to social norms of reciprocity (Schlesinger and Stuber, 2006; Spicker, 1984; Pinker, 1979). Reciprocity arises from the psychological expectation associated with gift exchange (Komter, 1996). In fact, if believed that beneficiaries are net receivers from system – i.e. if they are getting more personal benefits than personal costs-, it follows that receiving welfare benefits implies a

failure of gift repayment, and hence claiming social benefits evokes stigma (Baumberg, 2016). Moreover, the allocation of presents tends to be shaped by social rankings (Schwartz, 1967), and thus social transfers may shed light on social gaps across the social ladder. The social devaluation resulting from failure to reciprocate welfare assistance constitutes an illustration of Douglas and Isherwood's (1979) pernicious reciprocity rule – the idea that those at the bottom of the social hierarchy are socially excluded as they are not able to repay social transfers.

Despite the above-mentioned, receiving social benefits does not mandate the existence of stigma; indeed, the literature points to need and deservingness as exemption rationales. First, needy welfare recipients with no alternative sources of financial support, and whose situation is not perceived as self-administered tend to be shielded from unfavourable judgements (Cook and Barret, 1992). Secondly, previous evidence reports the frequent fact that claimants deem themselves as worthy of social transfers while formulating that stigma pertains to alternative undeserving recipients (Chase and Walker, 2013).

### **2.3. The Portuguese social security system**

Portugal introduced its public social protection system in 1984, through the adoption of the social security framework law – Law no. 28/84, August 14th. This law warranted mechanisms for financial support in case of death, unemployment, inability to work, family-related expenses, and poor living conditions.

The Portuguese social security system has been reformed since its inception, and currently includes three systems under the Article 23 of the social security framework law of 2013. First, the citizenship social protection system is a non-contributory scheme that pursues poverty prevention and social exclusion mitigation, namely through the provision of disability

benefits, social pensions, and the guaranteed minimum income, among others.<sup>3</sup> Secondly, the welfare system is an occupation-based social insurance scheme that is financed via labour market taxes, and grants social protection in cases of involuntary nonparticipation in the labour market, such as inability to work, maternity and paternity leaves, and unemployment.<sup>4</sup> At last, the complementary system comprises the public capitalization fund and private-market financial initiatives, such as retirement savings plans, life insurances policies, and mutual funds.<sup>5</sup> This last system is optional, earnings-related and aims to provide capital increases for beneficiaries.

Under the Article 2 of the Regulation (EC) No 458/2007 of 25/04/2007 on the European system of integrated social protection statistics (Eurostat, 2017), social protection benefits are defined as ‘transfers, in cash or in kind, by social protection schemes to households and individuals to relieve them of the burden of one or more of the defined risks or needs’.

TABLE 1. Social protection expenditure in Portugal.

	2000	2014
Expenditure on social protection benefits in % of GDP	18.4	25.5
Expenditure by function in % of GDP	-	-
Sickness/ health care benefits	5.9	6.1
Disability benefits	2.3	1.9
Old age benefits	6.9	12.8
Survivors benefits	1.3	1.9
Family/ children benefits	1.0	1.2
Unemployment benefits	0.7	1.5
Housing benefits	0.0	0.0
Social Exclusion benefits	0.3	0.2

Source: Eurostat, Social Protection Database, 2017

Social protection benefits can be broken down between means-tested and non means-tested, the former arising when eligibility is conditional on the level of income or wealth (European System of Integrated Social Protection Statistics, 2012). *Table 2* provides information on the relative size of means-tested benefits in 2014 for Portugal and EU-28.

<sup>3</sup> The citizenship social protection system refers to *Sistema de Proteção Social de Cidadania* in Portuguese.

<sup>4</sup> The welfare system refers to *Sistema Previdencial* in Portuguese.

<sup>5</sup> The complementary system refers to *Sistema Complementar* in Portuguese.

TABLE 2. Prevalence of means-testing in 2014.

	Portugal	EU-28
Means-tested benefits in % of total social protection benefits	2.1	3.1
Means-tested benefits by function in % of total social protection benefits	-	-
Sickness/ health care benefits	0.0	0.1
Disability benefits	0.2	0.5
Old age benefits	0.6	0.5
Survivors benefits	0.0	0.1
Family/ children benefits	0.9	0.6
Unemployment benefits	0.2	0.3
Housing benefits	0.0	0.6
Social exclusion benefits	0.2	0.4

Source: Eurostat, Social Protection Database, 2017

Findings for Portugal conform with the hypothesis: i) old age and family/ children benefits perform a social assistance role, and thus exhibit a greater prevalence of means-testing; and ii) survivors and sickness/ health care benefits act as a social insurance against adverse events, and hence display a lower predominance of means-testing.

Means-testing, lack of privacy and anonymity, and misperceptions about fraudulent claims were found to be relevant drivers of welfare stigma (Walker, 2005; Hernandez et al., 2004; The Behavioural Insights Team, 2016).

### 3. Data

#### 3.1. Survey design

For the purposes of this paper, we designed a survey on perceptions of welfare-related stigma, which we implemented through internet-online surveys and computer-assisted self-interviews between October 20<sup>th</sup> and October 29<sup>th</sup> of 2017 to individuals residing in the Metropolitan Area of Lisbon.<sup>6</sup> Moreover, previous experimental research suggests that interviewer-led survey modes report lower levels of social stigmatizing circumstances than self-administered techniques, namely regarding depression and sexually-transmitted diseases (Villarroel et al. ,

<sup>6</sup> Roberts (2007) mentions that coverage and availability of sample frames, financial costs, and fieldwork time are relevant hindrances for survey mode choice; the mentioned constraints were also binding in the present survey.

2008; Krumpal, 2013). Therefore, online self-administered questionnaires were the predominant mode of data collection. A total of 493 people started the questionnaire; 171 did not complete the entire survey, resulting in a final sample of 322 accomplished surveys, a response rate of 65.3 per cent. Participants were offered no monetary nor in-kind compensation and the questionnaire was conducted in Portuguese.

The question design was built on previous quantitative survey studies on the stigma of social benefits in the UK (Baumberg, 2016), and in the US (Schlesinger and Stuber, 2006). Stigma-related questions are mostly evaluative, reflecting the respondent's beliefs or feelings at the very moment of the questionnaire, and hence context effects may play a non-negligible role (Bradburn, Schwarz and Sudman, 1996, Schwarz and Strack, 2003). To mitigate the risks of context effects, namely unwitting political quarrels or subliminal news coverage on the topic, the survey included one exclusive wave and the data collection's timespan pertained to 9 days. The final questionnaire underwent a pilot test of 20 observations where respondents validated cognitive demands and the construct of interest.

The questionnaire began with a note on the academic nature of the survey, confidentiality assurance and expected duration of completion. This aimed to provide some context to the respondent and mitigate data-protection-driven response biases.

Respondents were asked about demographic factors – age, gender, place of birth, nationality, marital status, household size, household composition, county of residence -, and social and economic variables – employment status, occupation, income level, educational attainment, and social protection benefit claims during the past year. This characterization of the respondent was built on the 2015 questionnaire of EU-SILC (Statistics on Income and Living Conditions), run yearly by the Eurostat, and the full range of possible responses were provided to the respondent – including no-response options.

The first set of questions on stigma focused on measuring personal stigma, asking ‘How much do you agree or disagree, that people should feel ashamed to claim...’, for six types of social protection benefits: old age and disability benefits, sickness/ healthcare benefits, unemployment benefits, family benefits, education benefits, and social exclusion benefits. These categories do not exactly match the ones presented by Eurostat due to pilot test’s findings that respondents are not aware of the conceptual specificities of Eurostat classifications on social protection.<sup>7</sup> A more straightforward line-up of social protection benefits was adopted to ensure that respondents understood questions unambiguously and provided meaningful answers. Respondents were asked to declare agreement on a 0-100 scale, from 0 (‘strongly disagree’) to 100 (‘strongly agree’). The same strategy was followed to measure stigmatization, with respondents inquired on ‘How much do you think that people in general in Portugal would agree or disagree, that people should feel ashamed to claim...’. Benefit categories and response format matched the ones used in the examination of personal stigma. These two question sets followed closely Baumberg’s (2016) survey, yet a 0-100 scale was adopted – instead of 0-10 scale – since evidence suggests that enlarged numerical scales with descriptions at the extremes tend to strengthen test-retest reliability and internal consistency among attitudinal variables (Weng, 2004, Alwin and Krosnick, 1991, Saris and Scherpenzeel, 1997, Cummins and Gullone, 2000).

The third set of questions aimed to grasp qualitative dimensions of stigmatization and personal stigma. Stigmatization was measured through the enquiry ‘How often have you listen to people saying that: i) ‘individuals that receive social benefits are the parasites of society?’; ii) ‘individuals that receive social benefits do not want to work?’; and iii) ‘individuals that receive social benefits are criminals or marginals?’’. The same set of questions was used for measuring personal stigma, with ‘how often have you listen to people

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<sup>7</sup> Eurostat classifications on social protection are sickness/ health care, disability, old age, survivors, family/children, unemployment, housing, and social exclusion.

saying...’ replaced by ‘how often have you thought...’. The response scale for the described set of six questions was a 4-point Likert-type scale - never, once, a few times, many times -, which took into consideration the argument that respondents are forced to declare an attitudinal preference when mid-point responses are absent (OECD, 2017).

A fourth batch of questions inquired about the respondents’ perception of fraud, financial need, and take-up of social benefits. In detail, respondents were asked to provide an educated guess on the number of individuals out of 100 beneficiaries that i) received the benefits despite not meeting eligibility requirements; and that ii) received social protection benefits despite not being in financial need. Regarding perceptions of take-up, respondents were requested to number how many eligible individuals out of 100 they believe have seized the social benefits that they were entitled to.

Additionally, respondents were asked an expectation-based question on the possible reasons for non take-up of social benefits in the hypothetical scenario where they were eligible for social protection benefits and they needed it, but they decided not to take-up welfare assistance. This question was grounded on the rationale that expectation-based queries are more specific and behavioural than evaluation-grounded ones (Morrone, Ranuzzi and Tontoranelli, 2009). The set of possible reasons for non take-up of social benefits included: i) personal shame – thinking that social benefits are not for people like me; ii) social shame – fear that others think less of me or judge me because I receive welfare assistance; iii) claims shame – feeling uncomfortable about disclosing personal information or feeling diminished by social security workers; iv) Information comprehension - difficulties in understanding information about programme requirements; v) time and organization – complexity and time burden of the steps required to participate in welfare programmes.

On top of this, respondents that reported having received social benefits during the past year were asked a specific set of experience-based questions, which were grounded on prior research on stigmatizing behaviour, namely sexual stigma (Earnshaw and Logie 2015). Respondents were interrogated the following line of questioning: i) ‘how often have you had to pretend that you do not receive social benefits to be accepted?’; ii) ‘how often have you lost a job or career opportunity for receiving social benefits?’; iii) how often have you been made fun of or called names for receiving social benefits?’; and iv) ‘how often have you lost friendships because you receive social benefits?’. The response scale for these questions was the previously used 4-point Likert-type scale - never, once, a few times, many times.

Finally, respondents were asked about their political orientation through the designation of their favourite political party, among those presently represented at the Portuguese parliament. This question was complemented by a 0-100 scale agreement position on two ideological statements: first a sentence imported from the conservative Portuguese Christian-democrat party saying that ‘the Man is exploited when he feels suffocated by the State’s bureaucratic machine’; and secondly a quotation from a far-left Portuguese party stating that ‘Freedom is to live without precariousness’.<sup>8</sup> Although this set of questions is part of the socio-economical characterization of the respondent, we placed it at the end of the questionnaire to diminish the likelihood of consistency bias. In other words, if respondents stated in the beginning of the questionnaire their political orientation, they might be prone to adjust their stigma perceptions to ensure consistency between their beliefs and their political identity. Even though political orientation may be coordinated with stigma perceptions, it is less worrying than the opposite situation, and hence political orientation-related questions were placed at the end of the questionnaire.

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<sup>8</sup> Christian-democrat party refers to *Partido do Centro Democrático Social (CDS)*, and far-left party concerns *Bloco de Esquerda (BE)*.

### 3.2.Descriptive statistics

*Table 3* provides summary statistics for the main demographic and socio-economic variables of the sample, which may be useful for the interpretation of variable coefficients.

TABLE 3. Summary statistics for the main demographic and socio-economic variables

Variable label	Item	Mean	St. dev.	Min	Max
Age	Age of respondent.	30.01	11.98	19	79
Female	Gender of respondent where 1 is female.	0.67	0.47	0	1
Married	Marital status of respondent where 1 is married.	0.19	0.39	0	1
Household size	Number of persons in household. *	3.47	1.47	1	8
Children	Number of children or students in household. *	0.84	1.16	0	8
Employed	Work status of respondent where 1 is employed.	0.6	0.49	0	1
Income	Annual income level of household. *	5.5	2.96	1	11
Education	Educational attainment of respondent where 1 is completed college degree.	0.86	0.35	0	1
Beneficiary	Beneficiary status where 1 is having received at least one benefit over the last year. *	0.41	0.49	0	1
CDS supporter	Favourite political party where 1 is CDS.	0.32	0.47	0	1
BE supporter	Favourite political party where 1 is BE.	0.07	0.25	0	1
Ideology CDS	Respondent's level of with ideological statement from CDS. **	53.42	28.63	0	100
Ideology BE	Respondent's level of with ideological statement from BE. **	55.21	32.69	0	100

**Note:** \*Household level. \*\*Agreement is expressed in 0-100 scale where 0 is 'strongly disagree' and 100 is 'strongly agree'. If nothing is mentioned, unit of observation is individual. Benefit types: old age, sickness and health care, family, education, and social exclusion. Source: own computations using survey responses - sections A, B, and G of Exhibit 1 in *Appendix*. N=322.

*Table 4* presents data on the main stigma variables captured by qualitative questions in the survey. Reported statistics suggest that 19 per cent of respondents thinks that individuals should feel ashamed of receiving social benefits – either old age, sickness/health care, family, education, or social exclusion'. This figure is outnumbered by 48 per cent of respondents that believe that society thinks that individuals should feel ashamed of receiving social benefits.

TABLE 4. Summary statistics for the main stigma-related variables

Variable label	Item	Mean	St. dev.	Min	Max
Personal stigma	Personal stigma of respondent where 1 is reporting that individuals should feel ashamed to claim at least one type of benefit.	0.19	0.39	0	1
Stigmatization	Stigmatization of respondent where 1 is reporting that society believes that individuals should feel ashamed to claim at least one type of benefit.	0.48	0.5	0	1
Perceived fraud	Respondent's perception of fraudulent beneficiaries in % of total beneficiaries	0.32	0.23	0	1
Perceived material	Respondent's perception of non-financially deprived beneficiaries in % of total beneficiaries	0.34	0.23	0	1
Perceived take up	Respondent's perception on take-up	0.57	0.26	0	1

**Note:** Source: own computations using survey responses - sections C and E of Exhibit 1 in *Appendix*. Unit of observation: individual. Benefit types: old age, sickness and health care, family, education, and social exclusion. N=322.

### 3.3. Personal stigma vs stigmatization

Overall, respondents tend to report higher levels of stigmatization than of personal stigma.

*Table 5* presents the average levels of agreement with personal stigma and stigmatization by benefit on a 0-100 scale. There is statistical evidence that reported levels of agreement with stigmatization are greater than reported levels of agreement with personal stigma for all benefit items.

TABLE 5. Average reported levels of agreement with stigma and stigmatization by benefit

	Type of benefit					
	Old Age and Disability	Sickness	Unemployment	Family	Education	Social Exclusion
Average levels of agreement with personal stigma	7.63	8.17	15.97	9.8	8.62	39.18
Average levels of agreement with stigmatization	15	15.34	34.26	17.12	15.39	16.62
Stigmatization minus personal stigma	7.37***	7.18***	18.29***	7.32***	6.77***	22.56***

**Note:** Agreement is expressed in 0-100 scale where 0 is 'strongly disagree' and 100 is 'strongly agree'. \*Significant at 10%. \*\*Significant at 5%. \*\*\*Significant at 1%. Unit of observation: individual. Source: own computations using survey responses – section C of Exhibit 1 in *Appendix*. N=322.

*Table 6* shows data on the preponderance of individuals that report personal stigma and stigmatization on the qualitative set of stigma-related questions. There is statistical evidence

that the share of individuals that report stigmatisation is greater than the share of individuals that report personal stigma for all qualitative question items.

TABLE 6. Respondents that reported personal stigma and stigmatization in % of total respondents.

	‘Individuals that receive social benefits are the parasites of society’	‘Individuals that receive social benefits do not want to work’	‘Individuals that receive social benefits are criminals or marginals’
Personal stigma	0.32	0.5	0.13
Stigmatization	0.79	0.93	0.37
Difference between stigmatization and personal stigma	0.38***	0.4***	0.24***

**Note:** \*Significant at 10%. \*\*Significant at 5%. \*\*\*Significant at 1%. Unit of observation: individual. Personal stigma corresponds to having frequently thought that individuals meet the descriptions described in the columns; stigmatization corresponds to having frequently heard people saying statements equal to the ones presented in the columns. Frequently is defined as ‘few times’ or ‘many times’. Source: own computations using survey responses – section D of Exhibit 1 in *Appendix*. N=322.

### 3.4. Stigma and non take-up of social benefits

Respondents were asked about possible reasons for non take-up of social benefits under the hypothesis that: i) they were eligible for social benefits and they were in financial stress, and ii) they decided not to take-up welfare assistance. Whereas respondents that are beneficiaries of social welfare are expected to base their questions on their past experiences, non-beneficiaries are building their answer on a hypothetical basis. *Table 7* depicts the share of claimants and non-claimants that evocated each of the possible reasons for non take-up under these conditions.

TABLE 7. Respondents that reported each of the reasons for non take-up of social benefits in % of total respondents.

	Personal shame	Social shame	Claims shame	Any shame	Information comprehension	Time and organization	None
Beneficiary	0.13	0.13	0.14	0.27	0.41	0.41	0.31
Non-beneficiary	0.1	0.13	0.04	0.2	0.39	0.32	0.37

**Note:** Unit of observation: individual. Respondents could list more than one reason. Source: own computations using survey responses – section E of Exhibit 1 in *Appendix*. N=322.

Overall, hardships related to understanding information about programme requirements – information comprehension -, and complexity and time burden associated with welfare

programme participation – time and organization-, where the most frequent listed reasons for non take-up by beneficiaries.

By inspecting reported reasons for non take-up from non-beneficiaries it is apparent that results do not vastly differ from the previously reported from claimants. Exceptions to this general finding are the considerable shrinkage in the share of individuals that indicate time and organization as a reason for non take-up; the steep hike in the share of respondents that mention claims shaming; and a slight increase in the share of individuals that identify at least one shame-related reason for absence of take up of social benefits. One possible explanation for this situation relates with underestimation of the time and organizational burden implied in the take-up of social benefits by non-claimants, or with non-claimants' misperception about the psychological hindrances associated with reporting personal facts to social security.

## **4. Econometric Results**

### **4.1. Determinants of personal stigma**

To investigate on the determinants of personal stigma we regress the different proxies of personal stigma on a set of socio-economic variables. Proxies were constructed by the transformation of the questions ‘how often have you thought that individuals that receive social benefits are ...’ – see sections D of Exhibit 1 in Appendix - into binary variables where 1 is ‘few times’ and ‘many times’, and 0 is ‘never’ or ‘once or twice’. Moreover, we tested the effect of political orientation on personal stigma by investigating the size of the different political-minded covariates. Results are depicted in *Table 8*.

TABLE 8. Probit model on the determinants of personal stigma

	'Beneficiaries are parasites'			'Beneficiaries do not want to work'			'Beneficiaries are criminals / marginals'		
Age	0.019*** (0.007)	0.016** (0.008)	0.017** (0.007)	0.013* (0.007)	0.014* (0.008)	0.012 (0.008)	0.018** (0.007)	0.016** (0.008)	0.016** (0.007)
Female	-0.204 (0.158)	-0.133 (0.161)	-0.219 (0.164)	-0.029 (0.159)	0.014 (0.16)	0.002 (0.165)	-0.191 (0.176)	-0.140 (0.173)	-0.236 (0.180)
Married	0.088 (0.216)	0.179 (0.221)	0.165 (0.218)	-0.053 (0.229)	-0.037 (0.233)	-0.052 (0.236)	0.014 (0.225)	0.071 (0.235)	0.018 (0.222)
Household size	0.012 (0.063)	0.019 (0.065)	0.006 (0.066)	0.023 (0.063)	0.021 (0.064)	0.036 (0.066)	0.011 (0.074)	0.016 (0.075)	-0.007 (0.078)
Children	0.083 (0.078)	0.081 (0.078)	0.088 (0.083)	-0.003 (0.077)	0.003 (0.078)	0.0003 (0.079)	0.004 (0.083)	0.002 (0.085)	0.017 (0.087)
Employed	0.438*** (0.163)	0.451*** (0.163)	0.455*** (0.167)	0.496*** (0.162)	0.516*** (0.161)	0.549*** (0.168)	0.317* (0.185)	0.325* (0.186)	0.339* (0.194)
Education	-0.512** (0.216)	-0.471** (0.221)	-0.534** (0.228)	-0.331 (0.223)	-0.314 (0.226)	-0.415* (0.237)	-0.449** (0.222)	-0.428* (0.228)	-0.475** (0.232)
Income	-0.014 (0.027)	-0.012 (0.027)	-0.019 (0.028)	-0.019 (0.026)	-0.015 (0.027)	-0.022 (0.027)	-0.005 (0.030)	-0.003 (0.029)	-0.005 (0.032)
Beneficiary	-0.076 (0.156)	-0.069 (0.157)	-0.042 (0.162)	0.121 (0.157)	0.129 (0.157)	0.112 (0.164)	-0.019 (0.173)	-0.004 (0.175)	0.004 (0.182)
CDS supporter	0.336** (0.161)			0.213 (0.163)			0.268 (0.177)		
BE supporter	-0.075 (0.31)			-0.482 (0.295)			0.064 (0.320)		
Ideology CDS		0.006** (0.003)			0.004 (0.003)			0.003 (0.003)	
Ideology BE		-0.002 (0.003)			-0.005* (0.002)			-0.001 (0.003)	
Robust CDS			0.566*** (0.199)			0.362* (0.213)			0.615*** (0.209)
Robust BE			-0.039 (0.326)			-0.772** (0.320)			0.024 (0.319)
Observations	322	322	306	322	322	306	322	322	306
Pseudo R <sup>2</sup>	0.0838	0.0829	0.0973	0.0621	0.0606	0.0780	0.0597	0.0568	0.0853

**Note:** \*Significant at 10%. \*\*Significant at 5%. \*\*\*Significant at 1%. 'Robust CDS' is equal to one if respondent is a CDS supporter and reported positive agreement (>50) with the ideological statement of CDS. The same rationale applies to 'Robust BE'. White-Huber heteroskedasticity robust standard errors in parentheses. Source: own computations using survey responses – section A, B, D, and F of Exhibit 1 in *Appendix*.

Results in Table 8 suggest that respondents are more likely to report personal stigma as they age or if employed. Less robust findings acknowledge that having a college degree decreases the likelihood of reporting personal stigma and that CDS supporters have increased odds of reporting personal stigma towards social welfare beneficiaries. Scarce evidence seems to indicate that BE supporters are less likely to report personal stigma.

## 4.2. Determinants of stigmatization

We regress the different proxies of stigmatization on a set of socio-economic variables to study the effect of each of them on stigmatization. Results are displayed in *Table 9*.

TABLE 9. Probit model on the determinants of stigmatization.

	'Beneficiaries are parasites'			'Beneficiaries do not want to work'			'Beneficiaries are criminals / marginals'		
Personal stigma	0.529** (0.249)	0.532** (0.244)	0.429 (0.258)	0.750* (0.382)	0.736* (0.383)	0.748* (0.385)	0.557** (0.186)	0.550*** (0.189)	0.501*** (0.191)
Age	0.010 (0.009)	0.008 (0.010)	0.009 (0.010)	0.011 (0.013)	0.010 (0.013)	0.013 (0.014)	-0.001 (0.007)	-0.006 (0.007)	-0.002 (0.007)
Female	-0.294 (0.185)	-0.292 (0.181)	-0.467 (0.196)	0.131 (0.223)	0.145 (0.223)	0.186 (0.234)	-0.197 (0.155)	-0.148 (0.156)	-0.224 (0.159)
Married	-0.089 (0.262)	-0.078 (0.269)	-0.068 (0.275)	-0.226 (0.366)	-0.193 (0.356)	-0.313 (0.374)	-0.067 (0.215)	0.043 (0.218)	-0.051 (0.215)
Household size	-0.155** (0.071)	-0.163** (0.071)	-0.159 (0.075)	-0.029 (0.095)	-0.029 (0.091)	-0.062 (0.093)	-0.075 (0.064)	-0.708 (0.065)	-0.091 (0.066)
Children	0.099 (0.082)	0.083 (0.082)	0.069 (0.085)	0.093 (0.117)	0.088 (0.116)	0.107 (0.119)	0.017 (0.074)	0.011 (0.076)	0.010 (0.077)
Employed	0.201 (0.182)	0.151 (0.178)	0.300 (0.191)	0.048 (0.244)	0.039 (0.243)	0.072 (0.246)	0.201 (0.16)	0.176 (0.159)	0.187 (0.163)
Education	-0.064 (0.253)	-0.038 (0.249)	-0.098 (0.281)	-0.111 (0.354)	-0.087 (0.365)	-0.069 (0.364)	-0.181 (0.209)	-0.121 (0.213)	-0.221 (0.221)
Income	0.022 (0.028)	0.018 (0.028)	0.011 (0.029)	-0.003 (0.038)	-0.004 (0.038)	0.001 (0.039)	0.008 (0.026)	0.007 (0.002)	0.008 (0.027)
Beneficiary	0.158 (0.182)	0.174 (0.181)	0.231 (0.196)	0.368 (0.265)	0.374 (0.260)	0.345 (0.271)	0.201 (0.155)	0.184 (0.155)	0.201 (0.159)
CDS supporter	-0.229 (0.173)			0.021 (0.245)			0.371 (0.158)		
BE supporter	0.919* (0.511)			0.169 (0.484)			0.371 (0.309)		
Ideology CDS		0.001 (0.003)			0.002 (0.004)			0.005* (0.003)	
Ideology BE		0.002 (0.003)			0.001 (0.003)			0.003 (0.002)	
Robust CDS			0.027 (0.221)			0.107 (0.309)			0.346* (0.199)
Robust BE			Omitted			0.046 (0.515)			0.313 (0.348)
Observations	322	322	290	322	322	306	322	322	306
Pseudo R <sup>2</sup>	0.0889	0.0697	0.0802	0.0576	0.0592	0.0605	0.0440	0.0567	0.0473

**Note:** \*Significant at 10%. \*\*Significant at 5%. \*\*\*Significant at 1%. 'Robust CDS' is equal to one if respondent is a CDS supporter and reported positive agreement (>50) with the ideological statement of CDS. The same rationale applies to 'Robust BE'. White-Huber heteroskedasticity robust standard errors in parentheses. Source: own computations using survey responses – section A, B, C, D, and F of Exhibit 1 in *Appendix*.

Personal stigma was included in the model since individuals tend to coordinate their beliefs about the general-public opinions on stigma with their own personal views.

### 4.3. Robustness

To cross-check the evidence suggested by the probit model on personal stigma presented in Table 7 we have run an ordered probit on the most significant covariates. It seems that variables age, employed, education, and robust CDS have explanatory power regarding personal stigma. Results are exhibited in *Table 10*.

TABLE 10. Ordered probit on determinants of personal stigma.

	'Beneficiaries are parasites'	'Beneficiaries do not want to work'	'Beneficiaries are criminals or marginals'
Age	0.013** (0.005)	0.005 (0.005)	0.010* (0.006)
Employed	0.367*** (0.136)	(0.342)** (0.132)	0.375** (0.152)
Education	-0.327* (0.186)	-0.331* (0.182)	-0.295 (0.201)
Robust CDS	0.399** (0.171)	0.355** (0.170)	0.431*** (0.183)
Robust BE	0.005 (0.294)	-0.367 (0.286)	-0.065 (0.349)
Observations	306	306	306
Pseudo R <sup>2</sup>	0.0359	0.0263	0.0347

**Note:** \*Significant at 10%. \*\*Significant at 5%. \*\*\*Significant at 1%. The table presents the model coefficients. 'Robust CDS' is equal to one if respondent is a CDS supporter and reported positive agreement (>50) with the ideological statement of CDS. The same rationale applies to 'Robust BE'. White-Huber heteroskedasticity robust standard errors in parentheses. Source: own computations using survey responses – section A, D, and F of Exhibit 1 in *Appendix*.

The same robustness procedure was followed for the drivers of stigmatization. We have run ordered probit model with the regressors personal stigma and household size – see *Table 11*. Evidence suggests that individuals with personal stigma are more likely to report stigmatization, i.e. to declare that they have heard frequently stigmatizing comments.

TABLE 11. Ordered probit on determinants of stigmatization.

	'Beneficiaries are parasites'	'Beneficiaries do not want to work'	'Beneficiaries are criminals or marginals'
Personal stigma	0.569** (0.240)	0.716* (0.005)	0.575*** (0.183)
Household size	-0.141 (0.055)	0.005 (0.067)	-0.066 (0.049)
Observations	322	322	322
Pseudo R <sup>2</sup>	0.0417	0.0258	0.0277

\*Significant at 10%. \*\*Significant at 5%. \*\*\*Significant at 1%. The table presents the model coefficients. White-Huber heteroskedasticity robust standard errors in parentheses. Source: own computations using survey responses – section A, C, and D of Exhibit 1 in *Appendix*.

## **5. Concluding Remarks**

Overall, respondents tend to report higher levels of stigmatization than of personal stigma, which may result from a conscious will or unconscious predisposition to socially desirable responding.

According to econometric results, individuals are more likely to report personal stigma as they get older or if employed, and the opposite is true if they have completed a college degree. One possible underlying explanation relates to the fact that individuals may be more prone to believe in meritocracy and in self-determination if they are employed, and hence feel that recipients of social benefits are responsible for poverty or misfortune. Another possible argument is that educational attainment – in this case, completion of a college degree-, may broaden the individual's set of references, and thus make her less prone to stigma. Regarding the result that CDS supporters are more prone to report personal stigma, it can be argued that conservative parties tend to be more supportive of policies that reward individual movements across the social ladder, namely entrepreneurship, than of redistribution of income.

On what concerns stigmatization, our findings suggest that personal stigma is able to, in part, explain stigmatization. It seems that individuals tend to coordinate their beliefs about the general-public opinion on stigma with their own personal views, which is reasonable.

We are aware that our analysis faces some relevant limitations. First, benefit stigma may be intrinsically linked to other social stigmas, such as poverty, single parenting, addictive substances abuse, or ethnicity. Second, respondents were not provided with information on the monetary value of each social protection benefit, and hence it may happen that respondents have different beliefs about the financial relevance of monetary allowances.

Finally, attitudinal measures such as personal stigma and stigmatization share an intrinsic research curse – in the words of Anaïs Nin: 'We do not see things as they are but as we are'.

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## Appendix

### Exhibit 1. Survey questionnaire – English version

#### Section A. Socio-economic characterization

Q1. What is your age?

Answer: \_\_\_\_\_

Q2. What is your gender?

Answer: Female Male I do not want to tell

Q3. Were you born in Portugal?

Answer: Yes No

Q4. Are you a Portuguese national?

Answer: Yes No

Q5. What is your current marital status?

Answer: Single Married Widow Divorced Co-habitation

Q6. How many individuals belong to your household?  
Children (individuals less than 18) should be included.

Answer: \_\_\_\_\_

Q7. How many children or students belong to your household?

Answer: \_\_\_\_\_

Q8. Please specify your county of residence:

Answer: Alcochete Almada Amadora Barreiro Cascais  
Lisboa Loures Mafra Moita Montijo Odivelas  
Oeiras Palmela Seixal Sesimbra Setúbal Sintra  
Vila Franca de Xira Outro

Q9. Are you currently working?

- If Yes is select in Q9 → Q11

Answer: Yes No I do not know I do not want to answer

Q11. Are you working full time or part time?

- If Yes is select in Q9 → Q12

Answer: Full-time Part-time I do not know I do not want to tell

Q12. Are you self-employed?

- If Yes is not selected in Q9 → Q13

Answer: Yes No I do not know I do not want to tell

Q13. Which of the following situations describes your current work status?

Answer: Unemployed Student / non-paid internship Retired  
Permanently injured for work Domestic Volunteer Other  
I do not know I do not want to answer

Q14. Specify the annual income before taxes of your household:

Answer: 0-5.000€ 5.001-10.000€ 10.001-13.500€  
13.501-19.000€ 19.001-27.500€ 27.501-32.500€  
32.501-40.000€ 40.001-50.000€ 50.001-100.000€  
100.001-250.000€ more than 250.001€

Q15. What is the highest level of formal education that you have completed?

Answer: Primary (1º Ciclo) Preparatory (2ºCiclo)  
Middle school (3ºCiclo) Secondary (12º ano)  
Post- secondary (curso técnico n/ especializado)  
Undergraduate Master PhD  
Other I do not know I do not want to tell

#### Section B. Social protection benefits

Q16. Please mention if your household has received any of these benefits during the last year:

Answer:  
Dependency complementary income (*Complemento por dependência*)  
Complementary income for elderly (*Complemento solidário p/ idosos*)  
Disability pension (*Pensão de invalidez*)  
Orphan's pension (*Pensão de orfandade*)  
Survival pension (*Pensão de sobrevivência*)  
Old age pension (*Pensão de velhice*)  
Widow's pension (*Pensão de viuvez*)  
Early retirement (*Pré-reforma*)  
Funeral allowance (*Subsídio de funeral*)  
None  
I do not know  
I do not want to tell

Q17. Has a member of your household received unemployment benefits (or other kind of unemployment-targeted welfare allowances) during the last year?

Answer:  
Yes No I do not know I do not want to tell

Q18. Please mention if your household has received any of these family- and children-related benefits during the

Answer:  
Child benefit (*Abono de família*)

last year:

- Pregnancy benefit (*Abono pré-natal*)
- Parenthood benefit (*Subsídio de parentalidade*)
- Child care benefit (*Subsídio para assistência a filho*)
- Family assistance benefit (*Subsídio para assistência a 3ª pessoa*)
- Lifelong monthly benefit (*Subsídio mensal vitalício*)
- Other None
- I do not know I do not want to tell

**Q19.** Please mention if your household has received any of these health care and sickness benefits during the last year:

- Answer:**
- Sickness benefit (*Subsídio de doença*)
  - Insurance against accidents at work and occupational diseases (*Seguro de acidentes de trabalho*)
  - Other None
  - I do not know I do not want to tell

**Q20.** Please mention if your household has received any of these education-related benefits during the last year:

- Answer:**
- Scholarship (*Bolsa de estudo*)
  - Other None
  - I do not know I do not want to tell

**Q21.** Please mention if your household has received any of these social exclusion benefits during the last year:

- Answer:**
- Income support allowance (*Rendimento de Inserção Social*)
  - Other None
  - I do not know I do not want to tell

### Section C. Quantitative measures of stigma and stigmatization

**Q22.** Mention your agreement in a 0-100 scale, being 0 'strongly disagree' and 100 'strongly agree' with the following sentence: 'In my opinion people should feel ashamed to receive...'

- Answer:**
- Old age and disability pensions: \_\_\_\_\_
  - Health care and sickness benefits: \_\_\_\_\_
  - Unemployment benefits: \_\_\_\_\_
  - Family / children benefits: \_\_\_\_\_
  - Education benefits: \_\_\_\_\_
  - Social exclusion benefits: \_\_\_\_\_

**Q23.** Mention your agreement in a 0-100 scale, being 0 'strongly disagree' and 100 'strongly agree' with the following sentence: 'In Portugal, the general public believes that people should feel ashamed to receive...'

- Answer:**
- Old age and disability pensions: \_\_\_\_\_
  - Health care and sickness benefits: \_\_\_\_\_
  - Unemployment benefits: \_\_\_\_\_
  - Family / children benefits: \_\_\_\_\_
  - Education benefits: \_\_\_\_\_
  - Social exclusion benefits: \_\_\_\_\_

### Section D. Qualitative measures of stigma and stigmatization

**Q24.** How often have you listen in the last year to people saying that individuals that receive social benefits are the parasites of society?

- Answer:**
- Never Once or twice
  - Few times Many times

**Q25.** How often have you listen in the last year people to saying that individuals that receive social benefits do not want to work?

- Answer:**
- Never Once or twice
  - Few times Many times

**Q26.** How often have you listen in the last year people to saying that individuals that receive social benefits are criminals or marginals?

- Answer:**
- Never Once or twice
  - Few times Many times

**Q27.** How often have you thought in the last year that individuals that receive social benefits are the parasites of society?

- Answer:**
- Never Once or twice
  - Few times Many times

**Q28.** How often have you thought in the last year people that individuals that receive social benefits do not want to work?

- Answer:**
- Never Once or twice
  - Few times Many times

**Q29.** How often have you thought in the last year people that individuals that receive social benefits are criminals or marginals?

- Answer:**
- Never Once or twice
  - Few times Many times

### Section E. Perceptions of fraud, economic deprivation, and take-up

Regarding the previously described social protection benefits:

**Q30.** Among 100 beneficiaries, how many do you believe that are not entitled for social protection benefits?

**Answer:** \_\_\_\_\_

**Q31.** Among 100 beneficiaries, how many do you believe that are not economically-deprived?

**Answer:** \_\_\_\_\_

**Q32.** Among 100 entitled individuals, how many do you believe that receive social benefits?

**Answer:** \_\_\_\_\_

### Section F. Reasons for non-take of social benefits

Suppose that you are entitled for social benefits and that you are economically-deprived.

**Q33.** Under this hypothesis, which of the following reasons could lead you to non-take up the social benefits?

You may list as many reasons as you deem convenient.

**Answer:**

- Personal shame – *thinking that social benefits are not for people like me.*
- Social shame – *fear that others think less of me or judge me because I receive welfare assistance.*
- Claims shame – *feeling uncomfortable about disclosing personal information or feeling diminished by social security workers.*
- Information comprehension - *difficulties in understanding information about programme requirements.*
- Time and organization – *complexity and time burden of the steps required to participate in welfare programmes.*
- None

### Section G. Enacted stigma (this section was only presented to respondents that reported being recipients of social benefits)

**Q34.** How often have you had to pretend that you do not receive social benefits to be accepted?

**Answer:**

- Never
- Few times
- Once or twice
- Many times

**Q35.** How often have you lost a job or career opportunity for receiving social benefits?

**Answer:**

- Never
- Few times
- Once or twice
- Many times

**Q36.** How often have you been made fun of or called names for receiving social benefits?

**Answer:**

- Never
- Few times
- Once or twice
- Many times

**Q37.** How often have you lost friendships because you receive social benefits?

**Answer:**

- Never
- Few times
- Once or twice
- Many times

### Section G. Political orientation

**Q38.** Which of the political parties currently represented in the Portuguese Parliament do you identify the most with?

**Answer:**

- BE
- CDS-PP
- PCP
- PEV
- PS
- PSD
- Other

**Q39.** Mention your agreement in a 0-100 scale, being 0 'strongly disagree' and 100 'strongly agree' with the following sentence: 'the Man is exploited when he feels suffocated by the State's bureaucratic machine'

**Answer:** \_\_\_\_\_

**Q39.** Mention your agreement in a 0-100 scale, being 0 'strongly disagree' and 100 'strongly agree' with the following sentence: 'Freedom is to live without precariousness'

**Answer:** \_\_\_\_\_

## Annex

Exhibit 2. Respondents that reported each of the items in section G (enacted stigma) in % of total respondents.

	Never	Once or Twice	A few or many times
How often have you had to pretend that you do not receive social benefits to be accepted?	92.78%	1.48%	5.74%
How often have you lost a job or career opportunity for receiving social benefits?	98.41%	0.79%	0.8%
How often have you been made fun of or called names for receiving social benefits?	96.92%	-	3.08%

**Note:** Section G was only presented to respondents that reported being recipients of social benefits.