

**The Asian Welfare Regimes Revisited:
The Preliminary Typologies Based on Welfare Legislation and Expenditure**

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1. The Divergences of the Asian Welfare Regimes

Asian welfare states have been on the spotlight since late twentieth century. Korea, Taiwan, Hong Kong, and Singapore became the model for rapid economic growth since 1970s. Following such predecessors, the South-eastern countries such as Malaysia, Indonesia, Thailand, and the Philippines rode the next wave of economic growth in late twentieth century. The previous studies on the Asian welfare state programs were interested in their complementary role for economic growth by mobilizing monetary capital and enhancing human capital, leading to the discussion of the model of ‘welfare productivism’ or ‘developmental welfare’ (Aspalter 2006; Gough 2001; Kwon 2005b; Ramesh and Asher 2000). The scholars argued that the Asian welfare programs were unique enough to require a new type of welfare regimes. Such arguments also emphasized the Asian social welfare programs relied on the welfare provisions of the private sector such as families and firms. Recently, the economic crisis of 1997 and its subsequent impacts on all the Asian economies accelerated academic debates on how these Asian models coped with such rapid socio-economic crisis and how such experiences did or did not transform the nature of their welfare programs.

In this paper, we sought to examine overall development of the welfare programs of the nine Asian countries (Japan, Korea, Taiwan, Hong Kong, Singapore, Malaysia, Indonesia, Thailand, and the Philippines) in three areas: the number and timing of legislation, contents of programs(program type, coverage, benefits, and financing), and welfare efforts in terms of public spending. We selected these countries since they include not only the first and second generation of developmental and welfare states, but also intra-regional variations between the North-eastern and South-eastern countries. By analyzing these countries, we can understand the extent to which there is the “Asian” model or divergent paths of welfare state regimes within the region since the 20th century. Based on such analysis, we illustrated different institutional types of welfare regimes in the first generation of these programs and how such institutional legacies and socio-economic and political changes shaped subsequent divergences in the Asia. Such analysis would expand the previous typologies by including both the North-eastern and South-eastern states and, more importantly, analyzing multiple dimensions of welfare state programs.

We concluded that North-eastern and South-eastern countries present both common characteristics for the region and, at the same time, unique characteristics across subgroups. The common characteristics are overall complementary role of welfare programs for economic development, the role of the state as a regulator with particularly weak welfare service provision, and emphasis on health and education at the expense of social security. Using a hierarchical analysis of the diverse dimensions of welfare programs, we also found three types or groups of the Asian welfare state regimes: Group A (Japan, Korea, Taiwan, Thailand, and the Philippines), Group B (Hong Kong and Singapore), and Group C (Malaysia and Indonesia). The divergence lies in a number of dimensions. First, they vary in terms of main program types: social insurance type versus provident funds. Second, they diverge in terms of the contents of welfare programs such as coverage, benefits, and financing. Finally, they can be distinguished in terms of relative composition of public spending across different programs: health and education versus social security and welfare.

How did such division come about? We did not concentrate on such analysis, but we briefly discussed a couple of factors in the final section: colonial legacies, initial economic development strategy, institutional legacies of the first generation of welfare state programs, and timing and degree of democratization. We also discussed whether the

Asian welfare regimes have been moving towards the types of the Western welfare regimes based on Esping-Andersen (1990). Japan, Korea, and Taiwan moved towards a universal or inclusive welfare regime with more attention on welfare services. On the other hand, they still showed the state's strategy to stay away from direct financing and provision of welfare benefits. Hong Kong and Singapore seem to move towards a liberal regime type in that both states sought to retrench welfare programs, but their reliance on provident funds distinguishes them from a liberal type. We concluded that there is no clear sense of convergence between the Western and Eastern welfare state regimes. Instead, the present intra-regional divergences among the Asian countries present a fertile ground for our theoretical understanding of sociological conditions of welfare state regimes.

2. The Typologies of the Asian Welfare Regimes

Esping-Andersen (1990) presented a typology of welfare regime based on different constellation of public and private welfare provisions: liberal, conservative, and social democratic. His study triggered interests in Asian welfare state programs as part of efforts to classify welfare institutions in non-European societies. Previous efforts to classify Asian welfare regimes led to an attention on what are the common characteristics of the region.

(1) Common Characteristics of East Asian Welfare States

Recent studies of the Asian welfare state programs offer the following common characteristics across the societies. First, the colonial experiences influenced the initial characteristics of welfare state programs as in the cases of Korea and Taiwan from Japan and Hong Kong, Malaysia, Singapore from the United Kingdom. Second, economic development was the central goal of the state, and welfare state programs were part of developmental efforts. The Asian cases illustrate how economic and social policies were intertwined, prompting the concept of a 'productivist' welfare state. Third, due to its peripheral function to economic growth, the state sought to minimize its role and to maximize the role of firms and families in terms of financing and providing welfare services. In other words, the state was a regulator, not a provider, of welfare benefits. Fourth, the key types of welfare state programs were either social insurance (Korean and Taiwan) or provident funds (Malaysia and Singapore). Such principles allowed the state to minimize its administrative and financial burdens. Also, the states minimized its role on welfare service provisions, leaving such role to families or communities. A heavy reliance on civil society for financing and welfare provisions resulted in a minimum level of redistribution. Fifth, welfare state programs evolved in a fragmented and gradual fashion in which state employees and core workers were covered first with slower expansion to other groups. Based on such common characteristics, it can be argued that the Asian welfare programs are the case of a conservative welfare regime in Esping-Andersen's terms. However, at least, up until the late 1990s, a majority of the countries with Japan as an exception is not easily classified as a conservative welfare regime since the benefit levels or 'decommodification' level is

lower than that of the Western cases.

In short, the Asian welfare state programs share such characteristics as social insurance principles, a state's regulatory role, gradual expansion of coverage, and a heavy reliance on families. The East Asian states also developed welfare programs for economic development and political legitimacy, not for socioeconomic redistribution. Such common characteristics led to an argument on the new fourth type, the Asian welfare regime (Aspalter 2006; Holliday 2000; Kwon 2005a).

(2) Intra-regional Divergence

Despite common characteristics of the East Asian welfare states in their initial development, a few studies argued that the region diverged into different types. Hort and Kuhnle (2000) argued that one group is based on the Germany-style social insurance programs, whereas the other group the provident funds based on the legacy of the British colonialism.

Kwon (2005a) argued that developmental welfare states diverged between selective and inclusive welfare states. They are different in terms of the scope of coverage and the state's control over welfare programs. Compared with other East Asian societies, he argued, Korea and Taiwan shifted their welfare programs towards the inclusive type due to productivity-based economic development strategy and democratization since the late 1980s.

Holliday (2000) proposed three types: facilitative (Hong Kong), developmental-particularist (Singapore), and developmental-universalist (Korea and Taiwan). Such three types share the attributes of the productivist welfare capitalism that the states subordinate social welfare to economic growth. But the three types differ in terms of the institutionalization of social rights, redistributive outcomes, and public share in welfare provision. The facilitative type shows the lowest of all three dimensions, the developmental-particularist the middle, and the developmental-universalist the highest. Thailand and Indonesia seem to be close to the developmental-particularist type in that they emphasize the role of families and communities instead of the state (Gough 2001). Malaysia is mixed between the developmental-particularist and developmental-universalist in that it enacted the British-style national health service and the employee provident fund for pension programs (Gough 2001).

Previous typologies of the Asian welfare regimes enhance our understanding of the effects of historical conditions on welfare state programs as well as intra-regional differences. However, such efforts often include different dimensions of factors outside of the contents of welfare programs. Also, such typologies were developed for more advanced countries in the region such as Japan, Korea, and Hong Kong. It is not always clear how we would classify other countries such as Malaysia, Indonesia, and Thailand.

As an alternative typology of welfare state regimes in the Asia based on the key contents of welfare benefits and provisions, we sought to develop a typology based on actual contents of welfare programs along the key dimensions of program type (e.g., social insurance versus provident funds), coverage, benefits, and financing. Such dimensions are not just objects of academic discussion, but key aspects of

welfare state programs that affect beneficiaries and providers of welfare benefits. The clustering of the Asian countries based on such dimensions of welfare programs would refine our understanding of the extent to which each society is similar or different from each other. Such classification would suggest a new direction of researches that examine the sociological conditions of different types of welfare regimes and their impacts on societies. In the following, we examine the characteristics of the nine Asian countries (Japan, Korea, Taiwan, Hong Kong, Singapore, Malaysia, Indonesia, Thailand, and the Philippines) in terms of the four key dimensions of welfare programs for four types of major social welfare programs such as old age pension, health, work injury, and unemployment. Based on the all dimensions for the four programs, we will present the result of a hierarchical cluster analysis. The analysis produced four main types of the welfare state regimes among the nine countries. After the analysis, we will provide basic welfare efforts of each type in terms of public expenditures. Finally, we will discuss future directions of different welfare state regimes.

3. The Measurement and Data

The two main sources of the data are the “Key Indicators” data of the Asian Development Bank (hereafter, “ADB”) and the “Social Security Programs throughout the World” data of the U.S. Social Security Administration and the International Social Security Association. First, the “Key Indicators of the Asian Development Bank are the 18-year time-series data on 44 developing countries that are the members of the ADB. The unique importance of the Key Indicators data is that it provides direct measures of welfare expenditures, both total and individual programs.

The “Social Security Programs throughout the World” data are another valuable source. They are different from the ADBS data in that they provide the history and legislative contents of individual welfare programs in each country. However, it does not indicate actual number of people it covers, the amount of expenditures, and benefits in monetary values. In short, if we combine the ADB and the Social Security Programs data, we have a relatively detailed understanding of welfare programs and their outputs in the East Asian countries since late 1980s.

We also examined the effects of democratization on welfare outputs. For such data, we relied on the Polity IV Project, “Political Regime Characteristics and Transitions, 1800-2004 (Marshall and Jaggers 2005).” The data set includes numerous dimensions of politics, government, and degree of democratization. The democracy score is an 11-point scale (from 0 to 10). It is based on the competitiveness of political participation, the openness and competitiveness of executive recruitment, and constraints on the chief executive. The variable has not only been used by a large number of studies on politics, but it offers a comparative and multidimensional measure of the degree of democratization and its changes in the Asia.

4. The Trends of Legislative Efforts in Social Welfare Programs

The welfare state regimes are created through social welfare programs. Thus, one way of examining the emergence of welfare state regimes is to analyze the temporal trends of welfare state legislation. The following graph shows the trend of all types of welfare program legislations, both the first introduction and subsequent revisions, in all nine countries since the twentieth century.

<Figure 1 about here>

We can understand the legislative events as the efforts of each society to create welfare state regimes. Based on the temporal pattern of the legislations, it is clear that there are four periods, the first period before World War II, the second before early 1960s, the third before early 1980s, and the rest. The first period represents the leading legislation of Japan and Malaysia and Singapore during their colonial periods. The second period shows that, with the independence after the end of World War II, all countries enacted welfare state programs as part of their modern states. Thus, all the countries formally created welfare state programs, although some of these states did not implement such programs as in the case of the health insurance legislation of 1963 in Korea. The third period indicates the sense of actual enactment and implementation. This also coincides with the start of a full-scale industrialization. Thus, the four dragons (Korea, Hong Kong, and Singapore) with an exception of Taiwan led the legislation in this period. In this period, it was industrial workers in addition to government employees that were the main beneficiaries of such legislation. Finally, the fourth period shows the most active legislative activities. It is this final period where the other four dragons (Malaysia, Indonesia, Thailand, and the Philippines) accelerated the pace of welfare state emergence in the context of industrialization, democratization, globalization and economic crisis of 1997. Also, this is the period when Japan expanded its welfare programs to the areas of social services for the elderly and family with dependent children, and Korea and Taiwan completed a universalization of their social insurance programs for the entire population.

This final period presented substantial challenges to all these countries: the first generation of welfare program leaders experiencing increasing demands from their maturing civil society and the feedback effects of previously legislated welfare state programs; the states of the second generation facing political crisis for the first time due to a deluge of democratization and economic crisis of 1997 in the context of increasing globalization. Consequently, all nine countries have enacted all the major social welfare programs except family allowances and unemployment insurance.

The overall picture suggests periodic explosion of welfare legislation. In addition to country-specific factors, we can interpret such temporal pattern as the result of institutional diffusion processes in which the late-comers imitated the early adopters (Collier and Messick 1975; Jung and Park 2005). The fact that the later comers such as Thailand introduced overall programs at a much faster pace than the early

adopters demonstrates such institutional diffusion processes.

Although the legislative history of the Asian countries demonstrates a convergence process, we should pay attention to the contents of such welfare programs. A main distinction can be made between social insurance programs and provident funds. Social insurance programs are welfare programs in which the participants receive benefits on the basis of their previous contribution to insurance funds, whereas provident funds are forced saving plans for retirement or medical care. The following table shows that the Asian countries diverged in the creation of welfare programs for old age, health, work injury and unemployment and, at the same time, the type of welfare programs (social insurance or provident funds).

<Table 1 about here>

Out of four key social welfare programs, the nine countries established all the programs except unemployment. As in cases of Western states (Abbott and DeViney 1992), the unemployment program is the last program in a typical sequence of welfare state formation. It has been argued that employers oppose the unemployment program most fiercely, fearing that it would weaken labor incentives. In the Asian cases, only Japan, Korea, Taiwan, and Thailand enacted the unemployment insurance. Hong Kong relies on a social assistance program for unemployment benefits.

In terms of the type of welfare programs, the table suggests two groups of countries: the first group with social insurance programs and the second group provident fund. Such different types of welfare programs present different types of involvement from the state, market, families and communities for mobilizing resources and delivering welfare benefits. Social insurance programs tend to require more administrative and organizational efforts, but offer more risk-specific benefits to a wider scope of beneficiaries. On the other hand, provident funds tend to be more flexible in terms of administration but are less equipped to deliver risk-specific benefits for the entire population. How can we explain such divergence? We can discuss two factors: colonial legacy and economic development strategy. The countries with social insurance programs (e.g., Korea and Taiwan) were the Japanese colonies. They were also leading developmental states in the region. The Japanese model presented a reference by which these countries devised their own welfare programs. The similarity of their state organizations to the Japanese state structure made it easy to use the Japanese welfare model. These countries also pursued state-led industrialization strategy based on manufacturing industries, and the fact that social insurance programs targeted the regularly employed made the social insurance type ideal for such developmental strategy.

Malaysia and Singapore, representing the provident funds model, inherited the colonial state's welfare programs from the British colonial government. The British colonial government chose provident funds instead of social insurance because provident funds provided a type of welfare programs in which the state's involvement with welfare provision was minimal. At the same time, these states chose economic growth based on relying on mobilization of domestic and international capital. Both societies

also had ethnic composition represented by Malays and Chinese. From the beginning, thus, both states chose provident funds as a way to minimize the state's role in welfare provision and to mobilize capital for economic growth. Compared with the North-eastern counterparts, the economic strategy of these states left families in the rural areas relatively intact. Consequently, households remain more important for welfare provisions than in the North-eastern region.

Once the states in both regions established the first generation of welfare programs, social insurance or provident funds, those programs institutionalized policy learning (Hecklo 1974) for the state, beneficiaries, and other stake holders. In other words, the state creates administrative organizations and develops organizational skills by implementing policies. When the state plans for future direction of welfare provisions, existing welfare programs provide the basis with sufficient information. Also, the beneficiaries of the initial welfare programs have incentives in future direction and are ready to fight over their interests in the existing programs (Pierson 2001). As a result, when the initial conditions for the first generation welfare programs change, we observe institutional inertia in which the states stay with the basic framework of pre-existing welfare programs (Esping-Andersen 1999).

In the following, we compare welfare state regimes in terms of their coverage, financing, and benefits. We will discuss overall differences either between the regions or the timing of industrialization. Since different welfare programs have their unique characteristics, we will present the results for each program.

5. The Nature of Current Social Welfare Programs

(1) Pensions

1) Program Type

Social insurance and provident funds dominate pension programs with an exception of Hong Kong that has social insurance programs and mandatory occupational benefits for pensions. Japan, Korea, and Taiwan, all the leading developmental states and Thailand and the Philippines have social insurance. Singapore, and Indonesia have provident funds, and Malaysia initially created provident funds and later added social insurance program. Hong Kong has social assistance and mandatory occupational program. The type of colonial experiences, the nature of state intervention in economic growth seem to be responsible for the differences: the countries with the Japanese colonial experiences and the developmental state based on manufacturing industries tend to have social insurance programs, whereas the British colonial experiences and the developmental state based on international trades tend to develop provident funds. Hong Kong shows the lack of pension programs except social assistance for the elderly and mandatory occupational benefits for full-time workers. If we divide program types into flat-rate, earnings-related, means-tested, provident funds, and occupational retirement programs, within social insurance type, Japan and the

Philippines have both flat-rate and earning-related programs. Korea, Taiwan, and Thailand have earning-related type.

2) Coverage

In terms of coverage, one of the common aspects of pension programs in the region is that the states developed pensions for government employees, the military personnel, and teachers from the beginning of the program. By providing welfare benefits to their own members, the states sought to mobilize highly qualified personnel. In terms of private sector coverage, Japan, Korea, and Singapore cover both the employed and self-employed or residents, whereas Taiwan, Thailand, Malaysia, and Indonesia cover private sector employees. One of the characteristics of the Asian welfare state programs is a gradual extension of coverage with an exception of Thailand, which introduced welfare state programs in 1990s at a level similar to those of other mature welfare programs in the region. Although all the Asian countries enacted pension programs with an exception of Hong Kong, it is clear that most countries are still in the process of expanding their coverage. However, as in the case of Korea, the pressure of rapid aging and democratization processes seems to put strong pressure on the state to expand the coverage of pensions programs among various welfare programs. Private pension programs are still less visible in the region. However, a relatively low level of pension benefits, another characteristic of the Asian welfare programs, would likely to increase the proportion of private pension schemes in countries such as Korea.

3) Benefits

Among social insurance types, Korea and the Philippines provide 60% of average earnings, whereas Thailand offers 15% of average earnings. Taiwan provides a lump sum of 45 months of average earnings instead of annuities. All the provident funds provide contribution plus interest. Such benefit levels are much lower than those of the European programs. But there has been a pressure to lower the present level of pension benefits due to rapidly increasing beneficiaries.

4) Contribution

Contribution rates and financing affect the redistributive effects of welfare state programs. When contribution rate is strongly related with earnings and the state contributes to the funds out of general taxation, pension schemes offer a high level of redistribution. Although social insurance programs often rely on an earning-related contribution method as in the case of Japan, Korea, Taiwan, and Thailand, the Philippines uses a flat-rate method. We can argue that earning-related method is more redistributive than a flat-rate one. Contribution types are not relevant for provident funds, since they are based on individual savings.

The countries vary significantly in terms of the contribution rates for employers and employees.

Among the countries with social insurance types, Japan, Korea, and Thailand have the same rate for both employers and employees with Japan at the highest level, Korea in the middle, and Thailand at the lowest. Both Taiwan and the Philippines demand a much higher rate for employers than for employees. Among the countries with provident funds, Malaysia has 11.5% for employees and 12.5% for employers. Indonesia has the lowest rate with 2% for employees and 4% for employers.

Government contribution enhances redistributive effects of welfare programs. Among the countries with social insurance programs, Japan shows the highest level (i.e., one-thirds of total benefits plus total administrative costs). Thailand offers 1% of earning, and Taiwan provides 0.55% of earning and administrative costs. The Korean government shares part of administrative costs and contribution only for farmers and fishermen. All the countries with provident funds show no government contribution for pension programs. Such lack of government contribution from the provident funds suggests that social insurance provides a better alternative for redistributive outcomes.

(2) Health

1) Program Type

As in the case of pensions, health programs are divided between social insurance and provident funds with an exception of Hong Kong that has employer liability and social assistance programs for health benefits. The list of countries for each type is the same as pension programs except Indonesia with social insurance for health. Japan has a dual system in which employees' health insurance is for the employed, whereas the rest of the population belongs to national health insurance.

2) Coverage

Overall there are two types of coverage: population versus the employed. It is clear that leading industrialized countries set themselves apart from the rest of the countries by providing health benefits for entire population: Japan and Korea by national health insurance and Hong Kong by social assistance programs. The other countries include the employed only. The coverage of general population seems to be the key dividing line between more advanced welfare states and less advanced ones in the Asia.

Throughout legislative history, however, all the countries, including the advanced ones, started with core industrial workers and the government sector first and only gradually expanded the coverage to workers in small size firms and self-employed and entire population at the last stage. Compared with pension, most Asian welfare state programs narrowly focus on the employed, leaving the self-employed and general population behind. It has been argued that the Asian welfare states concentrate on health and education to enhance their human capital for economic growth. The coverage of health programs in a majority of the countries clearly indicates such a link between welfare and economic development.

¹3) Benefits

The key dividing issue for health benefits in the Asia is cash benefits for the sick. Cash benefits in health programs suggest deco modifying effects in this category. However, the list of the countries without cash benefits is a mixed bunch: Indonesia, Malaysia, and Korea. Korea presents an interesting case, since it leads other countries in other categories of welfare development. The Korean state implemented a compulsory national health insurance in 1977, which was the second welfare program after work injury programs in 1963. At the time, a crucial objective within the government was not to put burdens on itself financially and administratively. Thus, it deliberately enacted no government contribution, and it still provided no cash benefits for the sick.

Among the countries with cash benefits for the sick, the Philippines offers the highest level at 90% of earnings, and Taiwan and Thailand the lowest at 50%. In terms of medical benefits, Hong Kong and Thailand cover 100% of medical costs, whereas Japan 70-90% and both Korea and Taiwan 50-80%. The benefits levels show that, under the façade of convergence of health care programs, substantial degree of variations exist across the countries.

4) Contribution

Among the three possible types of contribution of earnings-related, flat-rate, and means-tested, all countries have earnings-related method, whereas Japan, the Philippines and Thailand also have a flat-rate method. In Japan, a flat-rate is for national health insurance, and earnings-related method is employees' health insurance. In the Philippines and Thailand, a flat-rate is for the self-employed, and earnings-related method is for the rest of the population. Korea is unique in that it relies on means-tested method for the self-employed. The Korean state uses means-test since it recognizes a substantial degree of underreported incomes from the self-employed.

In all the countries except Malaysia and Indonesia, all three parties (employers, employees, and government) contribute to the health care funds. However, among those countries with government contribution, Korea, Hong Kong, Singapore, and the Philippines provide no contribution to private sector employees, minimizing the state's financial burdens. Once again, Korea stands out in its conspicuous lack of welfare efforts among the economically developed countries in the region.

Among social insurance types, the employers in Indonesia pay the highest rate of 6% of earnings, those in the Philippines the lowest of 1.25%. The employees in the Philippines also pay the lowest level of 1.25%, whereas the Japanese employee the highest of 4.1%. For employers' liability program in Hong Kong and Singapore, the employers are entirely responsible. For the provident funds, the employers pay 12% and the employees 11% in Malaysia, whereas the employees pay 20% and the employers only 13%

¹ Singapore shows the highest rate of 20% for employees and 13% for employers, but this includes contribution rates for health benefits.

in Singapore. However, we should remember that both employers and employees in Korea, Hong Kong, Singapore, and the Philippines are under additional financial burdens due to their states' lack of financial contribution.

(3) Work Injury

Based on the history of welfare legislation in the Western countries, work injury program has been the first welfare program in a majority of welfare states (Abbott and DeViney 1992). Except the Philippines, all the Asian countries started their welfare state programs with work injury program. It was argued that work injury program is the most compatible with the interests of employers by rehabilitating injured workers back to workplaces. Work injury programs are also different from other types of welfare state programs. Work injuries were recognized as the problem for workers and as the responsibilities of employers exclusively.

1) Program Type

There are only two types available for the program: social insurance and employer-liability. Social insurance type is dominant with Hong Kong, Singapore, and Thailand having employer-liability programs. Since work injuries are narrowly defined as the responsibility of employers, provident funds, involving employees, were not chosen for this type. The key difference between social insurance and employer-liability programs lies in that the latter require individual firms to have coverage for their employees, whereas the former provides pooling among employers.

2) Coverage

Although all the Asian countries have work injury programs, the coverage indicates a clear division. Only Japan and Korea provide a comprehensive coverage, whereas the remaining countries cover core industrial workers or other special type of workers such as Hong Kong with domestic and agricultural workers or Malaysia with workers earning less than 2,000 Malaysia \$ monthly. The restricted coverage of those countries reveals that the states seek to minimize the financial and administrative burdens of employers. At the same time, all the countries except Hong Kong provide special programs for public sector employees, maintaining a strong tradition of protecting the members of the government ahead of civil society.

3) Benefits

Four categories of benefits exist for work injury programs: temporary disability benefits, permanent disability pensions, survivor pensions, and medical benefits. All the countries do have four categories.

The differences are whether cash benefits have time limits, amounts, and payment in lump-sum or annuities. For temporary disability benefits, the key difference is the amount of cash benefits. Most countries have a higher level of benefits for the initial weeks or months after injuries such as 14 days (Taiwan) or 2 years (Korea). Among the benefits for the initial periods, Singapore and Indonesia show 100% of average earnings within the initial periods of 14 days or 4 months (Indonesia). Among the benefits after the initial periods, Japan, Korea, and Malaysia offer the highest level at around 80%, whereas Taiwan and Indonesia the lowest at 50%.

For permanent disability and survivor pensions, the key differences lie in a payment method (lump-sum versus annuities) and time limits for annuities. The countries with a social insurance tradition tend to have annuities (Japan, Korea, and the Philippines), and those with provident funds tend to use lump-sum method (Hong Kong, Singapore, Indonesia with an exception of Taiwan). For those countries with annuities, Thailand limits its payment to 15 years for permanent disability and 8 years for survivor pensions. The Philippines does not have time limits, but it relies on old age pensions for such benefits. In terms of payment levels for annuities, Japan and Korea pay the highest level at around 130 to 300% of average earnings. All the lump-sum methods pay the average earnings.

In short, work injury programs show that the countries with social insurance types tend to have a higher level of benefits for longer periods than those with provident fund types.

4) Contribution

As mentioned above, work injury programs have been traditionally the responsibilities of employers. Thus, as in the Western cases, employers pay for the costs with an exception of the Japanese state providing subsidies. The employers in Hong Kong and Singapore, the two countries with employer liability programs, are responsible for total costs. Among the countries with annuities, Japan has the highest rate at 0.45 to 11.8% of wages, whereas the remaining countries range from 0.2% to 1.78% with Taiwan as the lowest at 0.27%. Thus, Japan stands out in the level of financial responsibilities on its employers, which explains its relatively high benefit levels.

(4) Unemployment

1) Program Type

In the history of Western welfare states, unemployment programs often come at the last step (Abbott and DeViney 1992). The argument is that employers oppose unemployment benefits as disincentives against work motivation. Thus, the countries with strong working class power tend to have them earlier. Recently, however, it has been argued that the countries with weak labor movements started to enact unemployment programs from the state's new economic growth strategies for flexible labor forces, not from working class pressure. Korea illustrates such a case. The Korean state emphasized training workers for multiple

skills in high-tech industries by its program, “employment insurance program,” as much as unemployment benefits (Yi and Lee 2005). The program was enacted in 1993 around the time when the state revised its labor law, allowing massive unemployment for business restructuring of the Korean firms. It has been argued that the state strategically linked its unemployment insurance programs with its new economic strategy for productivity-based competition instead of price-based competition.

Based on these two accounts, it can be argued that two conditions for unemployment insurance programs exist: working class pressure or the state’s economic strategy. Consequently, a substantial number of countries still do not have unemployment programs. In the present cases, only Japan, Korea, and Taiwan, and Thailand have unemployment insurance programs, whereas Hong Kong provides unemployment benefits by social assistance programs. It can be argued that unemployment insurance program is a dividing line between advanced and less advanced welfare states in terms of the categories of welfare programs. In this sense, Thailand suggests a strong effort to catch up as a late-starter since 1990s.

The timing of the first implementation of unemployment insurance varies from 1947 (Japan) to 2000 (Taiwan). Not only such programs were implemented relatively late in the legislative history of each country’s welfare programs, their timings coincide with economic restructuring. In the Japanese case, the state enacted “employment insurance” in 1974 to replace its old “unemployment insurance” at the time of the state’s new economic development plans. We argue that the development of unemployment insurance programs will continue to be a crucial source of typologies within the Asian welfare state regimes in terms of their link with the key type of economic strategies. Recent discussion of “productive” welfare programs in the leading industrialized countries in the region will make unemployment insurance as a new centerpiece of welfare programs in the countries with institutionalized role of the developmental state.

2) Coverage

The Asian countries implemented unemployment benefit programs relatively recently, and the coverage of all the countries with the programs comprehensively includes employees or those looking for work under the age of 60 or 65. Traditionally, the Asian countries have a very low level of unemployment rate, but a comprehensive coverage caused a substantial problem for the countries such as Korea and Thailand with the recent economic crisis around 1997. For example, the Korean state experienced a sudden surge of the unemployed and application for unemployment benefits. Consequently, the state passed a number of emergency measures to cope with a high level of the unemployed for a longer period.

3) Benefits

Cash benefits are crucial issues in this type of programs, since employers oppose cash benefits that would reduce work incentives of potential workers. Cash Benefits are divided between a fixed amount in Hong

Kong and a fixed rate for all the other countries. In Hong Kong, 1,610 HK \$ for a person living alone and 1,150 to 1,435 for a person with other family members is paid. Among the other countries, Japan shows the highest rate at 50 to 80% of previous earnings, Taiwan 60%, and Korea and Thailand at 50%.

Another key attributes of unemployment benefits is waiting period before the unemployed apply for the benefits. ILO advises 7 days as the waiting period, which is adopted by Japan, Korea, and Thailand. Taiwan lags behind the other countries with 14 days.

One of important traits of unemployment insurance programs, particularly recently enacted ones, in the Asia is its emphasis on job training. Such emphasis coincides with these states pursuing unemployment insurance within a context of economic restructuring. Among the five countries, Japan, Korea, and Taiwan provide job training, and the employed cannot refuse the request to have job training, illuminating a link between welfare and productivity-based economic restructuring.

4) Contribution

The four countries with unemployment insurance require contribution from employers and employees. Japan shows the highest rate at 1.15% of wages, Korea 0.7 to 1.3% across different firm sizes, Taiwan 0.7%, and Thailand the lowest at 0.5%. For employees, Japan again requires the highest rate at 0.8%, Thailand 0.5%, Korea 0.45%, and Taiwan the lowest at 0.2%. Since Hong Kong relies on social assistance programs for the benefits, its employers and employees are exempted from contribution.

Government contribution reveals significant variations across the countries. The Korean state repeats its characteristic unwillingness for contribution in this case with no financial contribution. The Japanese state contributes 25% of benefits. Taiwan has 0.1% of wages and administrative costs, whereas Thailand has 0.25% of wages. Thus, within the common social insurance types, the government contribution reveals crucial differences. In Hong Kong, the state pays all costs in social assistance schemes.

6. Typology of Welfare State Regimes

We presented the four key dimensions of welfare state programs: program type, coverage, benefits, contribution. Program types are divided into social insurance, provident fund, employer-liability, social assistance, and others such as employers' mandatory occupational provident funds in Hong Kong. Coverage types consist of employees (universal versus selective), self-employed, and others. Contribution consists of two sub-categories: contributor and contribution types. Contributor types are divided between the insured, employers, and government. Contribution types are earning-related, flat-rate, means-tested, and others. Benefits examine if relevant programs provide cash benefits.

Based on the above 17 categories, we ran a hierarchical cluster analysis on the 9 Asian countries under study to find clustering in terms of how the Asian countries are similar or different from one another in terms of the contents of their welfare state programs. A hierarchical cluster analysis merge

cases to the extent to which cases share the characteristics of attributes or dimensions under study. For example, if both Korea and Japan have social insurance types, earning-related contribution scheme with a comprehensive coverage without all the other countries sharing such attributes, these countries are clustered together at early steps of clustering. Then the method looks for other countries that share part of such attributes and cluster them into the existing cluster. Such step is repeated until all the cases form a single cluster. The advantage of a hierarchical analysis is to offer clustering of cases at different steps of similarities in terms of the dimensions examined. Thus, we can see how each case is similar to others in different degrees of similarities. At the next step, Hong Kong and Singapore are clustered together. At another step, Malaysia and Indonesia form a cluster. Since all cases are supposed to form a single cluster by the nature of the method, the single cluster at the right end is not relevant.

The figure shows how each country is similar or can be clustered together to a lesser degree from the left to right. We can tell that Taiwan and Thailand are the most similar to each other since they are clustered at earliest steps of clustering. For the same logic, Japan and Korea are clustered together. At the next step, these two clusters are merged, which adds the Philippines at the next step.

<Figure 2 about here>

Based on the result, we can see three main clusters: (1) Japan, Korea, Taiwan, Thailand, and the Philippines (hereafter “Group A”), (2) Hong Kong and Singapore (hereafter “Group B”), and (3) Malaysia and Indonesia (hereafter “Group C”). The result is consistent with the previous typologies: Japan, Korea, and Taiwan form a single group, whereas Hong Kong and Singapore form another. What this analysis adds, however, is to show how the South-eastern countries are compared with more familiar North-eastern countries and one another. For example, although Thailand relatively started its welfare programs in 1990s, it seems to have chosen the path of Japan, Korea, and Taiwan based on social insurance programs with an increasingly inclusive coverage. By the same logic, the Philippines are closer to this Group A than the other South-eastern welfare state groups. Group C, Malaysia and Indonesia, show unique characteristics by the fact that they lag behind without unemployment insurance and that they combine social insurance programs and provident funds for pension and health. Malaysia also is the only country with national health service, the legacy of its British colonial periods.

Group B, Hong Kong and Singapore, represent the welfare state regime that is built on the principle of central provident funds with a minimal level of state involvement in welfare provisions. At the same time, Hong Kong is unique in that, after its transfer to China, its state presented a new policy direction with a “developmentalist turn” for economic policies and a “liberal” turn for welfare policies (Gough et al. 2004). The other leading Asian states in the present study have recently accelerated their tendencies to pursue strong intervention in both economic and welfare provisions, thus, the term of “productivist welfare states” or “welfare developmentalism.” Hong Kong, however, seems to turn to more direct

intervention in economic development with retrenching its welfare provisions further. An additional contributing factor would be relatively restricted nature of its democracy in the executive and legislative branches.

Would we see more divergence or convergence among the Asian welfare states in the near future? In the above analysis, the group with the tradition of social insurance programs may strengthen the state's role in its economic and welfare provision as a way to respond to productivity-based competition externally and democratization internally. On the contrary, those countries with the institutional legacy of provident funds and economic strategies in international trades and finances may retrench the state's welfare provisions even further.

The contents of welfare programs provide a basis for institutional typologies of welfare state regimes. In contrast, welfare efforts, measured by public or private spending on welfare programs, offer the extent to which each society spends resources to implement the programs on the paper. In the following, we compare the nine countries and the three groups in terms of total and individual social welfare programs in the late twentieth century.

7. Welfare Efforts: Public Spending on Welfare Programs

The enactment alone does not tell us actual amount of efforts these countries made. To measure actual welfare efforts, we can examine welfare expenditures. The absolute size of welfare spending, however, does not consider relative economic size of each country. As an alternative, the amount of welfare spending divided by GDP is often used. In the following, we divide our analysis into two parts: time trends of public spending in each category of welfare program; trends of relative composition of different categories within overall public spending.

(1) Welfare Efforts of the Asian States in Each Category of Programs: Social Security and Welfare, Health, and Education

The following graphs show the trends of the public spending on each category of welfare program divided by its annual GDP.

1) Social Security and Welfare

Consider the fact that social security and welfare programs in the graph refer to public spending on social assistance, social services, and measures for families. The following is the public spending on social security and welfare divided by GDP.

<Figure 3 about here>

The graph shows that the first generation of the Asian welfare states in Group A and Group B such as Taiwan, Korea, and Hong Kong continue to lead the welfare efforts in this category. Social security and welfare programs represent a gap between the first generation North-eastern welfare states from the South-eastern counterparts. Recent surge of migration from China with its demands for social protection can explain gradual increase of Hong Kong in this category.

Within Group A, Thailand shows the highest level until 1995, when it dropped suddenly around the economic crisis of 1997 and slowly recovered recently. Malaysia, Philippines, and Singapore in Group B and Group C are still laggards for social protection of those outside of core labor market or government sector. Singapore, despite its relative economic development, maintains a minimal role of the state in welfare provision. Would the economic crisis affect welfare efforts in a long-term? Korea and Thailand do not seem to be affected negatively by the crisis. Both countries continued to increase welfare outputs since the crisis.

The above figures show welfare efforts in social security and welfare in general. However, societies can differ in terms of their focus on the type of social policies. For example, among advanced industrialized societies, the United States tends to concentrate on education, whereas the European countries emphasize social security and welfare programs. The following shows the analysis of health and education programs.

2) Health and Education

It has been argued that one of the overall characteristics of the Asian welfare states is their focus on health and education. But if we compare them over time periods, how would each country rank in health and educational efforts? The following section offers an interesting contrast in health and educational policies.

<Figure 4 about here>

In Group B, Hong Kong stands out as the leader in welfare efforts in health care. It established its health insurance for employees in 1968 and medical social assistance in 1971. Health Care is one of the defining policies of the British colonial government that focused on public financing of its health care with minimizing its involvement in other domains of welfare programs. Recently, however, the new government tried to reduce such burden and attempted to privatize health care provision without success. Singapore, another member in Group B, shows the middle position in the rankings. It does not have national health insurance, but offers employers' liability for workers and provident funds for workers and

those with income, and social assistance for low income residents.

The countries in Group A show relatively lower ranks in terms of their welfare efforts for health care. Although Japan is higher than Korea and Taiwan, it is lower than the countries in Group B and Group C. While Taiwan was the leader in social security and welfare expenditures, its health care expenditures were lower than the other countries. The Korean government provides no contribution to its health insurance programs for workers, which explains its lower rank throughout the period.

The countries in Group C all show more efforts in health care. Malaysia is exception in the whole region in that it established the British-style national health service, which is consistent with its relatively high level of spending on health. Indonesia also shows a higher position in this area.

The relative rankings of health care spending suggest that the Asian societies vary in their focus within a portfolio of welfare programs. It can be argued that Hong Kong and Malaysia in Group B and C developed the strong state's role in health care as opposed welfare in general, while Taiwan and Korea, Group A, did not emphasize the state's involvement in health care.

It has been argued that education versus welfare form two polar directions of social policies for modern states (Flora and Heidenheimer 1982). The following graph shows the governmental spending in education.

<Figure 5 about here>

The above graph and the previous graph show that Singapore, Hong Kong, and Malaysia, both Group B and Group C, have spent more on education than social security and welfare, whereas Korea and Taiwan, Group A, the opposite. Thus, welfare and educational efforts seem to provide another dividing line among the Asian states in addition to social security and welfare programs. Those countries with a smaller role of the state in welfare provision and those catching up with the economic leaders chose educational investment for long-term economic growth.

3) Housing

Housing is not a usual welfare program in Western welfare states. Previous study shows that housing policies are part of key social programs in some Asian countries (Ramesh and Asher 2000).

<Figure 6 about here>

From the graph, it is clear that the Group B countries, particularly Hong Kong, have been leading all

the other countries. From the beginning, both Hong Kong and Singapore concentrated on housing as the key part of welfare provisions. In addition, the state in Singapore linked their provident funds with housing by allowing individuals to use provident funds to pay for houses.

By contrast, all Group A countries have much lower ranks in housing provisions with Thailand at the highest within the group. Although Japan is not included in the figure for lack of data, it can be argued that the leading countries in Group A, all relatively industrialized earlier, have strong private housing markets and, from the beginning, the states' role in housing provision have been minimal. The consequent dominance of private housing market and their substantial importance for individual assets became a significant source of inequality in Japan and Korea. The two Group C countries, Malaysia and Indonesia, show a mixed picture. Indonesia shows a high level of welfare efforts in housing until 2000, when it dropped substantially. Malaysia, on the other hand, shows a low level of involvement in housing as in the Group A countries.

In summary, The trends in social security and welfare, health, education, and housing programs demonstrate that it is problematic to claim the single East Asian welfare state model. Rather, they suggest that individual countries vary in their efforts within social welfare programs and that the above-mentioned clustering in terms of the contents of welfare programs are present in welfare efforts for different programs. The above analysis compared the Asian countries with respect to each welfare program. How would we compare them if we examine relative composition of welfare spending? How would the three groups be compared? To take an advantage of available data with the lack of data on pension spending, we will compare the three groups in terms of relative composition of public spending across the four categories: social security and welfare; health; education; housing.

(2) Relative Composition of Public Spending Across Different Categories of Welfare Programs: Social Security and Welfare, Health, Education, and Housing

How would each country be compared in the relative composition of public spending across the four major welfare programs? The following graph shows that the relative composition data of each country for four periods of 1990, 1995, 2000, and 2003.

<Figure 7 about here>

The relative composition of different programs within total public spending on social programs is different from the previous graphs showing the degree of welfare efforts for individual programs. If the public spending on a program per GDP tells us the degree of the state's welfare efforts on that program relative to the country's economic wealth, the relative composition demonstrates relative priorities of that state across different welfare programs. For example, one state can concentrate on education at the

expense of all the other domains, whereas another state stakes its resources on health care at the expense of all the other domains.

A glance at the figure shows that the countries differ in the relative composition, which has changed over the years. As the previous studies emphasize, health and education are the big items in most countries. If we look at individual countries, however, the differences emerge. Korea shows more emphasis in health and education with increasing proportion for social security and welfare programs since 2000. On the other hand, Taiwan shows a sharp contrast to Korea in its main emphasis on social security programs with a small proportion for health care. Another country in Group A, Thailand, however, shows a substantial focus on education, part of the state's economic growth strategy. Health and social security programs are two other important areas with the increasing importance of the latter recently. The Philippines, another Group A country, is similar to Taiwan with even bigger proportion on educational spending.

Hong Kong, the Group B country, paints a different picture from the Group A countries in its focus on housing across the years. However, the recent state's effort to privatize housing is shown in the decline of housing in total spending. Education and health receive the second priority with recent increase in social security programs – possibly due to the migration from China. Another Group B country, Singapore, shows the biggest emphasis on education and an increasing priority in housing with its link with provident funds. On the other hand, it shows one of the weakest proportion of social security program in the region. It is more apparent with a comparison with Taiwan at a relatively similar economic development. The proportion has continued to decrease in recent years. Malaysia, the Group C country, shows its emphasis on education at the top and health and social security at the next level. Similar to Group A countries, its spending on housing is limited.

How can different groups be compared with one another? The following graph provides group average data across the years.

<Figure 8 about here>

In this graph, education is a program that all the Asian countries in the present study emphasize, making education the characteristic program of the Asian welfare state regimes. On the other hand, the group differences are more visible. The Group A stands out in its focus on education and social security programs at the expense of health and housing. Its emphasis on education has increased even further recently. The Group B is different in its focus on housing and education with recent increase in social security programs. The Group C puts its biggest efforts on education and health. Similar to the Group B, it shows only a small portion for social security programs. From this comparison, the Asian welfare state regimes demonstrate the differences among individual countries, but also divergences across groups. In other words, The Group A countries are mostly the first generation of economic and welfare development

with social insurance programs. They have a dual focus on education to strengthen its economic growth and social security programs to cope with increasing social pressure on inequality problems within the context of democratization. The Group B countries with institutional legacy of provident funds and the British colonial experiences focus on housing and education as a way to minimize the state's direct involvement in economies and welfare provisions. The Group C countries, seeking to catch up with more advanced countries in the region, demonstrate "welfare developmentalism" in a pure form by concentrating on education and health, both programs upgrading their labor forces. Finally, although different groups do not clearly correspond to North-eastern and South-eastern countries, it seems that these two sub-regions offer different welfare profiles. However, at this stage, we are not sure if such regional differences are due to different levels of socio-economic and political development or due to more lasting different concept of social welfare strategies.

To summarize, the analysis of the contents of welfare legislation, the public spending on individual program, and relative composition of total public spending among different programs demonstrate that the Asian welfare regimes show common focus on health and education. At the same time, however, the Asian countries suggest clustering in the three groups based on their key historical experiences and the first generation of welfare programs. At the same time, individual countries reveal unique profiles of welfare state regimes, which have been embedded within a larger context of socio-economic and political development throughout their contemporary history.

8. Discussion

The Asian welfare states in recent periods do not present a single, homogeneous type. Rather, the above analysis of welfare legislation and welfare spending presented divergence across the three main clusters as well as common characteristics in the region. How do we explain such divergences in recent periods? It is difficult to point out a single, dominant factor. The relevant factors often occur simultaneously and cross-cut the effects of one another. However, based on the previous studies, we will present a brief summary as follows.

First, institutional legacy matters. As Esping-Andersen (1999) and Pierson (1995b) argued, the first generation of welfare institutions shaped the second generation by institutionalizing the organizational principles of welfare programs and consequent social coalitions. For example, social insurance and provident funds, two alternative programs for pension benefits, create distinct benefit and cost structures and, consequently, different stake holders in subsequent welfare reforms.

Second, the type of the state's economic growth strategy is important. The Asian cases are not an exception. Esping-Andersen and others have argued that production and welfare regimes have interacted with each other in the western societies. Such link is more visible in the Asia due to the active management of the state's economic growth and welfare provision (e.g., "developmental state" and "welfare developmentalism"). With Japan as its prototype, Korea and Taiwan presented the

developmental state model in which the state concentrated all its resources on promoting economic growth. The export-led industrialization strategies of Korean and Taiwanese states shaped their welfare programs to focus on core industrial workers with social insurance principles, minimizing the state's involvement in welfare provision. Hong Kong and Singapore chose international entrepôt as their industrialization strategy. The entrepôt strategy did not require the creation of core industrial workers. Instead, the states enacted the provident funds as a way to mobilize financial resources for their finance industry. The institutionalization of the provident funds in the first generation of welfare programs in Hong Kong and Singapore, however, hindered the enactment of social insurance programs subsequently. In other words, once a certain style of welfare state programs is institutionalized, the force of institutional inertia makes it hard to change its fundamental principle even against new socio-economic and political demands in subsequent periods. For example, it has been argued that the Korean developmental state changed its characteristics towards more symbiotic relationship with firms (Kim 1997). However, the state's basic orientation on economic growth and its implications on social policies (e.g., social insurance as its core principle, lack of social services, and minimal role of the state's financial contribution) have continued in Korea and Taiwan.

Third, democratization has become important in the divergent development since the late 1980s. From the above table, all the countries in the top rankings (e.g., Korea and Taiwan) experienced fast democratization in the late 1980s. The countries with recent advance in democratization (e.g., Thailand and Malaysia) also present increases in welfare spending. Democratization promotes the collective mobilization of workers and citizens as a whole for policy solutions to socio-economic problems. Also, democratization forces the state to respond to such social demands to survive in electoral competition. The recent trends of democratization and welfare spending point to the importance of such political aspects in the second generation of the Asian welfare regimes.

Fourth, there is no clear evidence that economic globalization promoted welfare spending. Such countries as Singapore and Malaysia with strong impact of economic globalization in the economy do not present a high level of welfare spending. Hong Kong as the classical international entrepôt spends its social expenditures mostly on housing policies. Katzenstein (1985), claiming for the positive effects of globalization, presupposes one condition: collective mobilization of workers and democratization. The effects of globalization that drove the state to offer social protection for its workers are strong when workers and citizens are able to pressure the state. The Asian states with a high level of globalization, however, did not seem to enjoy a full-scale democratization. Thus, We claim that globalization can influence welfare state programs only in combination with corresponding democratization.

Finally, the economic crisis of 1997 also did not present substantial impacts. Examining the trends in welfare spending around the time of the economic crisis did not show long-lasting changes. Such weak long-term effect may come from a quick recovery of those countries with the crisis (Korea, Indonesia, and Thailand). Also, the demands of the international organizations and financial institutions focused on economic reforms. However, in the long run, it is possible that the structural reforms in the economy would affect labor markets in terms of employment stability and put pressures on welfare programs.

Would the Asian welfare regimes move towards the types of the Western welfare regimes in the future? Japan, Korea, and Taiwan stepped towards a universal or inclusive welfare regime with more attention on welfare services. On the other hand, they still reveal a weak role of the state in welfare financing and provision in contrast with the Western conservative or social democratic regime. Hong Kong and Singapore seem to approach a liberal regime type in that both states sought to retrench welfare programs after recent economic crisis and the take-over of China in the case of Hong Kong. But their reliance on the central provident funds maintain crucial institutional differences from a liberal welfare state regime of the Western countries. For the remaining countries, Malaysia and Indonesia continue their focus on health and education, while Thailand chasing Korea and Taiwan with the Philippines lacking behind with its economic reliance on labor emigration. In short, we do not see an imminent convergence towards the existing Western welfare state regimes. Rather, the Asian states present the sign of divergences due to the institutional legacy of their first generation welfare programs. At the same time, different timing and degree of democratization reinforced such divergence. It can be argued that increasing democratization would eventually move all countries towards a more universalistic welfare state regime. However, democratization alone would not be enough to produce convergence. For example, the provident funds of Hong Kong and Singapore would not be easily transformed to social insurance types in the near future. In the cases of the other countries without the central importance of provident funds such as Thailand and the Philippines, it will be interesting to observe which path they would follow in the 21st century. The outcomes would depend on how those societies seek economic growth and cope with social demands in the context of increasing globalization and democratization. Thus, the Asian welfare states will continue to offer a crucial test ground for theoretical debates on social welfare.

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Table 1. The Contents of Welfare Programs

Program	Country	Program Type					Coverage				Contributor			Contribution type				Cash Benefit
		Social Insurance	Provident Fund	Employer-Liability	Social Assistance	Other	Employee		Self-Employed	Others	Insured	Employer	Government	Earning-Related	Flat-Rate	Means-Tested	Other	
							All	Selected										
Pension	HongKong				○	○	○		○	○	○	○	○		○		○	
	Singapore		○				○		○	○		○	○				○	
	Japan	○					○		○	○	○	○	○	○			○	
	Korea	○					○		○	○	○	○	○				○	
	Taiwan	○					○		○	○	○	○	○				○	
	Malaysia	○	○				○		○	○	○	○	○				○	
	Indonesia		○				○		○	○	○	○	○				○	
	Philippines	○					○		○	○	○	○	○	○			○	
Thailand	○					○		○	○	○	○	○				○		
Health	HongKong			○	○	○			○	○	○	○					○	
	Singapore		○	○		○		○	○	○	○	○	○				○	
	Japan	○				○		○	○	○	○	○	○	○			○	
	Korea	○				○		○	○	○	○	○	○				○	
	Taiwan	○				○		○	○	○	○	○	○				○	
	Malaysia		○			○		○	○	○	○	○	○				○	
	Indonesia	○				○		○	○	○	○	○	○				○	
	Philippines	○				○		○	○	○	○	○	○	○			○	
Thailand	○				○		○	○	○	○	○	○	○			○		

Program	Country	Program Type					Coverage				Contributor			Contribution type				Cash Benefit		
		Social Insurance	Provident Fund	Employer-Liability	Social Assistance	Other	Employee		Self-Employed	Others	Insured	Employer	Government	Earning-Related	Flat-Rate	Means-Tested	Other			
							All	Selected												
Work Injury	HongKong			○			○										○	○		
	Singapore			○				○										○	○	
	Japan	○					○					○							○	
	Korea	○					○					○							○	
	Taiwan	○						○				○							○	
	Malaysia	○						○				○								○
	Indonesia	○						○				○								○
	Philippines	○						○				○								○
	Thailand			○					○			○								○
Unemployment	HongKong				○		○					○								○
	Singapore																			
	Japan	○					○			○	○	○								○
	Korea	○					○			○	○									○
	Taiwan	○						○		○	○	○								○
	Malaysia																			
	Indonesia																			
	Philippines																			
	Thailand	○							○		○	○	○							

Figure 1. Total Number of Legislations and Revisions

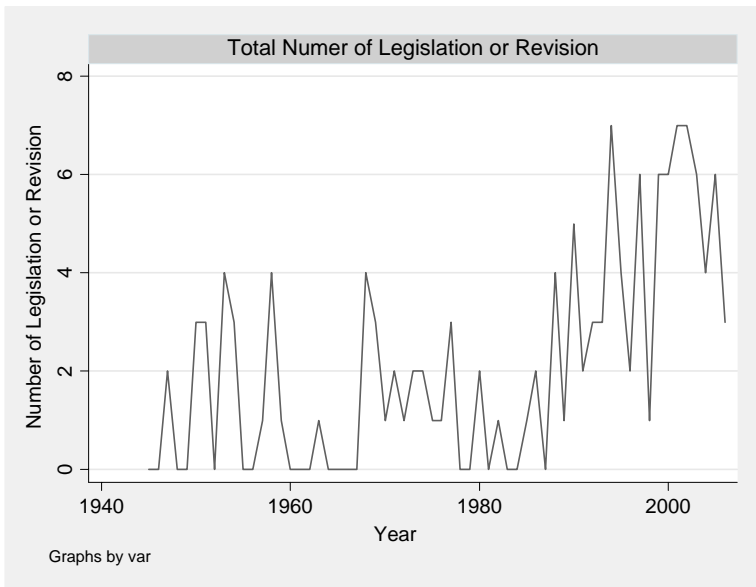


Figure 2. Cluster Analysis of Contents of Welfare Legislation

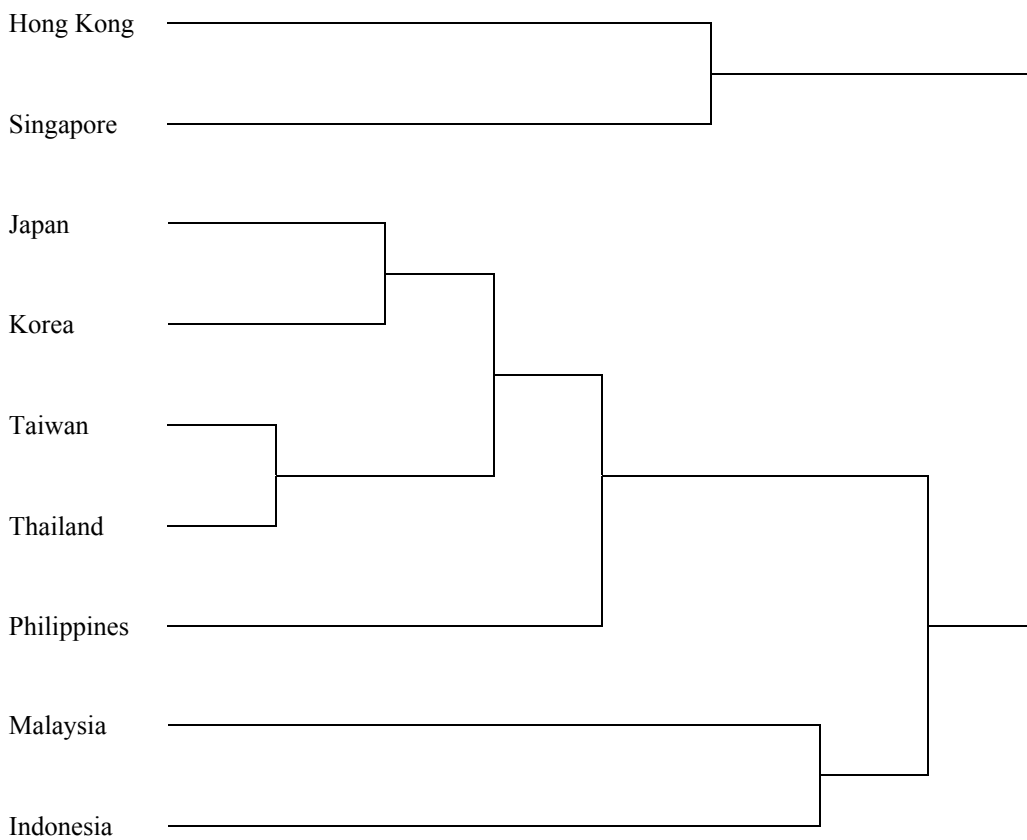


Figure 3. Government Expenditure in Social Security and Welfare (% of GDP)

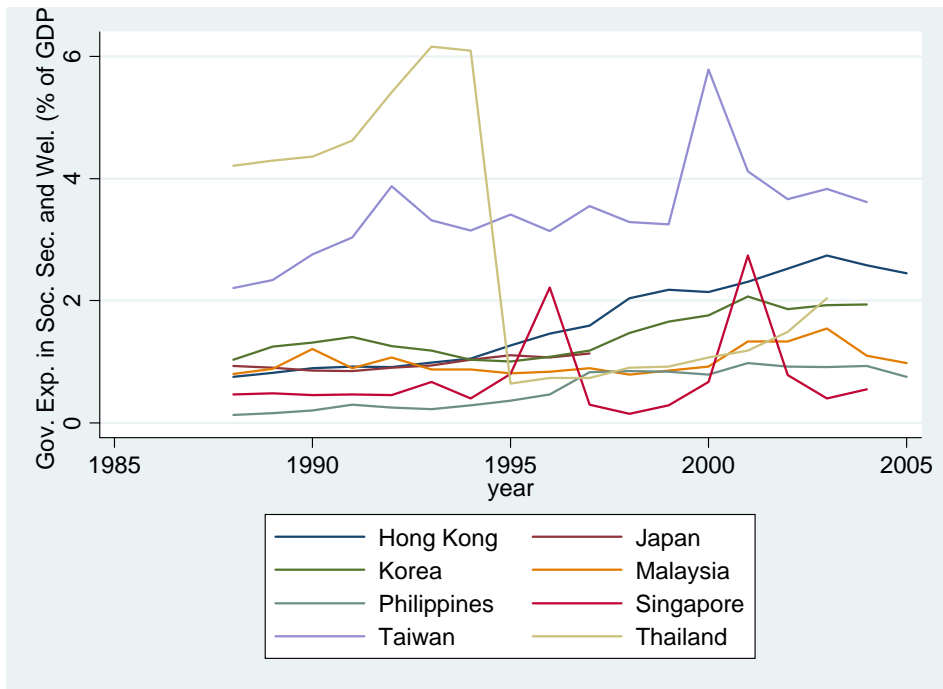


Figure 4. Government Expenditure in Health (% of GDP)

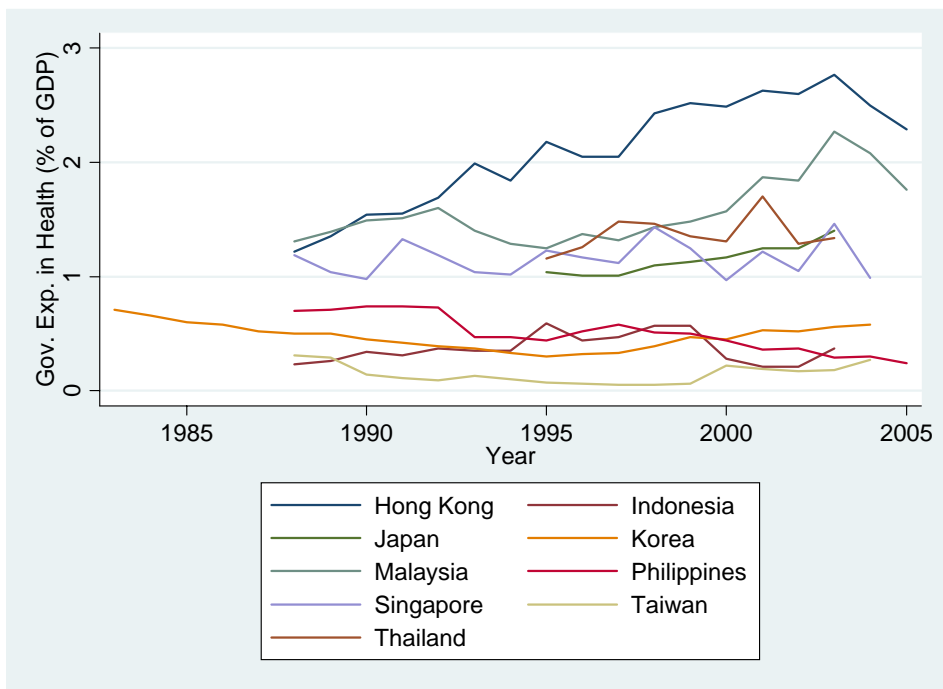


Figure 5. Government Expenditure in Education (% of GDP)

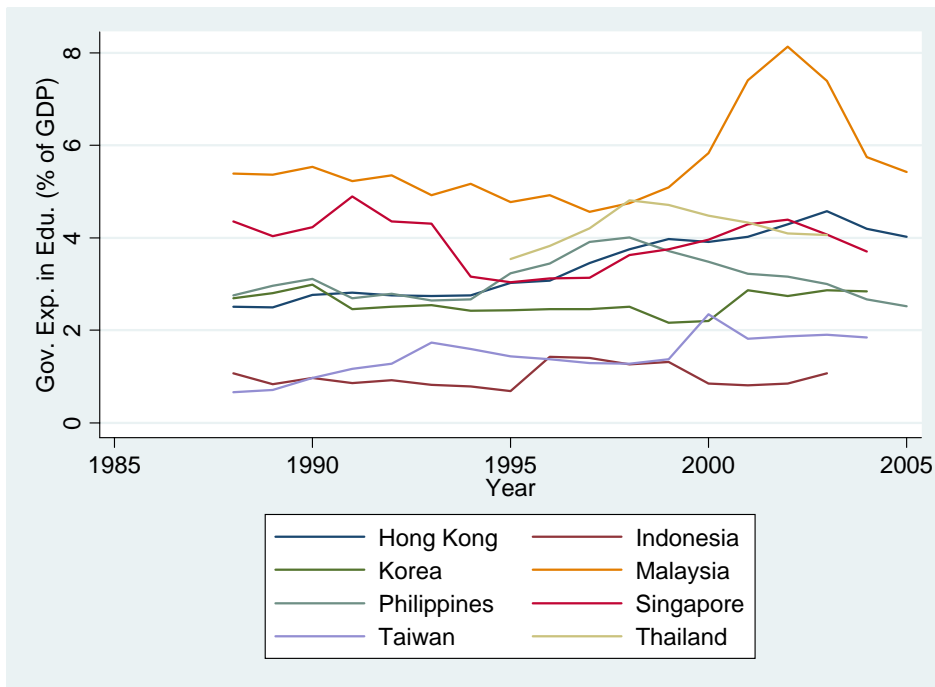


Figure 6. Government Expenditure in Housing and Community Amenities (% of GDP)

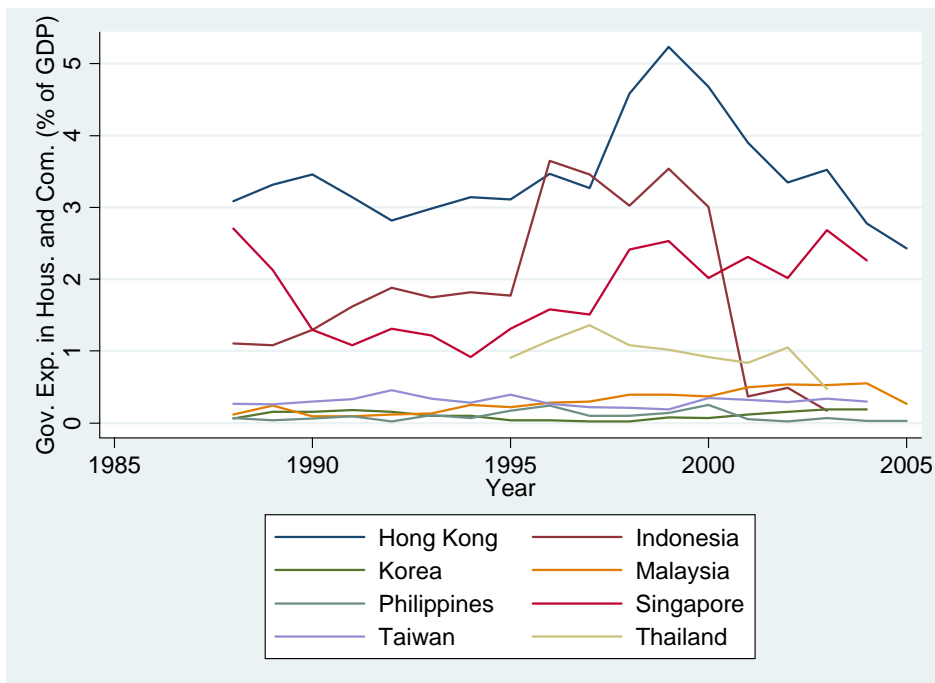


Figure 7. The Composition of Government Expenditure in Welfare by Country

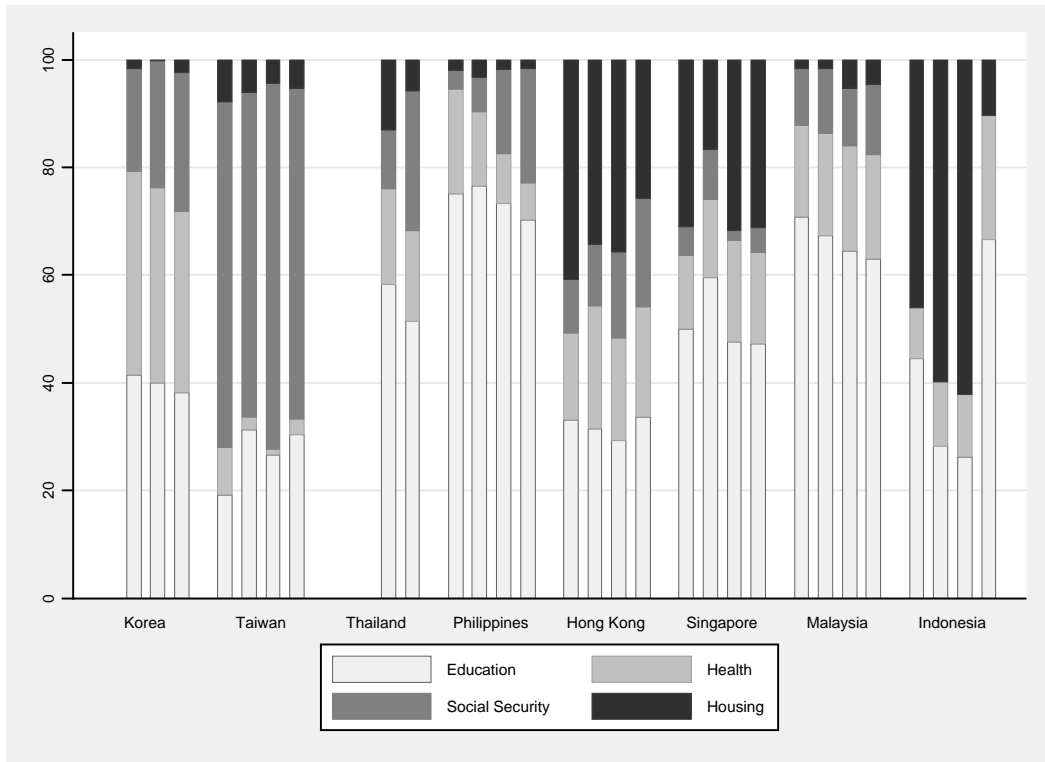


Figure 8. The Composition of Government Expenditure in Welfare by Group

