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*University of Mississippi*

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WHO WILL DO THE GOOD WORKS?: THE TROUBLING CASE OF SECULARIZATION  
AND THE FAILURE OF THE WELFARE STATE IN ENGLAND AND PERÚ

By  
Gabrielle Schust

A thesis presented in partial fulfillment of the requirements for completion  
Of the Bachelor of Arts degree in International Studies  
Croft Institute for International Studies  
Sally McDonnell Barksdale Honors College  
The University of Mississippi

University, Mississippi  
May 2020

Approved by:

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Advisor: Dr. Katherine Centellas

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Reader: Dr. Oliver Dinius

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Reader: Dr. Sarah Moses

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*Dedicated to the women who devote their lives to the service of others: past, present, and future.  
Thank you for your selflessness, your kindness, and your indiscriminate love.*

*May your example teach us all to be more generous of time and spirit.*



*Dedicado a las mujeres que dedican sus vidas al servicio de otras personas: pasado, presente y futuro. Gracias por su desinterés, su bondad y su amor indiscriminado.*

*Que tu ejemplo nos enseñe a todos a ser más generosos de tiempo y espíritu.*

## ACKNOWLEDGEMENTS

This work was made possible by the generous financial support of the Barksdale Award. I would like to thank each of the members of my thesis committee for their extensive academic guidance throughout this process, and their continued support of my research. I would especially like to thank Dr. Kate Centellas for her work as my thesis advisor for over two years, and as a professor and mentor for four. She has always offered me advice, both professional and personal, and I will forever be grateful for her support. I would also like to thank my thesis advising classmates for their edits, emotional support, and positive reinforcement throughout this process. Finally, I would like to thank my parents for their constant support and for being an endless source of advice and reassurance. Thank you for teaching me to be thoughtful, intentional, and diligent in my life and in my work.

## ABSTRACT

GABRIELLE ANNA SCHUST: Who Will Do the Good Works?: The Troubling Case of Secularization and the Failure of the Welfare State in England and Perú  
(Under the direction of Katherine Centellas)

This study examines the contribution and impacts of the social service works done by nuns in the UK in the 1950s and 1960s, and in Perú within the last five years. Specifically, it investigates the relationship between nuns as providers of social services and other providers such as the government. Drawing on existing literature on theories of secularization, and a close examination of the historical evolution of the British and Peruvian welfare state apparatuses, this study contextualizes the social service work of nuns in contemporaneous social, economic, and political circumstances. It finds that the population of nuns is on a steep decline, and that the contrasting government welfare histories of the UK and Perú have led to drastically different levels of welfare state development. Through analysis of original oral history interviews with nuns who work/ed in the UK in the 1950s/60s and Perú today, and analysis of supplementary statistics on government social spending in both contexts, this study hypothesizes that as the population of nuns dies out in Perú, the government will be ill prepared, in comparison to the capacity of the British government in the 1950s/1960s, to take over their services. The study concludes that, in Perú, this will result in a serious loss of crucial services for the vulnerable populations served by nuns.

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## **1. Introduction**

On an early morning in July I walked along rough sidewalks in a quaint neighborhood outside of Oxford, UK, my camera equipment bumping along behind me in a small rolling suitcase. It was brisk, and in quintessential British fashion, the sky was grey and a light mist showered over the rows of identical brick homes. I knew I had arrived at the convent when I saw the high stone walls looming over the surrounding row houses. I could see one spire peeking up above the walls, but the interior of the convent was otherwise entirely concealed. I stopped in front of a small rounded wooden door and stepped up into the doorframe to escape the rain, which was beginning to pour down. I rang the small dilapidated buzzer, as Sister Fiona had instructed, and a faint voice came in response telling me that she would, “be down to meet me shortly”. A small elderly woman soon appeared in the doorway, dressed in slacks, loafers, and a turtleneck, with short hair and wire rimmed glasses. For a moment I was concerned I was in the wrong place, but the miraculous medal around her neck gave away her vocation. She ushered me inside and promptly offered me a cup of tea, which was served strong, with a splash of milk and two sugars.

I set up my camera equipment while she went to retrieve Sister Hazel for the interview. A few minutes later they reappeared in the door, Sister Hazel holding onto Sister Fiona’s elbow for support. She was incredibly small, and her skin was pale and paper thin. She shook as Sister Fiona lowered her onto the couch, and as I pressed record on the camera I heard her scratchy voice whisper, “I’m sorry miss, but, what are we doing here?”. Throughout the interview it was clear that her memory was beginning to fail her. At eighty-six years old she could easily recall stories from her youth and early years of vocation, but often lost her train of thought and had



difficulty understanding questions as I asked them. Each time her answers trailed off, Sister Fiona, who was seventy-five herself, gently reminded her what she had been describing, or reassured her that she was doing a good job. I had the great privilege to interview these, and other women, who have devoted their entire lives to the service of others and who have had a deep and lasting impact on their communities.

In my quest to meet these women, understand their contributions, and record their stories for posterity I was faced with a striking realization. The population of nuns is, for lack of better terminology, at risk of extinction. There are fewer and fewer young postulants joining orders, and the sisters who remain are aging out of their years of service, and dying. As a result, there has been a cessation of the valuable social services that these women have historically provided to vulnerable populations. A short non-exhaustive list of some of these services include foster care, nursing and midwifery, hospice care, social work in prisons, patient advocacy at hospitals, mother's homes and counseling, daycare, and high school counseling. Although the shrinking of religious institutions is and has been happening on a global scale, Latin America has not evolved on the same trajectory as Europe, and Perú in particular has not reached the level of economic development and governmental structure necessary to absorb the services that are being abdicated as their population of nuns dwindles.

These realizations led me to ask several questions. First, what are the potential implications of this reduction of the social services provided by female monastic communities? Second, how have and will these changes play out in different regional contexts? And finally, what will happen when these women cease to provide those services to their communities?

In this study, the existing literature on theories of secularization and cultural feminism, and an examination of the histories of welfare states and social spending in Perú and the UK

have helped to demonstrate that the population of nuns is declining, and why that is the case, as well as establishing an understanding of the conditions of the welfare systems in both countries. Following the global trend of secularization there has been a simultaneous reduction in new postulancy by women to religious life, and in the social services provided by those women to their communities. The factors and environment after World War II in Europe intensified the preexisting global secularization trend, and in the UK, solidified the creation of a robust welfare state. This serendipitous evolution allowed the government of the UK to be well equipped to fill the gaps in service created as nuns left their work. This, however, left a critical gap in knowledge necessary to answer my research question, which is, “What is the actual impact of the reduction in the population of nuns, as it relates to the government’s ability to take over those services through state provision?”

The interviews performed with these women yielded three key findings. First, that the services provided by nuns are effective and respond to real needs. Second, that nuns are often the only providers of those services. And third, that while in the UK the welfare state had great success in taking over the services nuns once provided, in Perú, nuns are pessimistic about the viability of their services in the future. I have discovered that in both the United Kingdom and Perú, the number of nuns and the services they provide have decreased or are decreasing drastically. In Perú, however, as nuns cease to provide these services, the government is not currently able to fill these gaps.

This led me to ask if the government in Perú is not taking over those services because it is not motivated to do so, or if it is unable to. I argue that based on economic and structural limitations, the Peruvian government simply does not have the funds to take over those services. My findings suggest that while the government and economy of the UK was sufficiently

expansive in the 1950s and 1960s to replace the labor once provided by nuns, Perú today lacks the funding and governmental infrastructure necessary to expand their service provision in the same way. Both countries, in their respective time periods, experienced secularization trends which led to a reduction in service provision by nuns, but their different governmental structures and economic situations created drastically different government service provision capabilities. These findings led me to the troubling conclusion that as nuns in Perú cease to provide social and medical services to their communities, it will leave needy populations vulnerable to losing the services that they so rely on, without an alternate provider.

## **2. Research Methodology**

This study stemmed from the need to investigate the possible implications of the reduction of social and medical service provision by active nuns in different regional, and therefore economic and cultural, contexts. The overall methodological approach is a mixed method study combining original oral history data and complimentary analysis of state provided statistics on government spending.

### *2.1 Case Selection*

I have chosen to analyze the cases of the United Kingdom and Perú, due to the similarities between the levels of economic and structural development in the 1940s and 1950s in the United Kingdom — around the time that the services of nuns began to taper off — and in Perú today. This makes these two cases particularly ripe for comparison, as the famously well-developed welfare state in the United Kingdom is juxtaposed against the underdeveloped social service system in Perú, and allows for a controlled comparison where the level of development of the social service system acts as a quasi-independent variable which can be used to support causation by isolating it (somewhat) from other spurious factors.

Perú and the UK have also had similar trajectories with regard to the strengths of their religious traditions. At the time of the steep decline of nuns in the UK, the country still had an overwhelming Anglican majority, and today nearly half of Britons still identify as Anglican (Lugo et al., 2008). Similarly, contemporary Perú is still a majority Catholic country. Both countries also have a long and well established history of nuns, with Catholic nuns founding the first orders in Perú in the early 1600s, soon after the arrival of the first Spanish settlers. The first Anglican order in the UK opened in 1626 (although it later closed in 1657), with many more

orders founded after 1840 (New Catholic Encyclopedia, n.d. and Royal Collection Trust, n.d.).

Finally, I also chose these cases because, although the number of active nuns is dwindling, there still exists a critical mass of women who were willing and able to be interviewed.

## *2.2 Data Collection*

The first portion of my research entailed a series of oral history interviews, conducted with nuns who provided social services to vulnerable populations (defined here as groups and communities at a higher risk for poor health or destitution as a result of the barriers they experience to social, economic, political and environmental resources, or limitations due to illness or disability<sup>1</sup>), including women, children, minorities, the elderly, the sick, and incarcerated persons. The goal of this research was to utilize interviews to record the stories and experiences of women in religious life in Peru who are currently providing social services to their communities, and to compare the content of those interviews with similar data collected from nuns in the UK who provided social services to their communities in the 1960s. The wealth of experiences and information that these women have about vulnerable communities and the unique problems they have historically faced, as well as their perspective on these issues as women of faith, provides a fascinating basis for comparison as to how the work of women in religious life has evolved across time and cultures. This project aimed to identify trends in the work done by nuns that existed despite the differences in these various contexts, as well as to identify factors that may differentiate their work. The project also aimed to reveal the unique relationships that exist between these religious organizations and other providers of social service such as the government and NGOs.

<sup>1</sup> Definition adapted from the National Collaborating Centre for Determinants of Health <http://nccdh.ca/glossary/entry/vulnerable-populations>.

These interviews were performed with six women from three Anglican orders in England, who provided social services between 1950 and 1970, and an additional five women, at three Catholic orders who have been involved in providing social services in Perú within the last five years. The interviews in Perú were conducted in Spanish. The research was approved by the University of Mississippi IRB under Protocols #18x-306 and #19x-269, and the interviews conducted in the UK were funded through receipt of the 2018 Barksdale Award. Subjects were recruited by email (appendix A), and were contacted based on available information about the nature of their charitable works during the appropriate time period, and whether those works were theoretically relevant to the study. Orders who agreed to participate then invited their members to be interviewed, and were included in the study if there were any willing interview participants. Any woman in the order was eligible to participate regardless of age, as long as she was involved in the order's works at the appropriate time (i.e. the 1960s and 1970s in the UK, and contemporarily in Perú)

At each convent 1-2 sisters participated in the interviews, and all participants had experience working as social service providers in their communities. I prompted each subject with the same initial topics, and the interviews proceeded and evolved based on the responses of the individual participants. The procedure for collection of the data was as follows: I established a quiet area to set up audio and/or video recording equipment with the consent of the subjects. I provided the subject with and asked them to read the informed consent information sheet, and asked them to read and sign the audio release form. I then answered any questions the subjects had at that time. I informed the subjects before I began recording, and after recording began I explained aloud to the subjects that they were in no way obligated to discuss any particular topic, and that they could take a break or discontinue the interview at any time. I then asked the

subjects to affirm aloud that they understood. The subjects were then asked to state their names, ages, religious order, and what year they joined before beginning the interview. The subjects were prompted to answer the interview questions, and were periodically asked if they wished to continue, or if they would like to move on to another topic. Once the interviews concluded, I thanked the subjects, and informed them when I had stopped recording. In most cases I was asked to join the subjects for tea, coffee, or a meal after the interviews, to which I said yes, but did not continue acquiring information related to this research during this extra-interview time. For the sake of replicability of the study I have included the list of probative initial questions which I used to guide the interviews. (appendix B)

The second portion of my research drew on comparable government spending and efficiency statistics for the UK between 1945 and 1960, and Perú from 2005-2018. It was in looking for these statistics that I realized the true limitations of quantitative investigation on this topic. While I was able to find some relevant statistics on government spending and GDP, the data was only available for limited years, and required serious manipulation in order to be compared. For example, data on government social spending in the UK came from a UK public spending database, which had very limited data from before the 1980s, and only had a complete dataset in the relevant time period for the year 1955. Similarly, the most recent year for which I could find data on government social services spending in Perú in an accessible format was 2014, which is earlier than would have been ideal, but was still useful for my comparison. Additionally, I was unable to find statistics on poverty and inequality in the UK before 1961, and was therefore unable to directly compare those with similar statistics in the Peruvian case. However, I was able to use proxy measures such as mortality rates, and educational enrollment to approximate the effects of the implementation of welfare reforms in the UK. I was able to find

two sources, a doctoral thesis and a peer-reviewed article, both of which empirically tested the efficiency of Peruvian social spending with regard to poverty and inequality reduction, and found these sources highly useful in my analysis.

### *2.3 Data Analysis*

After the conclusion of the interviews the data collected (audio, video, and my notes), was compiled, and I began to listen to the audio recording and take detailed notes on the content of the interviews. After this note taking, I conducted a comparative analysis of the larger themes discussed, and identified overlap in the various responses. First, I consolidated background information provided by the women to identify the type of services they provided, to whom, and what those services entailed. Next, I isolated and analyzed the parts of the interviews where they discussed the types of societal circumstances which they believe create need for the services they provide, as well as their perspective on the viability of provision by nuns in the future. Finally, I analyzed their discussion of the interaction of their services with the state, and perspectives on the evolving role of nuns as providers of social services. To protect the anonymity of the women who agreed to be interviewed, all data has been de-identified and pseudonyms have been used in place of the subjects' real names throughout this thesis.

In addition to these interviews, I have consulted the aforementioned statistical data on governmental social spending in Perú, and indicators of population health and wealth to determine the effectiveness of current Peruvian government spending on its citizens' social service needs. I have analyzed this data to draw conclusions about how effective the current system is at providing for its citizens, as an indicator for how well it will be able to rise to meet their newfound needs as nuns cease to provide services. In contrast with information on the implementation and effectiveness of welfare policy in post-war United Kingdom, and in



combination with general development indicators for both post-war United Kingdom and Perú today, I used this data to further support and verify the finding of my interviews.

#### *2.4 Limitations*

The reality is that analysis of these interviews can only offer a glimpse at what the true scope of loss-of-service will be in Perú or potentially has been in the United Kingdom, because no individual or group has bothered to collect comprehensive data on service provision by nuns in the first place. I also acknowledge the limitations of the information collected in the oral history interviews with nuns, due in part to the self-selection of the participants, and, more importantly, to the relatively small sample size. I do believe, however, that the sample is diverse enough (at least with regard to the kinds of services they provide or provided) to be fairly representative of the larger population of nuns, and can therefore speak reliably to the social and political climate surrounding their work. I do not mean to imply that the content of these interviews provides a complete and infallible representation of these issues, but limited access to empirical evidence (other than their observations) makes it difficult to address this topic without collecting interview data. For this reason, I have attempted to substantiate some of their main claims with additional statistical information (see Chapter 7).

There is statistical information that would be useful in my comparative analysis of the United Kingdom and Perú, but which is not available for both cases. For example, I would have ideally liked to consult specific numerical data on the rates of individuals receiving social services from religious organizations, but data on that metric is not available. Despite this fact, there is an abundance of information about the creation and effectiveness of the United Kingdom welfare state (although it may not manifest as statistical data), and also ample available

information on current social spending in Perú, so I was still able to make approximate comparisons through conservative extrapolation of the information available.

There is also a serious lack of statistical or numerical data on the quantity of nuns providing social services, the kinds of services they provide, and the scope of those services, due to the fact that government agencies do not collect this information, and church records are inconsistently kept and not publicly available. Although I was able to find rough statistics on the number of nuns in both countries, even that data was exceedingly difficult to compile, and less complete than I would have liked. For this reason, I have had to rely mostly on the content of my interviews to fill these gaps in information. Although it would be easier to have this information in a quantitative format and at a country wide level, it is actually very telling that this information is not available. The lack of statistical information reinforces my concern that individuals who previously received services from nuns will fall through the cracks when those services are no longer provided, because it indicates that relevant government agencies are neither paying attention to the services provided by nuns nor the needs they fulfill in their communities.

### 3. Theoretical Framework

In pursuit of a well-rounded understanding of the implications of service abdication, I must first elucidate an explanation for *why* the population of nuns globally has declined so sharply in recent years. While the evidence clearly supports that this trend is real and significant, it is important to grapple with its root causes, namely global secularization, and advances in the role of women in society, in order to better understand what its effects may be in different contexts. For this, it will be useful to consult literature which probes and attempts to explain broad secularization trends at the global and regional levels, and across time, and which takes structural, institutional, and historiographical approaches to its explanations. I will also analyze various other theoretical veins which provide non-religious explanations for the decrease in the global population of women in religious life.

#### *3.1 Secularization Theory*

The first task at hand in understanding the debate on global secularization trends is to define secularization. For the purposes of this thesis I will be conceiving of secularization in the realm of Christianity, because that is the religion of interest when discussing both Anglican nuns in the UK, and Catholic nuns in Perú. In his article on the “death” of Christian Britain, Morris borrows McLeod’s definition of secularization, which includes decline in religious belief, practices, and institutions (Morris, 2003). This definition is expansive, but all three of these factors influence overall societal secularization, and thus impact the social services provided by nuns.

Gorski’s discussion of the secularization debate addresses the two schools of thought that have come to dominate the academic field. The oldest and most popular of these is the

modernization theory, which suggests that as society becomes more “modern” (complex, rational, and individualistic), it will also become less religious. He also importantly notes that modernization theorists describe the “loss of social function” of the church as secular organizations expand social provision, education, and moral counseling and take over the roles of the church in those realms, which helps to explain how the role of active nuns has contracted. The other prominent theory is “religious economy” which is based on a decline in the viability of religious markets. This theory states that a “free” religious market, marked by high competition from other religions and low regulation by the state, is more beneficial to the longevity of religion. Like free-market economics, the idea is that a market free of restriction and monopoly is the most productive (Gorski, 2003).

The modernization argument, despite its former popularity, has been debunked as a universally applicable theory across time and space. Morris refutes it, and cites insufficient evidence that modernization theory is supported by the longer secularization trend that has been going on since the 1800s. Gorski points out that modernization theory attempts to uniformly describe all religions, which is also problematic. He argues that religion in general is not necessarily on the decline (just Christianity), and that even Christianity is not necessarily declining, but could instead be in the process of being supplanted or transformed. He also crucially points out that standards of modernity are not correlated with religiosity across diverse national contexts. In fact, the more ‘magical’ sects of Christianity (namely Catholicism) remain more devout than the more rational ones (Protestantism), which is the opposite of what modernity would suggest. Gorski also debunks the economic model as he points out that it is primarily a model of individual behavior so it doesn't speak to broad cultural trends. He also takes issue with the statistics that support the model themselves, arguing that the directionality of

the correlations they demonstrate may actually be the opposite of what the theory suggests (Gorski, 2003).

Casanova also argues in his global comparative perspective that neither modernization theory, which he classifies as a European model, nor the economic model, which he attributes to the United States, are sufficient to explain both contexts, nor are they expansive enough to explain any non-European or American cases. He instead advocates for categorizing context specific secularizations which describe and recognize the diverse possible patterns of secularization. He states that this allows for less Eurocentric analysis. He emphasizes that the process of globalization was initiated by European colonial expansion, such that secularization processes everywhere are “interrelated and mutually constituted” (Casanova, 2006, p.11).

The Western European dynamic of secularization was spread through their colonial influence. As colonizers purposefully and often forcefully converted the colonized to Christianity, they unintentionally molded the religious trajectory of the colonies to match their own. Their resulting global hegemony, and the dissemination of European economic and state models, further solidified the expansion of European secularization trends globally. He argues that the true question is how other religions and regions have responded to this expansion of “western secular modernity”. What he finds interesting is not the decline of religion in Europe, which he traces to the 1950s (likely linked to the Second Vatican Council —Vatican II — announced in 1959), but the fact that it is seen as the normal progression of a modern enlightened society. Casanova concludes that the US isn't the exception to the European rule, nor is Europe an exception to global secularization trends, but rather there is no global rule. He offers the critique that sociology should not be so obsessed with the ‘decline’ of religion but rather how it is taking new forms such as transformations into “individual mysticism” (Casanova, 2006, p.18).

Norris' chapter on the secularization debate echoes similar themes, emphasizing that secularization theory focuses too much on the US, which seems to buck general trends, and Europe which follows most secularization theory. She also agrees that secularization at its best describes a tendency not a law. Despite this, she acknowledges that people in advanced industrial societies have become more secular in the past fifty years, but that the world today actually has a larger proportion of individuals with traditional religious values than in the past. She offers the explanation that the population in industrialized countries is currently shrinking, and in many places with more traditional religious values fertility rates are 2-3 times replacement; essentially the world is moving towards the religious extremes (Norris and Inglehart, 2011).

She demonstrates this relationship further in her chapter on comparative secularization when she cites data demonstrating that when countries modernize from agrarian to industrial they see decline in piety, spirituality, and worship. This is due to a reduction in uncertainty as people become more prosperous and immune to risk (demonstrated in human development indicators like child mortality, education, water access, and urbanization). Religiosity tends to fade away as people, "grow skeptical of supernatural beliefs, and less willing to become actively engaged in religious institutions, beyond a nominal level of formal religious identities, participation in symbolic ceremonies of birth, marriage, and death to mark life's passages, and enjoyment of traditional holidays" (Norris and Inglehart, 2011, pg. 79).

In her chapter on discrepancies in secularization in the US and Europe she explains that it is not just levels of vulnerability to insecurity and risk at the societal level that are important but also their distribution, such that high inequality leads to higher religiosity. She argues, "The growth of the welfare state in industrialized nations ensures large sectors of the public against the worst risks of ill health and old age, penury and destitution, while private insurance schemes, the

work of nonprofit charitable foundations, and access to financial resources have transformed security in postindustrial nations, and also reduced the vital role of religion in people's lives (Norris, 2011, pg.106). This is a crucial point for my investigation, because it suggests that not only has the welfare state in the UK responded to the reduction in the services provided by nuns, but has actually created a cyclical relationship by reinforcing secularization.

Gorski argues that a longer range historical perspective is necessary to understand modern secularization trends. He proposed two theories, the sociopolitical and sociocultural, both of which emphasize the importance of a historical perspective. The sociopolitical model suggests that changes in the structure of political systems to introduce secular parties has weakened the monopoly of religion on society. As these secular parties challenge the traditional religiously affiliated party structure they have weakened the church and taken over control of society shaping institutions like schools and marriage (Gorski, 2003). The sociocultural model argues that secularization trends can be traced back even further, to the advent of western religion and its emphasis on the division between the worldly (secular) and the religious (divine). As more of society has slowly incorporated into the worldly dominion, including expert fields and professions like jurists, psychologists, scientists, legislators, and philosophers, the secular world has come to dominate the religious. Generally, Gorski argues that historicizing the debate on secularization past the 19th century is important because it allows us to view the larger picture of secular and religious trends, to test whether what we are seeing now is just an epoch of contraction in a larger ebb and flow of religiosity (Gorski, 2011).

Morris comes to a similar conclusion in his discussion of secularization in Britain, arguing that tracking secularization, at least in Europe, to the 1960s is accurate, but that this reinvigoration of secularism was just the final nail in the coffin, at the end of a long slow

process. He also suggests that maybe the nature of Christianity itself has changed, and that Christian Britain has been displaced, as it is no longer a commonly accepted moral or spiritual standpoint, but has not died per se (Morris, 2003).

All of these diverse theories and contributions are crucial to understanding how secularization has impacted the need for and ability of nuns to provide social services in both the UK and Perú. By discarding both modernization theory (the European model), and the economic theory (the United States model), as suggested by Gorski and Casanova, we are better able to describe and understand trends outside the Global North, in favor of understandings which take into account the intricacies of secularization in other contexts. From there it is useful to employ context specific secularizations, to answer the question of how other regions (namely Latin America) have responded to the spread of Western Secular Modernity (Casanova, 2006).

Interestingly, levels of cultural Catholicism in Perú remain relatively high, and societal secularization has been a slower process than in the UK. At the same time, the population of nuns, especially active nuns, has been on a sharp decline for decades in both the UK and Perú. There is no consolidated theory which explains both the delay in cultural secularization in Latin America compared to Europe, and the reduction in the population of nuns in both Perú and the UK. However, these phenomena can be explained by the persistent high levels of insecurity and inequality in Perú, which as Norris explains are accompanied by high religiosity, and the simultaneous effects of Europe's role as the global hegemon and Perú's history as a colony on the spread of Europe's secularization trends (Casanova, 2006).

It is crucial to take a long range historical perspective, as suggested by Gorski, to understand this complicated religious situation. Spikes in secularization in the UK in the 50s and 60s coincided with the institutionalization of the welfare state, but are a reinvigoration of a



longer trend of secularization which has been going on for centuries, thus explaining how European trends have impacted and continue to impact religion and religious institutions in Latin America through colonial influence and continued hegemony (Casanova, 2006). This explains why the threat of service loss in Perú is so pronounced, because they are experiencing “European” levels of reduction in religion, or at least the influence of religion as an institution and the population of active nuns, but still experience high insecurity, state weakness and inequality.

The societal changes that occurred in the UK in the 1950s as a result of the welfare state, which made the services of nuns obsolete, are the same factors which lead to the reinvigoration of secularization during that same period (Norris and Inglehart, 2011). In the UK, the welfare state reduced the need for religious institutions and services, through reduction in uncertainty and inequality, so that the welfare state and secularization went hand in hand. This reduction in religion has in some ways bled over into Latin America, namely in the numbers of active nuns. As the large religious institutions in Europe (eg. The Vatican) respond to a reduction in demand by reducing in scope and size, this affects not only the religious institutions in Europe, such as convents, but also those elsewhere in the Catholic world. Unfortunately, in Perú this has not been accompanied by a reduction in need, resulting in the critical risk of service loss faced by former recipients of religious social services in Perú.

### *3.2 Cultural Feminism*

In conjunction with these secularization trends, which have spurred a decrease in the number of nuns, there are also non-religious reasons why women may be moving away from life in monastic orders. There is a strong argument to be made that as the secular world has increasingly opened the doors to women in education and the workforce, the appeal of monastic

life has become somewhat dulled. While women in religious life (claim to) experience a call from God, or “vocation”, which motivates them to enter monastic life, historically there have also been other serious benefits that may have enticed women to join convents.

Life in a convent, even in cloister, may have actually allowed women more freedoms than they could have in the outside world. Until the late 1800s, when social class was crucial to marriage and life prospects, a young woman who was of low birth might have a chance at a better life, a life which was more secure and free of domestic violence and rape, in a convent. In addition, life as a nun offered the only truly acceptable alternative for women to a life of marriage and childbearing, thus offering women a higher level of freedom of choice. Instead of going from being the property of their fathers to the property of their husbands, they became the property of God, beholden only to the Church and their sisters in religious life.

In the Spanish colonies (Perú) during the colonial period, life in religious orders also offered a unique opportunity for (white, or white passing) women to wield economic and political power. Convents were often the recipients of donations from wealthy benefactors who wanted to curry favor with the church, and with God. In this way, many convents became incredibly wealthy and afforded the women who lived in them a luxurious life, with high quality food and furniture, and a full staff of servants. As a source of centralized wealth, it was often advantageous for businessmen to ‘invest’ some of their riches, by sending their daughter to a convent, because while a married daughter had no claim to either the assets of their husband or their father, a daughter who entered life in a convent had legitimate claim on her father’s assets, equal to that of her male siblings.

There existed a mutually beneficial relationship between these businesses and benefactors, and the women in the convents. The businessmen and benefactors invested their

funds into supporting the convent, but in return, the convent could support them if they ever came upon a time of hardship (at the recommendation of their cloistered daughters and sisters) for the sake of “supporting the community”. In some cases, convents even entered into agreements with these men as guarantors on loans or land purchases. This relationship gave the men who supported the convent a virtually unlimited insurance policy, and gave the women in the convent a massive amount of political power, backed by the threat of financial support, which they could exert over the men in the community.

Following independence, religious life has continued to offer women a higher level of freedom and opportunity than secular life in both the UK and Perú. In addition to the continued benefit of escaping the traditionally prescribed life as a wife and mother, a life as a nun offered educational and career opportunities unavailable to secular women. Nuns were the first women to venture into the medical field as nurses, and have continued to break historical precedents as the first female teachers and social workers. As part of their vocation, women in religious life were allowed to travel independently, achieve high levels of education and expertise, and enter traditionally “male” spaces long before their female secular counterparts. In my own interviews with women who entered orders in the UK as recently as the 1940s, many cite a vocation as their reason for joining their orders, but they also described being highly motivated, independent, and curious young women who valued the opportunities to help others in unique ways that life as a nun offered them.

As first-wave feminism swept across Europe and the US during the 19th and early 20th centuries it left in its wake a newly enfranchised political force: female voters. In the UK, women won the right to vote in 1918. Focused mainly on suffrage, first wave feminism also opened some of the first societally recognized dialogues which grappled with the idea of women

as equal to men, and arguing that further career and educational opportunities and basic legal rights should be extended to women (Allen, 2017). This wave of conversation, of course, was not contained to Europe and the United States, but also started similar conversations, albeit later, in other regions of the world, including Latin America. Women in Perú gained the right to vote in 1955.

The consequences of WWII further advanced this dialogue as women joined the workforce in droves to support the war effort, which gave them the opportunity to prove themselves as capable and effective members of the workforce. As indicated by the last-ditch attempt made by the Catholic Church to save religious society with Vatican II, Europe had become increasingly secular, and had reached what the Church viewed as a threatening critical mass by 1959. This was in part spurred by the loosening cultural norms of the late 1950s in Europe and elsewhere, some of which evolved into second-wave feminism in the 1960s and 1970s. Second-wave feminism emphasized the social, political, and legal rights of women as equal to men. It was this movement which led to women's sexual liberation, through the introduction of the birth-control pill in the UK 1961, and its wide availability in 1967, and the improvements in access to safe and legal abortions across Europe (Bridge, 2007). It also led to a steep increase in the number of women attending colleges and universities, as laws were put in place outlawing sexual discrimination at institutes of higher education (Allen, 2017).

With the advances in political power, economic, educational, and career opportunities, and liberation from the confines of their reproductive capacity afforded to women by these advances in secular society, many of the former driving factors for entering life as a nun have drastically diminished or disappeared entirely. Essentially, women today have all the same opportunities to pursue their passions, exert economic and political power, and escape the

traditional institutions of marriage and motherhood available to them outside the confines of religious vows. This fact makes entering a life of poverty, chastity, and obedience rather unappealing when it offers no practical benefits unavailable through other avenues. In one of my interviews the sisters described feeling that young women today are afraid of the rigidity of the vows nuns must take, saying “I think one of the things that prevents people now is the idea of life commitment which is alien to many younger generations... people do think we've run away from the world don't they?”. The other sister being interviewed added “And also people live longer now. So a life commitment is for more years than it would have been some time ago.”

The idea that there is now a fear of or disdain for cloistered life also merits discussion. As mentioned above, women (and men) in religious life were once revered and respected, and seen as having a sacred lifestyle which afforded them a special relationship with God. Today, as the sisters articulated, there is an idea that young people who enter religious life have “run away from the world”, or enter vows because they were somehow unfit for life in the secular realm. In many ways, this shift has to do with the reforms implemented under Vatican II. As the Catholic Church scrambled to recover their failing cultural hegemony in Europe and the world, they implemented a series of reforms which simultaneously raided the profile of lay people within the Church, and relaxed regulations on religious orders. These reforms essentially affirmed that it is possible to serve God and have a vocation without entering vows, by simply working in the name of God as a member of the church (LeJeune, 2013). In an attempt to make traditional vocation more appealing, reforms also impacted orders by loosening requirements for what they could wear, where they could live, reducing the number of religious rituals per day, and expanding the acceptable range of comportment (Edmonds, 2011). The reforms of Vatican II not

only directly affected Catholic orders, but had ripple effects throughout the Christian world, with many Protestant sects (including the Anglican Church) following suit.

The obviously unintended result of these particular reforms was to elevate the standing of the laity in the church, while simultaneously de-emphasizing the uniqueness and exclusivity of life as a nun. As families began to shrink around the same time, as a result of contraception, and the definition of and attitudes towards religious vocation changed, parents discouraged their children from joining religious life in favor of professional careers. If there is only one son and one daughter in the family there is a high incentive to encourage them to have children and enter into lucrative careers so that they can pass on the family name and take care of the previous generation in their old age. The disappearance of large families and of the prestige of traditional vocation further decreased the number of women entering life as a nun.

We can see the effects of secularization and cultural feminism on the number of women in religious life by comparing statistics on the numbers of women in convents over time. It is very difficult to find exact figures describing the number of nuns over time, but we know that the population of nuns in the world is at an all-time low (see Fig. 3.2 - A for consolidated statistics).

Fig. 3.2 - A

		Religious Population	Percent of Total Population	Remaining Nuns	Ratio of Nuns to Religious Population	Percent Change in Ratio of Nuns to Religious Population 1960-1990
<b>World</b>	<i>Catholic</i>	1,313,000,000	16.8%	755,500	1: 173,792	---
	<i>Anglican</i>	80,000,000	1%	1,320	1 : 60,606	---
<b>Perú</b>	<i>Catholic</i>	31,000,000	76%	5,600	1 : 5,536	-18%
<b>United Kingdom</b>	<i>Anglican</i>	26,400,000	43%	160*	1 : 165,000	-43.46%

\*data approximated from available convent information and records

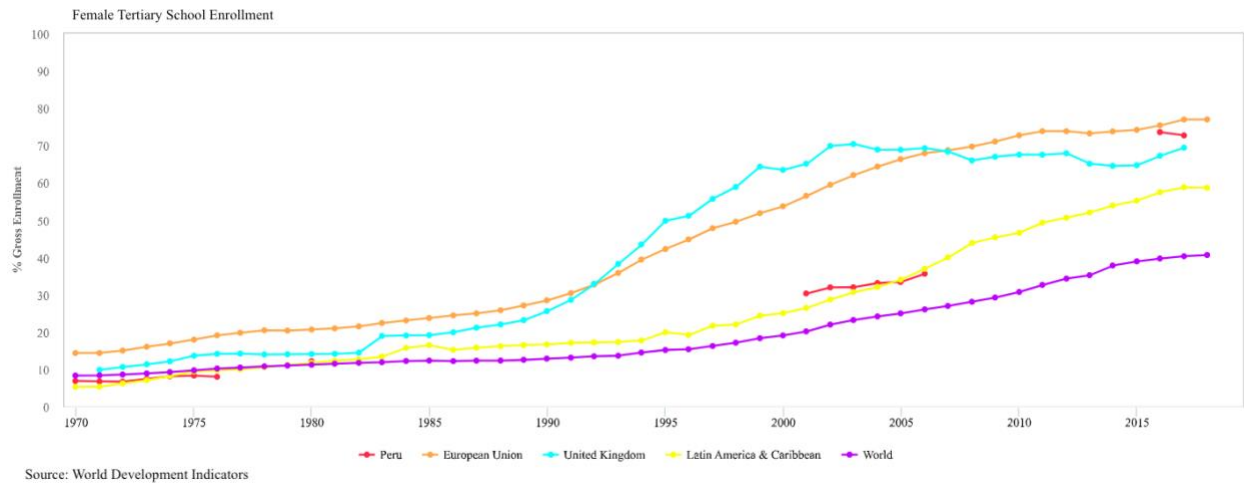
Sources: Journal for the Scientific Study of Religion, Pew Research Center, Catholic-Heirarchy.org

Today, there are 1.313 billion Catholics worldwide, 40% of whom live in Latin America, but there are only approximately 755,500 remaining Catholic nuns, representing a ratio of 173,792 to 1 (Cheney, 2013). Even more shockingly, nearly 25% of those nuns are concentrated in two countries (Italy and India), with the remaining 75% spread out across the rest of the world (Cheney, 2013). According to Pew Research, the population of Perú is 76% Catholic, with over 31 million citizens who identify as such, but church statistics indicate that there are only about 5,600 Catholic nuns left in the entire country (Pew Research Center, 2014 and Cheney, 2013).

As is so often the case, the Anglican Church has experienced a decline similar to the Catholic Church. There are approximately 80 million Anglicans worldwide, with 26.4 million Anglicans in the UK, however only 1 million report regularly attending church services (Lugo et al., 2008). According to the Anglican Religious Communities Yearbook of 2008-2009, there are only about 1,320 remaining Anglican nuns worldwide, and that figure has continued to drop since it was published, making the ratio of Anglicans to Anglican nuns 60,606 to 1.

According to an article published in the *Journal for the Scientific Study of Religion* in 1996, between 1960 and 1990 Perú saw a nearly 18% drop in the ratio of Catholics to nuns, and the UK saw a whopping 43.46% decline (Ebaugh et al., 1996). In contrast, the number of women in tertiary education and in the labor force worldwide has skyrocketed. According to statistics on gross female enrollment in tertiary education from The World Bank, in 1970, only 8.3% of women worldwide enrolled in post-secondary education at colleges or universities, and by 2017, that number had risen to 40.3%. These changes have been even more pronounced in the UK and Perú, with female tertiary school enrollment rising from 9.8% in the UK in 1971 to 69.4% in 2017, and from 6.6% in Perú in 1970 to 72.7% in 2017 (Fig. 3.2 - B) (World Bank, 2020).

Fig. 3.2 - B

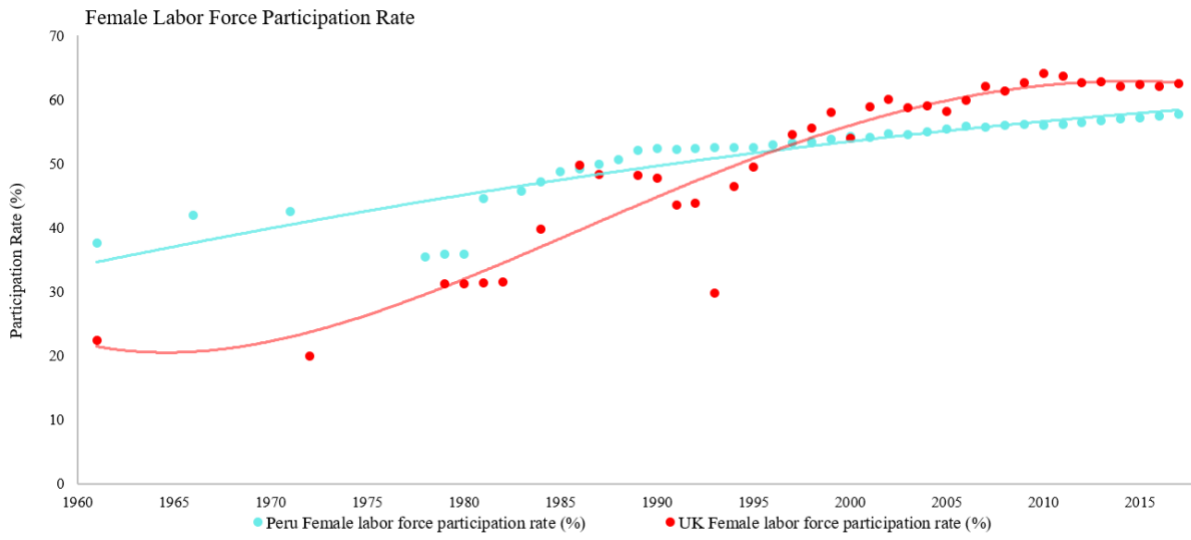


Similarly, female labor force participation has also increased drastically. According to International Labor Organization (ILO) estimates on the proportions of economically active females in the labor force, in 1961 only 22.4% of women were economically active in Perú, and only 37.6% were economically active in the UK in the same year. In 2017, however, these numbers had risen significantly to 62.7% and 57.6% respectively (Fig. 3.2 - C) (Ortiz-Ospina et al., 2018).

These statistics demonstrate the inverse relationship between the number of women in religious life, and female involvement in the labor and education sectors of secular life, and support the argument that the rise in cultural feminism, accompanied by simultaneous secularization trends has led to a drastic decrease in the number and abilities of women in religious life in both the UK and Perú.



Fig. 3.2 - C



Source: International Labour Organization (ILOSTAT)

## 4. History of State Welfare

Having explored the underlying causes of the decrease in the number of nuns globally, and therefore in their abilities to provide social services, it is now pertinent to present a historical background on both the British and Peruvian welfare states. The drastically different social spending trajectories in these two countries establishes the context in which the reduction in social services provided by nuns must be analyzed, and informs the contrast between the UK and Perú of the impact of reduction of social services provided by nuns on populations in need.

### *4.1 The British Welfare State*

Britain has a long and well established history of state welfare, which arose around WWII as a reaction to changing beliefs on the role of the state as a provider of services and the expanded authority and responsibility that the state took on during the war. As one of the pioneers of the welfare state experiment (along with France and the Nordic states), they have set the tone for other states as they experiment with their own forays into welfare and social spending, and have acted as an exemplar against which others are often compared.

In the early 20th century poverty had reached an intolerable rate in Britain, and the Liberal Party—which won in a landslide in 1906—began to introduce incremental welfare reforms. The first of these was the Old Age Pensioners Act, a means-tested, non-contributory pension for people over the age of seventy. Shortly after, the National Insurance Act of 1911 provided health insurance through government organized payments, while care was still provided by private and religious hospitals. In 1925 the Widows, Orphans, and Old Age Contributory Pensions Act was created to extend these existing insurance schemes to vulnerable populations created by WWI, but did not overhaul the entire system (Wilde, 2019).

The structure and function of the modern British welfare state apparatus was born later, as a result of the policy suggestions in William Beveridge's social insurance report. That report made recommendations for a "comprehensive policy of social progress", and identified five scourges—Want, Disease, Ignorance, Squalor and Idleness—standing in the way of Britain's reconstruction and progression, thus setting the mandate for development of more comprehensive programs other than simple insurance schemes (Beveridge, 1942 pg. 6).

When the report was published in 1942 it coincided with growing belief in Keynesian full-employment economics theory, which dovetailed nicely with the report and resulting welfare state plans, the programs of which would encourage full employment. In his book, "Growth to Limits: The Western European Welfare States Since World War II." Peter Flora refers to British politicians after the war as "reluctant collectivists" who united basic compassion for the suffering caused by the war with disdain for the economic waste of unemployment and illness, which made them particularly willing to set-up a robust welfare system. The new British welfare state thus marked a shift away from reliance on government regulation and subvention of the private sector to provide social services. Instead it favored direct public provision by new government institutions, with the explicit goal of extending and improving coverage as a means of boosting the economy (Flora, 1986).

In 1945, the Labour government of Clement Attlee began to build on the programming outlined in the Beveridge report, and introduced an array of services and benefits, available universally to all English men, women, and children. These services included the fledgling NHS, the most well-known aspect of the welfare state, which crucially addressed the issue of "disease". It also introduced housing programs to build newer, better "council homes", to replenish the destruction done to residences during the war, and to help improve the living

conditions in many of England's low income areas. As government owned properties, the council homes were heavily subsidized, making them accessible to a broader portion of the population, and addressing "squalor". Another welfare state provision came slightly earlier with the Education Act of 1944, which banned fees to parents for their children's secondary education, and later raised the school-leaving age to sixteen, thus addressing the scourge of "ignorance". Finally, it implemented economic measures which intervened in private industry to encourage full employment tackling the issue of "idleness". The only non-universal benefit came in the form of family allowances, which provided monetary subsidies on a per child basis to families with school age children and helped to tackle "want". By 1948, a national social insurance scheme had also been implemented, thus fulfilling all the mandates of the Beveridge Report.

After the initial benefits of welfare state policy subsided, the welfare state continued to grow impervious to economic fluctuation from 1965 to 1975. During this period, almost all workers paid into the national insurance scheme, and everyone, regardless of work status, was entitled to benefits of the NHS. The initial schemes of retirement, unemployment, and work injury benefits also remained equally robust, and the earnings related pension plan and benefits for the injured and disabled—outside of worker's compensations—were extended (Flora, 1986). The largest group, and the group who received the most benefits were pensioners, followed closely by children, and those two groups have seen demographic growth and fluctuation. There has also been an improvement in the real value of benefits, which has at least doubled since 1951, along with the official poverty line moving up 93%. In this time the system has become even more redistributive, providing more benefits to the retired and needy, and moving away

from contributory benefits. In fact, by 1980, direct cash welfare benefits accounted for 15% of overall British household income (Flora, 1986).

Flora addresses the relative success or failure of the British welfare system and concludes that it has succeeded wildly in the arena of improving the coverage, delivery, efficiency, and opportunity of services, but less so if measuring the creation of broad social change. There has not been significant economic and political equalization in Britain, so it would be difficult to argue that the welfare state has created fundamental social change, but that may not have been the goal. Instead it could be argued that the increase in technical efficiency and decreased barriers to access, in the NHS, education, and housing, and the introduction of comprehensive open-ended assistance for the unemployed have been enough to prove the merits of the system (Flora, 1986).

In recent years there has been debate about how to offset the rising costs of financing the comprehensive welfare benefits provided by the British state, which has created deep political divides. The pressures of globalization on the labor market and an aging population have increased the demand for services, and decreased the sources of financing for the system (Taylor-Gooby, 2017). The resulting political and economic tension has in part led to the affirmative vote for the country to leave the European Union (Brexit). This highlights the fact that even a robust and well developed welfare system will continue to face challenges as the needs of the population it supports shift and grow, and it will be interesting in coming years to monitor the evolution of the British welfare state once it does not have the support of the European Union.

## 4.2 Welfare Policy In Perú

Welfare in Perú functions under a very different system, and arguably a much less effective one. Sagasti's article on social policy in developing countries outlines the history of welfare provision by the Peruvian government, and he demonstrates that since the 1940s when the first attempts at social welfare programming emerged, Peru has not had enough political or economic consistency to be able to consolidate welfare policy. Although there have been efforts to address social issues with government spending across all iterations of the Peruvian government, they have been uneven and their effectiveness has ebbed and flowed, which has created lasting instability in the social system (Sagasti et al., 2007).

The 1940s in Peru were characterized by a "dual economy" of the modern and traditional production sectors, which caused heavy competition and consolidated skilled workers in urban areas. This consolidation facilitated labor organization, and workers began to unionize. During this period the vast majority of welfare spending and social assistance was provided through workers organizations, which meant that white collar organized urban workers were the primary beneficiaries. There was also a small but relatively insignificant amount of social spending on high-risk rural populations. By the early 1950s General Odría had transitioned the economy from ISI to *laissez-faire* which increased per capita income, but also greatly increased income inequality. This caused a mass migration of the rural poor into cities where they settled in *barriadas* (poor peripheral districts) around Lima and other major cities. Odría's regime, later in conjunction with the reinstated APRA, concentrated social spending in Lima, specifically the *barriadas*, as a means of garnering political support. A-la Roosevelt's New Deal, the government funded infrastructure building projects in urban areas to extend water, sewage, electricity, and paved roads to larger swaths of the city, which also created jobs for the urban poor.

In the 1960s the government redistributed resources more equally between Lima and the rest of the country, and established sub-departments to oversee them (these departments would be dismantled in 1968). Despite this, the vast majority of resources were still allocated to cities, with major housing projects and health and education work being done almost exclusively in urban areas. During this period social indicators and service provision improved greatly, but projects were financed through foreign intervention and debt spending which made the period of relative prosperity short-lived (Sagasti, Prada, and Bazan, 2007). The 1970s in Perú were characterized by the dictatorship of General Velasco, who essentially spent the social service system into the ground. When he came to power he implemented his '*Plan Inca*' which among other things aimed to reform land ownership, increase social mobility, shift the country to a capitalist system, and radically expand public social service provision. These massive expansions could not be sustained, and the entire system collapsed under the weight of the growing demand for social services and diminishing fiscal solvency.

By the beginning of 1980 the newly elected President Belaúnde began actively reversing Velasco's reforms. Despite the new government's best efforts, the economy continued to falter and with rural areas increasingly cut off from state control and intervention, the guerrilla group *Sendero Luminoso* began to terrorize the highlands and Amazonia. This caused a de-facto privatization of social services, and despite Alan García's campaign for increased equality and social justice the population slipped further into poverty. In the 1990s and early 2000s President Fujimori attempted to correct the economic situation by implementing drastic stabilization measures, overall decreasing the size of the state through privatization. This privatization was highly lucrative, and the government funneled some of this revenue towards social programs. Although social spending rose during this period, and programming targeted at the poor was

intended to increase efficiency of spending, the efforts were uncoordinated and ultimately failed to have any major effect on social indicators like literacy, poverty, and health (Sagasti et al., 2007).

When President Alejandro Toledo Manrique took office in 2001 he had already promised to make great strides towards improving equality and standard of living. He did put some of his plans into action, increasing public sector salaries, facilitating the provision of medical care in rural areas through roadbuilding, and building homes for poor Peruvians among other things. He also implemented a far reaching-social safety net by 2004, which included food and work programs, but overall spending remained well below the average for Latin America, even as programming reached more and more Peruvians. Despite these efforts, poverty rates remained relatively stable, and he was overall unsuccessful in improving health and literacy indicators (St. John, 2010). Alan García, in his second term as president did little to further social spending in Perú. A newfound free market capitalist, he was actually quite successful at growing the Peruvian economy, with steady GDP growth averaging nearly 8% annually from 2006-2011 (except for during the 2009 economic crisis, when growth was around 1%) (World Bank, 2020). Perú also experienced a sharp decrease in poverty during this period, but it was as a result of this sustained economic growth, not García's social spending policy, which was limited mostly to token projects, like his project against illiteracy, PRONAMA, which was fairly successful, but expensive.

Today, the dual economy of agrarian work in the highlands and industry in cities accentuates tears in the social fabric causing many Peruvians to suffer from socio-political and economic exclusion, with nearly a quarter of the population still living below the poverty line and 11.4% living in extreme poverty (World Bank, 2019). Sagasti argues that Perú has not



overcome the structural consistency issue that it faced in past decades which has prompted the failure of current social policies to increase the welfare of Peruvians. It has also produced a multitude of issues facing the future of welfare in Perú with regard to the provision of basic social services (Sagasti et al., 2007). Figallo comes to a similar conclusion stating that poverty has risen to the level of a national crisis but that there is no clear conviction within the government to overcome poverty and reduce inequality and social stratification (Figallo, 1994).

Sagasti's data on overall economic growth shows that overcoming poverty in Perú will be a nearly insurmountable barrier, because the government will need to foster and maintain stable growth rates and improve living standards, which they have not yet been able to do. The social deficit—the difference between demand and availability of social services—is massive and, based on basic GDP calculations, cannot be overcome with state financing alone. Sagasti argues crucially that the state will have to include private and civil society resources in order to close that deficit. He asserts, "Bearing in mind the budgetary limitations of the Peruvian state and the magnitude of the internal neglect social needs that has built up over recent decades, it will not be possible to correct the country's poor social conditions using an approach under which only government entities provide social services." (Sagasti et al., 2007, pg. 254). Figallo contributes similar findings, stating that NGOs have always played a large role in social services in Perú, and will need to take on an even more expansive role to compensate for the state's lack of resources. He even discovered that the goal of some NGOs working in Perú is to specifically help underprivileged Peruvians *not* to rely on support and services provided by the state due to its inefficiency and lack of resources (Figallo, 1994).

Esping-Anderson's chapter on welfare in Latin America echoes these troubling findings, and extends them to the larger Latin American context. Unlike in the UK, Perú has a massive

informal labor sector, which leads to uneven application of the few benefits already offered, because most of them are tied to formal employment. In England, the majority of welfare benefits are either universally available or needs based, rather than being tied to employment. In Perú, social security benefits — which are a main source of government funded support— cover as little as 30% of Peruvians, due to the fact that they are available only to those who are formally employed. Tiered insurance schemes only worsen these preexisting inequalities because they are funded through indirect taxes which are levied on everyone, including those who are ineligible for benefits due to unemployment or employment as informal labor. Esping-Anderson comes to the poignant conclusion that traditional employment based welfare will never suffice in a society with so many working age poor and unemployed, and that non-contributory schemes are needed to help incorporate and lift the informal sector who are otherwise excluded (ex. basic flat rate pensions with entitlement based on citizenship). He also explains that lack of access to good healthcare and the desperate need for nutrition programs and food subsidies are massive issues which only reinforce existing inequalities.

There is broad consensus that fixing the already broken Peruvian welfare system will be very difficult, and must be conceived of in much broader terms than simple social insurance, to include, healthcare, housing, sanitation, and benefits for informal laborers. It has also been suggested that this new system will need to be creatively financed through non-employer based methods if it ever has a chance of reaching the groups who most need it, and reducing reliance on private and religious charitable work (Esping-Anderson, 1996). There is also ample recent statistical data (2011-2017) which further bolster these findings, and demonstrate the continuing

pervasiveness and severity of the shortcomings of Perú's social spending, which I will present in greater detail in chapter seven.<sup>2</sup>

The 'broken' Peruvian welfare system today lays in stark contrast with the highly organized and effective welfare state of the UK in the mid 20th century. It is crucial to understand these differences, and acknowledge that the populations of Perú and the UK in these two time periods experienced drastically different levels of coverage by the government, and levels of preparedness for the impending loss of services previously provided by nuns.

<sup>2</sup> See references to Jaramillo, 2013 and Gaentzsch, 2018.

## 5. Background on Religious Orders and Social Services

Before delving into the content of these interviews, it is appropriate to provide a broad context on female monastic orders and their provision of social services in the UK and Perú. Additionally, it is necessary to make some important distinctions between the Peruvian and English cases. In comparing the interviews — and therefore experiences — of these two groups of women, I do not mean to falsely conflate the Anglican and Catholic churches, nor their female monastic orders. I do, of course, acknowledge that these are separate religious institutions with unique histories. Falling under the umbrella of Christianity, both sects share the same basic beliefs (i.e. Jesus Christ is the son of God, he died so that the sins of humanity might be absolved, etc.), and share the same holy book: The Bible, including both the Old and New Testaments.

### *5.1 History of the Church in the UK and Perú*

While Peruvian Catholicism is of course a Roman Catholic sect, the Anglican Church is technically considered a Protestant sect, but in truth embraces both Catholic and Protestant ideals, due in part to its close historical ties to the British monarchy, and its mercurial relationship with the Papacy. When King Henry VIII of England requested an annulment of his marriage to Queen Catherine of Aragon (a marriage which itself had been ordained through a papal dispensation), so that he could marry his mistress Anne Boleyn, the Pope rejected the request. After repeated appeals, he was unable to obtain an annulment from Rome, and instead turned the Archbishop of Canterbury to declare the union null and void.

Shortly after, the King separated from the Roman Catholic Church, and founded the Church of England as a way of validating his marriage to Anne Boleyn, appointing himself (and

all future monarchs) as the head of the Church, and the Archbishop of Canterbury as the senior cleric. The Church of England, or the Anglican Church as it would later be called, remained essentially identical to Catholicism until after Henry VIII's death, when the Protestant Reformation took hold and introduced reforms which moved the church farther from the Roman Catholic tradition, and which allowed it to follow a more liberal trajectory in recent history.<sup>3</sup> Despite this, the Anglican Church upholds the traditional Catholic order system, which includes ordained priests, deacons, and bishops, as well as male and female monastic orders (The Church of England, n.d.).

Roman Catholicism became the dominant religion in Perú through the importation of faithful Spaniards and the forced conversion of indigenous peoples shortly after Spanish conquistadors founded the Viceroyalty of Perú in 1542, which extended beyond modern day Perú and governed the majority of South America. The first Archdiocese in South America (Lima) was established in 1546, which further cemented the Catholic hierarchy in the region. Despite initial difficulties with conversion, the Catechism and the Christian Doctrine were translated into both Quechua and Aymara by 1583, which helped greatly with the dissemination of Catholicism into previously inaccessible indigenous communities (Moreno-Lacalle, 1911).

It is crucial to note that the interaction between these indigenous communities and Catholicism was not one-sided, and that their beliefs and rituals bled into their practice of Catholicism. For example, depictions of the Virgin Mary in Perú often portray her as mountainous, with her robes forming a triangular shape resembling the sharp peaks of the Andes. This is no accident, and comes from the merger of the Catholic maternal figure, the Virgin Mary, with the maternal deity in the Quechua tradition, Pachamama — literally “Earth Mother” — who

<sup>3</sup> The Anglican Church now allows women and celibate homosexuals to hold church leadership roles including as priests and bishops, the Catholic Church still does not. (Pigott, 2013 and Kidd, 2019)

is closely associated with nature and the mountains (Elwood, 2015). This unique influence of indigenous religions on Catholicism in Latin America makes it possible to distinguish between Latin American Catholicism and other varieties. Despite these differences, both Latin American Catholicism and the Anglican Church function nearly identically, and their few doctrinal differences do not preclude them from being comparable cases. Especially with regard to female monastic orders, their structure and operations are functionally identical. Importantly, both Anglicans and Latin American Catholics believe that salvation is gained through a combination of faith and “good works”, which can be defined as acts of charity or mercy. Nuns of both faiths devote their lives to spiritual growth and carrying out good works.

### *5.2 Active Nuns and Social Service*

In both the Catholic and Anglican hierarchies, there are two broad groups of women in religious life: enclosed (contemplative or *cloistered*) and active. Both lifestyles share most of their features, and participate in community prayer, meals, and work, as well as private prayer, meditation and study. All orders also take religious vows — usually poverty, chastity and obedience — but may also take other vows based on the particular order. All orders also share their process of formation for new members, which has five essential steps. The stages of formation are observant/aspirant, postulant, novice, simply professed, and solemnly professed, and the process can take between five and eight years. Individuals are traditionally free to leave without judgement until the time they become solemnly professed, to encourage true devotion in full members (Bianchini, 2014).

Cloistered orders have little contact with the outside world, and devote their time and efforts to solemn contemplation and prayer. In contrast, active orders do have contact with the outside world, and in addition to prayer they do other work in their communities. As Bianchini

(2014) describes, “In this sense, they tend to follow Scripture in a more literal way; to "feed the hungry", "give drink to the thirsty"; to be in the world, but not of the world.” (para. 16).

This work can take many forms, but historically has most often been rural preaching, teaching, nursing, and missionary work. In many cases the non-pastoral work done by nuns has been care work, which has historically been seen as the domain of women. For this reason, nursing, midwifery, teaching, running soup kitchens, elderly care, retreat houses, managing orphanages, and social work are the most recognized work done by nuns, but they have been involved in infinitely varied works over the centuries. Due to the historical devaluation of care work, or “women’s work”, it is often assumed that the women who provide these services are simply called to serve and act on their innate propensity to care as women of God. In reality, it is crucial to acknowledge that these women often receive advanced formal training as part of the requirements to become solemnly professed. Many are required to obtain high level degrees in teaching, social work, and medicine to prepare themselves to do this work (Derounian, 2017).

For the purposes of this thesis I have further subdivided this work, and only interviewed active orders who were involved with the provision of social or medical services, as opposed to preaching or missions. I focused specifically on that class of services, because they are the ones that could and should be taken over by other providers (such as the government or other secular NGOs) when nuns can no longer provide them.

### *5.3 Background on Interview Subjects*

In the UK, I interviewed six women, two at each of three different orders. The first order interviewed was the All Saints Sisters of the Poor located in Oxford. The order was founded in 1851 by Harriet Brownlow Bryon, and shortly after began work nursing the poor and destitute in London. In 1876 the order was invited to run St. John’s Home Hospital in Oxford, which was

primarily a care home for the elderly. By 1901 there were over 300 members of the order, spread across the UK, USA, Africa, and India. In 1982 the order opened the world's first children's hospice, Helen House. In 2004, they also sponsored the opening of Douglass House, a hospice for young adults, which was later closed due to lack of funding in 2018. Today there are four remaining sisters who live at the mother house in Oxford, sharing their grounds with Helen House, which is now run by a non-profit. At this order I interviewed two women, Sister Hazel and Sister Fiona. Sister Hazel entered the community in 1955, and Sister Fiona entered the order in 1966. They were both involved with the order's work at St. John's Home where they cared for the elderly, and Sister Fiona was also involved in juvenile hospice care at both Helen House, which she founded, and Douglas House.

The second community interviewed was the Community of Saint John the Divine in Birmingham. Their order was founded in 1848 by three nurses working at Kings College Hospital in London as a way of improving the quality of nursing education. In 1862, they started their work in the poor Poplar neighborhood of London, and opened one of the first maternity hospitals in the country. Other sisters in the order ran a nursing home elsewhere in the UK from 1951-1976. In 1945, the mother house in Poplar was struck by a bomb and one sister was killed. After a brief suspension, the sisters continued their work after 1948 on an "agency basis" in partnership with the new NHS. Their last social services were provided in Poplar, and tapered off in the mid-1970s. In 2002, one of the former nurses who worked with the order, Jennifer Worth, published a book called "Call the Midwife" which chronicled her time working with the order as a nurse-midwife in Poplar. Worth then wrote two sequels to her novel, and the BBC turned the novels into a TV series, which first aired in 2012 and is now on its ninth season. Today there are four remaining members in the community, who live together in their house in Birmingham. The



two women I interviewed were Sisters Mary Audrey and Catherine, both of whom had been with the order for over fifty years, and who were both involved in the nursing and midwifery work done by the order in Poplar.

The third and final order I interviewed in the UK was the Community of the Sisters of the Church, located in Gerrards Cross, a suburb of London. In 1870, Emily Aychbowm founded the order with the goal in mind of opening schools for children in the London area, and later expanding the schools to other cities. The order also opened several orphanages, with the intention of offering a stark contrast to the experience of children in the workhouses. Within thirty years the order had exploded, and had sisters working in Canada, India and Burma, Australia, New York, South Africa (in the context of the Boer War), and New Zealand. The sisters continued working with children as teachers and caretakers, and today there are approximately 14 remaining sisters in the UK, who are split between St. Michael's Convent in Gerrards Cross, and an additional residence in Bristol. The order also still has a fairly large presence in the Solomon Islands, which is now considered a separate province for the order. I also interviewed two women at this order, Sister Vera, who joined the order in 1958, and Sister Alice, who joined the order in the early 1960s. They both worked in a children's home which provided care for neglected children in Ken.

In Perú I also interviewed women at three orders, but only had five individuals participate. The first order was the Hermanas de San José de Carondelet en Perú with the mother house located in Jesus Maria, a *barrio* of Lima. The order was originally founded in France in 1650, and the first international province was founded in the US in 1836. Currently, the order has four active provinces in the US, as well as a vice province in Peru. The ministry of the Sisters of San José in Peru began in 1962 when fourteen Sisters from the United States, all nurses and

educators, traveled to Lima in response to a request from the Apostolic Nuncio of Peru, Archbishop Romulo Carboni. Currently, there are twenty-one sisters continuing service in Perú as nurses and educators (of both adults and children) in the cities of Lima and Tacna. There are six North Americans and the rest are native Peruvians. The two sisters I interviewed were Sister Martha and Sor Graciela. Sister Martha joined the order in New York, but arrived in Perú in 1979. Her relevant work was as a teacher and social worker at Lurigancho prison from the early 2000s to 2019, when she retired. Sor Graciela, a native Peruvian, works as a hospital social worker and patient counselor in Lima.

The next order interviewed was the Hijas de San Camilo, which works out of an old convent in Cercado de Lima, at the base of the Barrios Altos. This order was originally founded in Italy in 1892, and today has a presence in nineteen countries doing varied work with the sick, the poor, the elderly, children and terminally ill patients, as well as performing evangelical work. Healthcare is at the core of service for this order, and all members receive healthcare training, with almost all becoming nurses. The Peruvian province was founded in 1960 with the first home being in Lima. The first sisters began work as nurses in the San Camilo Free Clinic and in the *Clinica de los Padres Camilos* in the Barrios Altos. Since then they have also cared for the elderly, provided home care for the sick, and worked in prison infirmaries. Today the order has a presence in both the Barrios Altos of Lima and in Arequipa. Only one sister was available to be interviewed, Sor Antonia, who works as a nurse, educator, and administrator at the order's day center for HIV positive mothers and children.

The final order I interviewed was the Hijas de la Caridad de San Vicente de Paúl en el Perú, whose mother house was located in Magdalena del Mar, Lima. Originally founded in France in 1617, the order arrived in Peru in 1858. Initially, the order was involved in health and

educational provision in Lima and the surrounding provinces. Specifically, the sisters were involved in the nascent running of the “Facultad de Medicina” in Lima. By 1871 the order had expanded their presence to Arequipa, Puno, Tacna, and Moquegua in the south, Trujillo and Cajamarca in the north, and Tarma and Jauja in interior of the country where they continued to run hospitals, pharmacies, and orphanages, including being involved in the founding of the Hospital “*Dos de Mayo*” in Lima. The order went through a period of “consolidation” between 1908 and 1940, where in the order reorganized and closed some of their services in favor of making others more robust. Today the order still has several operations in and around Lima, in the Amazonian region, and to the south near the Bolivian border, where they work providing educational, health, social and pastoral services. I interviewed two sisters, Sor Sofía and Sor Telma. Sor Telma used to work at a day center for the mentally ill, and now works in a rural school in Tarma, and Sor Sofía works in a daycare for lower class workers in Cajamarca.

## **6. Primary Source Analysis**

In my analysis of the interviews I conducted in both the UK and Perú, several salient themes were brought up over and over again by multiple women. The first of these themes was the idea that the services they provide or provided were not only effective, but that they respond/ed to a real need in their communities. The second theme they emphasized was that in most cases they are or were the only providers of those services. They all highlighted that the reduction in their numbers posed or poses a real threat to their services, and that they were and are forced to think about solutions to combat this imminent loss of their ability to provide their services. Finally, they all discussed the interaction of their work with the state, as both an alternate provider and a regulatory agency.

This theme, however, is where opinions differed. In the UK, the women I interviewed extolled the virtues of the welfare state, and its success in taking over the services they had formerly provided . While they were in some cases critical of the trajectory that those services have taken, they unanimously acknowledged that the state was responsible for ensuring the viability of their services. By contrast, the women in Perú were very disapproving of the state's involvement. They were not only unanimous in their denouncement of the corruption they see as being rampant in the governmental system, but they also saw this corruption manifest in the state's regulation and interaction with the services they currently provide. Additionally, none were optimistic about the viability of their services in the future, explaining that the state neither would nor could take over their services.

## *6.1 Importance of Service Provision*

### *6.1.1 Service in the United Kingdom in the Postwar Period*

In the context of the UK, the theme of the importance of service provision was very clear, and in fact, much of the interview time was spent discussing the services the nuns once provided. On this topic, the sisters were overflowing with information and seemed to very much enjoy reminiscing about the people they had once served. Each order did different work, and served a different population.

The sisters of All Saints Sisters of the Poor worked as nurses and caretakers for the elderly, and later as hospice caretakers for children. They described that the people they cared for at St. John's home were both poor and infirmed, and in some cases disabled as well, mentioning that at times it served as a home for "incurables". Sister Hazel explained that the ward in St. John's home was just for women until the late 70's, at which point men were integrated, including several married couples who either stayed in one of the double rooms, or in adjacent beds on the ward.

They went on to describe that they not only provided medical care to their residents, but also had lots of other programming and activities. They fondly described the "procession" of wheelchairs that they used to take across the street to the parish church every Sunday at 11am to take the residents to church, and how they would sometimes hire a "coach" to take the residents on outings, saying it "helped the family spirit". They also explained that they had activities for the residents to do on the ward, including hosting tea parties in the garden, and watching television on the small set in the living room in the evenings. "Nurse Stone" used to visit the

ward once a week to host a knitting circle with some of the female residents, and the Doctor's wife would take requests from the residents for library books and deliver them once a week.

They also discussed the services provided at Helen and Douglas House, and Sister Fiona shared that she founded Helen House in honor of a little girl, named Helen, who was terminally ill, and who the sisters often looked after to spell her parents, so they could run errands and take care of their other children. Sister Fiona pointed out that since 1982 when she founded Helen House, forty-four other nations have opened centers for pediatric palliative care.

The sisters of the Community of Saint John the Divine worked as nurses and midwives in Poplar, a poor neighborhood in the East End of London. They described their duties going to the homes of expectant mothers to do medical checks, as well as checking to make sure that they had all the supplies and furniture necessary for a new baby, as well as to have a relatively clean space to bring the baby home. In addition to those home visits, they also held clinics on weekends where expectant and new mothers could come to be seen by a doctor, and could listen to seminars on nutrition and parenting.

They described going into the Grosvenor tenements, where many of their patients lived, and the overwhelming scent of human excrement upon entering. Until the late 60s, these buildings had no running water and no bathrooms, with the residents forced to use bedpans. They were also infested with pests, and Sister Mary Audrey recounted a harrowing story about one of her sister's visits saying, "...a horrifying story, she went to deliver a baby and it was winter and when she got there everything dropped just right and ready, and but it was cold so she asked for a fire to be lit, and as soon as it got warm all the bed bugs appeared." To ensure the health and safety of deliveries, the sisters would sometimes have to haul water to the tenements so it could be boiled and used to sanitize surfaces and linens used in the delivery. After returning from these

deliveries, the sisters also had to strip their clothing and bags, and sterilize everything so as not to spread disease and infestation.

The neighborhood was also highly dangerous, with police officers walking around in “twos and threes”. Despite this, the sisters described that as a well-established presence in the community they could safely travel alone, even to respond to night time calls, and if their bicycles (their only form of transportation) were stolen, the community self-policed and they were always returned eventually. They cite their presence at the “most vital times” in people’s lives as the reason they were so well received in the community, and the reason they were afforded protection and safety.

As district nurses, the sisters nursed the sick and the elderly and cared for individuals with both acute and chronic illnesses. They performed tasks as varied as changing bandages and administering insulin, to caring for a young girl with a brain tumor, to making sure that their isolated elderly patients were getting appropriate nutrition and exercise. Sister Catherine also discussed that one of their most important duties was, “...that you demonstrated love and care.” She said, “You know because that's what a lot of people needed, you know, you may not have a lot of money but you could in actual fact, demonstrate that you cared for somebody by being there for them when they needed you.”

The poor and often immigrant families that the sister’s served had general needs, besides medical care, which the sisters identified and tried to address through supplementary work. In addition to working long, sometimes twenty-four hour shifts as nurses and midwives, in their spare time the sisters organized rummage sales and took up collections to provide their patients with the things that they needed. They fielded constant donations from the community of old baby clothes and toys which they brought with them to their patients who could not afford them.

On one occasion they purchased a black dress for a woman whose elderly husband, a patient, had died, so she could wear it to his funeral. They also went caroling to the homes of their patients who lived alone during the holiday season. Once, they even took in an infant who had been left on the doorstep of the convent, likely by one of the women they had visited on midwifery rounds.

The final order in the UK, the Community of the Sisters of the Church was involved in running children's homes, where toddlers, children, and teenagers who were removed from their homes by the state would be placed. Most children weren't orphans, but rather had parents who were unable to care for them for a variety of reasons. The majority of the children came from the Kent area, with a few coming from as far as London.

They took children from two to eighteen years old, but sometimes made exceptions for younger children for the sake of keeping siblings together. The children in their care were split into three age groups, with 12-15 kids per group, and two designated staff per group, in addition to the sisters. They described that they did this for ease of management, but also because it fostered a sense of family among the children, as they could identify with their small core group and the staff who took care of them all day and night. The older children also pitched in to help care for the younger ones, especially if they were blood related, which also created a larger cross group family dynamic. The children used to call the staff auntie or uncle, and the staff would take turns taking individual children on special outings to emphasize that each child was special and valued as an individual.

The sisters emphasized that their goal was to help rehabilitate the children and give their parents a chance to get their lives together so that their children could return home. They also ran a daycare center for "high-risk" children, which acted as an intermediate step to provide support



and give parents the opportunity to remedy the home situation before their children were confiscated. Ideally, the sisters didn't want to have the kids in their care long term, but when returning home was not an option the sisters did the best they could to make sure the children were well adjusted and happy. To this end, they sent the children to three different schools in order to split up the “kids from the home”, so that they would be treated as individuals, and so as not to place an undue strain on the schools’ resources. Many of the children had behavioral problems or learning disabilities which required extra care to overcome in an academic setting, and the order worked with a child psychologist who provided counseling to those children who needed it. They also kept pet dogs and cats, which many of the children quickly bonded with and helped the house to feel more like a home.

The sisters encouraged the children to become involved in out of school activities, and reminisced fondly about shuttling the children around to after school activities. Sister Alice recounted, “They were going to things like scouts, brownies, cubs.... like anything within reason that they sort of wanted to do, which you know also if you could actually physically manage, you know ‘cause how many kids have you got going where, on a particular night, and at what time? So, you know, insofar as that was possible — making it possible. Anything that actually helps them to be more normal, is good.” She also pointed out that had they been with their parents they likely would not have been afforded those opportunities. The order also organized vacations for the children during the summer, and at Christmas they always made sure that even with limited funds, that each child got at least one gift they wanted, and had a stocking with “sweets and goodies,” to open on Christmas morning. They remembered fondly that they would have a 12-foot tree and a fire roaring, and would wake up early so they could sit in the den and watch the children come down the stairs, saying “It was a very happy time”.

The children they served came mostly from homes with abusive or neglective parents, but some also came from homes where their parents suffered from mental health issues, or could not care for them due to a lack of funds. The sisters discussed the complexity of the structural barriers which keeps individuals stuck in the cycle of poverty, and hoped that by giving the children they cared for a good start in life, they could help break that cycle.

### *6.1.2 Contemporary Service in Perú*

In Perú, the women I interviewed do similarly crucial work. At the Hermanas de San José de Carondelet en Perú, Sister Martha works providing programming at Lurigancho prison. Lurigancho is the largest prison in Perú, and by far the most dangerous. It is home to over 11,000 inmates, who Sister Martha described as, “mostly first time offenders”. Before 2017, however, the prison housed a mixed population, ranging from petty criminals to violent murders and rapists. Sister Martha says that today the only murderers who are still being sent to the prison are contract killers, a growing profession across Latin America. Sister Martha has worked in the prison for the last twelve years, and is in charge of a program which helps to provide stimulating activities and rehabilitation services to the inmates.

When the prisoners first arrive, they are put into temporary holding cells overnight, and before they are released in the morning Sister Martha and other volunteers meet them with information about the prison and the programming they offer, as a way to give them hope for the possibility of having a positive experience. The programming they provide is multi-dimensional, but is focused on fostering self-worth and emotional wellbeing. Sister Martha identifies the largest issue facing the inmates as a lack of value for their own lives. She says that most were seriously abused in childhood, and grew up in abject poverty. Once they enter the prison, they are often forced to sleep on the stairs, and many end up selling their bodies in exchange for food

and other necessities, which further demoralizes them. Sister Martha believes that through giving attention to these men and showing care she can help them to discover their worth. She tells them, “There's only one you, and there isn't anyone else like you. You better find out who you are and give that person to your wife, your children, your neighborhood, your work ... or you'll never feel like yourself.”

For new inmates, former members of the program lead a workshop and testify about what the program offered them, and how new inmates can make the most of their time in Lurigancho. The program also provides a seminar on relationships, where they have a couple come in and counsel the inmates who want to improve their families, and especially those who are interested in working on their marriages. They also offer programming which helps the inmates to become more emotionally aware, and to work on expressing their feelings and doing so in a healthy way. Based on a book written by a psychologist about US prisons, Sister Martha designed this program to foster forgiveness and emotional wellbeing, stating that the principle of the program is that, “prisons are houses of healing – *casas de curación*”. Additionally, they offer classes where inmates can develop their talents, with classes as varied as guitar, painting, and defensive boxing. They also offer English classes, which gives the men who are not serving life sentences a marketable skill to use once they are released.

At the same order, Sor Graciela works at the hospital, “Dos de Mayo”, where she provides social assistance and pastoral care to patients. The hospital is the oldest public health center in the country, and suffers from rampant overcrowding and a serious lack of resources. Sor Graciela explained that non-emergent cases are often forced to wait months for surgeries, spending that time confined to their hospital beds. There is a lack of staff, materials, and bed spaces, and patients are often forced to bring their own bedding to cover the otherwise bare

mattresses, and supplement the scant food available with food purchased off the street or bought in by family members. Sor Graciela also alluded to the fact that wealthy patients, especially *Limeños*, are given preferential treatment over poor patients from the highlands.

For this reason, a large portion of her work in the hospital is as a patient advocate. She says that she understands the barriers to care that face people, “from the campo”, and tries to explain the extremely foreign environment to them through the lens of their language and cultural differences. She also helps to translate and explain complicated medical documents to them, and advocates on their behalf with the medical staff, who are often highly disrespectful and dismissive of rural and indigenous patients. She works with other patients and their families as a sort of counselor, mediating family issues and teaching families how to stand up for their loved ones. Sor Graciela spends time with patients who have no family, offering them spiritual guidance and companionship. In a pinch, she has also performed baptisms, given communion, and heard the last confessions of dying patients if a priest was not available. In some cases, she has helped to source and fund medications for patients who were considering buying their life saving medication off the street.

At the Hijas de San Camilo, Sor Antonia works as a nurse and programming director at the Hogar San Camilo. The program provides medical care, education, and other supports to expecting mothers, and mothers with young children who are HIV positive. The women she serves are severely marginalized due to their HIV positive status, and many have been kicked out of their homes, or face extremely strained family relationships due to the fear and stigma surrounding HIV. These women mostly come from the *barrios altos*, where the misconception that HIV can be spread through touch is still rampant, and are often unable to find work or a

place to live. One of the programs goals is to help reduce this stigma, and teach the women how to live with their illness, not in spite of it.

The program runs Monday through Friday, and offers the attending mothers two meals. The women arrive in the morning and are served breakfast, at which point their children are taken for medical check-ups and then to the daycare room where they can play and learn. The women are split into groups which rotate through programming sessions on child development, psychology, sex education, money management, nutrition, and health maintenance with HIV. They also get the opportunity to see Sor Antonia and receive medical care. They then serve lunch, which is open to the community as a way of fostering understanding and acceptance, feeding as many as 60-70 people a day. After lunch, the women are given bags and allowed to “shop” food bank donations, and sent home with other necessary supplies. On Saturdays, the program offers a special session for adolescents – many of whom previously attended with their mothers as children – where they focus on teaching money management, sexual health, and educational or job training.

At the final order in Perú, the Hijas de la Caridad de San Vicente de Paúl en el Perú, the sisters work in education and childcare. Sor Telma once worked at a day center for the mentally ill, where patients could come to receive free psychological treatment and receive medications. Psychologists visit the center once a week to do consultations and write prescriptions, but the sisters are in charge of administering doses, leading group therapy sessions, and providing companionship and human interaction. She explained that the mentally ill in Perú are, “highly marginalized”, and are often rejected by their friends and family, and face many barriers to seeking care.

Today, Sor Telma works at a church run school in Tarma, where she teaches during the day, and makes home visits in the evenings and on weekends. One of her main duties is checking on students who the school identifies as “at-risk”, and visiting their homes to assess the safety of their home situations. She says that often the children are neglected and abused, and go home from school to dirty and dangerous houses where they do not have access to adequate nutrition, and don't receive support from their parents. In many cases, the children are even sent out into the streets after school to sell gum and candies to supplement their parents' limited income. She also sees children as young as sixth grade coming to school drunk, and upon further investigation she has found that many are addicted to alcohol or other substances.

By visiting these children in their homes she can assess the level of danger they are facing, and identify the needs that the order can help to fulfill. She talks with the children’s parents and explains the importance of their children’s education, and invites them to attend mass on the weekends. In some cases, for homes where she makes repeated visits, she will bring food or other necessities when she visits. Sor Telma explains that one of the benefits of her visits is to prove to both the children and their parents that someone cares about them, and is invested in making sure they are healthy, safe, and happy. By fostering relationships with these needy families she is able to emphasize the importance of education and show the students that they are worthy of care and attention. In her free time, Sor Telma also visits elderly congregation members on the weekends to bring them food and help them to do household chores.

Sor Sofía works at a daycare run by the order in the center of Cajamarca. The mission of the daycare is to ensure that children who are too young to attend school are not left home alone, or with slightly older siblings when their parents have to go to work. Most of the families served work in downtown Cajamarca doing menial labor or in low paying service industry jobs, but live

in shanty towns on the outskirts of the city. The daycare opens very early, to make sure that working parents can drop their children off before they have to be at work. The children arrive as early as 6am, and are fed breakfast before they begin a day of early childhood educational activities, playtime, and health checkups. Some of the children have special needs, and they can also receive physical therapy and other special services at the daycare. Sor Sofía explained that the children are not only safer at the daycare than they would be at home, but that they can receive services and have experiences that their parents could never have afforded. She told me that the parents who use the services of the daycare are extremely grateful, and experience reduced stress knowing that their children are safe and well cared for.

The daycare is also open on weekends, and in addition to their normal services they encourage older children to attend so they can get help with homework, since many of the families who attend the daycare have parents who are illiterate, or who did not attend secondary school. In addition to tutoring they also provide breakfast and lunch to the older children, and Sor Sofía also explained that it gives them somewhere to go when they aren't in school, in the hopes of, "...keeping them off the streets."

Finally, the daycare holds adult education classes in the evenings, and encourages parents to attend. The classes offered vary, but in the past have taught job preparedness, communication and self-esteem, parenting, child development, and money management. They also have a psychologist available to parents attending the classes. Sor Sofía explained that the adult services the daycare provides are targeted to, "...improve the family, and break the cycle of poverty and neglect."

Addressing issues as varied as poverty, illness, old age, loneliness, neglect, abuse, marginalization, and discrimination, the work that these women performed and continue to

perform is crucial, and addresses real and pressing need in their communities. As is evident in how these women described their services, they were and are thoughtful and intentional in their work, and strive for excellence in service of others. Their work is both effective and necessary, and if it was no longer done it would leave seriously vulnerable and needy individuals without crucial care, education, and/or support.

### *6.2 Threat of Service Loss*

The second theme that stood out in these interviews was that in most cases, these women were or are the only providers of service, and in all cases they experienced or are experiencing insecurity about their ability to continue providing these services in the future. Despite the large variety of services provided, and the wide range of remaining numbers at the orders interviewed, each woman emphasized the inevitability of them no longer being able to provide services.

In the UK, the women described the types of changes they had seen in the role of nuns as social service providers, the first of which is that there are simply fewer nuns now than ever before. Sister Fiona explained, “You can't stretch too far. You can initiate things, you can [] but then you're dependent on, finding the right people, to staff whatever project it is. That was one thing.” They explained that in the small remaining role that they have as social service providers, is a “supporting role”, as volunteers or as board members at the institutions they formerly ran. Sister Mary Audrey emphasized that even at the time that they were providing services, they always wished they could do more, and discussed the relative drawbacks of having a limited number of sisters providing more personalized care, but to far fewer people than government sponsored services could. Sisters Vera and Alice echoes this same sentiment, and reiterated that unfortunately their order no longer runs children's homes, because they simply do not have the



capacity due to their low numbers. She explained that, “To be realistic, there was no way for us to keep doing [the work]... it was incredibly complex and difficult to handle.”

Another topic that was shared amongst all the UK interviews was discussion of the fact that, even in their heyday, each order was very much at the mercy of donations to fund their work. As discussed above, several held jumble sales and other fundraisers as a way to pay for materials, but each order also mentioned having to go door to door and beg at one time or another, to keep their works from shutting down. Sister Vera said, “During that time we had to go begging...all sorts of places that we went to...and people used to give us funds or they used to give us things that we could sell at a fair we had every year.” This is further indicative of the fact that despite their best efforts, each order was insecure about continued funding for their services, and worried that they may one day become unable to fund them.

The sentiment of the women in the UK about their reduction in ability to provide services was most clearly expressed by Sister Fiona, who said, “...and there are so many opportunities, so many openings for things we could do but we are very few in number... There are so many things that we could do if we had a few more.”. The sisters repeatedly expressed their seeming exasperation at their inability to do more for their communities, and the fact that their low numbers and old age presented true barriers to their efficacy. Of course this is reflective of my findings on secularization trends in the UK, where monastic life has seen some of the most drastic loss of numbers. As the UK (and Europe) has become an increasingly secular society and there are ever fewer women joining religious orders, causing their numbers, and service capacities, to diminish greatly.

In Perú, the women I interviewed expressed similar frustrations, as well as explicitly saying in all cases that they are the sole providers of their particular services, free of charge.

Both Sister Martha and Sor Graciela expressed that they have already had to transition to staffing work at the prison, and the social work at Dos de Mayo with lay volunteers, under the supervision of the sisters. Sister Martha said that in her case they have over forty individuals who work with the program at Lurigancho, most of them lay volunteers or young professionals (psychologists and nurses) who come to get job experience. Despite this, she cited extremely high turnover and very few volunteers committed to the program long term, which she explained was counterproductive to their mission of building meaningful relationships and trust with the inmates. Sister Martha told me, as she choked back tears, that she was set to retire from active work one month after the interview took place, and expressed deep sadness about the fact that she would no longer be able to do the work. She was particularly upset as she told me that her only hope is that more people will volunteer to do these services, but that she doesn't find that to be a realistic option. Sor Graciela works with a core group of women who do social service work similar to hers, albeit without the pastoral element, in the hospital "Dos de Mayo", but their numbers are also diminishing and there is an ever increasing proportion of lay-volunteers in the group. She also expressed that there are no similar groups working in the hospital, and that she could not even think of other orders or organizations doing similar work anywhere else in Perú.

Sor Antonia explained that her work with HIV mothers and children is also staffed mostly by volunteers, many of whom are of high school age and volunteer to help with childcare in order to fulfill service requirements for school or other civic organizations. She also brought up the fact that their funding comes mainly from wealthy donors in Italy, who are patrons of the order's Italian province, but that they were, "very lucky" to have that privilege, as most other orders received significantly less financial support from the church hierarchy. She also mentioned that there are other charitable day centers in Lima that provide lunch and or childcare,

but none that target the HIV positive population, or that provide similar education and medical services.

At the Hijas de la Caridad de San Vicente de Paúl, Sor Telma explained that in Tarma, she is the only one at the school where she works who is in charge of making home visits to troubled students. More broadly, she said that the service she has been involved in at the school and the day center for the mentally ill, that there are ever fewer people working, and they now have to work in networks with lay people if they hope to achieve anything. She said, “We can't do the things we did before.... We are not the instruments of care, but the instruments of organization.” Sor Sofía also expressed that there are no other free daycare centers (for lower-class workers) in Cajamarca, and although she was too modest to say it explicitly, she alluded to the fact that those other services are of a lower quality, with less accommodation for the parents, and no associated education programs. She repeatedly explained that she wished they could do more to expand the program, and serve more families, but that they were at the limit of their capabilities. Both women agreed that because of their dwindling numbers, they are just trying to respond to the “realities of the day”, in the best way they know how.

The reality is that the work done by nuns in Perú is unique to their orders, and does not currently have alternative providers. As expressed in the interviews, even today their work relies heavily on lay-volunteers and employed professionals to function, as even now there are not enough remaining women to fully staff their operations. This in itself poses an issue, because while volunteers do not require payment, they do not have the lifetime vocation of a nun, which can lead to high turnover and an unreliable source of labor. Additionally, volunteer turnover can even be counterproductive to the missions of these orders work, wherein fostering trust and continuity is crucial. There is also an issue with hiring outside professional help (doctors, nurses,

psychologists, etc.), as it places an undue monetary burden on the orders. One of the serious benefits of labor provided by nuns is that it is always unpaid, so more of the order's budget can go towards direct service provision rather than payment of staff.

It could be argued that as these women phase out of service the work they previously did will be taken over by their existing volunteer labor pool, but that neglects the crucial funding, infrastructure, and management provided by the orders themselves, which will disappear when they do. Although they are mostly staffed by volunteers and lay professionals, the sisters, and any funding they source from the order or other donors, is the exclusive source of funding for their programs. This pays for materials, staff, facilities, and other overhead, and would disappear if the sisters were no longer involved. There is also great value in the institutional clout of the Church which, especially in Latin America, lends legitimacy to the services provided by these women, and acts as a source of confidence and potential way of identifying and reaching people in need. If the association with the Church were to dissolve they would lose that valuable asset.

The managerial function of the sisters in these orders will also dissolve when they are no longer able to provide these services. It is easy enough to find young volunteers who can come in and do unskilled work a few hours a week, but this is only feasible under a system where the scaffolding for and management of the project is already solidly established. These are the roles that these women take on. Of course they are also involved in the day to day operations of each charitable work, but they also act as the programming directors, accountants, property managers, board chairs, volunteer coordinators – all of which would be nearly full-time salaried positions at any other traditional non-profit organization. These women are the linchpins holding the work they do together. Their work has flexed and expanded due to the reduction in their numbers, to be able to function with fewer and fewer sisters, but the services they provide have reached a

critical mass, and as the remaining sisters age out of service at a rate higher than replacement, the services they provide will inevitably fall apart.

### *6.3 Interaction with the State and Viability of Future Service*

In both the UK and Perú, the women discussed the interaction between their services and regulation, or alternate service provision by the state. In the UK, the women were highly positive in their discussion, and expressed gratitude and admiration for the responsibility the British state has taken in caring for its citizens. Sisters Hazel and Fiona described the fact that Helen and Douglas Houses, and St. John's Home are plugged into government health services, including the fact that St. John's Home is now run by AccuroCare, which is a government health contractor. This means that anyone who is covered by the NHS, which is essentially everyone, could potentially have access to those services if they require them. They also explained that residents had to pay fees when the Sisters ran the home, but that the fees were low (based on what the residents could afford), and they wrote community grants and asked for donations to cover most costs. Upon further questioning they described that when they were involved with the services they were also very connected to the NHS, but that they were still independent providers.

They pointed out that it was very hard for them to continue managing the home as their numbers began to diminish, and expressed gratitude that their services have been able to continue, thanks to government involvement. When I asked, they denied feeling that they had been pushed out of their former services, but instead preferred to say that the services had "evolved". Sister Fiona explained, "I think in many cases over what, since 1851, we've been able to establish things and to do our best to ensure that they are viable and meeting the needs of the particular group that they're there for, and then, we have not always been very good at this but I

hope we are now, I think we are now, at handing over at the appropriate time. You know we've done our bit. The important bit is that the ethos remains.”

Sister Mary Audrey and Sister Catherine echoed these sentiments, and stated that they, “never had a problem” in their interactions with the government. In the summer of 1948, after the implementation of the NHS, the convent became a government contracted provision agency, and began to receive funding and increased regulation from the government. The sisters explained that the way they provided services did not change in any meaningful way, and that the relationships between the nurses, doctors, hospitals, and the convent remained unchanged, but that there was an increased level of regulation and stability once the government became involved. They also explained that as a government agency they were able to act as a legitimate training facility, where young lay nurses could be placed after their general nursing training to receive a hands on education and practicum in midwifery.

They expressed relief that the NHS allowed them to smoothly transition out of service when they needed to, and gushed about the merits of today's system, saying, “The health system is wonderful, we can't speak highly enough of it.” Specifically, they noted that nationalization of the health system has created more equal opportunities for people to access care, because it has gotten rid of the barriers of both cost and location, and that while people may have to wait in line now to receive non-urgent services, that everyone can access the healthcare they need.

Finally, Sister Vera and Sister Alice had similarly positive opinions about their interaction with the government. Their services were also absorbed under the umbrella of the welfare state in the late 50s, and were governed by and received funding from the Director of Social Services and the Kent County Council. Sister Alice told me, “Once the local authority of the government accepted responsibility, ‘You know it is our duty to maintain these children’, [it

became] much easier, once government funded. They actually had the solid funding to do it... I honestly don't know how we managed in the past.” They stated that there, “was no real downside”, and that they actually had more capacity once they came under the purview of the government, despite their dwindling numbers, because of the increased monetary, institutional, and staffing support.

When I asked sister Alice about her thoughts on the transition from religious to government provision, she succinctly cut to the heart of the issue and said, “Well I just think in order to be realistic. If you look at the number of women in religious life at the age of the women in religious life there was no way.” The reality is that in the UK, as the capacity of these women to continue providing their valuable services diminished, the government was willing and able to step up and take over. Luckily, the evolution of the British welfare state was such that the government assumed a higher level of responsibility for their citizens at just the right time to relieve religious orders nearing exhaustion of the burden of service provision. It is clear that the women who once provided these services not only acknowledge this transfer, but are grateful to the government for stepping in, and satisfied that the ethos and effectiveness of the services they once provided has lived on in the work of the welfare state.

Unfortunately, this was not at all the sentiment of the women in Perú. They all expressed a shared frustration with the corruption they see in the government, as well as limited faith in the government as a provider of their services in the future. Sister Martha communicated that she thinks that the rampant government corruption in Perú sets a precedent for young people, making them feel like the only way to get ahead is by committing crimes, thus causing them to end up in Lurigancho. She also cited tension, rather than cooperation, from the prison administration, explaining that while the “higher-ups” are happy to have her group come in and provide services,

the guards reject their presence. Her theory is that the guards fear that when the inmates are treated humanely and shown care they will lose their fear and become unmanageable. In fact, Sister Martha told me that she had been in direct conflict with the guards on several occasions when she saw them punishing the inmates in ways she described as “like torture”. She generally concluded that when her group eventually tapers off their services, neither the administration nor the government will make any effort to find other providers, or provide the services themselves, and that the guards will actually be relieved to no longer be accountable for their actions.

Sor Graciela also mentioned that in her work at a state run hospital, she is neither supported by the hospital administration, or by the priests at the hospital chapel. She said that her work is tolerated, but is also seen as a nuisance in many ways, as her support for patient advocacy tends to make more work for the hospital staff. The chapel wants her group to continue serving in the hospital, but even now will not provide them with any support or resources. She said that the priests are also entirely unsupportive of her work with sex workers and drug addicts in the hospital, and that when her group stops providing those services that they will likely languish and be discontinued.

Sor Antonia was scathing in her discussion of the government, and told me that corruption in Perú is, “like a cancer”. She felt that this corruption was at the root of the government's lack of support for her work, as politicians and bureaucrats are more concerned with padding their pockets than with fulfilling their duties to Peruvian citizens. She specifically explained that the order had recently tried to open a soup kitchen, but that they were not able to get the proper permits because she was unwilling to bribe the surveyor. She seemed highly frustrated at the fact that the government intervened (frequently), as a regulatory agency to collect taxes, and she saw them as an impediment rather than a source of support for her work.



She even shared that the MIMP (Ministry of Women and Vulnerable Populations) frequently sends women in need to the order, but refuses to provide funding, and has repeatedly rejected her grant applications.

Sor Sofía and Sor Telma also seemed very frustrated with the government. They too identified corruption as a society wide issue, which they see as contributing to the issues they combat. Because of rampant corruption and centralization of resources in Lima, they feel that the few services that are provided by the government do not reach the needy populations in Cajamarca and Tarma where they do their work. They also offered a very interesting perspective on the viability of the government as a provider of their services in the future, because they view the services they provide as a supplement to inadequate government services. The tutoring, student home visits, adult education, and early childhood daycare that they provide will never be taken over by the government, because the need for those services only arose due to deficiencies in services already provided by the government. They were very underwhelmed by the government's efforts to meet the needs of its citizens, and seemed highly disheartened that their services do not have a clearly stable future.

It is tragic to think that these invaluable services provided to highly needy and vulnerable populations are at risk of disappearance, but if the expert opinions of the women who currently provide them is any indication, their future is bleak at best. There can be no mistaking the disenfranchisement and disappointment that these women feel about the government's lack of support for their services, and the fact that they do not see a future in which the government will step in to take over their social services when they are no longer able to provide them.

## **7. Causes and Implications of Service Loss in Perú**

Based on the content of the interviews conducted in the UK and Perú, it is evident that there is an imminent risk of service loss in Perú, because nuns are no longer able to provide social services, and no other providers, government or otherwise, have stepped in to take over provision. Unlike in the UK around the time that nuns became unable to provide services, these interviews demonstrate that the Peruvian government has not shown any initiative or interest in taking over the soon-to-be abdicated social services of nuns, and perhaps do not even acknowledge the value or impact of the services of nuns.

### *7.1 Causes of Service Loss*

In light of their spotty and unconsolidated history of social service provision, and the historical inefficiency and ineffectiveness of the social service measures that have been put in place (as described in Chapter 3), this begs the question: if the government in Perú is not taking over these services, is it because they won't, as was suggested by the nuns, or can't, due to structural and economic limitations? As is so often the case with highly-nuanced system wide issues, the answer is likely a combination of both.

The findings of my interviews demonstrate a general apathy and lack of interest from the Peruvian government, and other organizational apparatuses, with respect to the social service work done by nuns. On the whole, they are ignored, and receive a lack of organizational and monetary support from the governmental institutions relevant to their work. The overall attitude of the government towards their work could best be characterized as "tolerant", rather than encouraging or appreciative. This is also demonstrated in the complete lack of record keeping by the Peruvian government on religious orders and their charitable works.

The first possible explanation for this lack of support is that, as was demonstrated in Chapter 2, the prestige and respect for nuns has significantly decreased on a global scale. With this drastic reduction in the respect for individuals who chose a life of vocation, it is possible that these women simply do not receive the same level of reverence or appreciation now that they once did. This could, in turn, negatively impact the support they receive for their work in general, and from the government in particular. Corollary to this, they may also experience government discrimination based on their gender. Women in Perú still face serious gender inequality across almost all indicators. Despite recent legislation which implemented a 30% quota for female representation on party ballots, women still face disproportionately higher rates of poverty, and illiteracy, and suffer from widespread social and economic inequality, and high rates of gender based violence (Gender Equality Observatory, 2018). Additionally, there is ample research which suggests that care work, like that done by nuns, is traditionally seen as “women's work” and is systematically devalued.<sup>4</sup> For this reason, these nuns, groups of all women doing “women’s work”, are likely to have their work devalued and their contributions ignored by the government due to deeply internalized society wide gender biases.

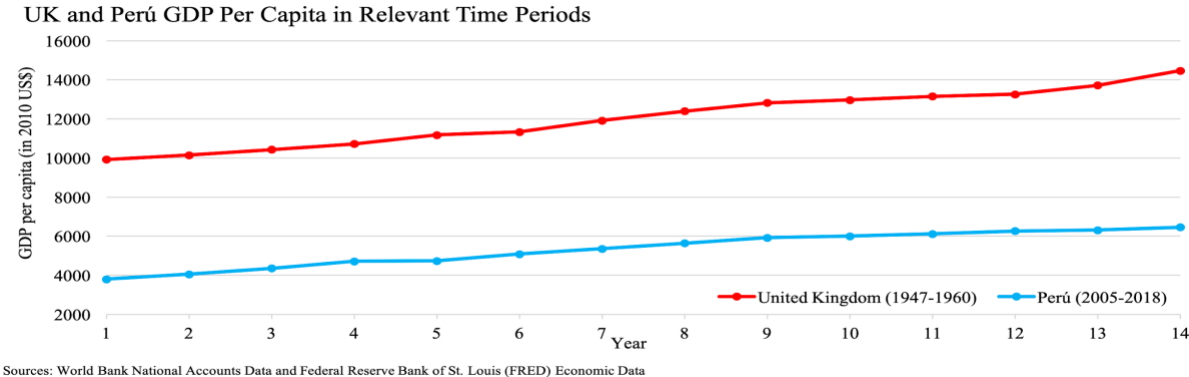
System wide corruption could also play a role, as was repeatedly mentioned by the nuns, as it does seriously color the way in which the Peruvian government functions. In general (although of course not always true on a case by case basis), many government employees and representatives are at least somewhat motivated by monetary or other illicit benefits they may receive as a result of their actions and decisions in an official capacity. In fact, on the 2019 International Corruption Barometer, Perú only received a 36/100, with lower scores indicating higher corruption – in comparison, South America received an average score of 40.4, and the UK

<sup>4</sup> For more on the devaluation of women’s work, see Block et al. 2018, Cohen and Huffman 2003, and Kemp 1994.

received a 77 (Transparency International, 2019). Additionally, a 2016 survey showed that only 31% of Peruvians believe that anti-corruption laws are effective, and over 50% of Peruvians believe there is *significant* corruption – the highest possible rating – in the executive branch, legislative branch, judicial branch, customs, the police, municipal and local government, and political parties (Miller & Chevalier, 2016).

Despite these being relevant and important explanations for the lack of assistance from the Peruvian government for religious social services, there is also a strong argument to be made that the government simply doesn't have the funds to take over these social services. Unlike in the UK in the 1950s, Perú has significantly fewer resources to funnel towards social and medical service provision. To start, when adjusted for inflation to 2010 US dollars, Perú today has a lower GDP per capita than the UK did in 1947, when the last of the welfare state expansions set out by the Beveridge report were implemented. In 1947, the GDP per capita in 2010 USD of the UK was \$9,922, and in Perú in 2018 it was only \$6,454. Additionally, the GDP per capita in 2010 USD of the UK was consistently higher throughout the entire period of 1947-1960, than it has been since 2005 in Perú (World Bank, 2020 and Federal Reserve Economic Data, 2020) (Fig. 7.1 - A). This demonstrates that, regardless of allocation, there simply isn't as much money to go around in Perú today, as there was in the UK around the time of welfare state expansion.

Fig. 7.1 - A



Along with this smaller and weaker overall economy, recently the Peruvian state has proportionally had significantly lower revenues, and lower social spending than the UK in relevant decades. Government revenues represented 44% of GDP (287.51 billion 2010 USD) for the UK in 1955, and only 22.2% of GDP (41.22 billion 2010 USD) in Perú in 2014. This is not only twice the percentage of GDP, but also represents almost seven times as much money available to the government in the UK, with a significantly smaller population to serve. Interestingly, the Peruvian government actually spent a larger percentage of their budget on social spending (welfare, healthcare, education, and social security) in 2014 than the UK did in 1955 – 40.6% and 35% respectively. However, despite devoting a larger percentage of their budget to social spending, they still had drastically less funds at their disposal than the UK in 1955. The Peruvian government’s social spending in 2014 only represented a meager 9.1% of the overall GDP (16.74 billion 2010 USD), while in the UK in 1955 they spent more than six times as much, devoting 100.64 billion 2010 USD towards social spending, which represented 15.4% of their overall GDP (Chantrill, 2020 and Gaentzsch, 2017) (Fig. 7.1 - B).

*Fig. 7.1 - B*

	UK 1955			Perú 2014		
	% GDP		2010 USD (billions)	% GDP		2010 USD (billions)
<b>GDP</b>	---		653.44	---		185.66
<b>Government Revenue</b>	44%		287.51	22.2%		41.22
<b>Government Spending</b>	<i>% gov. spending</i>	<i>% GDP</i>	<i>2010 USD (billions)</i>	<i>% gov. spending</i>	<i>% GDP</i>	<i>2010 USD (billions)</i>
<i>Welfare</i>	9%	3.96%	25.88	4.5%	1%	1.85
<i>Healthcare</i>	9%	3.96%	25.88	10.3%	2.3%	4.25
<i>Education</i>	10%	4.4%	28.75	15.5%	3.5%	6.39
<i>Pension/Social Security</i>	7%	3.08%	20.13	10.3%	2.3%	4.25

Sources: UK Public Spending Database, National Statistics Institute, Ministry of Economy and Finance, National Bank of Peru

It is clear from these figures that the Peruvian government today is not in the same financial position to take over the services of nuns as was the UK in the late 1940s and 1950s. Today, Perú lacks the basic funding necessary to take over these individual services, and certainly lacks the funding to implement the kinds of sweeping reforms necessary to expand their social services to the same extent as was done in the UK, which brought the services of their population of nuns under the umbrella of state welfare as a result.

### *7.2 Implications of Service Loss*

In addition to significantly less capacity for service provision, Peru has thus far been notably less effective at reducing poverty and inequality through the services they do provide than the UK was in the 1950s and 1960s. In the UK, through the expansion of the welfare state, the government was able to not only to prevent service loss, but was also very effective at making real change in British society, and improving the standard of living for many of its citizens.

Perhaps the largest strides were made with regard to health and healthcare. After the NHS was rolled out in 1948, people benefitted universally from free consultation with doctors, free access to prescription medication, and the introduction of free dental and optometry services, which were previously only accessible to the wealthy. Women were also granted universally available maternity benefits for the first time in the country's history. The NHS was also responsible for massive vaccination campaigns which helped to nearly eradicate tuberculosis and polio. In 1945, the leading cause of death for both men and women was infection, but by 1965 heart diseases and cancer had become the leading causes (Office for National Statistics, 2017). Infant mortality rates also decreased drastically from 48.8 deaths per

1,000 live births in 1945, to around half that figure by 1955 – 25.8 deaths per 1,000 live births (UCL Institute of Education, 2020).

The provision and accessibility of education also greatly improved. For the first time, all children over eleven received free secondary education, and many grants became available for students to go to university. Specifically, the Education Act of 1944 raised the school-leaving age to 15, and allowed for pre-existing religious schools to incorporate into the new free public school system (Living Heritage, 2020). Between 1938 and 1955, the percent of students who continued on in their education past the school-leaving age increased from 19.6% to 34.5%, and the overall number of students enrolled in secondary schools increased from 627,000 in 1935 to 2,191,000 in 1955 (Bolton, 2012). The welfare state also improved housing and infrastructure, building roads and replacing many homes that were deemed unfit to live with cleaner and more modern buildings.

In Perú, on the contrary, the few welfare measures already in place are not effective at improving standards of living, and have been statistically proven not to have any significant impact on poverty or inequality. A study done by Anja Gaentzsch in 2018 found that despite increased social spending, large inequalities still exist between urban and rural areas of the country, and that the overall inequality of the population in rural areas is also higher than that within the population of urban areas. He also found that a large share of the “redistributive” effect of social services in both urban and rural areas is concentrated at the top of the income distribution, meaning that the rich benefit more than the poor. He also investigated the effects of social spending on poverty, and found that it is, “hardly felt in urban areas and moderate in rural areas.” (Gaentzsch, 2018, pg. 14). He describes that direct-cash transfer programs seem to have the largest effect, but that health and education services, which are supposed to target the poor,

are nearly non-existent in rural areas, and inaccessible to the poor in urban areas (Gaentzsch, 2018, pg. 14). This echoes the findings of Miguel Jaramillo, who did a similar study in 2013, and came to the conclusion that, “The results of our analysis indicate that the extent of inequality reduction induced by fiscal policy in Peru is small, due primarily to low rather than inefficient social spending.” (Jaramillo, 2013, pg. 4).

That quote succinctly sums up the main problem with the Peruvian government’s current social spending, which is that it simply isn’t enough to make any real change for its citizens. What the government is already doing is minimally ineffective, and it is clear due to economic and developmental restrictions that they can’t afford to do more. As the government continues to struggle and make exceedingly slow progress towards reducing inequality and poverty through social spending, and as the social services provided by nuns are lost, their contribution towards improving the lives of Peruvians will also be gone. Instead of progress, we may witness regression. Individuals will lose services as nuns can no longer provide them, rather than gain them, and it will make it even more difficult for Perú to improve human development indicators, and reduce inequality and poverty.



## **8. Conclusion and Recommendations**

The purpose of this investigation was to understand the important contributions made by nuns through the provision of social and medical services to their communities, and to identify the risk of service loss to vulnerable populations as these women cease to provide services. Pursuant of that goal, I attempted to answer three specific questions. The first of these questions was, “What are the implications of the reduction of the social services provided by female monastic communities?” The answer to this question lay mainly in understanding the value of the services these women provided and provide. Through interviews with nuns who worked or are currently working as social and medical providers, I discovered that they provide extremely valuable service to highly vulnerable and underserved populations in their communities, free of charge, and with compassion and understanding for the people they serve. I also found that in many cases they are, or were, the only provider of that service.

The second question I addressed was, “How have and will these changes play out in different regional contexts?” By identifying the scope of the reduction of the population of nuns, and comparing the drastically different trajectories and capacities of the government as a provider of social services in the UK in the 1950s, and in Perú today, I found that reduction in services provided by nuns will likely have dramatically different results in each context. In the UK, as nuns became unable to provide social and medical services due to their dwindling numbers, the government, undergoing drastic expansion of its welfare state apparatus, was poised to absorb and take over the services of nuns. I found that in Perú, by contrast, the government has neither the consolidated history of welfare provision, nor the current funding or economic capacity to take over the services of nuns in their country.

By analyzing the importance of contributions made by nuns through social service, the reduction in their ability to provide those services, and the limited viability of other providers, namely the government in the context of Perú, this thesis has demonstrated that the future of these services is short and uncertain. That finding addresses the third of my research questions, “What will happen when these women cease to provide those services to their communities? I have found that the aspects of the UK case which allowed the British government to take over services, namely adequate funding and a pre-existing competent governmental framework, are the very aspects which are lacking in the Peruvian case. This research clearly illustrates that, unlike in the case of the UK in the 1950s, as nuns are no longer able to provide these services, the Peruvian government cannot and will not step in to take over provision, and in all likelihood these services will simply cease to exist. This response, however, still leaves several unknown variables which prevent me from presenting a complete picture of, “What will happen?”

First, we do not know how far reaching this service loss will be, nor can we quantify how many people will be affected, or who and where they are. As there is currently little to no quantitative research on the breadth and content of social service provision by nuns in Perú, or elsewhere, it will be exceedingly difficult to predict the true scale of service loss in Perú, or to understand how impactful these services once were, after they are gone. Future research on this subject should first and foremost attempt to quantify the scale of service, so it can be appraised, and the specific groups vulnerable to service loss can be identified.

The question also remains as to what will happen in other regions and countries as their populations of nuns can no longer provide services. By repeating this methodology in other contexts we may find that there is a similar threat of service loss. Specifically, it is important to probe if this same risk exists in countries with similarly weak economies and low government

spending on social service, and where the remaining outcrops of Catholic or Anglican nuns have numbers of new postulants below replacement level. It would be useful to extend this study to other cases within Latin America, as well as to the Caribbean and parts of Africa where the presence of nuns was once strong. It would also be appropriate to look at the United States, in contrast with the UK, as a case where the care work once performed by religious entities has been taken over by secular non-profit and for-profit entities. Unlike in the UK, the United States has not implemented an extensive welfare state system, and it would be interesting to compare the relative successes and shortcomings of these two systems in taking over services once provided by religious institutions.

Although the findings of this thesis represent a sincere first attempt at understanding the importance and impacts of these issues, the reality is that the search for answers to the question of, “Who will do the good works?” is far from over. It is crucial that we not only keep searching for answers to this question to help inform policy and action in the future, but also to better understand the past. The primary utility of this research is to identify the risk of service loss, so that we might help to prevent that sad eventuality, but in this investigation I have also had the distinct privilege to record the invaluable stories of the women who have been at the forefront of valuable social and medical services for centuries. They represent an untapped wealth of wisdom and experience – a valuable resource which, like their services, will disappear with them when they die. In order to solve the problems of the future, in this case it is crucial to look to the past as we continue to search for “Who will do the good works?”, and begin to ponder how the loss of the contributions of nuns can be stopped.

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## APPENDICES

### **A. Recruitment Email**

Greetings (Name),

My name is ---- and I am an undergraduate student at the University of Mississippi. I am contacting you about the opportunity to participate in a research project that is working to collect the oral histories of women in religious life, and particularly older sisters whose charitable works would have begun in the 1950s or 1960s and have been related to social service work with poor and underprivileged groups. Based on my preliminary research, it appears that the charitable works of your order during that time period are in line with the parameters of the oral histories project, and I would like to know if there are any sisters from your community who were active during the aforementioned period, who might agree to let me speak with them about their lives, and the incredible works they have been a part of. If you feel there is any interest in this project at all or if you have any questions, please feel free to contact me at any time, my email is ----, and my telephone number is ----. Thank you so much for your time and consideration and I look forward to hopefully hearing from you soon!

Best,

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### **B. Interview Guiding Questions**

This acted as a rough outline of topics I was interested in discussing, but according to the nature of oral histories, the conversations deviated based on the subject's individual answers, and follow up questions or entirely different topics came up during the interviews themselves. Questions which elucidated particularly enlightening responses are marked with an asterisk

*Early Life:*

Please tell me about your childhood.

Can you share a memorable event from your childhood?

*Sisterhood:*

How did you come to be an Anglican nun?

Can you tell me about your experiences in the early years as a nun?

How did you first become involved in charitable works? Where did you do most of your charitable works/what did they entail?

*Charitable Works:*

Tell me about what sort of charitable work you did and the people you served.

Can you describe to me what an average day looked like for you while doing these works?\*

What were the main issues faced by the people you served?\*

How did the poverty of those served interact with their other needs to affect the help they needed?

Can you explain the political/economic/social/religious environment that contributed to those problems?\*

Do you see that same environment existing today?

How did you tackle those problems?\*

What practices were particularly effective? Which were less effective?

How did those you served feel about receiving your services?

What was the attitude of the larger community to your presence and work?\*

Explain the benefits of having these services provided by women in religious life (as opposed to other providers). Explain any disadvantages.

How have the services you provided to the community evolved since your time?

Did you see a change in the particular issue you were tackling (poverty, health, etc.)?

Were there/are there other organizations that provide or provided similar services? If so how effective are they, and do they form a cooperative solution?\*

How did your work interact with government sponsored services, was there any overlap?\*

How has the role of women in religious life as providers of social services changed, or stayed the same, in your lifetime?

*Big Picture:*

Are there any particular experiences or anecdotes that have stuck with you through the years, positive or negative?

What do you feel is the largest social issue that we continue to face?

What do you feel is the most important lesson you have learned in your time providing services to those in need?

What should I be doing as a young person today to continue to combat these issues?

Can you tell me one thing that has already changed in our society that gives you hope for continued change in the future?

Any advice for those who continue to combat these issues in other parts of the world?\*

Is there anything else you would like to talk about or tell me?