Vote Buying and the Quality of Public Services in Latin America: Expanding Khemani (2015)

# Abstract

This paper expands on Stuti Khemani’s (2015) influential work by examining the relationship between vote buying and the quality of public services in Latin America. Using data from the Encuesta Longitudinal Colombiana (ELCA) for Colombia and corroborative evidence from LAPOP surveys across eight Latin American countries, we assess how clientelistic practices undermine public service provision. Our findings indicate that vote buying is negatively associated with both objective indicators —such as infant mortality and child health outcomes in Colombia— and subjective perceptions of health and education quality across the region. The results consistently show that vote buying harms the provision of public goods and services, disproportionately impacting vulnerable populations. These findings extend Khemani’s conclusions beyond the Philippines and Africa, providing comparative insights into the challenges faced by Latin American democracies in strengthening state capacity and improving governance outcomes.

# Keywords

State capacity, vote buying, public services, clientelism

# Introduction

In the Weberian sense, state capacity refers to the ability of a government to deploy rational bureaucracies that uphold the rule of law and effectively implement policies aimed at achieving concrete goals. This concept is central to understanding how states exert control and deliver services to their populations. The literature on state capacity often highlights three key dimensions necessary for a well- functioning state: coercive capacity, which refers to the state’s ability to enforce laws and maintain security; the maintenance of internal order, which ensures social stability and governance; and the provision of essential infrastructure and public goods, which are fundamental for social and economic development ([Hendrix](#_bookmark11) [2010](#_bookmark11); [Hanson and Sigman](#_bookmark12) [2021](#_bookmark12)). Together, these dimensions encapsulate the strength and efficacy of state institutions in fulfilling their roles, from enforcing laws to delivering public services, thereby shaping the overall quality of governance and societal outcomes.

In this context, [Khemani](#_bookmark14) ([2015](#_bookmark14)) reverses the typical inquiry by focusing on the detrimental impact of weak state capacity. Her study illustrates how vote buying and clientelism in poor democracies undermine investments in critical public services, such as health and education. By examining the relationship between clientelist practices and public service delivery, Khemani shows that in settings where vote buying is prevalent, resources are often diverted away from essential services. Her analysis, based on survey data from the Philippines, provides robust evidence that a higher prevalence of vote buying is associated with fewer health workers and a higher percentage of underweight children in affected areas. This suggests that the capture of the state through clientelistic networks not only weakens institutional capacity but also has direct, measurable consequences on the welfare of vulnerable populations.

Khemani’s study primarily focuses on the Philippines and includes corroborative evidence from Afrobarometer surveys across multiple African countries. In this replication and extension of her work, we utilize data from Colombia and additional evidence from LAPOP surveys to test the generalizability of her findings across Latin America. By broadening the geographic scope and incorporating diverse political contexts, we aim to deepen our understanding of how vote buying and clientelism affect public service delivery in the region. Our analysis provides a comparative perspective on the extent to which Khemani’s conclusions hold true beyond the original case study, offering new insights into the challenges faced by Latin American democracies in strengthening state capacity and improving governance outcomes.

Colombia and Latin America offer compelling cases to replicate Khemani’s analysis on local vote-buying. For Colombia, clientelism is a defining feature of the political system in the country ([Ardila Arrieta](#_bookmark5) [2023](#_bookmark5)). The collapse of the bipartisan system in the 1990s gave rise to a new form of particularism: market-based clientelism ([Pizarro](#_bookmark18) [Leongo´mez](#_bookmark18) [2002](#_bookmark18)). In this model, electoral enterprises with little ideological commitment negotiate votes for tangible benefits such as cash, basic goods, and selective access to public resources ([Ardila Arrieta](#_bookmark5) [2023](#_bookmark5); [Palacios Luna](#_bookmark17) [2022](#_bookmark17)). For their part, Latin American countries also have clientelism as a feature of their polities ([Mazzuca and](#_bookmark16) [Munck](#_bookmark16) [2021](#_bookmark16); [Gonzalez-Ocantos and Oliveros](#_bookmark7) [2019](#_bookmark7)). From Argentina ([Auyero](#_bookmark6) [2001](#_bookmark6)) to Mexico ([De La O](#_bookmark8) [2024](#_bookmark8)), the literature highlights clientelism as a central mechanism in electoral dynamics, with limited social stigma associated with vote-selling ([Fergusson et al.](#_bookmark9) [2017](#_bookmark9)).

This political landscape provides a backdrop for com- paring state capacity outcomes, such as those examined by Khemani. The healthcare systems in Colombia and the Philippines are comparable in their decentralized structures, but they differ in key aspects: while Colombia assigns fixed budgets to local governments for healthcare provision with some discretionary use by mayors and governors, the Philippines delivers services at a more granular village level. In Colombia, this discretion has led to frequent reports of overpricing in contracts and under-provision of services to redirect resources for other purposes ([Llanto and Kelekar](#_bookmark15) [2013](#_bookmark15)).

# Replication Analysis

## Philippines’ household survey

In Khemani’s study, the data is drawn primarily from a household survey conducted in the Philippines, focusing on the intersection of vote buying and public service delivery. The survey includes a sample of 1,200 households with at least one child under the age of six, randomly selected from 60 villages across 30 municipalities. This design provides a comprehensive look at both subjective experiences related to vote buying and objective measures of health service delivery in these communities.

Key subjective data collected include questions on vote buying, such as whether respondents were aware of vote buying occurring in their municipality (with a 38% incidence rate) and whether they were personally offered money for their vote (with an 18% incidence rate). Objective health data includes the percentage of children below normal weight, serving as an indicator of health outcomes, and the number of health workers available at the village level. These indicators allow Khemani to explore the relationship between clientelist practices and the under-provision of essential public services.

## Corroboration with Afrobarometer data

In addition to survey data from the Philippines, Khemani corroborates her findings with Afrobarometer data, a large- scale survey conducted across 33 African countries. This additional dataset provides valuable comparative insights into the link between vote buying and public service delivery across diverse democratic contexts.

The primary dependent variables in this analysis are whether respondents reported issues with public schools and health services. To account for other influences, the analysis includes controls for demographic, educational, and political factors such as age, gender, household type (rural or urban), household size, education, and food insecurity. Combined, these data points create a robust foundation for analyzing the impact of vote buying on the provision of essential public services in the Philippines.

## Replication data ELCA

Our replication of Khemani’s study uses data from

Colombia, drawn mainly from *Encuesta Longitudinal Colombiana* (ELCA) ([CEDE](#_bookmark10) [2016](#_bookmark10)), a comprehensive survey that follows more than 10,000 households (representing more than 30,000 individuals) in both rural and urban areas. This longitudinal dataset provides valuable insights into household demographics and socioeconomic conditions. In addition, we incorporate CEDE municipal statistics, which include data on agriculture, governance, violence, education, and health, which enriches our analysis by offering contextual indicators that align with our study’s focus.1

The analysis examines the relationship between health outcomes —–measured as the percentage of children with below— normal height for age, infant mortality rate, and health services coverage. We estimate the following equation at the municipal level:

*Health Outcomemt* = *ωm* + *ϕt* + *βVote Buyingmt* + *γ***X***mt* + *ϵmt*

(1)

where vote-buying, is defined as the proportion of individuals reporting offers of benefits, gifts, or jobs in exchange for votes, for municipality *m* at year *t*. The model incorporates a vector of municipal-level controls (**X***mt*) and accounts for unobserved heterogeneity with municipality (*ωm*) and year (*ϕt*) fixed effects. This framework aims to disentangle the impact of clientelistic practices on health indicators while controlling for local socio-economic and demographic characteristics.

## LAPOP data

To corroborate our findings from ELCA, we use data from LAPOP surveys conducted in 2018 for countries where information on vote buying and key public service variables is available. The countries included are El Salvador, Guatemala, Honduras, Jamaica, Mexico, Paraguay, Peru, and the Dominican Republic. These surveys provide comparable measures to those used by Khemani, enabling a cross- national analysis of the relationship between vote buying and public service quality in health, infrastructure, and education sectors.

The analysis focuses on respondents’ satisfaction with the quality of public schools and health services in their area. Responses were recoded into a binary variable indicating general satisfaction or dissatisfaction.

# Results

## Vote buying and health outcomes

The results reveal a positive correlation between vote buying and poor health outcomes. Table ([1](#_bookmark2)) summarizes the findings of the replication study using ELCA data, examining the relationship between vote buying, health indicators, and municipal characteristics. Panel A presents bivariate estimations, while Panel B incorporates a multivariate specification that controls for intergovernmental health transfers, population size, and proximity to the departmental capital.

**Table 1.** Regression Analysis of the Correlation Between Vote-Buying and Health Service Outcomes in Colombian Municipalities

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | % Children with below normal Length % Children with below normal BMI | | | |  | Infant Mortality Rate |  | Coverage of Health Services |  |
| (1) (2) (3) (4) | | | |  | (5) |  | (6) |
| **Panel A: Bivariate Specification** | | | |  |  |  |  |
| Considering Candidate Offers (Vote buying) | 0.119 | 0.224 | 0.384 | 0.079 | 12.907\*\* | | 11.564 | | |
|  | (0.074) | (0.140) | (0.226) | (0.076) | (5.005) | | (9.341) | | |
| *R*2 | 0.035 | 0.074 | 0.301 | 0.024 | 0.101 | | 0.016 | | |
| **Panel B: Multivariate Specification** | | | | | | | | | |
| Considering Candidate Offers (Vote buying) | 0.117 | 0.18 | 0.394 | 0.073 | 8.500\* | | 10.836 | | |
|  | (0.082) | (0.098) | (0.234) | (0.074) | (3.804) | | (9.105) | | |
| Intergovernmental transfers in health (log) | 0.002 | -0.008 | -0.01 | -0.015 | 4.812\*\* | | 6.483 | | |
|  | (0.019) | (0.049) | (0.012) | (0.021) | (0.739) | | (6.574) | | |
| Municipality population (log) | -0.006 | -0.862 | 0.012 | -0.197 | -5026\*\* | | -1.575 | | |
|  | (0.019) | (0.442) | (0.013) | (0.709) | (0.709) | | (6.141) | | |
| Distance to Department Capital | 0.0002 |  | 0.0001 |  | 0.032\*\* | | -0.092 | | |
|  | (0.0002) |  | (0.0001) |  | (0.012) | | (0.068) | | |
| N | 105 | 105 | 105 | 105 | 67 | | 67 | | |
| *R*2 | 0.064 | 0.246 | 0.307 | 0.037 | 0.560 | | 0.387 | | |
| Municipality FE |  | Yes |  | Yes | Yes | |  | | |
| Year FE |  | Yes |  | Yes | Yes | |  | | |

**Note:** This table presents the results of estimating equation ([1](#_bookmark1)). Length-for-Age and BMI (Body Mass Index) were calculated using WHO standards, calculated z-scores less than -2 were classified as below normal. Robust standard errors clustered by municipality are in parentheses. Significance levels: ∗*p <* 0*.*05, ∗ ∗ *p <* 0*.*01.

As vote-buying increases, the percentage of children below their normal length and BMI rises, indicating a neg- ative association between clientelism and child health out- comes. Additionally, higher levels of vote-buying are associ- ated with an increase in infant mortality rates, suggesting that clientelistic practices may undermine the quality and equity of health services. However, the relationship between vote- buying and health services coverage appears weaker and less consistent across specifications. These findings highlight the potential detrimental effects of vote-buying on key health indicators at the municipal level.

Although the results are not consistently statistically significant across all specifications, the direction of the coefficients aligns with our hypotheses. The limited statistical significance may stem from the small sample size (N = 105), low variability in the data, and the aggregation level used in the analysis. These constraints likely reduce the statistical power to detect significant effects, even when meaningful relationships exist. Nevertheless, the consistent direction of the coefficients across models supports the hypothesis that vote buying adversely affects health outcomes. These findings call for further investigation using larger datasets or alternative approaches to data aggregation to better capture the nuances of this relationship.

## Corroboration with data for Latin America

Overall, our findings corroborate the relationship between vote buying and negative perceptions of public services, reinforcing the idea that political incentives to buy votes can undermine public trust in government services. While the overall trend supports this relationship, there are notable variations depending on the type of public good or service being evaluated. Additionally, the impact of vote buying differs across countries, with some showing stronger correlations than others. These variations point to the complexity of the issue and the importance of considering local political and social contexts when analyzing the effects of vote buying on public service perceptions.

With regard to the perception of health services, we find evidence that in most countries, being aware of vote buying has a negative association on the perception of the quality of health services. Figure [1](#_bookmark3) presents the marginal effects of knowing about vote buying on the perception of health services quality across eight countries. The marginal effects are statistically significant for Guatemala, Honduras, Mexico, Paraguay, Peru and Dominican Republic. In these countries, awareness of vote buying is associated with a more negative perception of health service quality. In Jamaica and El Salvador there is no relation between perception of the quality of health services and awareness of vote buying.

**(Figure 1 about here)**

The evidence regarding the quality of public schools is mixed, as shown in Figure [2](#_bookmark4). In four of the eight countries, the models support a negative relationship between awareness of vote buying and the assessment of public school quality. These countries are Honduras, Mexico, Peru, and the Dominican Republic.

Mexico and Peru are the only two countries where awareness of vote buying is consistently linked to negative evaluations of both public services considered.

**(Figure 2 about here)**

# Conclusion

In our replication and extension of Khemani’s work, we aimed to assess whether the negative impacts of vote buying on public services, initially observed in the Philippines and corroborated in Africa, hold true across Latin American contexts. Using ELCA data for Colombia and corroborative LAPOP data across eight Latin American countries, we examined how vote buying correlates with both objective and perceptual measures of public service quality. Our findings suggest that, consistent with Khemani’s analysis, vote buying compromises the quality of public services in ways that directly impact vulnerable populations. Specifically, Colombian municipalities with higher reported incidences of vote buying demonstrate a noticeable reduction in health service provision, including poorer child health outcomes and higher infant mortality rates.

Further, our analysis using LAPOP data indicates that awareness of vote buying negatively influences public perceptions of health and educational services in several Latin American countries, though with variation across contexts. The perception of health services, for instance, aligns most consistently with our hypothesis, showing significant negative associations in multiple countries. However, quality of public schools reveal a more nuanced picture, with only certain countries exhibiting statistically significant results. This suggests that the relationship between vote buying and public service quality is shaped by specific national contexts and may affect certain public goods differently.

Our study contributes to the broader understanding of how clientelistic practices, like vote buying, can erode state capacity in providing essential services, highlighting a consistent trend across varied political and social landscapes in Latin America. This regional analysis not only reinforces Khemani’s original findings but also emphasizes the need to address clientelism as a barrier to effective governance and equitable service provision across Latin American democracies.

# Notes

1. Data available from [https://datoscede.uniandes.](https://datoscede.uniandes.edu.co/observatorio-municipal/) [edu.co/observatorio-municipal/](https://datoscede.uniandes.edu.co/observatorio-municipal/).

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# Figures

Gráfico

Descripción generada automáticamente

**Figure 1.** *This figure presents results across eight countries. Negative effects indicate that awareness of vote buying is associated with a higher likelihood of perceiving health services negatively. Error bars represent 95% confidence intervals.*

Gráfico, Gráfico de cajas y bigotes

Descripción generada automáticamente

**Figure 2.** *This figure presents the marginal effects of knowing about vote buying on perceptions of public schools’ quality across eight countries. Negative effects indicate that awareness of vote buying is associated with a higher likelihood of perceiving health services negatively. Error bars represent 95% confidence intervals.*