TECHNICAL BRIEF 7

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Strengthening the Health Worker Pipeline through Gender-Transformative Strategies

Constance Newman, Crystal Ng, and Sara Pacqué-Margolis, IntraHealth International

A competent, motivated health workforce has adequate numbers and types of well-trained and fairly remunerated health workers deployed to where they are most needed. To achieve this, countries have implemented interventions aimed at strengthening preservice education (PSE), including curriculum development, financing, and institutional management reforms. An equally important issue to address in the production of health workers is gender discrimination in PSE settings. Gender discrimination is "any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms that prevents a person from enjoying full human rights" (World Health Organization 2001, 43).

Capacity*Plus* conducted a systematic review of 300 articles, reports, program documents, and websites on gender discrimination in higher education, including health worker PSE, from all parts of the world (Ng, Newman, and Pacqué-Margolis 2012). A panel of five experts in gender and in human resources for health then reviewed summaries of 51 interventions identified from the literature search, according to selected characteristics of gender-transformative interventions (described in the following sections).

Using the results of the systematic review, the authors of this technical brief provide an overview of how gender discrimination affects health professional students and faculty as well as intervention options that the expert panel identified as having potential to counter gender discrimination. In addition, we offer recommendations for PSE institutions and other stakeholders to address these challenges.

Forms of gender discrimination in preservice education settings

Forms of discrimination such as occupational segregation by gender[1], sexual harassment[2], and discrimination related to pregnancy and family responsibilities can affect students' opportunities, treatment, and ability to complete their studies. They also limit faculty members' career satisfaction, advancement, and economic

[1] Occupational segregation refers to the concentration of men and women in different jobs or in jobs at different hierarchical levels.

[2] Sexual harassment refers to unwanted, unwelcome, or offensive conduct that changes the terms and conditions of school or work, where either a person's rejection of, or submission to, such conduct is used explicitly or implicitly as a basis for a decision that affects that person's career; or conduct that creates an intimidating, hostile, or humiliating work environment for the recipient.

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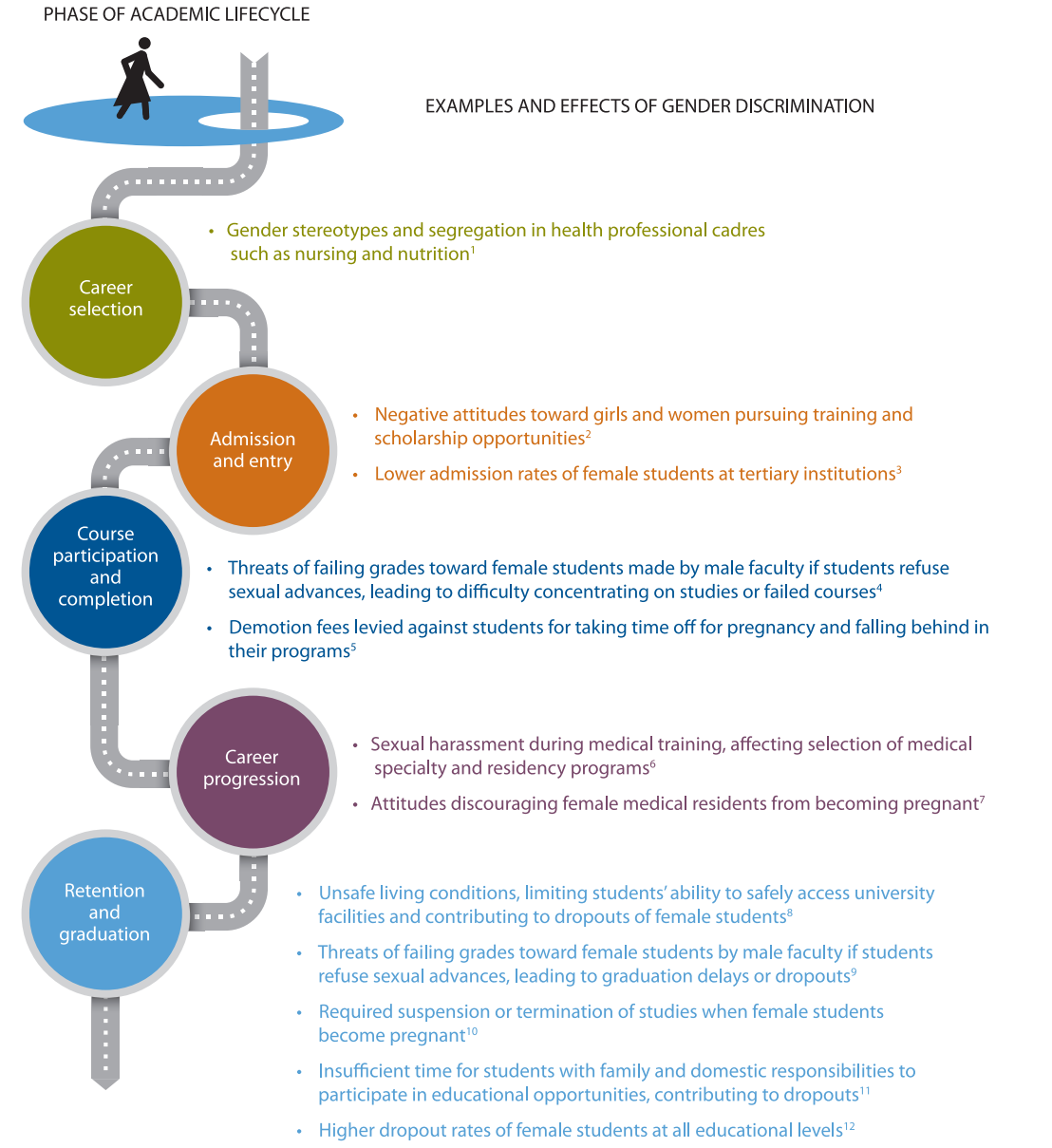
FIGURE 1:

Students' Experience of Gender Discrimination and Inequalities



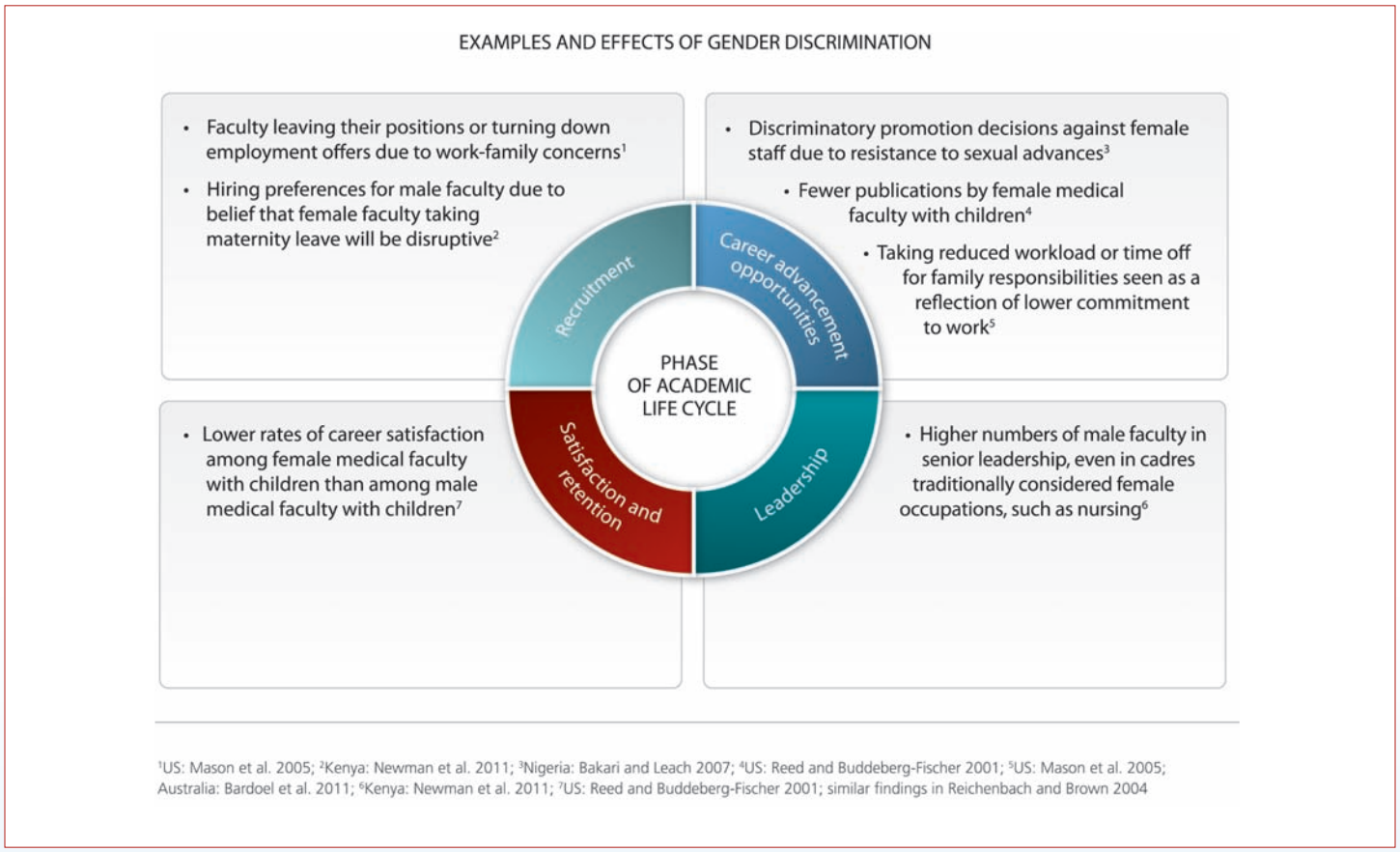
[1]Kenya: Newman et al. 2011; [2]Standing 2000; [3]Rwanda: Huggins and Randell 2007; [4]Kenya: Newman et al. 2011; Nigeria: Bakari and Leach 2009; Ghana: Morley and Lussier 2009; Zimbabwe: Zindi 1994; Uganda: Makerere University, Gender Mainstreaming Division 2011; [5]Kenya: Newman et al. 2011; [6]US, Japan, Sweden: Best et al. 2010; Stratton et al. 2005; George 2007; Nagata-Kobayashi et al. 2006; Larsson, Hensing, and Allebeck 2003; [7]US: Finch 2003; [8]Griffin 2007; [9]Kenya: Newman et al. 2011; Nigeria: Bakari and Leach 2009; Ghana: Morley and Lussier 2009; Zimbabwe: Zindi 1994; Uganda: Makerere University, Gender Mainstreaming Division 2011; [10]Mozambique, Tanzania: Hubbard 2008; [11]US, UK, Uganda, Tanzania: Arhin and Cormier 2008; UK Department of Health 2006; Griffin 2007; [12]Rwanda: Huggins and Randell 2007

opportunities. Gender discrimination may result in teachers leaving the educational institution or students not graduating and entering the health workforce. This has consequences for the quality and scale of health services, particularly since gender discrimination primarily affects female health workers, who constitute a large proportion of many countries' health workforces (Standing 2000; George 2007), and who also face a continuation in the workplace of the types of gender discrimination experienced in preservice education (Gregory 2003).

Students: Figure 1 describes examples from the literature of gender discrimination against health professional and higher education students throughout their academic life cycle. *Sexual harassment and assault*, mainly

FIGURE 2:

Faculty Members' Experience of Gender Discrimination and Inequalities



targeted at female students, have been well-documented in primary and secondary schools and universities in both high- and low-resource settings (Mirsky 2003). Cultural beliefs as well as gender norms and stereotypes create environments in which sexual harassment and/or assault are normalized but not reported, and perpetrators are unpunished. It can be difficult for some students to concentrate on or complete their coursework while being threatened, harassed, or assaulted by other students or teachers.

In addition, gender-blind institutional policies and practices prevent or limit female students from participating in classes, practica, and other curricular offerings by failing to consider *students' family responsibilities* or potential safety issues. For example, as one Kenyan health PSE student stated, "We have different roles. If we go home the two of us, I make sure the baby is well fed, then asleep, husband taken care of…that affects my concentration…while [when] he goes home he expects food [to] be ready" (Newman et al. 2011, 30). At some point, students may need to discontinue studies because of the lesser importance attributed to female education, especially in poor countries.

Faculty: Figure 2 describes examples from the literature of gender discrimination against health PSE and other higher education faculty members throughout their professional life cycle. *Gender segregation* within an occupation prevents fuller *female representation in more senior decision-making positions* and professional networks, and limits *career advancement opportunities* (George 2007). An academic culture of long working hours and the perception that faculty with family responsibilities are less committed affect decisions about promotions and tenure in both health PSE and general higher education institutions. A University of California faculty survey respondent stated, "Graduate students pick up the signal very early: devote time to family or community at your own risk" (Mason et al. 2005, 8). A Kenyan clinical preceptor who faced a different source of discrimination observed, "As a woman, domestic responsibilities become a major hindrance to advance my training because I have to seek consent from my spouse to go back to school" (Newman et al. 2011, 30).

Gender discrimination is also found in requirements to obtain promotions, such as training that requires travel or seniority, which can be particularly difficult to meet for women with family responsibilities. These forms of discrimination influence faculty's options, self-confidence, and career satisfaction. In turn, they can affect the quality of education being provided at PSE institutions and contribute to faculty attrition rates (George 2007).

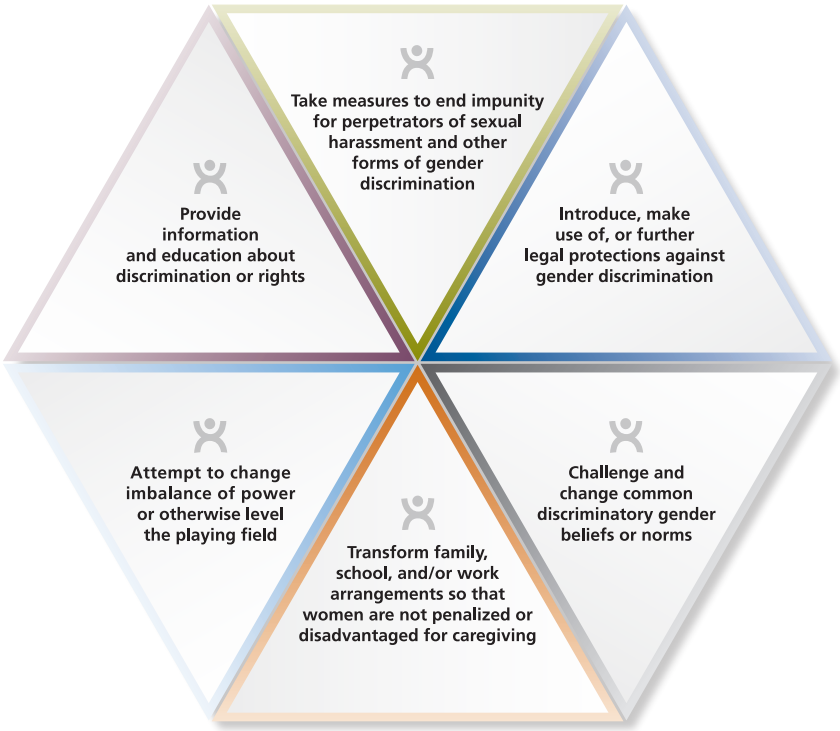
Interventions to counter gender discrimination

Governments and PSE institutions must take action if they are to produce the robust workforces able to respond to the health needs of the populations they serve. To effectively counter gender discrimination, interventions must be 1) gender-transformative and 2) multilevel and comprehensive.

Gender-transformative interventions: Gender-transformative interventions actively strive to examine, question, and change rigid gender norms and imbalances of power as a means of reaching health as well as gender-equity objectives (Interagency Gender Working Group 2012). Gender norms, power imbalances, and stereotypes must be targeted. These include norms that women can be approached sexually, regardless of the setting, or beliefs related to female employees' commitment or competence. Institutions must end impunity for perpetrators of sexual harassment and strengthen legal protections for women, who also need access to information on their legal rights. Schools and work-places must also be restructured to reflect the value of caregiving for both male and female employees (Williams 1989). This is necessary so that women are not economically or socially penalized or disadvantaged for caregiving. Measures that redistribute resources can also change imbalances of power or level the playing field (Ridgeway and Correll 2000, 115). These include affirmative action[3] as well as policies that allocate resources equally to men and women (e.g., equal funding of women's sports programs).

FIGURE 3:

Capacity*Plus* Criteria Used to Rate Gender-Transformative Interventions



Source: Ng, Newman, and Pacqué-Margolis 2012

Intervention bundles: Multilevel interventions are needed to target the complex individual, family, organizational, structural, and societal contributors to the gender discrimination, inequality, and violence that disrupt the health worker pipeline. Comprehensive family-friendly "bundles" of interventions are key to equalizing opportunities for women and men. They signal that the institution values the ability of both male and female faculty, staff, and students to have a career and a family without professional setbacks. Capacity*Plus*'s systematic review (Ng, Newman, and Pacqué-Margolis 2012) identified a range of available interventions but focused on sets of interventions that when implemented as "basic bundles" have the potential to counter gender discrimination and inequalities. The systematic review did not find evaluative evidence on the interventions' effectiveness that would enable comparisons between institutions or settings with different income levels, but examples from a variety of resource settings are available. Interventions are recommended as bundles based on their gender-transformative potential, as rated according to the criteria developed for the systematic review (see Figure 3).

Although some institutions may not have the resources to implement all interventions identified in the systematic review, these "basic bundles" provide a

[3] Affirmative action refers to measures to ensure that groups that have been excluded in the past receive equal educational and employment opportunities to enter all fields.

FIGURE 4:

Interventions Included in the "Basic Bundles" to Counter Pregnancy and Family Responsibilities Discrimination

For students

During pregnancy:

- Continuation and reentry policies that do not require pregnant students to terminate their education
- Pregnancy/maternity and parental leave

During postpartum period:

- Lactation breaks and spaces
- Parental leave
- Child care (daily and emergency)
- Child care financial assistance (or at low cost)
- Flexible training schedules, such as part-time schedules and reduced workloads

For faculty

During pregnancy:

- Pregnancy/maternity and parental leave (paid)
- Pregnancy/maternity leave replacement funding to hire temporary replacements for employees on pregnancy/maternity leave to ensure continuity of instruction

During postpartum period:

- Lactation breaks (paid) and spaces
- Parental leave
- Child care (daily and emergency)
- Child care financial assistance (or at low cost)
- Flexible working hours
- Flexible tenure

foundation on which institutions can build even more comprehensive gender-transformative interventions.

Establishing a sexual harassment policy and grievance procedure appears to be feasible across resource settings, as Ng, Newman, and Pacqué-Margolis (2012) identified numerous African and American universities that had implemented the two practices. However, a lack of awareness of and training on the procedures was a common reason for the practices failing to be used as intended, which is why the third component of the bundle, education and awareness-raising, is so important to ensuring the success of the "basic bundle." Developing a strategic plan for implementing the policy is one way to address this issue. Workshops, trainings, videos, websites, and other platforms can be relatively low-cost ways to raise awareness among institutional communities. Content for such training is available in an eLearning course produced by Capacity*Plus*'s HRH Global Resource Center, Foundations of Gender Equality in the Health Workforce (Newman et al. 2012; a French version is also available). Institutions would need to supplement this content with information on their own policies and procedures. Developing a plan and associated budget for regular trainings and other awareness-raising events may also help promote understanding and use of sexual harassment policies and grievance procedures.

FIGURE 5:

Interventions Included in the "Basic Bundle" to Counter Sexual Harassment

Source: Ng, Newman, and Pacqué-Margolis 2012

The interventions in the "basic bundles" to counter pregnancy and family responsibilities discrimination signal the legitimacy of being both a parent and a student/employee. Yet few institutions have implemented these "basic bundles" in their entirety. Among the 53 educational institutions and projects reviewed by Ng, Newman, and Pacqué-Margolis (2012), only the University of California and the University of Michigan, both in the US, offer the "basic bundle" for faculty. Funding information at most

institutions is not publicly or readily available, but the University of California, for example, combines university funding with external grants from private foundations and the government to offer benefits and services such as child care. In other settings, practices included in these "basic bundles" have been documented as feasible, with institutions in South Africa, Tanzania, and other countries offering child care.

However, institutions considering implementing the "basic bundles" should keep in mind that creating a culture supportive of these practices is as important as offering them. Some students and faculty are hesitant to take a flexible schedule or time off for pregnancy or domestic responsibilities because they worry that colleagues would view them as uncommitted. In addition, some cannot afford child care, even when subsidized by the university. Institutions are therefore encouraged to design multilevel strategies that not only incorporate the "basic bundles" of practices but also promote enabling environments, making the "basic bundles" culturally as well as financially and logistically feasible.

Gender centers and equal employment opportunity units, institutional structures that are created to advocate for, coordinate, oversee, implement, and evaluate such multilevel strategies, have worked to:

- Develop gender policies
- Engage in awareness-raising and information-sharing
- Serve advocacy and accountability functions
- Conduct gender sensitization workshops or sexual harassment training
- Conduct research and university assessments
- Provide financial assistance to female students
- Offer mentoring and faculty career and leadership programs to women.

A key difference between the two structures is that equal employment opportunity units are often backed by and therefore help operationalize national equal opportunity laws, whereas gender centers are not necessarily backed by law.

Next steps for preservice education stakeholders

- Implement multilevel, gender-transformative strategies to eliminate gender discrimination in educational settings.
- Develop budgets and training plans to promote sustainability and use of these strategies.
- Document and evaluate interventions, including on funding sources and needs, as well as other resources required to implement and sustain gender-transformative interventions.
- Empower students, faculty, and staff—the groups that would most benefit—to advocate for equal opportunity, access, and gender equality in the academic setting. This is an important complement to institutional accountability mechanisms.
- For institutional leadership, exert political will to create and maintain environments that support students and faculty with family responsibilities and that eliminate impunity for perpetrators of sexual harassment or other forms of discrimination.
- For national, district, or municipal governments, mandate employers to offer maternity and/or parental leave or make funds available to assist students or faculty with children to use services that facilitate the integration of their academic/professional and personal lives.
- Include outreach components and other strategies to anticipate possible resistance from the institutional and local communities. Gender inequalities are rooted in long-standing cultural beliefs and norms, and most social groups tend to be more comfortable with the status quo.
- Implement national and international commitments to equal rights to an education and to an occupation of one's choice, such as those outlined in consensus documents like the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)[4].

Conclusion

Recruiting for a robust and competent health workforce requires long-term strategies to remove the obstacles that disrupt the health worker pipeline. It is imperative that health PSE institutions, as well as higher education institutions in general, work to eliminate gender discrimination. This technical brief has identified key actions that stakeholders in both high- and low-resource settings can take at the institutional and governmental levels. Increasing the sharing of experiences in implementing these interventions is vital to institutions not only for

[4] The CEDAW agreement was adopted in 1979 by the United Nations General Assembly and entered into force in 1981. Almost all countries have ratified CEDAW—187 out of 193 countries. Only six countries have not ratified CEDAW, including the United States, Sudan, Somalia, Iran, and two small Pacific Island nations (Palau and Tonga).

understanding what works, but also for creating a global community that values gender equality.

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Capacity*Plus*
IntraHealth International, Inc.

1776 I Street, NW, Suite 650
Washington, DC 20006
T +1.202.407.9425

6340 Quadrangle Drive
Suite 200
Chapel Hill, NC 27517
T +1.919.313.9100

info@capacityplus.org
www.capacityplus.org

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