



REFORMING HEALTH EDUCATION INSTITUTIONS TO ELIMINATE GENDER DISCRIMINATION

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Background

Countries facing health workforce crises have made health worker preservice education (PSE) a central pillar of their strategies. Gender inequalities in admission, retention, and graduation are recognized as significant barriers to achieving PSE goals. Less attention has been paid to how gender discrimination, including sexual harassment and pregnancy and family responsibilities discrimination, affects students' education and career opportunities and faculty professional development, career opportunities, and satisfaction.

Objectives

Provide governments and PSE institutions with evidence-based recommendations for mitigating or eliminating gender discrimination in health PSE systems.

Methods

The USAID-funded and IntraHealth International-led CapacityPlus project compiled and analyzed peer-reviewed and gray literature to identify interventions that have been implemented in health PSE and general tertiary systems. Additional information was gathered by contacting institution staff and reviewing institutional websites. Fifty-one interventions from high- and low-resource settings were analyzed: 27 interventions to counter pregnancy and family responsibilities discrimination, 18 interventions to counter sexual harassment, and 6 interventions addressing general gender-equality issues. A five-person expert panel reviewed, rated, and ranked interventions according to six characteristics of gender-transformative interventions.*

*According to USAID's Interagency Gender Working Group, 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.

Results

The review identified several key institutional and governmental reforms, including:

- Developing policies and laws that enable gender-transformative interventions
- Implementing a multilevel "basic bundle" of interventions that targets the roots of discrimination and violence and eliminates impunity for perpetrators of sexual harassment (see Figure 1)
- Implementing multilevel "basic bundles" of interventions that potentially transform school and work arrangements so women are not disadvantaged by caregiving (see Figure 2)
- Establishing operational mechanisms such as gender centers or equal employment opportunity offices to explicitly address gender discrimination.

For example, the Kenya Medical Training College (KMTC) approached the USAID-funded and IntraHealth International-led Capacity Kenya project in 2012 to finalize a code of conduct for faculty and staff, a key subcomponent of the "basic bundle" of interventions to target sexual harassment. Over a six-month period, Capacity Kenya aligned KMTC's existing but incomplete code of conduct with national and institutional policies and frameworks (e.g., Kenya's Public Officer Ethics Act of 2003 and KMTC's gender policy); led a multistakeholder development process; and cost shared with KMTC to print and disseminate the code of conduct to faculty and staff, who must sign an acknowledgement of receipt.

Lessons Learned, Policy Recommendations, and Conclusions

Lessons learned from Kenya Medical Training College include:

- Educational institutions may have the funding for key interventions, but not for a complete "basic bundle." KMTC developed a code of conduct, but was not able to fund training and awareness-raising for the institution's 25 satellite colleges.
- A single code of conduct for faculty, staff, and students is optimal. Although KMTC saw fewer general disciplinary cases following the code's release, there are still cases of sexual and other forms of harassment. The development of a student code of conduct has been delayed because it was assigned to a different department.

Based on the review's findings, policy recommendations include:

- Implement, document, and evaluate the most potentially transformative "bundles," including their resource needs and cost effectiveness, and disseminate the findings to inform institutional decision-making and improve health worker education systems.
- Incorporate outreach to anticipate possible resistance from institutional and local communities.
- Develop budgets and training plans to promote use of gender-transformative interventions and sustainability.

Expanded implementation of these interventions by and experience-sharing among PSE stakeholders is essential to developing, implementing, and sustaining effective reforms that advance gender equality in the health workforce and, in turn, improve health services.

FIGURE 1: INTERVENTIONS INCLUDED IN THE "BASIC BUNDLE" TO COUNTER SEXUAL HARASSMENT



FIGURE 2: INTERVENTIONS INCLUDED IN THE "BASIC BUNDLE" TO COUNTER PREGNANCY AND FAMILY RESPONSIBILITIES DISCRIMINATION



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