



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

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 important barriers to achieving PSE goals.

Less attention has been paid to how gender discrimination, including sexual harassment and pregnancy and family responsibilities discrimination, operates in PSE systems to affect the quality of students' education and career opportunities and faculty professional development, career opportunities, and satisfaction. Research is needed to identify ways for governments and PSE institutions to mitigate or eliminate these forms of gender discrimination.

Methods

The USAID-funded CapacityPlus project compiled and analyzed peer-reviewed and gray literature to identify interventions that have been implemented to counter forms of gender discrimination 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 intervention descriptions 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 actions that stakeholders can take at institutional and governmental levels, including:

- Developing policies and laws that enable gender transformative interventions
- Implementing a multilevel "basic bundle" that targets the roots of discrimination and violence, and eliminates impunity for perpetrators of sexual harassment in PSE institutions (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.

Additional recommendations include:

- Incorporating outreach in order to anticipate possible resistance from institutional and local communities
- Developing budgets and training plans to promote use of gender-transformative interventions and sustainability
- Documenting and evaluating interventions, including their resource needs and cost-effectiveness.

Conclusions

Gender discrimination is a significant barrier to training a high-quality global health workforce. While many interventions have the potential to counter or even eliminate gender discrimination in PSE systems, the most potentially transformative "bundles" should be implemented, documented, and evaluated, and the results disseminated to inform institutional decision-making and improve health worker education systems. Expanded implementation of these interventions by and experience-sharing among PSE stakeholders is essential to developing, implementing, and sustaining effective approaches that advance gender equality in the health workforce and, in turn, improve health services.

TRANSFORMING HEALTH WORKER EDUCATION: IMPLEMENTING OPTIONS TO ELIMINATE GENDER DISCRIMINATION

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

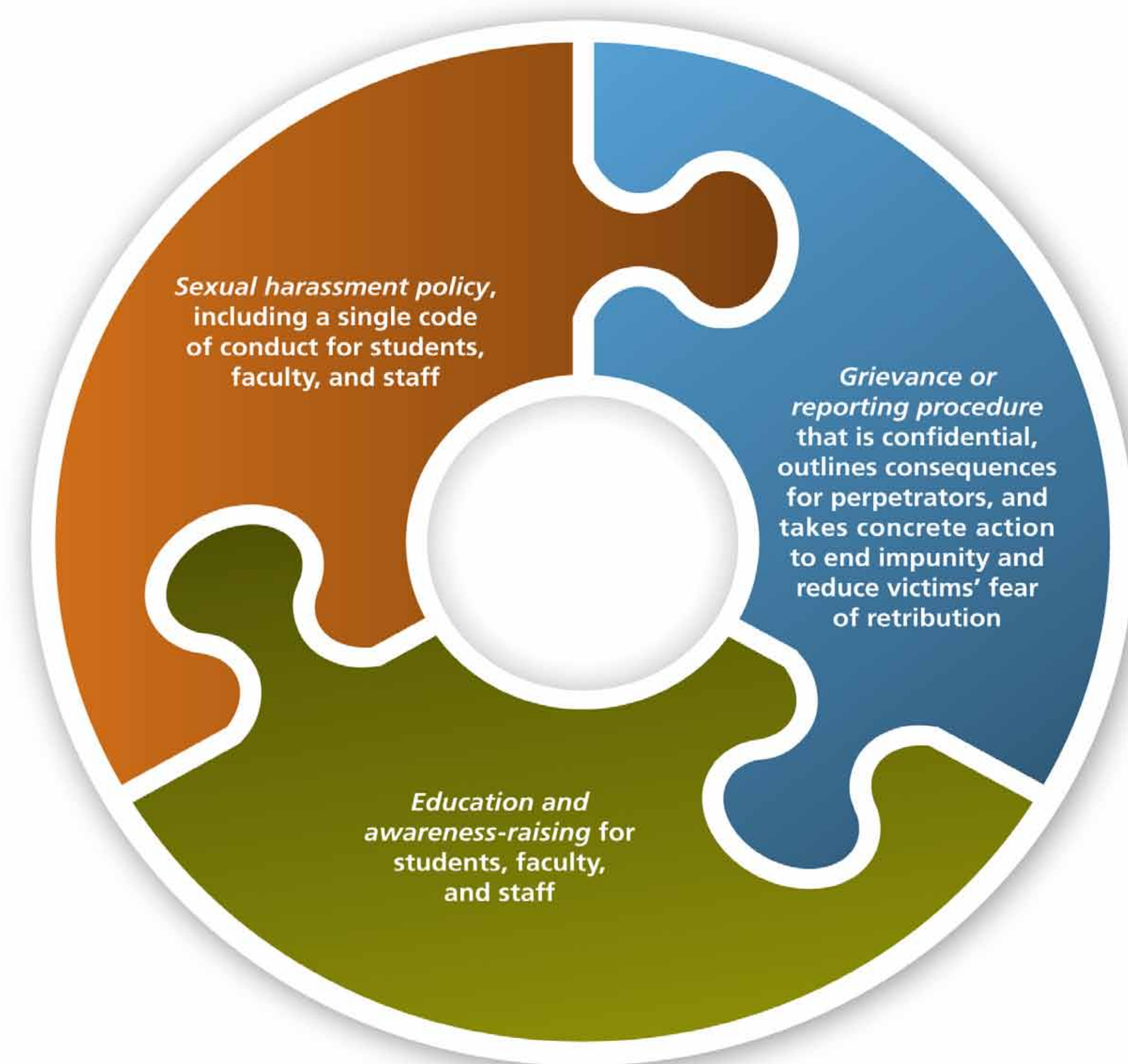
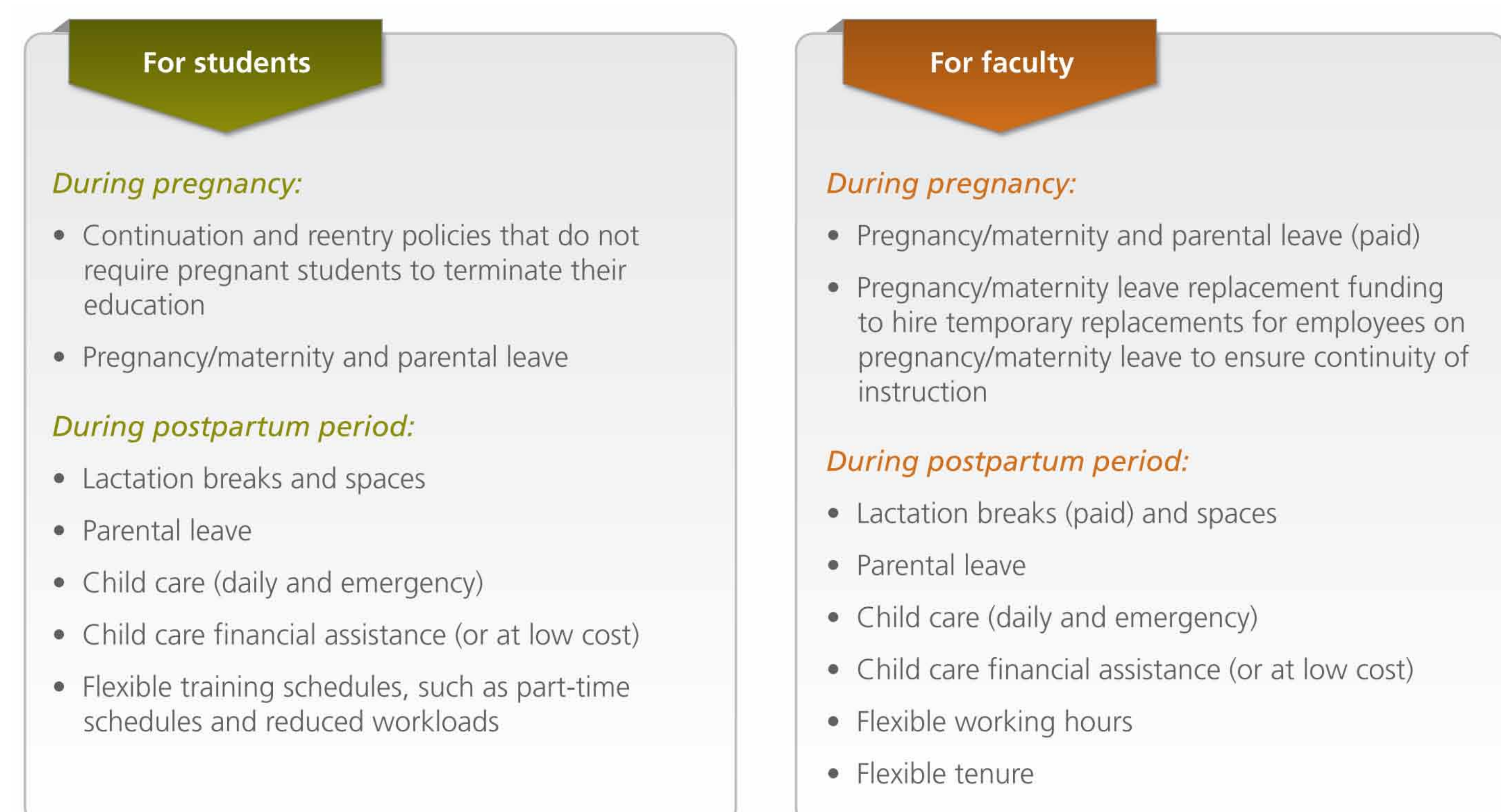


FIGURE 2: INTERVENTIONS INCLUDED IN THE "BASIC BUNDLE" TO COUNTER PREGNANCY AND FAMILY RESPONSIBILITIES DISCRIMINATION



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