



## Gender Equality in Human Resources for Health: What Does This Mean and What Can We Do?

**G**ender equality in human resources for health (HRH) means that women and men have an equal chance of choosing a health occupation, developing the requisite skills and knowledge, being fairly paid, enjoying equal treatment and advancing in a career. When gender inequalities and discrimination operate in the workforce outside of the awareness of HRH policy-makers, planners, educators and managers, they may impede entry into health occupations or contribute to attrition, absences from work, lower productivity, poor health and low morale of health workers. The result is a limited pool of formal and informal health workers to deal with today's health and development challenges.

It is likely, though, that HRH policies and programs that give attention to gender equality will more fully achieve their workforce coverage and productivity goals. Further, where women have greater opportunities to move into leadership positions, HRH programs are more likely to view health and human resources issues in more diverse ways, which in turn will improve health program effectiveness and health outcomes.

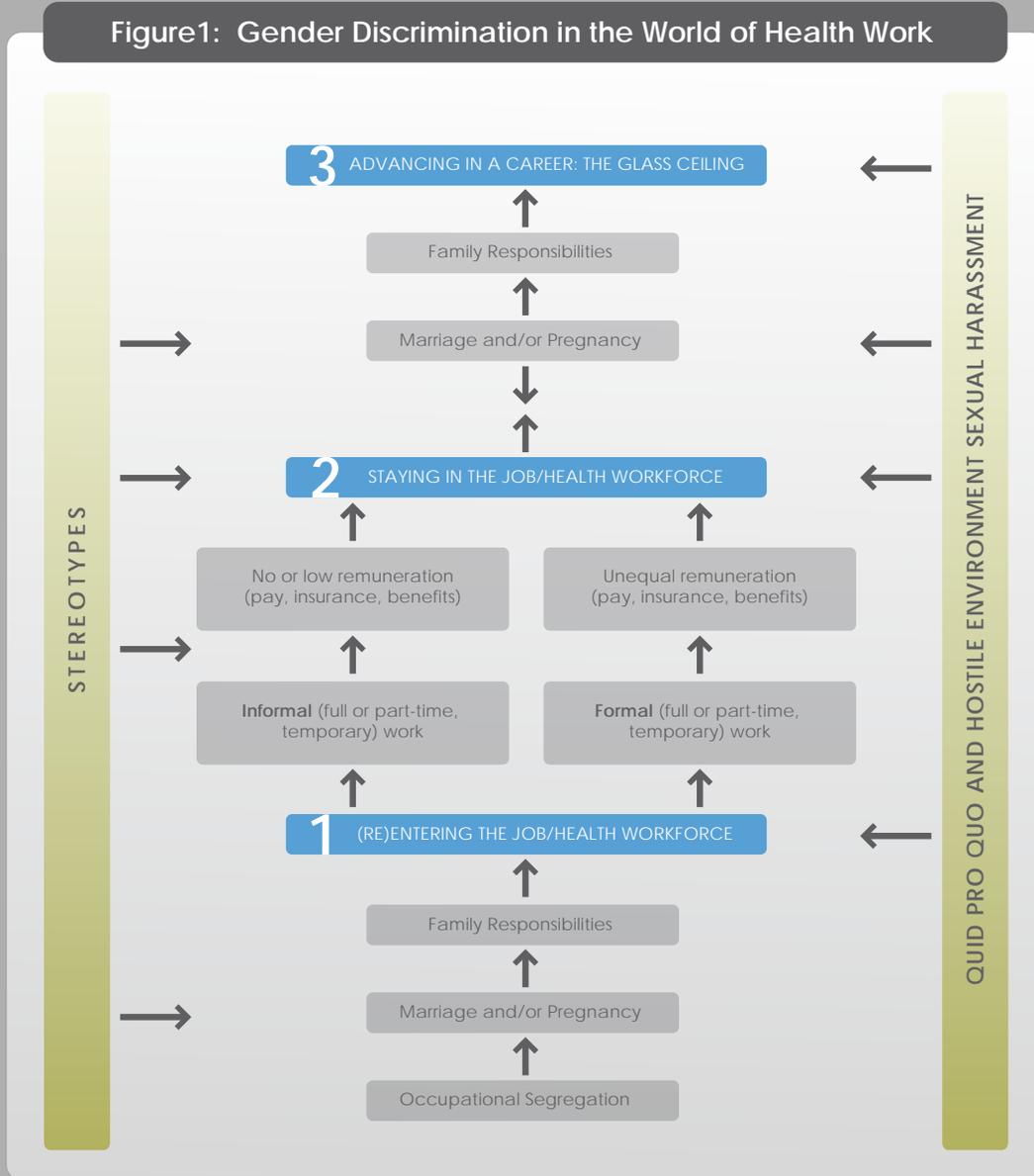


HRH leaders should view gender inequality (including discrimination and unequal opportunity) as a key barrier to paid workforce entry, re-entry and retention requiring policy and program responses, especially for female health workers. Gender discrimination against women can be depicted as a system of related (for some forms, perhaps causally so) discriminations and unequal opportunities starting early in life that affects entering and staying in a health job and advancing in a career. **Figure 1** depicts the most basic configuration of relationships.

Given the negative impact of gender inequality and discrimination on the development and retention of health workforces, national governments must think “upstream” about it, identify its local forms and patterns, use this information to guide health workforce policy, planning, development and management, and make the elimination of gender inequality and discrimination the target of HRH policy and practice. Gender stereotypes may mitigate against women’s advancement in a career or against men’s more active participation in caregiving occupations. Attention must also be given to the cultural expectations that affect the entry and exit of potential (female) health workers, such as life cycle events (pregnancy, childbearing and care) that may result in female workers leaving or re-entering the workforce, foregoing training opportunities or scaling back work (sometimes permanently, if health

systems remain unresponsive to life cycle needs). Data from research, human resources information systems (HRIS), and workforce assessments can provide the evidence base for policy dialogue or implementation of promising practices around gender equality and non-discrimination in health work. HRH leaders must put in place systems to identify and monitor gender discrimination in education and employment; push to translate the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and regional gender equality commitments into national equal opportunity policies and law; insist on the vigorous implementation and enforcement of equal opportunity laws and policies through programs and accountability systems at central and decentralized levels; and finally, support social education that values caregiving and equal responsibility for it, as well as the importance of women in paid health care work. Access to and use of family planning, and women’s confidence that they can control their fertility, will have beneficial long-term effects on women’s abilities to participate more fully in the paid health workforce, allowing them to choose jobs with a greater degree of security, where they can work more hours, acquire more skills, earn more money and have more chances of job advancement. **Table 1** (page 3) describes common forms of gender discrimination, while **Table 2** (page 5) suggests practical ways to address gender inequality and discrimination in health workforce policy, planning, development and support.

Figure1: Gender Discrimination in the World of Health Work





**Table 1. Gender Discrimination that Affects Equal Opportunity, Treatment and Participation in the Workforce**

### **Discrimination Based on Marital and Pregnancy Status and Family Responsibilities**

Exclusions, restrictions or distinctions at school or work made on the basis of pregnancy, childbirth or related conditions, such as unwillingness to hire, promote or retain female students or workers who may get pregnant and leave the workforce or require maternity leave and benefits. Examples: Mandatory pregnancy testing or questions regarding planned pregnancies during recruitment; women being forced to retire upon marriage or pregnancy, or jobs requiring women not to get pregnant or marry; restricting working time of women (e.g., overtime); not hiring women because health insurance will reduce profitability or efficiency; women's greater responsibilities at home preventing their being considered for training; perceived lack of separation between personal and professional caring responsibilities. Encouraging women to take insecure (part-time, temporary, nonmanagement) forms of employment that are unprotected by benefits or labor codes) to accommodate family responsibilities. Expelling students from school if pregnant. Discrimination based on marital and pregnancy status and family responsibilities is associated with temporary or part-time work, pay gaps and vertical segregation.

### **Occupational and Task Segregation**

Pervasive and widely documented form of gender discrimination concentrating women and men in different occupations, jobs and tasks. Women are typically confined to a narrower range of work, in insignificant, lower grade and less well-paid jobs ("horizontal segregation"), often hold caring occupations (nurses, social workers, teachers) and remain at lower grades of work ("vertical segregation" typified by the "glass ceiling") that are less likely to provide benefits, on-the-job training, opportunities for promotion or to exercise authority or control, while men are found in managerial, technical and higher-paid positions. Examples include job advertisements excluding applicants of a certain sex; career counseling or recruitment that channels men away from caring professions and women into them; restricting women's entry into certain occupations or positions; transfer of the family's gendered division of labor into the informal, volunteer caregiving workforce. Occupational segregation is associated with wage discrimination.

### **Wage/Remuneration Discrimination**

Systematically paying lower wages to women or minorities. Difference in salary and any additional benefits whether in cash or in kind, paid by the employer to the worker and arising out of the worker's employment (e.g., retirement pensions and health insurance) based on gender and not on objective differences in the work performed, seniority, education, qualifications,



experience or productivity. Associated with biased perceptions of women’s capabilities and commitment to work, gender segregated jobs, stereotyped perceptions or the perceived labor costs associated with biological and social reproduction (the “wage penalty for motherhood”). Examples include lower hourly pay related to temporary or part-time work; compensation tied to vertical and horizontal occupational segregation in which jobs typically held by women are undervalued; salary raises based on subjective appraisal or quid pro quo sexual harassment; policies or practices whereby an employer provides extra compensation to employees who are believed to be the “head of household” or “breadwinners” (i.e., married with dependents and the primary financial contributor to the household). Usually favors men and has a negative impact on women.

### **Gender Stereotyping**

A rigid, oversimplified, generalized idea or image that attributes certain essential characteristics to men or women based on the belief that there are attitudes, appearances or behaviors shared by all men or all women. Gender stereotypes sustain occupational and task segregation, such as when an idea that women are uncommitted to work excludes them from senior leadership positions or when positive stereotypes elevate men’s status and opportunities vis à vis women and preserve men in management positions (men as strong, decisive, competent, “breadwinners”). Negative stereotypes may also keep men out of “female” jobs (men as untrustworthy, emotionally noncommunicative, inept at caregiving).

### **Sexual Harassment and Assault**

Violence (and discrimination) consisting of comments or behavior of a sexual nature that are unwelcome, offensive and detrimental to the person’s human dignity at work. Hostile environment sexual harassment refers to receiving unwanted attempts to establish a sexual relationship; displaying sexually offensive or pornographic material in the work setting; being exposed to a sexually explicit discussion or conversation; being subjected to sexist remarks that minimize competence or ridicule based on one’s sex; receiving sexual notes or other correspondence; receiving repeated requests for dates or to establish a sexual relation despite rejection; witnessing someone make a sexually suggestive gesture. Quid pro quo sexual harassment occurs when deserved advancement or continuation in service is conditional on sexual receptivity; or where unwarranted advancement is offered in return for sexual favors. Examples include being sexually coerced, cajoled, blackmailed or threatened; being offered money, gifts or favorable job treatment in exchange for sexual favors. Assault refers to attempts to stroke, fondle or kiss, being threatened with sexual assault, being physically coerced, assaulted or raped.



**Table 2: Practical Ways to Address Gender Inequality and Discrimination**

**Policy/Planning:** Strengthen HRH policy and planning to promote gender equality

- Identify gender discrimination in HRH policy and workforce planning through workforce assessments or policy reviews that gather information on gender discrimination at work, and on women's status relative to men's in policy and law
- Design human resources information systems (HRIS) to provide sex-disaggregated data for HRH policy and planning, including identification of discrimination in pay, promotion or training
- Translate international and national commitments to gender equality into national equal opportunity policies and laws
- Eliminate penalties for marriage and motherhood. Promote policies that respond to life cycle events linked to workforce entry/exit/re-entry, need for flexibility in hours/scheduling, pregnancy benefits and parental leave
- Document and address women's unpaid work and the unequal distribution of unpaid caregiving between women and men in the informal care economy. Create standardized protections and resources for volunteer health workers (e.g., financial incentives, health insurance/care, pensions)
- Government HIV/AIDS policy and implementers' programs should explicitly promote an equal or more equitable division of responsibilities between women and men and continue to strengthen women's capacity to care for those affected by HIV/AIDS
- Develop national educational policies and strategies that valorize caregiving as a social good
- Address violence and discrimination at the same time
- Develop HRH policies and programs that ensure the safety and security of women at work
- Involve women in HR policy and strategy decision-making processes on an equal basis with men

**Workforce Development:** Increase gender integration/decrease segregation in education, training and work

- Eliminate gender stereotypes in curricula that may serve as barriers to women's and men's entry into nontraditional health occupations or task-sharing
- Promote equality in educational recruitment, targeting boys'/men's entry into "female" health occupations and girls'/women's entry into "male" health occupations
- Provide social support to boys and men who choose nontraditional health occupations



- Consider cultural factors and expectations in educational and certification requirements: create “bridging programs” to help girls meet entry requirements for professional schools
- Eliminate policies and practices that exclude girls and women from schooling if they become pregnant
- Make continuing education accessible to help women return to work after prolonged maternity leave
- Ensure that women are equally represented in management and leadership skills training
- Strengthen associations as empowerment and leadership mechanisms for female health workers
- Add gender equality and gender-based violence content to professional school curricula to raise awareness of gender and health

**Workplace Support:** Create more supportive, fairer and safer work environments

- Promote gender-aware human resources management (HRM) to effectively support both female and male health workers in equitable work environments
- Conduct “gender audits” of workplace policies and practices to identify gender discrimination in hiring, training, promotion, and pay and uncover sexual harassment
- Develop and enforce equal opportunity employment policies to eliminate discrimination on the basis of marriage, pregnancy and family responsibilities and promote equal remuneration and equal opportunity for career advancement
- Recruit men and women into nontraditional jobs and promote equitable task-sharing of health work among staff
- Implement health personnel training on workplace violence and gender discrimination
- Develop and enforce zero-tolerance codes of conduct for sexual harassment
- Develop employee assistance programs that offer free family planning, voluntary counseling and testing, prevention of mother-to-child transmission services, post-exposure prophylaxis, counseling, child care and response to gender-based violence
- Make changes in the physical work setting or in housing to improve security; provide vehicles to enhance health workers’ mobility

## Definition:

**Gender Discrimination:** 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). Gender discrimination includes distinctions, exclusions or restrictions based on the biological characteristics and functions that differentiate women from men (e.g., pregnancy). Gender discrimination typically disadvantages women more than men. Discrimination against women has the “effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality, of human rights and fundamental freedoms in the political, economic, social, cultural civil or any other field” (Division for the Advancement of Women, 1979). In the world of work, gender discrimination has been directly or indirectly linked to pregnancy, marital status and family responsibilities and is manifested in occupational segregation, wage discrimination and sexual harassment.

For more information, please contact Constance Newman at [cnewman@intrahealth.org](mailto:cnewman@intrahealth.org)

