



# Gender Equity in the Health Workforce

A Global Perspective

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# Global Movements...



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GENDER EQUALITY WITHIN GLOBAL HEALTH LEADERSHIP.

# Gender Equity Hub

Under the World Health Organization's Global Health Workforce Network

Thematic hub on gender equity in the health and social workforce



## Gender Equity Hub - call for feedback on draft report

The Gender Equity Hub, a Thematic Hub in the Global Health Workforce Network, co-chaired by Women in Global Health and the World Health Organization, launched a consultative draft of their first report during the World Health Assembly. Feedback on the draft is welcome until June 29th, 2018, via the [Feedback Form](#). The findings of the report are based on research only. The Hub welcomes more data, evidence, and policies that may have been missed. A secondary deeper analysis will be utilized for the final version to ensure that findings and recommendations are robust and reflective of the gender-realities faced in the health and social workforce.

# Women Leaders in Global Health Conference



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Join us for the second annual **Women Leaders in Global Health conference 8-9 November 2018 at the London School of Hygiene & Tropical Medicine, UK**. Putting a gender lens on global health leadership and with a focus on mentoring and skills building, WLGH18 will bring together established and emerging leaders from across sectors and cultures to work towards gender equity in health leadership and to improve health for all.



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## Women leaders in global health

[Zohray Talib](#)  • [Katherine States Burke](#) • [Michele Barry](#) • [Show footnotes](#)

[Open Access](#) • DOI: [https://doi.org/10.1016/S2214-109X\(17\)30182-1](https://doi.org/10.1016/S2214-109X(17)30182-1)



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## A new vision for global health leadership



[Michele Barry](#) • [Zohray Talib](#)  • [Ashley Jowell](#) • [Kelly Thompson](#) • [Cheryl Moyer](#) • [Heidi Larson](#) • [Katherine Burke](#) and the Steering Committee of the Women Leaders in Global Health Conference<sup>†</sup> • [Show footnotes](#)

Published: November 30, 2017 • DOI: [https://doi.org/10.1016/S0140-6736\(17\)33101-X](https://doi.org/10.1016/S0140-6736(17)33101-X)

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# The Stats

- ▶ In academic medicine, Downs et al, found that **in the top 50 US medical schools only 24% of the directors were women**
- ▶ At the 68th World Health Assembly **only 23% of Member States had a woman in the role of chief delegate**
- ▶ Yet....Gender diversity in decision making and participation in the workforce results in stronger economies, more productive institutions, and more stable governance.




# Gender Pay Gap

- ▶ In United States, **women earn 80 cents for every dollar** earned by a man the gap is even wider for women of color, with Africa-American women earning 62 cents and Latinas earning 54 cents for every dollar earned by a man
- ▶ Even in industries where women are playing a larger role such as dentistry, women continue to **earn less than their male colleagues**
- ▶ The gender wage gap **widens with seniority**. This phenomenon was found to be true for both physician and non-physician groups of women





# How Can We Explain the Gap?

- ▶ Recent studies suggest that the gender gaps in physician salaries persist even after controlling for specialty, practice type, and hours worked
  - ▶ **Overt discrimination and even subtle and unconscious bias** has implications on women's careers
  - ▶ **Occupational segregation and sorting** of men and women in specific type of jobs
- 



# Gender Discrimination

There are many forms of gender discrimination which includes

- ▶ **Direct discrimination** e.g. excluding women from decision making
- ▶ **Indirect discrimination** e.g. exclusion from protective labor laws
- ▶ **Sexual harassment**
- ▶ **Discrimination based on sex or gender** e.g. marital status, family or caregiver responsibilities.
- ▶ **Gender stereotyping** - limit women to inferior roles or types of jobs Vertical and horizontal occupational segregation
- ▶ **Wage discrimination**
- ▶ **Benefits and working conditions**



# Conditions of work

- Women face a **disproportionate burden of violence and discrimination across all sectors**, but the female-dominated occupations such as health and social care services are at greater risks
- Study conducted in Rwanda found that around **39% of the health workers faced at least one form of workplace violence**, such as verbal abuse, bullying and sexual harassment, in the 12-month period prior to study.
- Nurses and community health workers have largely been prone to sexual harassment despite the work environment consisting of predominantly women



# Occupational Segregation

## Horizontal segregation

- ▶ e.g. greater number of women concentrated in low-paying, part-time and unpaid care work

## Vertical segregation


- ▶ e.g. men dominating in leadership positions as compared to women

## Even within the health workforce, feminization of certain specialties

Studies showing that women prefer the fields of pediatrics, obstetrics and gynecology and are highly concentrated in primary care, nursing and midwifery (most research has been in done in the US)



# Causes for Occupational Segregation

- ▶ The paucity of role models
  - ▶ Control of lifestyle and work-life balance
  - ▶ Women discriminating against women
  - ▶ Experiences at medical school
- 



## **Call to Action from the Women Leaders in Global Health Conference**

**1 Increase visibility**

**2 Lift women up the ladder**

**3 Advocate for work–life integration**

**4 Eliminate the pay gap**

**5 Cultivate thought leadership**

**6 Address the gender data gap**

**7 Emphasize accountability**

➤ **System and Policy Changes**

➤ **Program-Level Change**

➤ **Individual Action**