

How gender roles and relations affect health workers' training opportunities and career progression in rural Zimbabwe: Implications for equitable health systems.

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Background

- Gender in human resources policy and planning is neglected in many contexts
- Places/locations of deployment can determine opportunities for advancement, access to training, promotion, progression to senior posts, and access to non-monetary benefits among other things
- Gender imbalances in posting and deployment, particularly the structural and geographic location of men and women, has received little attention

Study objectives

- To assess how gender roles and relations shape posting, deployment, access to training and career progressions of health workers in rural Zimbabwe
- Assess implementation of Equal Opportunity policies and practices within posting and deployment systems in the health sector since 2000 from a gender perspective
- Assess the impacts of Equal Opportunity policies and practices on male and female health workers

Methods

- Cross-sectional mix-methods study design; questions focused on the gender issues related to transfers, posting periods, access to training, promotion and career development opportunities.
- Policy and document review
- Life/career posting histories to explore personal experiences, opportunities and challenges N=19 (8M,11F)
- Key informant interviews with human resource managers N=11 (6M, 5F)
- Questionnaires N=140 (57M, 83F) administered (EHTs) (N= 28), Midwives (N=32), RGN (N=21), and SCN/PCN(N= 59)



Results

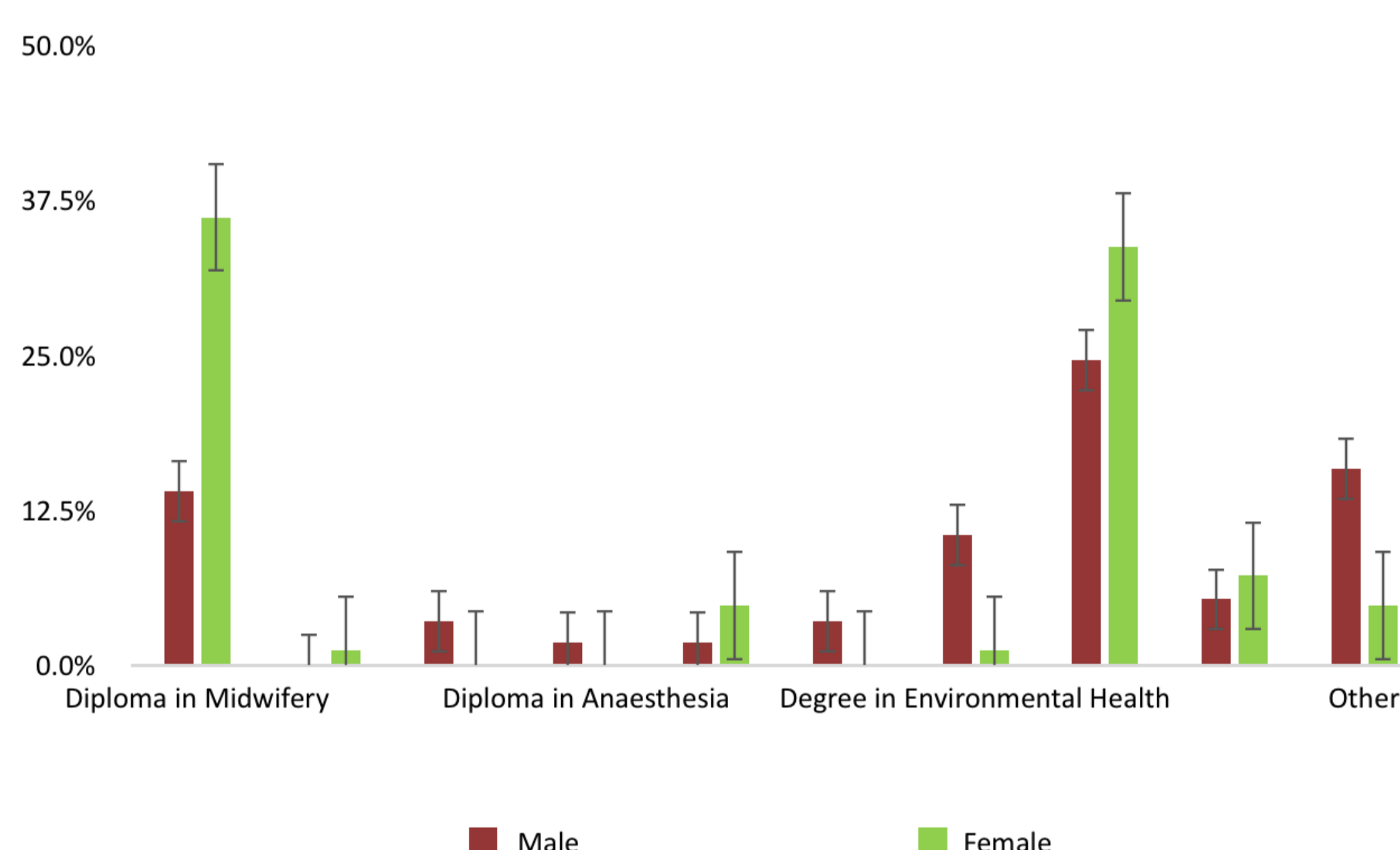
Career pathways for men and women

- Health is a largely feminised field in Zimbabwe
- Females generally opt for careers in Midwifery and Community Nursing
- Males opt Environmental Health and Psychiatric Nursing
- Increase in males entering into Midwifery motivated by donor funding incentives for Maternal and Child Health programmes

Training and promotion opportunities

- Access to training is based on both seniority and years in service; most participants perceived equal opportunities for both men and women.
- Gender roles and norms at the household and institutional level created barriers for women to access training and career development opportunities; women postpone post-basic training due to pregnancy and childcare responsibilities.
- Men 'impatient' with the system and opted for self-funding training courses. Most women waited their turn and were sometimes unable to take them up due to gendered family responsibilities.

Types of post basic courses attained



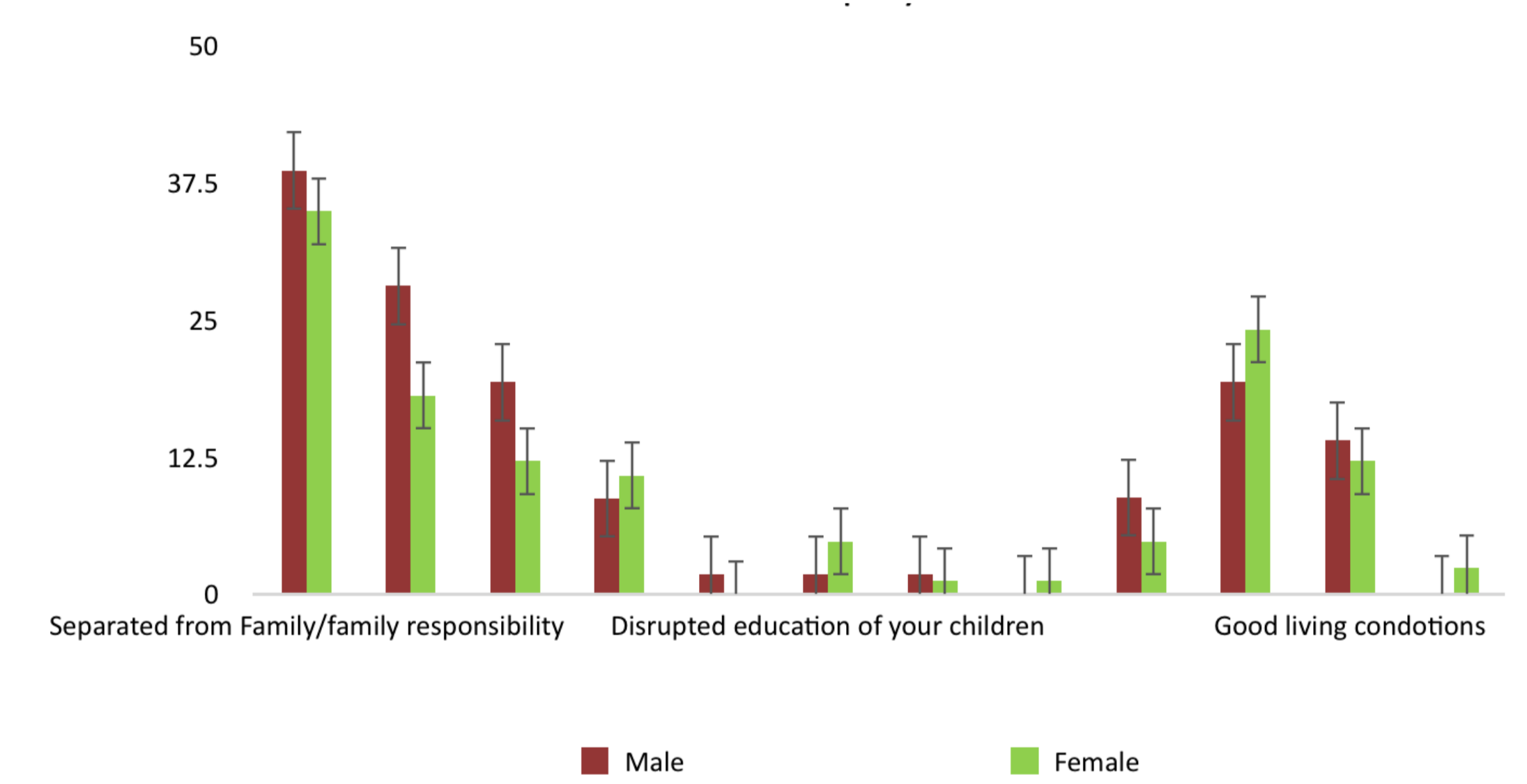
Gendered social impacts of postings

- In terms of relocation a pattern emerged of wives following husbands; women resign from their jobs to seek new ones, therefore sacrificing the accruing of years of service required to access training and opportunities for promotion.
- Human resource managers preferred to deploy men to very rural areas; this created a wide range of experiences and opportunities for future access to training, invitation to international workshops and promotion for men.

Responsiveness of policies to gender

- Review showed no clear policy to address gender; implementation practices do not address gender difference.
- Posting and deployment decisions based on health facility personnel; limited flexibility to consider personal circumstances of health workers.
- Freezing of posts discussed as the main barrier for implementing gender sensitive deployment/posting decisions; only cross/lateral (swaps) transfers are possible.

Effects of Initial Deployment on the cadre



Discussion and conclusion

- Health workers' training and career progression in rural Zimbabwe is shaped by gender roles and relations within households and institutions
- Men and women were affected differently by the posting and deployment systems
- Men faced fewer gendered barriers compared to women but the systems were not responsive to the inequities
- Study concluded that women's career progression is affected by both the posting and deployment systems and family roles and responsibilities.

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Affiliations

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