How gender roles and relations affect health workers' training opportunities and career progression in post-crisis rural Zimbabwe

In Zimbabwe, the National Gender Policy (2013-2017) promotes equality and equity, including equal opportunities at work. The results of implementing the policy are, however, unclear. Over the last 20 years, the country has suffered from a major shortage of skilled health workers, particularly in rural areas. During the political and economic crisis, the priority was to ensure an adequate workforce, however, this may have amplified gender imbalances in the posting and deployment of health workers.

Gender can have an impact on career choices and patterns as well as working practices. Yet evidence is limited on the ways in which gender roles and relations shape human resources for health (HRH), and gender is systematically overlooked in human resource policy and planning, particularly in low-income countries. Insufficient attention has been paid to gender inequities in the posting and deployment of staff, especially the structural and geographic location of men and women. Where health workers are located can influence their opportunities for advancement, training, promotion, and other benefits.

We have a limited understanding of the effects of posting and deployment policies and practices on female and male health workers during the economic crisis. Research was carried out by RinGs and ReBUILD to examine how gender roles and relations have influenced the posting, deployment, access to training, and career progression of health workers in rural Zimbabwe.

METHODOLOGY

The study was conducted in four districts in the Midlands Province in Zimbabwe. A variety of research methods were used, including:

1. A review of policies and documents.
2. A qualitative life history approach to explore the personal experiences of 19 health workers (11 female and eight male) as well as the opportunities and challenges they faced.
3. Key informant interviews with 11 human resource managers (five female and six male).
4. Questionnaires were distributed to older health workers (including nurses, midwives and environmental health technicians), who had been employed since the year 2000. These explored their experiences of secondment, posting, transfers, training, promotion and career development from a gender perspective. In all, 140 health workers (83 female and 57 male) responded to the questionnaire.

KEY FINDINGS

Gender roles and relations, within households and the health system, shape health workers' access to training and career progression in rural Zimbabwe. Women – who make up the majority of health workers – face more barriers than men in undertaking training and advancing their careers. Yet the health system does not respond to these inequities.

- **Policy:** Current policy and regulatory frameworks in the health sector in Zimbabwe fail to adequately respond to gender differences. No clear policy exists to address gender within HRH. Posting decisions were mainly based on human resource needs and skills, rather than responding to gender relations.

"Not very sure …but they (the authorities) do not seem to consider gender, whoever they think must transfer and gets a post can just go."
(Female State Certified Midwife in an in-depth interview)

- **Career pathways:** In general, women and men chose different careers within the health sector, partly due to training recruitment processes. Women tended to choose careers in midwifery (which offered good prospects for promotion) and theatre nursing. Men usually opted for environmental health (which entailed riding motorbikes on rough ground) and psychiatric nursing (which required sufficient strength to restrain patients).

"Men dominate in Environmental Health….and usually Environmental Health Technicians are posted to rural areas: Women are there but they are just a handful."
(Female State Certified Midwife in an in-depth interview)

"Here I have never seen a woman who went for psychiatric training, mostly its men who go… Ever since I came here, I have never seen women who went for that training."
(Female State Certified Nurse in an in-depth interview)

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• **Training and promotion:** Faced with the training system which is based on seniority and number of years in service, men tended to pursue self-funded training courses and studies, whereas most women waited for training opportunities to arise. More women reported that they lost senior positions to men because the men were better qualified. Over a third (35%) of women reported losing training opportunities due to childcare responsibilities. This affected their chances of promotion and career advancement. Some women prioritised their children's education before their own. When asked how her family roles affected her in advancing her career she said,

"I didn't have the opportunity because of the role of caring for my family. I just noticed that if I go to school these children also want to go to school, so I wasn't able to carry the burden of paying fees for both me and my children."

(Female State Certified Nurse in an in-depth interview)

• **Impact of postings:** The posting and deployment system affected men and women differently. During initial deployment, a greater proportion of male health workers than female reported taking advantage of opportunities for training and career development. Wives would usually follow their husbands when they relocated for work. Just over two-thirds (67%) of men who moved remained close to their families, however, gender expectations meant that women felt obliged to leave their jobs to find new ones, sometimes in a different sector. This resulted in female health workers losing the valuable years of service needed to access training, thereby forfeiting their chance of promotion, and higher pay.

"It affected me because when I went for upgrading, other upgradings were already done and I was told that my name was once listed at my previous posting location and it was said that "No this one resigned from this hospital so she will find other things where she is", secondly most of my juniors are now Sisters-in-Charge, they always laugh at me that they have been promoted before me, so it affected me so much. I think if I was still there I was going to be one of the seniors there."

(Female health worker)

• **Posting and career advancement:** Men were usually selected by human resource managers to be deployed in very remote, rural areas. Rural postings benefited these male health workers who, in the absence of doctors, were able to gain a wealth of hands-on experience. This created opportunities for promotion, training (including outside Zimbabwe), and invitations to international workshops. This has clear implications for women's career advancement.

CONCLUSIONS

Despite a widely held perception among health workers and human resource managers that the health system provided equal opportunities for men and women, female health workers faced more barriers than men in accessing training and advancing their careers. Some of these barriers related to gender roles and responsibilities within the family, such as childcare.

Barriers also existed within the health system. Posting and deployment policies and practices in Zimbabwe fuel gender inequities, affecting female and male health workers differently with regard to their access to training, promotion and career development opportunities. Social norms dictate that women should leave their jobs and follow their husbands, however, the system is not responsive to these inequities, with the result that women lose out on training, promotion and pay. The tendency to deploy male health workers in remote areas benefits men, who gain valuable experience and further their careers faster than women.

Female health workers' career progression in Zimbabwe is not only shaped by family roles and expectations, but also by the posting and deployment system. As the country enters a more stable period after the economic crisis, HRH policies must be urgently reformed so that they are truly gender equitable. Posting and deployment policies should take gender roles and relations into account and respond to gender differences. In a predominantly female sector, health system policies must ensure that women – as well as men – are able to take advantage of vital opportunities for training and career advancement.

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