

Why aren't women rising to the top?

Gender in Cambodia's Health Workforce and Leadership

By **Sreytouch Vong and Bandeth Ros**
 (Independent Consultant, affiliate
 with ReBUILD/RinGs in Cambodia)
 Contact: vongsreytouch@gmail.com

- Q** Why focus on women's leadership in the health workforce?
- A**
- A sustainable multi-skilled health workforce is critical for building resilient health systems
 - Women are the majority of the health workforce, but leadership is predominantly by men
 - Fewer women leaders in the health workforce make women's voice less heard in policy formulation
 - The majority of the population is female, and prefer to be cared for by female health care workers
 - This need can often be met at the primary care level, but not in secondary and tertiary levels

Objective

- To understand factors influencing the decision of women and men to enter, stay and progress in the public health workforce
- To identify barriers and enabling factors for career advancement and leadership of female and male health workers

Methodology

- In-depth interviews, using a life history approach with 20 health managers (F=14, M=6) in 2 operational health districts in Battambang province in Cambodia
- Interviews were recorded and transcribed in Khmer (official Cambodian language)
- Inductive thematic analysis approach focusing on timeline and experience of participants

Career Entry and Progression (1980's - present)

After the Fall of Khmer Rouge Rebuilding Health System	Paris Peace Accord & First Election Implementing Health Sector Reform	Full Peace Continuing Health Sector Reform
1980's	1990's	2000's
<ul style="list-style-type: none"> • Entry: Gov't demand • Challenges to work and advance skills <ul style="list-style-type: none"> - Insecurity - Very poor road & transportation - Strong gender norms and roles - High poverty 	<ul style="list-style-type: none"> • Entry: Gov't policy & self interest • Challenges to work and advance skills <ul style="list-style-type: none"> - Stigmatisation for night shift & working far from home - Insecurity; poor road and transportation - Lack of support from male colleagues - Lack of institutional support 	<ul style="list-style-type: none"> • Entry: Wider awareness and existence of private medical schools • Challenges: <ul style="list-style-type: none"> - No stigmatisation - Existence of institutional support - Fewer gender roles as barriers - Men's involvement in household chores

Findings

Barriers

1. Macro socio-cultural factors

- There is a bias in society towards men in leadership positions
- Social norms determine women are not suitable for decision making and leadership positions
- Men are perceived to have a longer vision than women, influenced by the higher level of respect received as a result of their leadership position

"When there are many men in leadership positions, their decision making is often biased towards other men"
 (M, Married, 64_2)

2. Meso organizational factors

- Balance between managerial roles and domestic chores, including care taking of children and elderly
- Lack of support from male colleagues

"I carried my child with me as no one took care my child. At the health center, people can help me to look after my child..."
 (F, married, 30_7)

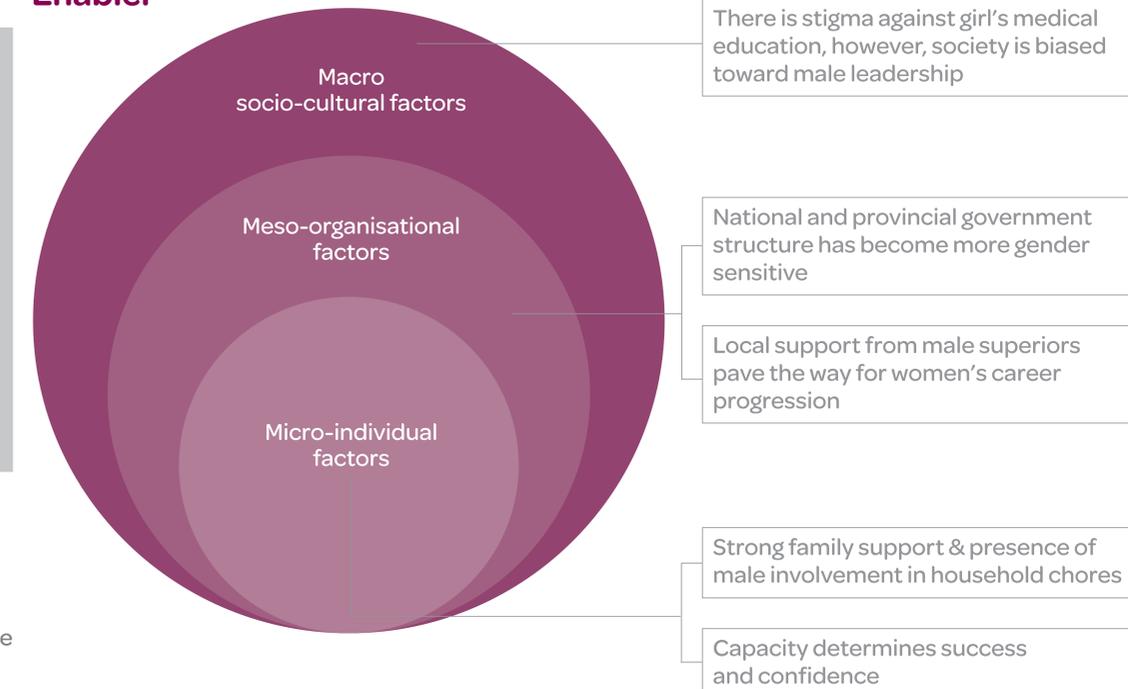
3. Micro individual factors

- Lack of qualifications/capacity of women influences success and confidence, reluctance to take more responsibilities

"Men won't listen to women because those women don't have enough capacity yet... it's probably because those women haven't received enough education due to being hindered by society and previous cultural norms"
 (M, Married, 64_2)

"If women are smart and have high knowledge they can lead! But if a woman is not smart, has no capacity, how can she be a leader?"
 (F, Single, 55_10)

Enabler



Conclusion

- Gender roles and relations affect entry to the health sector, progression and leadership at all levels through time.
- Women had fewer barriers to move to the leadership level when the country and society redeveloped after conflict and the health system started moving towards being more gender sensitive.
- Individual factors, family and social appreciation have been very important factors for professional development.
- Further support at the meso level, including mentoring, supervision and gender policy, will accelerate progress in addressing gender inequality in health workforce leadership.



Research in Gender and Ethics (RinGs):
 Building stronger health systems

