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PROMOTING GENDER EQUITY AND LEADERSHIP AMONG ETHIOPIAN WOMEN IN MEDICINE

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Keywords: Ethiopia, gender equity, higher education, leadership, women

Gender equity, or access to educational and employment opportunities, freedoms, and political representation without discrimination based on gender, is central to human development and achievement of sustainable development goals (SDGs; UNGA, 2015). Gender discrimination has resulted in gender imbalances in the health professional workforce in many countries. This imbalance is notable in countries such as Ethiopia where gender discrimination is widespread with limited opportunities for girls to access higher education (Ethiopian Society, 2008).

In Ethiopia, significant gender inequality persists through widespread discrimination, gender-based violence, and low numbers of women completing higher education (Arnold et al., 2008; Marsh et al., 2009). At Addis Ababa University College of Health Sciences (AAU-CHS), less than 5% of medical faculty were women in 2010 (Kvach et al., 2015). One explanation for this shortage is traditional cultural beliefs that women should fill stereotypical domestic roles, have limited decision-making power, and not hold leadership positions. Influential male leaders with these views are unlikely to promote gender equity. Consequentially, the few women who are in higher education may become disengaged because of exclusion as well as lack of support for

seeking leadership positions. Many women express lack of confidence, fear of acceptance, and a need to focus on traditional priorities. Therefore, they have low rates of enrollment and high rates of attrition in higher education. Alternatively, leaders who support gender equity can transform institutional culture and promote inclusion and leadership of female students and faculty.

International interinstitutional collaboration can play a significant role in supporting gender equity efforts through capacity-building for women. The University of Wisconsin (UW) joined the Medical Education Partnership Initiative (MEPI), a multi-institutional, five-year collaboration funded in 2010 by the U.S. government to strengthen the capacity of Ethiopia's health system. This partnership was based on relationships among faculty champions for gender equity promotion in medical education. The leadership of Ethiopian medical schools identified several accomplished Ethiopian women faculty who participated in a two-week intensive fellowship to enhance their leadership skills. The Ethiopian women met with UW women faculty to share stories, build trust, and discuss the challenges of leadership in academic medicine influenced by gender. The curriculum prioritized principles of adult education, including reviewing real-life experiences with gender-related problems that participants had encountered in higher education and restricting the training length to minimize absence from personal responsibilities. Ethiopian participants were challenged to create gender equity action plans for their own institutions.

Several factors positively influenced outcomes of these efforts. First, this initiative was built on evidence from the international development community that addressing gender disparities is crucial for success of other indicators of human development. This produced a mandate to promote gender equity in health profession education in the MEPI grant. Second, UW partners, Ethiopian institutions, and the Ethiopian diaspora had previously worked together on other projects, such as the development of postgraduate medical education training programs. These preexisting relationships built a foundation of trust to tackle the challenging issue of gender equity. Third, female UW faculty were able to offer expertise and share common experiences with female Ethiopian faculty. This created awareness of the global nature of gender discrimination in higher education and leadership, and allowed for creation of mentoring relationships. Lastly, the support of progressive leaders, especially men, was crucial to change at the Ethiopian institutional level. Male leaders were committed to recruiting female faculty to partner with international collaborators for the leadership trainings. Meaningful changes in institutional policy, such as the development of a sexual harassment policy at AAU-CHS, were spearheaded by male and female leaders determined to advance gender equity.

These efforts addressed the gap of women in leadership positions by identifying motivated women faculty and mobilizing their leadership aptitudes and aspirations. One woman became the dean of the medical school at AAU-CHS. The training, adapted to the Ethiopian context, enabled critical thinking and challenged the deep-rooted internalized sexism that contributes to lack of professional self-confidence. Participants were able to interact with U.S. female leaders and envision possibilities for themselves in leadership roles with further mentorship and training. Ethiopian women in leadership positions are role models for those earlier in their careers; these women leaders provide living examples that women can competently manage multiple responsibilities and that capable leadership is an acquired skill not exclusive to men. It gives young female academicians the courage and hope to believe in their own self-worth and achieve their full potential.

Much work needs to be done to sustain and expand efforts to advance equity for all women in Ethiopia. International collaboration should be strengthened for purposes of mentorship and capacity-building in higher education. The aim is to establish numerous training programs for women's empowerment and leadership throughout the nation. Curricula should be developed for students to foster awareness regarding the impact of gender discrimination, how to create gender inclusiveness, and basic leadership skills. Universities could lead the way by establishing and enforcing policies to promote gender equity as essential for productive academic environments; they could set parameters to monitor and evaluate the institutional gender climate. Men and women working together have potential to promote institutional and national legislative changes at all levels. A policy of institutional affirmative action could be considered to create better access to university education for women in Ethiopia. These goals will help pave the way for gender equity and for Ethiopian women to achieve their highest aspirations.

Suggested Cross-References

For more information on concepts and ideas discussed in this article, please see the following articles in the compendium: 6, 11, 14, 17, 23, 25, 33, 35, 37, 39, 44, 49, 57, 58, 60, 65, 66, 75, 78, 80

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