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EVIDENCE BRIEF

Pathways to leadership: Accounting for women's (in)equitable career paths in the health sector in Kenya (<https://gh.bmj.com/content/9/7/e014745>)

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Key message:

- In Kenya, Women in the health workforce face multiple barriers to career advancement, that are influenced by **harmful gender norms** which burden them with unpaid care work, discrimination and potentially prioritise and normalise men's careers and leadership.

Background

The under-representation of women in leadership in the health workforce is well recognised globally, but there is a lack of data on the extent of the disparities within career pathways and the factors affecting women's progression towards leadership, especially in low-income and middle-income countries. The career trajectory of women in the health workforce is shaped by prevailing gender norms operating at the macro level, as well as structural, organisational and individual factors.

Methods

We systematically searched JSTOR, PubMed, SCOPUS and Web of Science databases, reference lists of selected articles and Google Scholar using string searches. We included studies that were published in English from 2000 to 2022 in peer-reviewed journals or grey literature, focused on paid, formal health professionals in India or Kenya, describing factors relating to women's representation/leadership. We identified 11 studies from Kenya. Seven studies focused on nursing. Participants included women and men health sector workers. Seven studies used mixed methods, 11 were qualitative, 5 were quantitative and 3 were commentaries.

Results

Factors influencing women's career progression at individual/interpersonal levels included family support, personal attributes (knowledge/skills) and material resources. Factors at the organisational level included capacity strengthening, networking, organisational policies, gender quotas, work

culture and relationships, flexibility, and work burden. Nursing studies identified verbal/sexual harassment and professional hierarchies as barriers to career progression. Structural barriers included a lack of infrastructure (training institutes and acceptable working environments). Normative themes included occupational segregation by gender (particularly in nursing), unpaid care work burden for women and gender norms. Studies of interventions to improve women's career progression and sex-disaggregated workforce data in Kenya were limited, especially on leadership within career pathways. The evidence focuses on enablers and barriers at work, rather than on organisations/systems to support women's leadership or address gender norms.



Figure 1: Gender distribution of the Kenya health workforce

New Insights

There is a clear demonstration that women in the health workforce in Kenya face multiple barriers to career advancement, which are affected by harmful gender norms that burden women with unpaid care work and discrimination and potentially prioritise and normalise men's careers and leadership. Individual/interpersonal enablers to career progression were family support and personal attributes while organisational enablers included a supportive workplace culture with flexible working and maternity benefits, capacity building and mentorship opportunities, and gender equality policies.

Implications and Recommendations

- Enhanced enforcement of laws and policies against gender-based discrimination and harassment
- Development of policies anchored on improvement of parental benefits and flexible working must be developed and enforced.
- Infrastructure, such as safe public transportation and workspaces, should be developed to retain women in their jobs.
- Interventions are needed to address unequal gender norms and improve support, mentorship and capacity building for leadership.



Figure 2: Barriers and Enablers to women in leadership

Conclusion

Women in Kenya's health sector face multiple impediments in their careers, which impact their advancement to leadership. This calls for gender-transformative interventions to tackle discrimination/harassment, provide targeted training/mentorship, better parental leave/benefits, flexible/remote working, family/coworker support and equal-opportunity policies/legislation.

Call to action

To address the systemic barriers that hinder women's career advancement in Kenya's health workforce, stakeholders must implement and enforce gender equality policies that actively combat discrimination and promote equal opportunities for leadership roles. Additionally, fostering a supportive workplace culture with flexible working arrangements, comprehensive maternity benefits, and robust mentorship and capacity-building programs is essential. Encouraging family support systems that alleviate the burden of unpaid care work and challenging harmful gender norms that prioritize men's careers are critical steps toward creating a more inclusive and equitable work environment for women.

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