

Transforming the Health Worker Pipeline: Interventions to Eliminate Gender Discrimination in Preservice Education

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LIST OF ACRONYMS

CCAMPIS Act	Child Care Access Means Parents in School Act
EEO	equal employment opportunity
GHI	Global Health Initiative
HRH	human resources for health
LMIC	low- and middle-income countries
PAEM	<i>Projet D'Appui a L'Enseignement Moyen</i> (Project to Support Middle School Teaching)
PEPFAR	President's Emergency Plan for AIDS Relief
PSE	preservice education
UK	United Kingdom
USAID	United States Agency for International Development
US	United States
USD	United States Dollar
USG	United States Government
WHO	World Health Organization

EXECUTIVE SUMMARY

While numerous countries face human resources for health (HRH) challenges, the production and development of health workers to overcome these shortages has been a major focus of many governments' HRH strategies, particularly in low- and middle-income countries (LMIC). Preservice education (PSE) is one pillar of developing competent, motivated health workforces vital to the delivery of accessible, quality health services.

A less widely acknowledged but equally important challenge to be addressed is gender discrimination in PSE and its effect on both students and faculty. Negative stereotypes, sexual harassment, and discrimination based on pregnancy or family responsibilities affect the admission, performance, retention, and graduation of health professional students, particularly female students. These forms of gender discrimination limit students' career opportunities even before they enter the workforce and often continue once they are employed. Similarly, faculty, who are essential to the education of future health workers, experience vertical and horizontal occupational segregation; delays or restrictions in promotion or tenure; and decreased career satisfaction. Governments and PSE institutions must take action against these gender barriers if they are to produce robust workforces able to respond to the health needs of the populations they serve.

The following report describes the results of a systematic and expert review undertaken to identify practices that have the potential to counter these forms of gender discrimination against students and faculty in health PSE institutions. Out of 379 articles reviewed from the peer-reviewed and non-peer-reviewed (gray) literature, 79 articles were excluded due to irrelevant or insufficient information about specific practices. From the remaining articles, 51 interventions were identified that were implemented in educational institutions at primary, secondary, tertiary, and community levels from the health and general education sectors in high- and low-resource settings. An expert panel rated and then developed recommendations on the 51 interventions.

Key findings include recommended "basic bundles" of interventions that, when implemented together, should maximize the potential to counter gender discrimination and inequalities. Multilevel strategies have more potential than do individual practices to target the complex individual, family, organizational, structural, and societal contributors to gender discrimination and violence. The "basic bundles" are as follows:

Interventions Included in the “Basic Bundle” to Counter Sexual Harassment



Interventions Included in the “Basic Bundles” to Counter Pregnancy and Family Responsibilities Discrimination

For students

During pregnancy:

- Continuation and reentry policies that do not require pregnant students to terminate their education
- Pregnancy/maternity and parental leave

During postpartum period:

- Lactation breaks and spaces
- Parental leave
- Child care (daily and emergency)
- Child care financial assistance (or at low cost)
- Flexible training schedules, such as part-time schedules and reduced workloads

For faculty

During pregnancy:

- Pregnancy/maternity and parental leave (paid)
- Pregnancy/maternity leave replacement funding to hire temporary replacements for employees on pregnancy/maternity leave to ensure continuity of instruction

During postpartum period:

- Lactation breaks (paid) and spaces
- Parental leave
- Child care (daily and emergency)
- Child care financial assistance (or at low cost)
- Flexible working hours
- Flexible tenure

These “basic bundles” are intended to provide health PSE and other educational institutions with the means to recruit and retain students, faculty, and staff in support of equitable and sustainable programs. However, a consistent finding from this review was that merely offering interventions does not further equal opportunity and gender equality. Ensuring that the institutional community, especially intended beneficiaries, is aware of and actually uses the interventions is equally important. As many of these interventions challenge traditional beliefs, attitudes, and norms, some members of the institutional community may resist their implementation. To fulfill the potential of these interventions, institutions must create and maintain environments that reward efforts to address gender bias by being supportive of students and faculty with caregiving responsibilities and not condoning impunity for perpetrators of sexual harassment or other forms of discrimination.

Another key conclusion of the reviewed interventions and other equal opportunity initiatives is that providing equal opportunity and access through policies and programs must be complemented by treating the life experiences of both genders as having equal value. Schools and workplaces should be restructured to integrate family and work in order to reflect the value of caregiving for women and men and to ensure gender equality.

Institutions are not the only stakeholders that can take action to prevent and counter gender discrimination and promote gender equality in health PSE and other educational settings. Governments can also get involved by passing legislation that mandates employers to offer maternity and/or parental leave or by making funds available to assist students or faculty with children to use child care and other services that facilitate the integration of their academic/professional and personal lives.

More broadly, the expert panel found that the practices uniformly needed more documentation and evaluation, both to better understand the feasibility of implementing the interventions in diverse settings and to determine their actual effectiveness in furthering equal opportunity and gender equality. There was only limited information on cost or sustainability, and evaluations to determine the effectiveness or impact of these interventions were nearly nonexistent. Thus, while this report presents interventions that were found to have *potential* to counter gender discrimination in health PSE settings in both LMIC and non-LMIC settings, additional research is required to generate findings on what has actually worked.

This report and its recommendations are intended to inform policy-making and programming decisions by health PSE institutions, HRH program planners, and tertiary educational institutions of all types, as well as by other national- and local-level stakeholders with decision-making responsibilities for educating the health workforce. *CapacityPlus* and USAID hope that as an increasing number of institutions implement, evaluate, and document these interventions, the cumulative effect will advance gender equality in the health workforce and improve the environment for health worker education and, in turn, health services.

INTRODUCTION

With the recent emphasis on improving health systems, governments, donors, and other health actors are increasing their focus on the key role of the health workforce in providing quality health services that meet population needs. A strong health workforce has adequate numbers of well-trained health workers deployed to where they are most needed. Shortages and maldistribution of the health workforce exist in both low- and middle-income countries (LMIC) and non-LMIC settings. In 2006, the World Health Organization (WHO) identified 57 crisis countries whose health workforces fall below the minimum recommended health worker density threshold of 2.3 doctors, nurses, and midwives per 1,000 population (WHO 2006).

While countries face numerous human resources for health (HRH) challenges, the production and development of health workers to overcome this shortage has been a major focus of many governments' HRH strategies. Interventions aimed at strengthening preservice education (PSE) have ranged from curriculum development to financing to institutional management reforms. A less widely acknowledged but equally important challenge to be addressed is gender discrimination in PSE settings and its effect on both students and faculty.

Within HRH as a whole, gender inequality and discrimination have significant consequences for the quality of health services. Female health workers constitute a large proportion of many countries' health workforce, but they experience gender disparities particular to each health professional cadre (Standing 2000; George 2007). Gender bias and discrimination also affect health workers during PSE, limiting their career opportunities even before they enter the workforce.

Gender Discrimination and Inequalities Affecting Students

For PSE students, gender inequalities exist in admission rates, distribution within different career tracks, and graduation rates. Cultural beliefs and attitudes can discourage girls and women from pursuing training and scholarship opportunities (Standing 2000). For example, in Rwanda, drop-out rates are higher for girls than for boys at all educational levels, and eligible female students

Gender discrimination is "any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms that prevents a person from enjoying full human rights" (WHO 2001, 43). In education and employment systems, gender discrimination has been directly or indirectly linked to gender stereotyping, pregnancy, marital status, and family responsibilities, and is manifested in occupational segregation, wage discrimination and sexual harassment (Newman 2010).

are admitted into government tertiary institutions at half the rate of eligible male students (Huggins and Randell 2007). Cultural stereotypes operate from childhood to channel girls and boys into gender-appropriate work. A performance needs assessment in Kenya found gender segregation in health professional cadres such as nursing and nutrition, which are perceived to be female occupations (Newman et al. 2011). The data also showed that men were more heavily concentrated in five of eight faculty positions, such as lecturer, senior lecturer, and professor, while women held more tutor and clinical instructor positions.

Cultural beliefs and norms can also create an environment in which sexual harassment and/or assault go unpunished, severely disrupting student life. Sexual harassment and sexual violence, mainly targeted at female students, have been well-documented in primary and secondary schools and universities in both high- and low-resource settings (Mirsky 2003). Female students in health PSE institutions in Kenya and in tertiary institutions in Nigeria, Ghana, Zimbabwe, and Uganda report harassment by male faculty, who threaten the students with failing grades that can lead to demotions in graduation status and corresponding extra fees, other delays in graduation, or even withdrawal from the program (Newman et al. 2011; Bakari and Leach 2009; Morley and Lussier 2009; Zindi 1994; Makerere University, Gender Mainstreaming Division 2011). Sexual harassment negatively impacts a student's ability to concentrate on or complete coursework. Studies of graduating medical students in the US, Japan, and Sweden have found that sexual harassment and gender-related discrimination are prevalent in medical training programs, that a higher proportion of female students report experiencing sexual harassment than do male students, and that this affects students' selection of medical specialty and residency programs (Best et al. 2010; Stratton et al. 2005; George 2007; Nagata-Kobayashi et al. 2006; Larsson, Hensing, and Allebeck 2003). Students may not pursue a certain track for a variety of reasons, including sexual harassment, and may be channeled into seemingly gender-appropriate occupations, limiting their career options and setting the stage for the occupational segregation and disparities in compensation that persist in the workforce.

Institutional policies and practices also prevent or limit female students from participating in classes, practica, and other curricular offerings by failing to consider students' family responsibilities or potential safety issues. Women are sometimes discouraged from becoming pregnant, with some health facility administrators making comments such as: "It is unacceptable to become pregnant during residency" (Finch 2003, 419). In several countries, pregnant secondary school students must take mandatory time off before returning to school or even face expulsion upon becoming pregnant (Hubbard 2008). Pregnant health professional students may face demotion fees for taking time off and fall behind in their courses and practica (Newman et al. 2011). Trying to integrate full-time studies with family and domestic responsibilities can reduce the time available for health professional students to fully participate in educational opportunities and can play a major role in attrition rates in countries including the US, UK, Kenya, Uganda, and Tanzania (Arhin and Cormier 2008; UK Department of Health 2006; Newman et al. 2011; Griffin 2007). In the higher education system as a whole, an insufficient number of accommodations and sometimes insecure living conditions have further contributed to female students dropping out from their educational programs by limiting their ability to safely access university facilities (Griffin 2007).

Gender Discrimination and Inequalities Affecting Faculty

For faculty, gender inequality and discrimination often take the form of requirements that structurally disadvantage one sex (typically women), such as requirements that training involving travel must be completed in order to obtain promotions (Standing 2000). Discrimination creates occupational segregation within certain cadres, prevents adequate female representation in decision-making positions and professional networks, and limits career advancement opportunities through formal and informal means (Standing 2000; George 2007). In Kenya,

female health faculty were concentrated in lower-level teaching positions, even in cadres that are traditionally considered female occupations such as nursing (Newman et al. 2011). There were more male than female faculty in 20 Kenyan nursing schools. This may seem contradictory, given the female profile of the profession, but is consistent with another research finding that instructors are more likely to be male as one progresses from the primary to tertiary level (International Labour Office 2009). These findings persist in the workforce. A study in the UK found that female nurses who took career breaks for caregiving took 23 years to reach a higher professional grade, while male nurses took 8 years to reach the same grade (Halford, Savage, and Witz 1997).

An academic culture of long working hours and the perception that faculty with family responsibilities are less committed affect decisions about promotions and tenure in both health PSE and other higher education institutions. A study of medical faculty with children in 24 US medical schools found that when compared with men, women had significantly fewer publications, self-reported slower career advancement, and lower career satisfaction (Reed and Buddeberg-Fischer 2001; similar findings in Reichenbach and Brown 2004). In 2009, half of the respondents of a University of California, Berkeley (US) faculty survey cited family/personal reasons as a very or somewhat important factor in accounting for slow or delayed career progression—second only to having a large service load (Stacy et al. 2011). Similarly, a study of academic faculty in the US and Australia found that higher proportions of female faculty in both countries did not request a reduced workload when they needed it for family reasons, because they believed it would negatively impact their careers and how others would view their seriousness as academics (Bardoel et al. 2011). Indeed, some Kenyan health PSE institutions may favor recruiting male faculty because they consider the possibility of female faculty taking maternity leave as disruptive (Newman et al. 2011).

Faculty also face disadvantages as a result of sexual harassment, with Nigerian female academic staff, for example, reporting that their refusal of university officials' sexual advances led to discrimination in promotion and other benefits (Bakari and Leach 2009). These forms of discrimination impact faculty's self-confidence and career satisfaction, which can in turn affect the quality of education being provided at PSE institutions and contribute to faculty attrition rates (George 2007).

Purpose of the Review and Intended Audience

This review focused on practices that have the potential to counter gender discrimination related to sexual harassment, pregnancy, and family responsibilities in PSE settings. This topic aligns with the US Agency for International Development (USAID)'s, the US Global Health Initiative (GHI)'s, and the US President's Emergency Plan for AIDS Relief (PEPFAR)'s focus on health systems strengthening, HRH, research and evaluation, and women, girls, and gender equality. Despite the significance of this topic for health professional students and faculty, and therefore for countries' abilities to address their challenges in implementing educational strategies to address health worker shortages, the evidence base on this topic, as well as on interventions that address this topic, is scarce.

CapacityPlus undertook a comprehensive review that aimed to narrow this knowledge-to-practice gap and to provide PSE institutions, program planners, and other stakeholders with effective options to counter gender discrimination in PSE settings. This report describes the results of the review, which compiled, updated, and analyzed information on existing interventions implemented in both PSE and other higher education institutions in high- and low-resource settings. As described in the Methodology section, general education institutions were included because it was recognized that gender discrimination exists in many types of educational settings and is not limited to health PSE institutions.

CapacityPlus initially conceived this activity as a review of *promising practices* that the project would then field test, validate, and evaluate, with the goal of defining a set of best practices for HRH programs recommended for scale-up. A *promising practice* can be defined as a “program, activity, or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long term sustainable impact” (Compassion Capital Fund 2010, 4). While a *promising practice* may have demonstrated greater potential for improved outcomes than have existing practices, there is not yet sufficient evidence to call it a *best practice*, which has shown documented positive results when implemented by more than one organization in more than one context.

Despite widening the scope to include both health PSE and general education institutions, there was a lack of evaluative evidence with which to determine the effectiveness of the reviewed interventions. As a result, rather than identifying promising practices, a panel of experts in HRH and in gender equality instead assessed which interventions suggested the greatest potential to counter gender discrimination and inequality, according to the criteria listed in the next section. CapacityPlus worked with the panel to translate these findings into key recommendations for interventions and to identify areas for further research. Although the available documentation contained little information on cost or sustainability considerations associated with the interventions, this report presents other valuable lessons learned about their implementation.

This report and the recommendations contained herein are intended to inform policy-making and programming decisions made by PSE institutions, HRH program planners, and tertiary educational institutions of all types, as well as by other national- and local-level stakeholders with decision-making responsibilities for health worker PSE systems. Donors and technical advisors at international and regional levels may also find this report useful to inform their operational, research, and evaluation plans. It is hoped that as educational institutions implement, document, and evaluate these recommendations and interventions, promising practices will emerge that when replicated have the potential to increase access to and improve the environment for health worker PSE and, in turn, health services.

Structure of the Report

The next section provides a brief overview of the methodology used to identify and rate the 51 practices that were included in the final review. The Results section describes key findings for each of the three subtopics (Sexual Harassment, Pregnancy/Family Responsibilities, and General Gender), as well as common findings across all three subtopics. The Results section discusses a

subset of 39 of the 51 practices reviewed, followed by a summary of the major conclusions. The report also contains:

- Appendix A, which provides more detail on the methodology used to compile the information on the interventions, conduct the review process, analyze the findings, and develop recommendations
- Appendix B, which lists the 51 practices ranked by subtopic.
- Appendix C, which provides summaries of each of the 51 practices, including more detailed information on the interventions' structure, results, cost (when available), and all references used to compile the review

METHODOLOGY

This section provides a brief overview of the methodology used to complete this review. Please refer to appendix A for a more detailed explanation of the methodology.

Systematic Review

In January 2011, CapacityPlus initiated an extensive systematic review to determine what evidence existed on interventions that address gender discrimination related to sexual harassment, pregnancy, and family responsibilities in PSE contexts. The systematic review sought documents from the last 20 years from both peer-reviewed and non-peer-reviewed (gray) literature, and benefitted from outreach to and consultation with stakeholders including USAID, implementing organizations, academic and organizational researchers, and authors of documents from the literature search. Examples from both health PSE and other education institutions (primary, secondary, and tertiary) in high- and low-resource settings were included in the review. While this report focuses on implications for health PSE systems, it was recognized that these forms of gender discrimination—and interventions to counter them—also exist in the overall educational sector. Key search terms are listed in appendix A.

Gender transformative approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives (Interagency Gender Working Group 2012).

Gender transformative interventions are those considered likely to counter *de facto* (i.e., existing) or *de jure* (i.e., according to law) discrimination and to promote gender equality, based on the documented descriptions of the interventions' implementation and outcomes.

Compilation and Expert Review of Interventions

From the 300 articles included in the final systematic review, 52 distinct interventions were initially identified across the three subtopics (sexual harassment; pregnancy and family responsibilities; and other). A panel of five experts in gender and HRH¹ reviewed summaries of

¹ Despite the small number of reviewers, the quantitative rankings and development of the recommendations described in the Results section of this report drew on the experts' unique combination of expertise in gender and in HRH.

each intervention and rated them using selected characteristics of *gender transformative interventions* developed by CapacityPlus. Abbreviated versions of these summaries can be found in appendix C. To maximize efficiency, the summaries did not include every institution that implements a specific intervention, but identified selected institutions in a variety of resource settings for which substantial information was available. For example, many higher educational institutions offer maternity leave to employees; however, it would have been inefficient and repetitive to describe its implementation in all institutions that offer it.

Although information on the outcomes of interventions was available for some interventions, most interventions lacked the assessments and evaluations necessary to determine their effectiveness, feasibility, and sustainability. Thus, although the original conception of the activity was to identify promising practices based on the existing evidence, the scope of the review was changed to assess the interventions' potential to counter gender



discrimination and inequalities. Using the compiled summaries, reviewers considered whether each intervention had the six characteristics of gender transformative interventions (see inset), which were identified as essential for addressing these topics. Reviewers marked "Yes" or "No" for each characteristic.

Analysis and ranking

One practice was removed from the analysis due to insufficient evidence available to assess its gender transformative potential, leaving a final compilation of 51 interventions. As agreed to by the reviewers, each reviewer was assigned a weight for each topic, based on the reviewer's expertise in gender and HRH and on how many reviewers submitted ratings for each topic. A weighted average of the ratings was derived for each practice. An intervention was considered to have a characteristic when its weighted average was above 0.5 (marked in appendix B as ✓). An intervention was considered not to have a characteristic when its weighted average was below 0.5 (marked in appendix B as a blank box). An intervention was considered to possibly have a characteristic if its weighted average was 0.5 (marked as ½ in appendix B), but the documentation was unclear.

From among the six characteristics of gender transformative interventions, critical criteria for each of the three subtopics were selected to serve as minimum standards for countering gender discrimination in PSE settings. Critical criteria are defined as those characteristics that are so important that practices lacking these critical criteria should not be considered for recommendation, even though other characteristics may have been checked (Newman 1998). Critical criteria were *not* selected for the General Gender practices, as the subtopic was not centered on a specific issue.

For the Sexual Harassment practices, the critical criteria were:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination
- Introduce, make use of, or further the (existing) legal protections for women.

For the Pregnancy/Family Responsibilities practices, the critical criteria were:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving
- Change or attempt to change an imbalance of power or otherwise level the playing field
- Challenge and change common discriminatory gender beliefs or norms.

Rankings for each of the three subtopics were then derived by prioritizing interventions that were rated as having the critical criteria, such that an intervention that had the top two critical criteria was ranked higher than an intervention that had only the top critical criterion. More details on how the rankings were developed are provided in appendix A, and the list of ranked interventions can be found in appendix B.

Development of recommendations

In January 2012, *CapacityPlus* convened two meetings of the expert panel. During these meetings, the expert panel refined its application of the gender transformative characteristics, developed recommendations on interventions for PSE institutions and decision-makers to consider implementing, and developed cross-cutting recommendations on the topic and the review process. These key findings and recommendations are presented in the next section of this report.

RESULTS

In this section, key findings are outlined for each set of interventions (Sexual Harassment, Pregnancy/Family Responsibilities, and General Gender). Because this section focuses on major lessons learned and recommendations, only a subset of interventions that were the focus of the reviewers' recommendations will be discussed. However, summaries of each intervention are provided in appendix C for those interested in more information on any of the interventions

reviewed for this report. In the following sections, references are included when specific institutions are mentioned, but all references for the full review are included in appendix C.

Each of the following subsections discusses interventions that are targeted to both students and faculty, those targeted only at students, and those targeted only at faculty. Categorizing the interventions by their appropriateness for certain types of resource environments would have been optimal, but the available documentation was insufficient to enable conclusions to be drawn on how differences in the effects of the interventions might be linked to their resource environments. In addition, the interventions are not categorized by level of educational institution in this section, but this information is available in the summaries in appendix C.

Each of the following subsections also explores the operational challenges encountered by the institutions included in this review and the lessons learned that can be applied to future implementation. Possible priorities for additional research are presented, followed by a summary of the reviewers' recommendations for the given set of interventions.

Sexual Harassment

The Sexual Harassment subsection contained 18 interventions, many of them interrelated. For example, some institutions have developed both *sexual harassment policies* (SH Practice No. 3 in appendix C) and instituted *grievance procedures* (SH Practice No. 7 in appendix C), while others have combined these two interventions with *sexual harassment/sexual violence prevention workshops* (SH Practice No. 4 in appendix C). These three interventions have been implemented in numerous institutions. Yet the available evidence indicates that the presence of these

Critical Criteria: Sexual Harassment

1. Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination.
2. Introduce, make use of, or further the (existing) legal protections for women.

interventions alone is insufficient to counter sexual harassment. The underuse of *grievance procedures*, for example, repeatedly emerged as a key challenge to successfully providing victims of sexual harassment with a redress mechanism. Not only were students, faculty, and staff sometimes unaware of the existence of policies or grievance procedures, but victims of sexual harassment also did not use these mechanisms for fear of retribution.

This underscores the importance of the two critical criteria for the Sexual Harassment subsection: 1) take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination; and 2) introduce, make use of, or further the (existing) legal protections for women. To transform existing structural inequalities related to sexual harassment, institutional and legal systems must be able to both effectively hold perpetrators accountable and protect women's rights.

Only four of the 18 interventions reviewed met the two critical criteria for this subtopic. These interventions are *legislation, radio and theatre messaging, policy, and sexual harassment/sexual violence prevention workshops*. In addition, two interventions, *teacher training and grievance procedure*, were noted as having the potential to meet both critical criteria, depending on how

the implementing institution structures the interventions. More information on these six interventions is provided below, and a ranked list of all 18 interventions in the Sexual Harassment subsection can be found in appendix B. Although these six interventions may have met the two critical criteria, no single one could counter sexual harassment alone. Sexual harassment is a complex issue that deals with power dynamics, structural inequalities, and entrenched cultural beliefs and attitudes. When combined with under-use and/or nonuse as noted above, it becomes clear that a multidimensional strategy is necessary to effectively counter sexual harassment.

Interventions for students and faculty

The expert panel made the key recommendation that a “basic bundle” of interventions has the greatest potential to counter sexual harassment. This basic bundle would include, at a minimum: a *sexual harassment policy* with clear and enforced consequences, including a single code of conduct applicable to students, faculty, and staff; a *grievance procedure*; and *education and awareness-raising* initiatives for students, faculty, and staff.

Policy. (SH Practice No. 3 in appendix C). Sexual harassment policies have been established in both high- and low-resource settings, often in response to institutional studies that identified sexual harassment as a major issue in the institutional community. Common components of a sexual harassment policy include definitions; a description of the grievance procedure, if the institution has implemented one; possible disciplinary and/or criminal action; a description of responsible agencies or disciplinary structures and their duties; and resources available to victims of sexual harassment. More comprehensive policies also discuss the prevalence of sexual harassment at the institution, the rationale behind issuing the policy, guiding principles, and a strategic plan for implementing the policy (e.g., staff training, dissemination). Note that while *zero tolerance policies* (SH Practice No. 10 in appendix C) were identified at some institutions, this type of policy was not ranked as highly because a lack of documentation made it difficult to assess its gender-transformative potential.

Grievance procedure. (SH Practice No. 7 in appendix C). The grievance procedures reviewed for this activity outlined both informal and formal procedures. Informally, those wishing to report cases of sexual harassment may consult with staff, administration representatives specifically designated as sexual harassment points of contact, or counselors. Some institutions, such as the University of Cape Town (South Africa) and the University of Toronto (Canada), also offer a mediation process (University of Cape Town 2008; University of Toronto 2012) (see discussion of *conflict resolution/mediation* below). By contrast, formal complaints are investigated and heard by a committee generally consisting of administrators or counselors, and for committees dealing with student incidents, student representatives. If the committee decides that disciplinary action is necessary, common actions include fines, suspension, and expulsion/dismissal. The University of Western Cape (South Africa) also publishes the name of the accused in the university newsletter in an effort to eliminate the acceptability of sexual harassment (Hames, Beja, and Kogsimmele 2005).

Education and awareness-raising. As noted above, well-designed policies and procedures and empowerment of the responsible agencies and structures are essential components of the basic bundle. However, their implementation hinges on a well-trained, well-informed institutional community. *Sexual harassment and sexual violence prevention workshops* (SH Practice No. 4 in appendix C) are important for providing information on the types of sexual harassment and on the resources and programs available for victims, particularly if the workshops are mandatory for all students, faculty, and staff. For example, all faculty and staff at the Stanford University School of Medicine (US) are required to attend education sessions (Stanford University Sexual Harassment Policy Office 2012). The available evidence demonstrates that *teacher training* (SH Practice No. 6 in appendix C) on the content and implementation of their institutional policies and procedures should also be part of the basic bundle. Whether as committee members, designated points of contact, or simply resources for students or colleagues to approach, instructors are in critical positions for maintaining an environment that does not condone impunity and for promoting the successful implementation of sexual harassment policies and grievance procedures. Finally, an *awareness-raising campaign* (SH Practice No. 9 in appendix C) that disseminates information about available resources and how to access them can increase knowledge of the issue and alleviate confusion about what to do when incidents occur. Dissemination can take many forms, including websites, pamphlets, posters, *radio and theatre messaging* (SH Practice No. 2 in appendix C) seminars, and events.

Together, this basic bundle of sexual harassment policies, grievance procedures, and education and awareness-raising interventions has the potential to end impunity for perpetrators of sexual harassment and to strengthen legal protections for women. Yet the basic bundle is just that—a starting point from which institutions can build more comprehensive, robust programs. Once the basic bundle has been implemented, institutions may also consider offering supplementary services such as a *hotline* (SH Practice No. 8 in appendix C) and *counseling* (SH Practice No. 14 in appendix C), both of which can refer victims to sources of legal protection and provide valuable support to victims.

As is the case with other forms of sexual violence, eliminating sexual harassment requires a multilevel approach that targets the roots of discrimination. Thus, while institutions cannot enact sexual harassment *legislation* (SH Practice No. 1 in appendix C)—one of the four interventions that met both critical criteria for the Sexual Harassment subsection—it is a key intervention that can provide a foundation to change norms of social interaction, increase accountability, and end impunity and should be incorporated into broader national strategies. On the other hand, litigation is a high-risk, high-cost means of redress and reform that can lead to intensified harassment of plaintiffs and damaged school and work relationships. Without educating stakeholders, legal decisions cannot change norms, provide accountability, or end impunity (Abrams 1989). As an alternative to litigation, a code of conduct can be included in a sexual harassment policy to operationalize the policy, in conjunction with comprehensive administration, faculty, staff, and student education and compliance. In addition, an *institutional network* (SH Practice No. 12 in appendix C) among Southern African universities illustrated the potential for increased action when members leverage resources and share knowledge.

Importantly, the expert panel noted that *conflict resolution policies* and *workshops* (SH Practices No. 15 [tied] in appendix C) treat sexual harassment against women as an interpersonal conflict, thereby ignoring its sociocultural determinants and the related gender and power dynamics involved in its perpetuation. Some policies are structured such that only when conflict resolution does not produce a mutually agreed-upon solution is the case heard by a higher-level committee. Thus, since it does not address the roots of discrimination and unequal treatment of women, conflict resolution fails to address the larger structural, cultural, and institutional contributors to sexual harassment or to end impunity for perpetrators. As such, the expert panel recommended that while a grievance procedure may incorporate a step in which the parties communicate with one another, with or without mediators present, institutions should *not* include conflict resolution as a component of sexual harassment policies and programs.

Operational challenges

Although many health PSE and other higher education institutions included in this review have implemented interventions to counter sexual harassment, the documentation indicates they faced numerous challenges. For example, while sexual harassment policies may outline strong principles and institutional responsibilities, the practical implementation of such policies can differ widely from their intentions. The University of Stellenbosch's (South Africa) sexual harassment policy mandates a sexual harassment advisory and disciplinary committee that consists of faculty and staff. Yet a qualitative assessment found that many managers were unaware of the policy's existence, and the already full workload of committee members made trainings on the policy difficult to schedule (Gouws, Kritzinger, and Wenhold 2005). In addition, although most policies explicitly prohibit retaliation against victims who report incidents of sexual harassment, flawed designs of grievance procedures (see below) and prevailing environments of intimidation can render such a policy ineffective.

More than any other intervention in the Sexual Harassment subsection, the existing documentation indicates that grievance procedures faced major implementation challenges that greatly reduced their ability to counter sexual harassment and may even have had negative effects. A general lack of awareness of the grievance procedure (and of sexual harassment policies) and inadequate training of both committee members and institutional communities as a whole can contribute to anemic use of the grievance procedure. Assessments of the University of Malawi's Chancellor College (Kayuni 2009) and the University of Botswana (Tidimane and Mosarwe 2005) noted that when cases are reported, significant errors in handling investigations, maintaining confidentiality, coordinating with the responsible agencies, and even following the prescribed procedures have caused many students to lose confidence in the procedures. This compounds the fear of retribution and lack of accountability that discourages many victims of sexual harassment from using the grievance procedures, as has been reported at institutions including the University of Botswana, the University of Malawi's Chancellor College, the University of Stellenbosch (South Africa), and the University of Western Cape (South Africa) (Tidimane and Mosarwe 2005; Kayuni 2009; Gouw, Kritzinger, and Wenhold 2005; Hames, Beja, and Kogsimmele 2005). A grievance procedure should therefore constitute one of the components of the basic bundle of interventions in this area as long as it is designed with these issues in mind and implemented with strong leadership and timely follow-up. The expert panel

recommended that grievance procedures keep cases confidential, clearly outline consequences for perpetrators of sexual harassment, and take concrete action to both decrease and eliminate fear of retribution.

These operational challenges and lessons learned highlight the need for sexual harassment policies, grievance procedures, and the other interventions included in the recommended basic bundle to be implemented in conjunction with one another. Although there is not enough evidence that these interventions had an effect on the quality of students' or faculty members' educational or professional experiences, the documentation does indicate that this is more a result of flawed and disjointed implementation than of the inherent capacity of the interventions to counter sexual harassment.

Areas for research

In addition to an overall need for more documentation and evaluation of interventions in this subsection, reviewers made recommendations for research regarding specific aspects of grievance procedures. Several of the institutions included in this review have separate grievance procedures for students and for faculty and staff. As there are no assessments of the effectiveness of separate procedures compared to the effectiveness of a single procedure, the expert panel recommended that this question be studied further. In addition, institutions that had procedures specifically for students frequently placed student representatives on the respective advisory/disciplinary committee. The expert panel recommended increased documentation of who is represented on such committees. Particularly in cases where the harassment occurred between a faculty member and a student, the presence of student representatives may mitigate the unbalanced power dynamic between faculty and students. The gender balance of the committees should also be examined. It is possible that men and women perceive sexual harassment differently. Since women are far more often the victims of sexual assault, they are more concerned with any form of aberrant or aggressive sexual behavior (Gregory 2003). This has implications for the recommended gender balance and training of members of a grievance committee.

Conclusions

Certainly, sexual harassment affects individual victims. Yet institutions cannot treat sexual harassment as a phenomenon that can be resolved between individual parties, because sexual harassment is a societal, organizational, and structural problem that affects individual and institutional performance. Institutions that strive to offer a high-quality education and produce competent health workers—or workers of any type—must commit themselves to facing the complex contributors to sexual harassment, with strong leadership and commitment to promoting women's rights and ending gender discrimination.

Summary of Recommendations: Sexual Harassment

Interventions

To increase the PSE system's potential to counter gender discrimination and inequality:

- Implement a "basic bundle" of interventions, consisting of:
 - *Sexual harassment policy*, including a single code of conduct for students, faculty, and staff
 - *Grievance procedure* that is confidential, outlines consequences for perpetrators, and takes concrete action to end impunity and reduce victims' fear of retribution
 - *Education and awareness-raising* for students, faculty, and staff.
- Eliminate use of conflict resolution both as a standalone strategy to handle sexual harassment incidents and as a component of sexual harassment policies and/or programs.

Areas for research

- Evaluate and document the effectiveness of having a single grievance procedure as compared to the effectiveness of having separate grievance procedures for students and for faculty and staff.
- Evaluate and document the impact of having student and gender-balanced representation on sexual harassment reporting committees.

Pregnancy and Family Responsibilities Discrimination

In the educational context, gender equality means not only equal opportunity, but also that the life experiences of both genders are treated as equal norms (Bender 1989) and that health educational settings are structured to integrate family and work, to reflect the value of caregiving for women and men (Williams 1989). Hence, interventions to counter discrimination based on pregnancy and family caregiving status must transform family, school, and/or work arrangements so that women of childbearing age and men with family responsibilities are not economically or socially penalized or disadvantaged for caregiving. This applies to faculty, staff, and students.

To achieve this goal, institutions must change the traditional gender beliefs that women's primary roles are as caregivers; that caregiving is not of equal value to professional work; and that taking time off for reproductive or caregiving reasons reflects a lack of commitment or represents academic or professional incompetence. Ridgeway and Correll (2000) note that useful types of interventions to achieve gender equality include workplace accommodations of family duties and caregiving; equal treatment of women and men; and equitable resource distribution to women and men. Such interventions must be available and their use actively promoted, allowing women with

Critical Criteria: Pregnancy/Family Responsibilities

1. Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving.
2. Change or attempt to change an imbalance of power or otherwise level the playing field.
3. Challenge and change common discriminatory gender beliefs or norms.

families to “participate more fully in the workforce” and enabling men to take on caregiving responsibilities—a major change that would “help reduce the degree of difference culturally presumed between men and women in this fundamentally gendered activity [caregiving]” (Ridgeway and Correll 2000, 118).

Of the 27 interventions reviewed in the Pregnancy/Family Responsibilities subsection, 24 were rated as meeting the top critical criterion: transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving. (A ranked list of all 27 interventions can be found in appendix B.) In addition, 23 interventions met at least the second critical criterion—change or attempt to change an imbalance of power or otherwise level the playing field—and 16 interventions met all three critical criteria.

Regardless of how many other gender transformative characteristics these interventions may have been rated as having, the variety of interventions available with the potential to counter school-based or work-based discrimination against women is notable. Some interventions, such as *maternity leave*, will be familiar to readers, since many countries have legislation requiring certain categories of employers to offer some form of maternity leave. Other interventions such as *flexible working hours* are well-known in high-resource settings, but have not yet been widely implemented in low-resource settings. Still other interventions are fairly unique and have been implemented in only a handful of institutions, including *remote learning rooms* and *discounting caregiving résumé gaps*.

The expert panel developed a recommended basic bundle of interventions targeted at students and a recommended basic bundle of interventions targeted at faculty. Because there is some overlap between the two basic bundles, the discussion below of these and other key interventions is structured as follows: interventions targeted at both students and faculty; interventions targeted at students only; and interventions targeted at faculty only. The discussion is followed by a list of the interventions included in the two basic bundles.

Interventions for students and faculty

Although students with families and faculty with families face different challenges, certain interventions can be implemented that assist both groups to integrate their family responsibilities with their educational and professional commitments. Allowing students, faculty, and staff the option to take *pregnancy/maternity leave* (P/F Practice No. 2 [tied] in appendix C) or *parental leave* (P/F Practice No. 2 [tied] in appendix C) signals the legitimacy of being both a parent and a student/employee. Depending on the institution and the laws of its respective nation, maternity leave for employees (e.g., faculty) is often paid for a specified number of weeks. Women wishing to take additional time beyond the provided leave receive a lower level of salary and/or benefits such as health insurance. Maternity leave for students is less well-documented, but is offered in institutions like Dalhousie University (Canada), where graduate students can take pregnancy or parental leave without owing additional fees (although they generally do not receive scholarship stipends during their leave) (Dalhousie University Faculty of Graduate Studies 2012). The expert panel noted that this practice should be expanded to all students and not reserved for graduate students. Parental leave (including paternity leave) is

similarly structured, with salary and benefits covered for a predetermined length of time. Parental leave is offered to mothers *and* fathers, indicating an expectation that both sexes are responsible for caregiving and therefore challenging traditional gender norms. While offering parental leave to both sexes does not guarantee that both sexes will use the leave, this type of intervention has the most potential for transforming the traditional gendered division of labor.

Offering pregnancy/maternity and parental leave enables students and faculty to continue their education and careers, respectively, without being automatically demoted or otherwise penalized. Indeed, these interventions meet all three critical criteria for the Pregnancy/Family Responsibilities subsection. However, the impact of these policy interventions varies greatly with respect to their provisions—whether the leave is paid or unpaid; whether institutions implement other interventions that support individuals to take leave without making individuals feel that they are disrupting the work environment; and whether gaps in schooling or employment play a factor in future decisions regarding scholarships, graduation, employment, or promotion. One supporting intervention for faculty is *pregnancy/maternity leave replacement funding* (P/F Practice No. 2 [tied] in appendix C), which also meets all three critical criteria for this subtopic. Replacement funding has been implemented at the University of Alberta (Canada) and the University of California (US) to allocate resources toward hiring temporary instructors when faculty members take pregnancy or maternity leave (University of Alberta 1998; University of Alberta 2006; The UC Faculty Family Friendly Edge 2012). Awareness of this intervention is key to faculty actually using it, as surveys at the University of California indicated that faculty had declined to take reduced duties because they were unaware of the replacement funding policy and feared negative effects on their careers (Mason et al. 2005). In addition, institutions may be reluctant to allocate replacement funding due to limited resources. Yet to maintain performance, institutions must have a plan for employees' pregnancies. Establishing such a replacement fund would allow employees to take leave without feeling pressured to return before they are ready to do so and might reduce the burden on other employees required to take on higher workloads. Thus, the expert panel recommended that to further gender transformative potential, institutions should implement pregnancy/maternity leave and parental leave at a minimum, and if at all possible, in conjunction with replacement funding.

Pregnancy/maternity leave policies for students can differ widely, from allowing pregnant students to continue with their studies (*continuation policies*, P/F Practice No. 9 [tied] in appendix C), to allowing pregnant students to pause their studies for a specified period before returning to school (*reentry policies*, see discussion in Practice No. 20), and to requiring pregnant students to cease their education entirely (*expulsion policies*). Expulsion policies embody pregnancy discrimination. Continuation and reentry policies are being developed in an increasing number of countries, though generally for middle and secondary school students. In sub-Saharan Africa, Botswana, Namibia, Malawi, Swaziland, and Zambia have reentry policies, while Cameroon and Madagascar have continuation policies (Hubbard 2008). Several countries in Central and South America have also passed laws supporting girls' rights to receive education during pregnancy (Hubbard 2008). As noted above, some higher education institutions allow students to take pregnancy or maternity leave without levying fees; however, this review did not find evidence of legislation in any country that deals with students in higher education.

Other interventions that permit students and faculty to better integrate their work and personal lives include *lactation breaks* (P/F Practice No. 17 [tied] in appendix C), *lactation spaces* (P/F Practice No. 17 [tied] in appendix C), and several interventions related to the provision of *child care*. As with pregnancy/maternity leave and parental leave, some governments require certain categories of employers to allow lactating employees to take breaks to breastfeed or pump milk. For example, the US does not require that employees be paid for the time taken during these breaks, while Cambodia does. In either case, this intervention introduces legal protection for new mothers in the workplace. This is especially significant in medical workplaces, where clinical employees may not have scheduled breaks (Walsh et al. 2005). Designating lactation spaces further challenges gender beliefs by legitimizing caregiving in a concrete, visible way and helps decrease disadvantages experienced by female employees by allocating resources toward caregiving. For example, Harvard University (US) and the University of Washington (US) have a network of lactation rooms across their campuses and schools—including the medical schools—that contain pumps and refrigerators for employees' convenience (Child Care @ Harvard 2012; Women's Center, University of Washington 2012). Given the value and utility of providing spaces for mothers to take lactation breaks, the expert panel recommended the implementation of both of these interventions together.

Child care (P/F Practice No. 9 [tied] in appendix C) is a frequently offered intervention in developed country institutions and has been implemented in some developing country institutions as well. Of the institutions included in this review, universities in the US and Tanzania offered child care facilities for faculty, staff, and students, while universities in South Africa offered child care only for faculty and staff. No formal evaluations were available for the African universities. However, program documents for both the American and African universities indicated that although child care was helpful for faculty and staff (and students) with children, the cost to use the services could be prohibitive, particularly for junior-level faculty. In addition, several universities in the US offer *emergency child care* (P/F Practice No. 9 [tied] in appendix C) when a child falls sick or regular child care arrangements are disrupted. The University of California (US) found that parents who used this service were satisfied and that 550 days of work were saved over two years, prompting the university to expand the program (internal presentation by Karie Fransch and Angelica Stacy, Back-up care at U.C. Berkeley: Results of a two-year pilot program with Bright Horizons); Michigan State University (US) even provides some subsidies for students, faculty, and staff to use the service (Michigan State University Family Resource Center 2012).

Indeed, cost was mentioned numerous times in program documents as a key challenge for users. *Child care legislation* (P/F Practice No. 2 [tied] in appendix C) has been enacted in countries including Cambodia, which requires the provision of child care for certain categories of employers, and the US, which authorized funds to assist tertiary institutions with child care programs. Under the Child Care Access Means Parents in School (CCAMPIS) Act, grantee institutions receive funds to establish on-campus child care programs, subsidize students' costs, or conduct programs for parents or staff development. As of 2007, 63% of parents at two-year institutions and 69% of parents at four-year institutions who received CCAMPIS-funded child care services stayed enrolled for at least one academic year at the same institution (US

Department of Education 2007), though no data were available on whether this represented an increase or decrease from the pre-CCAMPIS period. Several universities in the US offer *child care financial assistance* (P/F Practice No. 9 [tied] in appendix C) to students through CCAMPIS funds, state and local government funds, or the universities' own funds. Eligibility to receive these funds generally depends on financial need and educational status (e.g., full-time, part-time). Harvard University (US) offers financial assistance to faculty and staff, but not to students.

These four interventions (*child care, emergency child care, child care financial assistance, and child care legislation*) meet all three critical criteria for this subtopic, aiding students and faculty to better integrate their work and personal lives. In a survey of campus child care centers, respondents believed that the services have enabled students to attend school and stay in school longer than they would have been able to otherwise:

There was a better integration of the parent into college life by having their child there with them, cared for and safe, providing peace of mind and the ability to focus and concentrate knowing that their children were in a safe environment near to them. (Respondent) (Miller 2011, 31)

With some evidence to suggest that these four child care-related interventions positively affect the educational and professional experiences of students and faculty, the expert panel recommended offering child care, optimally in conjunction with child care financial assistance. Indeed, it has been noted that continuation policies cannot succeed without financial support for caregiving, as young mothers may not be able to afford child care (Sichone 2011). Further, the expert panel highlighted the importance of offering this set of interventions to students in addition to faculty and staff. Child care not only transforms educational arrangements for students with children, but also challenges the norms that students with children cannot stay in school.

Interventions for students

Flexible class scheduling (P/F Practice No. 23 in appendix C) has been documented in universities in Africa and the UK and community learning centers in Asia and the Middle East. The intervention can be structured in diverse ways, including part-time degrees, distance learning, and evening and weekend classes. The few surveys that assessed this intervention were conducted primarily in community settings in Iran and Vietnam and indicated that community attitudes toward women's education had changed (Pant 2003). However, this intervention could also be seen as accommodating the traditional gender division of labor, rather than changing the expectation that a woman's primary role is as a caregiver. A similar intervention that was rated as transforming school/work arrangements and leveling the playing field was *flexible training* (P/F Practice No. 19 in appendix C), which has been offered in institutions in the US and Canada and for UK medical trainees completing workplace training. Flexible training has been structured as part-time schedules and reduced workloads. In the UK, workplaces that offer a flexible training option do so through slot sharing, in which two trainees work part-time to cover one full-time position; permanently flexible posts, if funding is available; and flexible, training-friendly pay structures (National Health Service Employers 2005). Although some full-time residents surveyed at the University of California (US) resented the increased workload

associated with flexible training for other students, most residents supported the option (Kamei, Chen, and Loeser 2004).

Two interventions that meet all three critical criteria for the Pregnancy/Family Responsibilities subsection, as well as several additional gender transformative characteristics, have not yet been widely implemented. The University of Washington School of Law (US) offers a *remote learning room* (P/F Practice No. 2 [tied] in appendix C) on campus so that student-parents can listen to or watch selected classes while nursing or engaging in other caregiving activities. This is a transformative practice that allocates resources to reducing barriers for student-parents to participate in classes and continue their studies. Student-parents can also find support through *student clubs* (P/F Practice No. 1 in appendix C), which have been implemented in Zambia to help girls make informed choices and provide them with skills-building training. Program reports indicate that the student clubs increased girls' confidence and assertiveness (Forum for African Women Educationalists 2004). This forum for empowering and reshaping attitudes gives this intervention great potential for challenging gender norms and reducing gender inequalities. While the student clubs in Zambia were targeted at adolescents, it would certainly be possible to establish similar structures in health PSE and other tertiary institutions. *Student-parent support groups* (P/F Practice No. 20 [tied] in appendix C) have been implemented in universities in the US and Kenya, but have not been studied or evaluated. The scope of these groups' activities also varies by institution, from organizing social activities to liaising with the administration in order to advocate for resources to providing opportunities for information-sharing and networking.

Interventions for faculty

Flexible work mechanisms have a more extensive track record than do flexible education mechanisms. Supplementing pregnancy/maternity leave and parental leave is *reduced duties leave* (P/F Practice No. 20 [tied] in appendix C), in which faculty can take on a reduced workload over a given period to take care of a child. As described for pregnancy/maternity leave, the University of California (US) sets aside funding to hire a temporary replacement during the reduced duties leave. Some institutions in the US and Canada also offer faculty *flexible working hours* (P/F Practice No. 9 [tied] in appendix C). Faculty may request modified working hours in the form of reduced time (e.g., part-time), telecommuting, a compressed work week, or swapping or sharing tasks with another employee.

Innovative interventions allowing faculty to continue pursuing a tenured position while taking care of family responsibilities have been implemented at a handful of universities in the US. Of those included in this review, faculty at the Universities of California, Minnesota, and Michigan—including their respective medical schools—can request to be placed on a part-time tenure track or to delay tenure review to care for a child. Surveys of faculty at the University of California have found that most respondents believed this *flexible tenure* option (P/F Practice No. 9 [tied] in appendix C) to have a positive effect on their career (Stacy et al. 2011). In fact, the proportion of assistant professors with children has increased since the introduction of these and several other family-friendly interventions, which has equalized the ability of female faculty to balance professional and personal responsibilities: "Family-responsive policies and a seemingly

supportive culture make [waiting until tenure is granted to begin a family] unnecessary for most Assistant Professors” (Stacy et al. 2011, 69).

The University of California also *discounts caregiving résumé gaps* (P/F Practice No. 8 in appendix C) when recruiting new hires, an intervention that the expert panel noted reduces the discrimination faced by women (and men) who have nontraditional career paths in the hiring process (e-mail correspondence with Karie Frasch, director of equity and welfare, University of California, Berkeley, May 31, 2011; University of California, Berkeley 2011). By challenging the discriminatory norm that women with caregiving responsibilities must be continually employed to keep current or be qualified for a job, this intervention makes progress in achieving gender equality by treating women’s life experiences as a norm.

National-level interventions

This review included several higher-level interventions that have the potential to create a supportive environment for the institutional-level interventions discussed above. Strengthening legal protections can be achieved through legislation (such as child care legislation, as described above) or through *litigation* (P/F Practice No. 25 in appendix C). This review looked at two examples from the US in which teachers sued their employers for discrimination when being considered for tenure and for parental leave. The teachers in both cases won under laws that prohibit discrimination based on sex (or race, religion, and other characteristics) in employment. Due to the time and expense to victims of discrimination, policy-makers and PSE decision-makers cannot rely on litigation to achieve their gender transformative goals. Nevertheless, it is an option that not only provides students and faculty with legal protection, but also highlights the need for supportive legal frameworks.

Student-parent policy advocacy (P/F Practice No. 22 in appendix C) is another avenue for increasing awareness around the challenges that student-parents face and promotes the adoption of interventions such as those described above. The Institute for Women’s Policy Research launched an initiative in 2010 to advocate for resources for student-parents in the US (Institute for Women’s Policy Research 2012). Such advocacy has the potential to be implemented in other countries as well. Although policy advocacy is not by itself an intervention that levels the playing field, it is an important step toward doing so.

Operational challenges

As with the Sexual Harassment subsection of interventions, the implementation of Pregnancy/Family Responsibilities interventions has faced operational challenges. One of the major issues noted repeatedly was the adverse consequences—or fear thereof—associated with some of the interventions. For example, some colleagues resented employees who took reduced duties leave or flexible training programs. In addition, faculty did not always take advantage of transformative interventions, for fear that others would perceive them as uncommitted or that their careers would be negatively affected.

Many of these practices challenge longstanding gender norms and divisions of labor. Gender discrimination, whether cultural or structural, begins in the family and the community. However,

“girls must be able to attend school, have time to complete homework, and get unbiased vocational counseling” (Newman et al. 2011, 31). Girls who go to school need a reduced workload at home, potentially adding to their families’ workload. Families and communities may resist the changes required by these interventions. Accordingly, the expert panel stressed the need for program planners to anticipate and plan for resistance in their intervention designs. A potential model for this is the *Projet d’Appui a L’Enseignement Moyen* (PAEM) in Senegal, which conducted *community forums and outreach* (P/F Practice No. 9 [tied] in appendix C) and *radio and theatre messaging on pregnancy and housework* (P/F Practice No. 2 [tied] in appendix C) to mobilize communities around reducing girls’ housework and preventing early marriage and pregnancy. Project reports described engaged communities that were actively taking measures to reduce student housework. This implies a long-term, multisectoral strategy that targets keeping girls in school from primary to tertiary levels.

Comprehensive faculty and staff initiatives like the University of California’s (US) “Family-Friendly Edge” and the University of Michigan’s (US) family-friendly programs may be a key strategy to counter discrimination based on pregnancy and family responsibilities. At both universities, faculty members are supported by options like flexible tenure, child care and related financial assistance, and numerous other interventions. By using multiple avenues to equalize opportunities for women and men, these initiatives signal the value that the institutions place on enabling faculty and staff to have a career and a family without professional setbacks. This is a strong message to send to the educational community.

Institutions considering implementing interventions from this subsection may have concerns about the funding required, particularly for interventions that entail the development or restructuring of physical and human resources (e.g., child care, lactation spaces, reduced duties leave). More documentation is needed on this topic by existing implementers. Nevertheless, institutions should not dismiss these initiatives until they have conducted a cost-benefit analysis for their own contexts. For example, employers at coffee plantations in Kenya found that offering onsite child care led to reduced employee absenteeism, higher productivity, and lower turnover (Hein and Cassirer 2010).

Areas for research

Although some information is available on the perception and use of these interventions, additional research is needed to understand how they affect gender discrimination in faculty recruitment, retention, and development and student retention, performance, and graduation. No assessments or evaluations were found comparing the outcomes of these interventions to one another, or with those of settings with no such interventions. Indeed, interventions’ outcomes could vary widely depending on differences in their designs, such as whether financial assistance is available to beneficiaries or to implementers. Evidence on these differences could help inform institutional decision-making on which interventions may be effective, affordable, and appropriate for their contexts.

Further, the assessments that were available for this review often looked at the features or effects of a larger project or strategy, but did not provide details on specific components. For

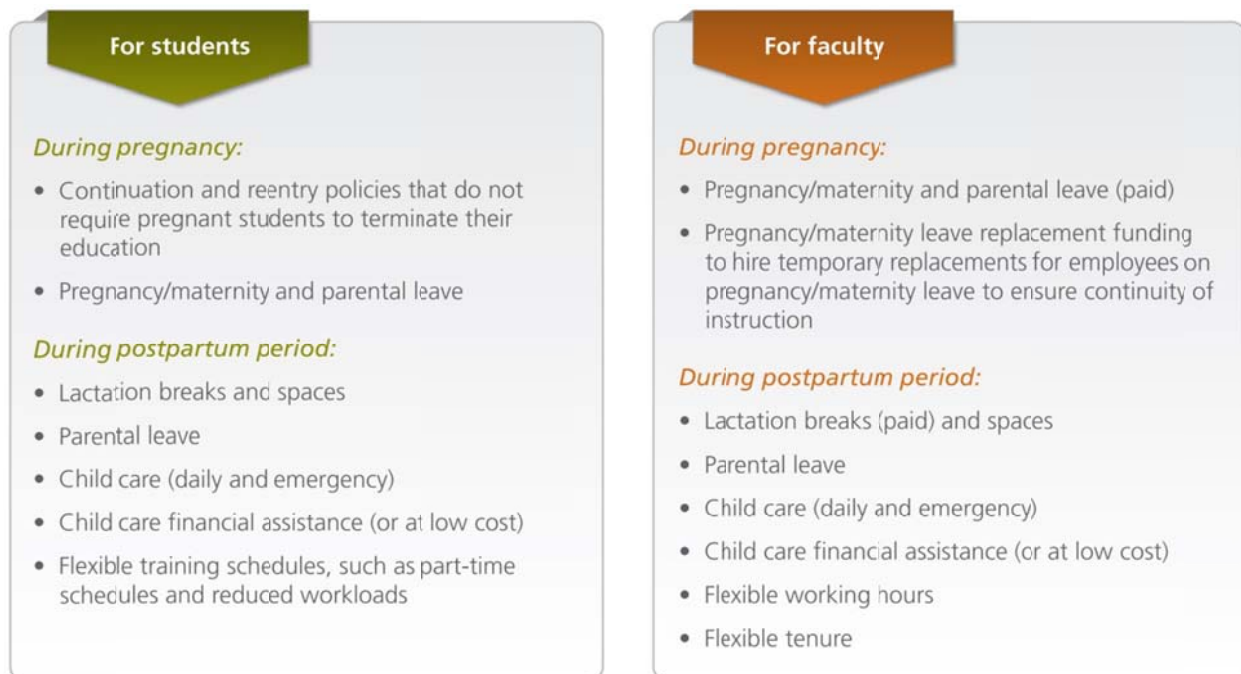
example, the Programme for Adolescent Mothers in Jamaica reported savings to the health sector of 13.8 million Jamaican dollars (about USD 160,000) (McNeil 1998). However, it is unclear how much of that savings can be attributed to specific interventions such as child care or remedial classes, or if it is even possible to do so. Research on the extent to which specific interventions are gender transformative and on their implementation features (e.g., cost), as compared to those of multilevel strategies, will be particularly useful to decision-makers with limited resources.

Conclusions

The potential advantages in recruiting high-quality students, faculty, and staff and increasing their satisfaction, retention, performance, and graduation would presumably outweigh the financial outlays associated with these interventions. A report by the University of California (US) noted that "... work-family concerns are frequently cited by first-offer faculty candidates (both women and men) who turned down a position with [the University of California], and by professors (both women and men) who left [University of California] faculty positions" (Mason et al. 2005, 2). Institutions that offer students and faculty with families the same opportunities as are available to students and faculty without families may therefore have a competitive edge in recruitment, though as noted above, research on this is needed. Indeed, the University of Washington Law School (US) "has tried to use its family-friendly atmosphere as a recruiting tool" for students and faculty (Long 2011), and the University of California and University of Michigan (US) both highlight their family-friendly initiatives to faculty candidates.

With numerous intervention options available to institutions to transform arrangements for caregivers and equalize educational and professional opportunities for women, the expert panel recommended the following basic bundles of interventions:

Interventions Included in the "Basic Bundles" to Counter Pregnancy and Family Responsibilities Discrimination



These basic bundles of interventions for students and faculty make progress in rectifying resource and power imbalances by legitimizing caregiving; designating equal responsibilities for caregiving between women and men; and allocating resources that make caregiving (and taking leave due to caregiving) more viable. To maximize institutional performance and eliminate gender inequalities, it is imperative that institutions not only make them available, but also work to encourage and facilitate their use.

Summary of Recommendations: Pregnancy/Family Responsibilities Discrimination

Interventions

To increase the PSE system's potential to counter gender discrimination and inequality:

- Implement comprehensive basic bundles of interventions for both students and faculty, including *pregnancy/maternity leave, parental leave, child care, child care financial assistance, lactation breaks and spaces*, and flexibility in structuring educational and work schedules. Implementing complementary interventions is also important because some interventions may not achieve their gender transformative potential if implemented alone.
- Plan to provide financial and institutional resources when implementing interventions that students or faculty may not use if they cannot afford it. For example, offer *financial assistance for child care or replacement funding* when faculty take pregnancy/maternity leave to ensure that other colleagues' workloads are not overly burdened.
- Anticipate and plan to address resistance to interventions that challenge longstanding discriminatory gender beliefs, norms, and division of labor. For example, this may include collaboration between ministries of health and education to strengthen vocational guidance and sustained institutional and community mobilization and education.
- Enact legislation mandating interventions such as *pregnancy/maternity leave, parental leave, and lactation breaks*. Incorporating these interventions into the legal system is a key way to boost funding and ensure that they are widely offered.

Areas for research

- Evaluate and document the impact of interventions on gender discrimination outcomes on faculty recruitment, retention, and development as well as student retention, performance, and graduation.
- Evaluate and document aspects of implementation, such as cost-effectiveness or factors that contribute to use of family-friendly services.

General Gender

This subsection consists of interventions that do not directly address sexual harassment or discrimination related to pregnancy and family responsibilities, but may do so indirectly because they address gender equality issues more broadly. Critical criteria were not selected for this subsection, since the interventions do not address a specific topic (the intervention summaries in appendix C are therefore listed in alphabetical order). However, it is interesting to note that all six of the interventions in this subsection were rated as meeting two or more of the gender transformative characteristics, and that none of the interventions met the characteristic of “Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination.” All six interventions in this subsection are described below.

Interventions for students and faculty

The two interventions that met the highest number of gender transformative characteristics were *gender centers* and *equal employment opportunity (EEO) units*, the features of which are described below. Both have been implemented in high- and low-resource settings, with most examples of gender centers coming from universities in Africa. Both structures serve accountability and advocacy functions. The *gender centers* included in this review had similar reasons for their establishment. In most cases, the universities had conducted equality and/or climate studies that identified gender equality as a major issue. The universities had responded by creating academic departments and programs focused on gender and gender centers that were charged with improving gender equality in the institutions. By contrast, one of the driving forces behind the establishment of *EEO units* is national legislation like that in South Africa, which passed an act in 1998 requiring certain employers to implement affirmative action measures toward achieving employment equity (University of Cape Town 2004).

The functions of the gender centers vary widely by institution, but have included the development of gender policies; gender sensitization workshops; sexual harassment training; research and university assessments; financial assistance to female students; mentoring; leadership training for women; awareness-raising; and advocacy. While these functions were included as distinct interventions in this review, the overarching structure was also included so that broader lessons could be drawn. The expert panel noted that there is some overlap between the functions of gender centers and EEO units, which also conduct training and awareness-raising on discrimination and harassment; establish career development programs for women; and develop equal opportunity policies.

Both gender centers and EEO units were recognized by the expert panel as important mechanisms for promoting gender equality in an institutional setting. Although formal evaluations and data on outcomes specific to these practices were unavailable, the anecdotal evidence available from institutional websites and program documents indicate that these structures have contributed to making gender equality more visible. The expert panel therefore recommended that institutions have a mechanism such as a gender center, EEO unit, or other type of structure that addresses forms of gender discrimination and inequality. Further, the mechanism should be as specific and clear as possible in outlining its goals and functions through its mission statement, strategies, and plans of action. The EEO unit at the University of

Melbourne (Australia) was cited as a good example of this. Rather than using general terms like “gender mainstreaming,” the unit states its goal as working “towards equal opportunity and freedom from unlawful discrimination, harassment and bullying in the learning and working environment for staff and students & an inclusive working environment that promotes and values equity and diversity for all staff” (University of Melbourne 2012).

One of the activities that some gender centers undertake is offering *gender awareness and sensitization workshops*, which have been held occasionally for students, faculty, and staff in universities such as the University of Dar es Salaam (Tanzania) and Sokoine University of Agriculture (Tanzania). Although the documentation on the design of these workshops was not comprehensive, the expert panel felt that such workshops may be effective if they focus on specific topics that illustrate the power imbalances and exclusion in which gender discrimination and inequalities are rooted, rather than generally aiming to change beliefs. However, evidence on results and effects of the practice was also limited.

Seemingly more transformative are *mentoring/female role models* and *faculty career and leadership development programs*. By providing examples of female leaders and cultivating leadership skills in female students and faculty, these interventions challenge beliefs that women are not competent managers and leaders. Universities in low- and high-resource settings have developed mentoring programs that pair students with faculty and junior faculty with senior faculty. Networking events, seminars, and skills trainings are common features of these programs and have been well-received by survey respondents at the University of Michigan (US) and University of Ottawa (Canada), who reported improved job satisfaction (University of Michigan 2005; University of Ottawa Centre for Academic Leadership 2012).

Interventions for students

The gender center at the University of Dar es Salaam (Tanzania) was home to a *student gender club* that engaged students, especially female students, in gender sensitization trainings, awareness-raising, and advocacy activities. The student gender clubs focused more on changing norms, creating solidarity, and providing information and access to resources, than on broader-level effects such as transforming educational arrangements or introducing legal protections.

Operational challenges

Documentation and evaluative results were again scarce in this subsection. The expert panel recognized that while the interventions in this subsection have gender transformative potential, a better understanding is needed of how these interventions are implemented and the factors that make them more or less effective. Further, more details on the funding and resources required to establish mechanisms like gender centers or EEO units would be helpful for institutions wishing to develop such a structure.

Areas for research

The expert panel noted that more documentation is needed on the design, implementation, and results of these interventions to adequately determine their effectiveness and their potential for transforming gender inequalities. In addition, reviewers noted that EEO units are more explicit

about their role in addressing discrimination in their mission statements than are gender centers. However, it was unclear whether there is a difference in effectiveness between structures that address discrimination explicitly and those that address discrimination implicitly. It is probable that such mechanisms are more effective when backed by equal opportunity laws. The expert panel recommended further research into this topic.

Conclusions

As with the Sexual Harassment and Pregnancy/Family Responsibilities subsections, the interventions in this subsection need to be better documented and evaluated. Nevertheless, many of the interventions have notable potential to counter gender discrimination and transform school and work arrangements through a variety of strategies. Additional research and documentation will help institutions and other stakeholders understand the appropriateness of these interventions for their own contexts.

Summary of Recommendations: General Gender

Interventions

To increase the PSE system's potential to counter gender discrimination and inequality:

- Establish a structure or mechanism that promotes attention to and action on nondiscrimination, equal opportunity, and gender equality, and implements interventions that address major forms of discrimination. This could be a gender center, equal employment opportunity unit, or other type of structure.
- In the mechanism's mission, vision, and strategic plans, specifically outline the types of discrimination and inequality that the mechanism is working to eliminate.

Areas for research

- Conduct research on differences in effectiveness of structures that directly address gender discrimination and structures or interventions that indirectly address gender discrimination.
- Increase documentation, monitoring, and evaluation to understand the specific features of these mechanisms and their potential role in reducing gender inequalities and discrimination.

Cross-Cutting Findings

A common challenge when rating the three groupings of interventions was the insufficient amount of documentation on the implementation of the interventions and the virtual absence of evidence to determine their impact. Extensive descriptions were only available for some interventions, while assessments and evaluations were limited or nonexistent for all interventions. For example, no rigorous assessments were conducted to measure changes in gender attitudes among institutional decision-makers. Thus, while some interventions seemed effective in principle, it was unclear whether they had been effective in practice.

More documentation is also needed on the funding and other resources required to implement and sustain these interventions. As institutions consider their options, one of the key questions

will be whether or not their budgets can afford it. Documenting financing mechanisms and low-cost strategies will be invaluable to decision-makers, as will cost-benefit and cost-effectiveness analyses that can help make the case for developing programs to address this topic and inform the design of those programs. It will also be important to identify ways to empower those who would most benefit from these interventions to be able to advocate for resources to implement these interventions, as well as to create ownership that will facilitate their sustainability.

Nonetheless, the expert panel recommended that across the three subsections, but particularly for the Sexual Harassment and Pregnancy/Family Responsibilities subsections, combinations or packages of interventions had the greatest potential to counter gender discrimination. Because gender discrimination is complex and embedded within familial, societal, institutional, and legal structures and systems, multidimensional strategies will likely have the best chance of reducing—or even eliminating—discrimination against women in educational settings.

Summary of Recommendations: Cross-Cutting

Interventions

To increase the PSE system's potential to counter gender discrimination and inequality:

- Employ multilevel strategies to ensure a comprehensive approach that targets the complex roots of gender discrimination.

Areas for research

- Document and evaluate the implementation and impact of interventions in educational settings (whether health professional PSE or general education), including feasibility aspects such as financing.

CONCLUSIONS

Gender discrimination is a wide-ranging problem that affects all aspects of the health worker educational and employment cycle. Countering gender discrimination in educational systems is certainly not limited to the topics under discussion in this report, nor is it limited only to higher education. Yet making a concerted effort to reduce and ultimately eliminate gender discrimination during health worker PSE can have significant effects on the entry to and retention of students in PSE, as well as their graduation and entry into the health workforce. As discussed in this report, sexual harassment and discrimination related to pregnancy and family responsibilities can affect students' opportunities, treatment, and ability to complete their studies and can limit faculty members' career satisfaction and advancement opportunities.

Fortunately, there are ways to counter these forms of gender discrimination. This review has identified a significant need for more documentation both on these forms of gender discrimination and on the design, implementation, and results of interventions to address them. While the review was comprehensive, due to limited resources it covered only a fraction of the educational institutions worldwide. As such, it is possible that interventions or specific

institutional examples exist that were not identified by this review. Nonetheless, little information was readily available to determine the feasibility, sustainability, or effectiveness of the interventions, limiting the ability of the review to make recommendations for specific contexts (e.g., low-resource settings). The expert panel noted that although the lack of such information made it impossible to recommend promising practices, it would be helpful to decision-makers to develop a mechanism to consider feasibility during the review process with the information available.

Despite these limitations, the existing evidence does indicate that many of the 51 interventions reviewed have gender transformative potential. By ending impunity for perpetrators of sexual harassment and strengthening legal protections for women, the recommended “basic bundle” of interventions to counter sexual harassment offers institutions a multifaceted strategy that has been implemented in high- and low-resource settings. Numerous interventions that work to transform school and work arrangements so that mothers and family caregivers are not penalized have also been implemented in both high- and low-resource settings. The recommended basic bundle of interventions for students and basic bundle of interventions for faculty serve as a foundation on which institutions can build comprehensive programs that can enhance their attractiveness to both students and faculty. From restructuring faculty workloads to offering flexible leave without demotion for students and faculty members with families to designating facilities and other resources for students and faculty members with families, PSE institutions can make use of a wide range of options to change unequal treatment of parents and other caregivers in the classroom and the workplace.

PSE institutions and managers of programs to strengthen PSE should also consider incorporating outreach components and other strategies to preempt possible resistance from the institutional community. Gender inequalities are rooted in longstanding cultural beliefs and norms, and most social groups tend to be more comfortable with the status quo. Those most affected by discrimination will need to be in the vanguard of transformation. Advocacy for resources and strategies to eliminate discrimination—especially by women empowered to advocate for equal opportunity, access, and gender equality in the academic setting—can be an important complement to institutional accountability mechanisms.

As Ridgeway and Correll (2000) note, the aggregate effects of multiple such interventions, each with its own “small” effects, can eventually change discriminatory gender beliefs and reduce gender inequalities:

[M]odifying gender beliefs and, with them, the gender system must be understood as an iterative process. Since gender is a system of mutually reinforcing processes acting at several levels of social organization, changes at one point in the system will be undercut and blunted by gender processes at other points in the system. Yet many specific, local changes leaving small residual effects can accumulate gradually to flatten out the inequality that the gender system constructs. Changing the gender system is like moving a sandbar: A single wave seems ineffectual, but a repeating pattern of waves transforms it. (Ridgeway and Correll 2000, 114)

Thus, although implementing a single recommended practice at a single institution is likely to be insufficient to fundamentally upend gender discrimination in a given PSE setting, implementing a well-designed, multifaceted institutional strategy can significantly change existing gender inequalities and improve institutional performance. Expanding this to numerous institutions would transform the pipeline even further. To do this, it is imperative that PSE institutions take action.

It is also imperative for PSE stakeholders to operationalize national and international commitments to equal rights to education and to the occupation of one's choice. Public and institutional policies must embrace the right to education without any distinction, exclusion, or restriction made on the basis of gender roles—a principle that most countries committed to when they ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)². Such policies must also be backed by laws that are applied to and enforced in the health and education sectors.

Eliminating gender discrimination in the health (and education) sectors requires an extensive, sustained effort by numerous stakeholders. This report has identified potential mechanisms for health PSE and other educational institutions to contribute to these efforts. As more institutions, governments, and other actors get involved, greater opportunity will exist not only to understand what strategies and interventions work best to counter gender discrimination, but also to create broad ownership in developing a health workforce whose members are treated equally, fairly, and with respect.

² The CEDAW agreement was adopted in 1979 by the United Nations General Assembly and entered into force in 1981. Almost all countries have ratified CEDAW—187 out of 193 countries. Only six countries have not ratified CEDAW, including the United States, Sudan, Somalia, Iran, and two small Pacific Island nations (Palau and Tonga).

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APPENDIX A: METHODOLOGY

Systematic Review

Per the original activity design, CapacityPlus undertook a systematic review in January 2011 to determine what evidence existed on interventions that addressed the topic of gender discrimination in preservice education contexts. CapacityPlus staff collected documented examples of interventions that address the topic through a comprehensive search of peer-reviewed and non-peer-reviewed (gray) literature, as well as through outreach to and consultation with stakeholders. While the overall review centers on health PSE systems, these forms of gender discrimination also exist in the overall educational sector. Moreover, exploratory searches indicated that although some information on health PSE institutions was available, a substantial number of higher education institutions (both with and without health PSE branches) had implemented interventions to address these topics. The review would therefore be greatly strengthened if general education institutions were also included. Consequently, the search was broadened to include other types of educational institutions at the primary, secondary, and especially tertiary levels in addition to medical, nursing, and other health PSE schools. Examples from both high- and low-resource settings were included in the review.

Project staff searched for documents from the last 20 years that described interventions addressing this topic, evaluations of the interventions, and any other data on or description of the interventions' effects on student and faculty experiences. CapacityPlus staff supplemented

Databases and Websites Searched

- African Index Medicus
- Global Health Workforce Alliance
- Good Search
- Google
- Google Scholar
- HRH Global Resource Center
- NC LIVE
- Trip Database
- PubMed Central
- USAID Development Experience Clearinghouse
- World Health Organization

Key Search Terms

- Gender discrimination
- Education
- Training
- Education quality
- Medical education
- Nursing education
- Medical student
- Nursing student
- University
- Tertiary
- Student-parents
- Faculty
- Sexual harassment
- Pregnancy
- Pregnant learner
- Family responsibilities
- Family life
- Attrition rates
- Graduation rates

these searches by contacting stakeholders for suggestions of relevant institutions, programs, and interventions. This included USAID advisors in the health, education, and gender sectors; project staff, partners, and other implementing organizations; academic and organizational researchers working on health, education, and gender equality topics; and authors of documents from the literature search. In addition, CapacityPlus sought intervention examples by posting requests for information on communities of practice focused on HRH, education, and gender issues, including: Afro-Nets; the Global Alliance for Nursing and Midwifery (GANM); Health Information and Publications Network (HIP-Net); Health Workforce Education and Training (HWFET); Healthcare Information For All by 2015 (HIFA2015); Human Resources for Health (HRH) Exchange; the Interagency Gender Working Group (IGWG); and the International Council of Nurses (ICN)'s Nursing Education Network.

These search methods produced 379 documents describing background information, context and descriptions of gender discrimination in educational settings, and interventions. Document types included journal articles, presentations, conference papers, technical and program reports, program policies and strategies, information from institutional websites, and news articles and briefs. Seventy-nine articles were excluded because they were related to but did not specifically address the selected topic; because they did not provide specific examples of gender discrimination in an educational setting or of interventions actually implemented to address the problem; or because they mentioned interventions or institutions for which additional information could not be found.

Compilation of Interventions

Interventions were grouped first by subtopic (sexual harassment; pregnancy and family responsibilities; and other) and then by type of intervention within the subtopic. Although there are variations in how interventions are implemented in different institutions, interventions with similar fundamental structures and purposes were grouped together. For example, while child care may have been offered only to faculty and staff in one institution and offered to students, faculty, and staff in another institution, both would be grouped under “child care” as a single, distinct intervention. Some interventions were only mentioned in passing in the documents, and were not included in the compilation because no additional information was available.

From this process, 52 distinct interventions were identified across the three subtopics. Using a standard template developed by *CapacityPlus*, a summary was created for each intervention that incorporated the information from the systematic review, including: institution name(s), location, and educational level; target audience of intervention; background data; intervention features; results of either formal evaluations or informal assessments; and cost-effectiveness and sustainability considerations. For interventions that were implemented in more than one institution, the summaries provide information for each institution. To maximize efficiency, the summaries did not include every institution that implements a specific intervention, but identified selected institutions in a variety of resource settings for which substantial information was available. For example, many higher educational institutions offer maternity leave to employees; however, it would have been inefficient and repetitive to describe its implementation in all institutions that offer it. As the summaries were being compiled, *CapacityPlus* staff contacted institutions and implementing organizations to request more information when there were major gaps in the information available or when the intervention featured an approach less common among existing interventions. Abbreviated versions of these summaries, which contain references for all of the information provided, can be found in appendix C.

Expert Review

CapacityPlus staff contacted a wide array of gender and workforce experts to serve as potential expert reviewers. A panel of experts in gender and in human resources for health (HRH), including USAID gender and health systems advisors, IntraHealth International advisors in gender and preservice education (PSE), and a university-based gender expert, reviewed the compilation of 52 interventions using a standard review form focused on characteristics of *gender transformative* interventions (see inset). While information on the results and effects of interventions

Gender transformative approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives (Interagency Gender Working Group 2012). **Gender transformative interventions** are interventions considered likely to counter *de facto* (i.e., existing) or *de jure* (i.e., according to law) discrimination and to promote gender equality, given the documented descriptions, lessons learned about the barriers/challenges to the interventions' implementation, and results.

was available for some interventions, most interventions lacked the assessments and evaluations necessary to determine their effectiveness, feasibility, and sustainability. Thus, although the original conception of the activity was to identify promising practices based on the existing evidence, the scope of the review was changed to accommodate the overall insufficiency of evidence and the need to assess interventions using gender-related criteria. Rather than ask reviewers to assess whether interventions should be tested or scaled up, reviewers assessed the interventions' potential to counter gender inequalities and discrimination using the criteria described below. The subsection of interventions to counter sexual harassment (Sexual Harassment) was reviewed by two reviewers; the subsection of interventions to counter pregnancy and family responsibilities discrimination (Pregnancy/Family Responsibilities) was reviewed by three reviewers; and the subsection of interventions that address general gender equality issues (General Gender) was reviewed by four reviewers. Despite the small number of reviewers, the quantitative rankings and development of the recommendations described in the Results section of this report drew on the experts' unique combination of expertise in gender and in HRH.

Using the compiled summaries, reviewers considered whether each intervention had the following six characteristics, which were identified as essential for addressing discrimination related to sexual harassment, pregnancy, and family responsibilities. Reviewers marked "Yes" or "No" for each of the following characteristics:

- Provide information/education about discrimination or rights
- Challenge and change common discriminatory gender beliefs or norms
- Change or attempt to change an imbalance of power or otherwise level the playing field
- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination
- Introduce, make use of, or further the (existing) legal protections for women

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving.

Reviewers also had the opportunity to provide comments on the overall intervention or on specific gender transformative characteristics.

Reviewers of the General Gender subsection noted that one practice, *gender counseling*, had insufficient evidence available to assess its gender transformative potential. This practice was removed from the analysis, for a final compilation of 51 interventions.

Analysis of Reviewer Ratings

As agreed to by the reviewers, each reviewer was assigned a weight for each topic, based on the reviewer's expertise in the area of gender and HRH and on how many reviewers submitted ratings for each of the three topics. For each topic, the assigned weights totaled 100%. For example, there were two reviewers for the Sexual Harassment subsection. Each practice received 60% of its rating from one of the reviewers, a gender and HRH expert, and 40% from the other reviewer, an HRH expert.

For each of the 51 practices, reviewers' ratings for all six characteristics were entered into a Microsoft Excel database, with 0 representing a "No" and 1 representing a "Yes". A weighted average was then derived. Interventions are considered to have a characteristic when the weighted average for that characteristic was above 0.5 (marked in Appendix B as ✓). Interventions were considered not to have a characteristic when the weighted average for that characteristic was below 0.5 (marked in appendix B as a blank box). Interventions were considered to possibly have a characteristic if the weighted average was 0.5 (marked as ½ in appendix B), but the documentation is unclear.

To streamline the analysis and development of recommendations for these practices, critical criteria for each subtopic were selected from among the six characteristics that the reviewers had considered for each intervention (Newman 1998). Critical criteria are defined as those characteristics that are so important that practices lacking these critical criteria should not be considered for recommendation, even though other characteristics may have been checked. For this activity, critical criteria serve as minimum standards for countering gender discrimination (in the selected three topics) in PSE settings. Criteria were selected for their gender transformative potential. The Results section of this report discusses the key findings and recommendations in the context of these critical criteria.

For the Sexual Harassment subtopic, the critical criteria were:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination
- Introduce, make use of, or further the (existing) legal protections for women.

How the critical criteria were developed: Gender power imbalances and discriminatory gender stereotypes and norms that suggest that women can be approached sexually, regardless of the

setting, figure prominently in the occurrence of sexual harassment in school and at work. These clearly need to be addressed in interventions to counter sexual harassment. However, the above two criteria were selected as being critical because reviewers believed that interventions could only counter sexual harassment if they are backed by legal sanctions and clear consequences—both of which target a culture of impunity with respect to sexual violence.

For the Pregnancy/Family Responsibilities subtopic, the critical criteria were:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving
- Change or attempt to change an imbalance of power or otherwise level the playing field
- Challenge and change common discriminatory gender beliefs or norms.

How the critical criteria were developed: Discriminatory gender beliefs and norms and power imbalances figure prominently in women’s educational, occupational, and employment disadvantages relative to men. The gendered division of labor and women’s greater responsibility for domestic and reproductive labor are central to women’s unequal chances of choosing an occupation, developing the requisite skills and knowledge, being fairly paid, enjoying fair treatment and access, and advancing in a career. Offering policies and programs may not be enough, because as Bender (1989) suggests, gender equality requires that both genders be treated as the norm. It follows, then, that health profession educational settings and workplaces must be restructured to integrate family and work in order to reflect the value of caregiving for women and men (Williams 1989). Hence, interventions to counter discrimination based on pregnancy and family caregiving status must transform family, school, and/or work arrangements so that women are not economically or socially penalized or disadvantaged for caregiving.

Critical criteria were not selected for the General Gender subtopic, as this subtopic was not centered on a specific issue.

Rankings

Rankings for each of the three subsections were derived in four rounds in order to incorporate the relative weighting of the critical criteria. In the first round, practices that reviewers rated as having the top critical characteristic were placed in the top-ranked cluster. These practices were then ranked according to whether they were rated as having the second priority critical characteristic, the third priority critical characteristic, or any noncritical characteristic, respectively. Thus, a practice that was rated as having the first two critical characteristics would rank higher than a practice that was rated as having the first and third critical characteristics. The remaining rounds of ranking followed the same procedure, with the second round forming a second-ranked cluster of practices that were not rated as having the first critical characteristic but were rated as having the second priority critical characteristic, and so forth.

In some cases, a practice may have had fewer noncritical characteristics than did another practice, but the reviewers' comments indicated that the practice had more substantial gender transformative potential. In such cases, a practice may be ranked higher than another with more noncritical characteristics.

The complete list of ranked interventions can be found in appendix B.

Development of Recommendations

In January 2012, *CapacityPlus* convened two meetings of the expert panel to discuss the results of the ratings and rankings. During these meetings, the expert panel refined its application of the gender transformative characteristics, developed recommendations on specific interventions or bundles of interventions for PSE administrators and other decision-makers to consider implementing, and developed cross-cutting recommendations on the topic and the review process. These key findings and recommendations are presented in the Results section of this report.

As described in the Results section, the "basic bundles" interventions were recommended because the available documentation suggested that multiple complementary interventions had greater gender transformative potential than a single intervention implemented alone. The recommendations for the "basic bundles" drew from the rankings and the documentation on the interventions' operational challenges and assessments, as well as on the critical criteria that served as a framework for analysis. For example, in the Sexual Harassment subsection, the grievance procedure was ranked No. 7 (out of 18 interventions in the subsection). However, it is included in the "basic bundle" for the subsection because in some instances, it has shown the potential to strengthen legal protections (the top critical criterion in the subsection), and because many of the documented challenges could be addressed by implementing it in conjunction with other interventions included in the "basic bundle", such as awareness-raising activities.

APPENDIX B: INTERVENTIONS BY SUBTOPIC AND RANK

✓ = Practice was rated as having the characteristic

½ = Ratings were split 50% as having the characteristic / 50% as not having the characteristic


Note: All references reviewed for each practice in the table below are listed in the corresponding intervention summaries in appendix C (a separate document).

Rank	Practice Name	Provide information/ education about discrimination or rights	Challenge/change common discriminatory gender beliefs or norms	Change imbalance of power/level the playing field	Act to end impunity	Introduce/use/further legal protections for women	Transform family, school, and/or work arrangements
<i>Sexual Harassment</i>							
1	Legislation			✓	✓	✓	N/A
2	Radio and theatre messaging	✓	✓		✓	✓	N/A
3	Policy	✓	½		✓	✓	N/A
4	Sexual harassment/ sexual violence prevention workshops	✓			✓	✓	N/A
5	Female guardians	✓			✓		N/A
6	Teacher training	½	½		½	✓	N/A
7	Grievance procedure				½	½	N/A
8	Hotline					✓	N/A
9	Awareness-raising campaign	✓				✓	N/A
10	Zero tolerance policy					✓	N/A
11	Participatory assessment	✓	✓	✓			N/A
12	Institutional network	✓		✓			N/A
13	Peer education	✓		✓			N/A
14	Counseling	✓					N/A

Rank	Practice Name	Provide information/ education about discrimination or rights	Challenge/change common discriminatory gender beliefs or norms	Change imbalance of power/level the playing field	Act to end impunity	Introduce/use/further legal protections for women	Transform family, school, and/or work arrangements
15	Conflict resolution policy						N/A
15	Conflict resolution workshops						N/A
15	Memory work						N/A
15	Role playing						N/A
<i>Pregnancy and Family Responsibilities</i>							
1	Student clubs	✓	✓	✓		✓	✓
2	Child care legislation		✓	✓		✓	✓
2	Parental leave		✓	✓		✓	✓
2	Pregnancy/maternity leave		✓	✓		✓	✓
2	Pregnancy/maternity leave replacement funding		✓	✓		✓	✓
2	Radio and theatre messaging on pregnancy and housework	✓	✓	✓			✓
2	Remote learning rooms		✓	✓		✓	✓
8	Discounting caregiving résumé gaps		✓	✓			✓
9	Child care/preschool		✓	✓			✓
9	Child care financial assistance		✓	✓			✓
9	Community forums and outreach		✓	✓			✓

Rank	Practice Name	Provide information/ education about discrimination or rights	Challenge/change common discriminatory gender beliefs or norms	Change imbalance of power/level the playing field	Act to end impunity	Introduce/use/further legal protections for women	Transform family, school, and/or work arrangements
9	Emergency child care		✓	✓			✓
9	Flexible tenure		✓	✓			✓
9	Flexible working hours		✓	✓			✓
9	Pregnant learner continuation policy		✓	✓			✓
16	Male parental involvement		✓	✓			✓
17	Lactation breaks			✓		✓	✓
17	Lactation spaces			✓		✓	✓
19	Flexible training program			✓			✓
20	Reduced duties leave			✓			✓
20	Student-parent support groups			✓			✓
22	Student-parent policy advocacy	✓	✓				✓
23	Flexible class scheduling						✓
24	Remedial classes/ extension training						✓
25	Litigation		✓	✓		✓	
26	Counseling		✓	✓			
27	Conflict resolution workshops (for students with family obligations)						

Rank	Practice Name	Provide information/ education about discrimination or rights	Challenge/change common discriminatory gender beliefs or norms	Change imbalance of power/level the playing field	Act to end impunity	Introduce/use/further legal protections for women	Transform family, school, and/or work arrangements
<i>General Gender</i>							
N/A	Equal opportunity employment unit	✓		✓		✓	✓
N/A	Faculty career and leadership development		✓	✓			✓
N/A	Gender awareness and sensitization workshops	✓	✓				
N/A	Gender center/gender mainstreaming	✓	✓	✓		✓	✓
N/A	Mentoring/female role models		✓	✓			✓
N/A	Student gender clubs	✓	✓	✓			



Transforming the Health Worker Pipeline: Appendix C: Practice Summaries

December 2012



The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Interventions to Counter:

Sexual Harassment

List of reviewed interventions to counter sexual harassment, in order of rank:

1. Legislation
2. Radio and theater messaging
3. Sexual harassment policy
4. Sexual harassment/sexual violence prevention workshops
5. Female guardians
6. Teacher training
7. Grievance procedure
8. Hotline
9. Awareness-raising campaign
10. Zero tolerance policy
11. Participatory assessment
12. Institutional network
13. Peer education
14. Counseling
15. (tie) Conflict resolution policy
15. (tie) Conflict resolution workshops
15. (tie) Memory work
15. (tie) Role playing

Background

Some countries have established national laws banning discrimination in a number of areas. For example, in the United States, Title IX works with the Civil Rights Act of 1964 to prohibit discrimination in the education sector.¹

Description

While many countries have included sexual harassment as a component of legislation covering the workplace, fewer countries have enacted similar legislation for the education sector. Countries including South Africa,² Australia¹ the United Kingdom¹ the United States,¹ and Kenya³ have legislation that makes it an offence for instructors/educators to have sexual relations with or to commit sexual harassment against students. Additionally, the legislation in Australia and Supreme Court rulings in the United States place responsibility for prevention on institutional managers and institutions themselves.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field.

This review did not identify any evaluations or assessments specifically looking at the effects of legislation on the student experience. However, the reviewers did note the importance of legislation in providing legal grounds on which anti-sexual harassment interventions can stand.

Legislation is not by itself sufficient to prevent or discourage sexual harassment from occurring, but it is a necessary component of a national multi-level strategy. Although institutions cannot themselves enact such legislation, they can ensure that such legislation is adapted to their institutional contexts and implemented.

Implementation lessons learned

The implementation of and adherence to this legislation varies by country. As Mirsky (2003)¹ noted, the mere existence of legislation is not enough to change existing issues but needs to be supplemented by dissemination and enforcement.

Summary conclusions

Making it a crime for instructors to sexually harass students not only addresses a power imbalance but also acts to end impunity. This is a national-level intervention that institutions

can advocate for, adapt, and implement to create an environment less tolerant of sexual harassment and supportive of victims of sexual harassment.

Reference(s) and source(s)

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3. National Council for Law Reporting, Government of Kenya. Rev. 2007. Laws of Kenya: The Sexual Offences Act. <http://www.kenyalaw.org/family/statutes/download.php?file=Sexual%20Offences%20Act.pdf> (accessed June 17, 2011).

Educational level: *Secondary school, community* | **Beneficiaries:** *Students, teachers, and community members*

Background

Initiatives such as the *Projet D' Appui a L'Enseignement Moyen* (PAEM) in Senegal and the Soul City Institute in South Africa have used different media to communicate, advocate, and mobilize stakeholders around key topics and messages. In Senegal, PAEM focuses on improving access to and quality of management of middle schools, within a national legal context that provides for children of all sexes to have the opportunity to receive an education. Soul City focuses on topics including violence reduction and HIV prevention.

Description

Awareness-raising and advocacy messages were delivered through radio, television, and film. As part of a broader community engagement strategy, PAEM broadcast messages related to gender-based violence in schools.¹ Soul City has completed several messaging series. The fourth series aired in 1999, featuring a 13-episode primetime television drama, a 45-episode radio drama in nine languages, information booklets, and community and school-based events.² The series focused on violence against women, including domestic violence and sexual harassment, as well as other topics such as AIDS, small business development, personal savings, and hypertension.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*)
- Provide information and education about discrimination or rights
- Challenge and change common discriminatory gender beliefs or norms.

Media messages can have a widespread effect on attitudinal and awareness changes. An evaluation of Soul City's messaging series found that those people exposed to the program's messages had increased awareness of sexual harassment and women's rights.³ The series also helped to engage communities to organize events such as marches, public meetings, and discussion groups and even contributed to the passage of a domestic violence act.² PAEM's wider strategy—including messaging—was found to facilitate an average 165% increase in middle school enrollment in its four target regions from 2003 to 2009.⁴ In addition, the change seems to have been sustained, with "local press and radios in the communities targeted continu[ing] to point out cases of violence and to put support measures to bring those responsible for harm to court."¹ Thus, not only can radio and theater messaging affect beliefs and norms and provide information, but it can also further legal protections for women and lessen tolerance for sexual harassment.

Summary conclusions

By increasing women's and the general community's understanding of women's rights and by catalyzing discussion and changes in beliefs, this practice has significant gender transformative potential. Indeed, the reviewers included it and awareness-raising as part of the "basic bundle" of interventions recommended for institutions to implement. Although it cannot by itself counter sexual harassment, it is a vital component to a multi-level strategy. Radio and theatre messaging—as well as community mobilization campaigns in general—can be powerful ways to engage the community around topics such as transparent school management and decreasing student dropout rates.

Reference(s) and source(s)

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3. Soul City Institute. July 2001. Soul City 4 Impact Evaluation: Violence Against Women – Vol. 1. http://www.soulcity.org.za/research/evaluations/soul-city-series-4/impact-on-violence-against-women-individuals/at_download/file (accessed June 22, 2011).
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Background

Major universities in Tanzania, South Africa, Botswana, and Uganda have conducted institutional climate studies that found a higher prevalence of sexual harassment than previously understood, particularly against female students and staff. Many, including institutions in Rwanda, cited national legislation, legal reforms, and codes of practices as important supporting factors to addressing sexual harassment in their institutions.

Description

Universities in both high- and low-resource settings have established sexual harassment policies, including health preservice education institutions such as the Muhimbili University of Health and Allied Sciences in Tanzania. Many universities recognize the value of addressing sexual harassment. For example, the University of Dar es Salaam noted in its sexual harassment policy that “sexual harassment does not only under-mine [sic] the vision and mission of the University, that is that of being of reputable institution aspiring for academic excellence, but also that it erodes the academic and social fabric of the institution.”¹

Most policies reviewed include definitions; a description of the grievance procedure, if the institution has implemented one; possible disciplinary and/or criminal action; a description of responsible agencies or disciplinary structures and their duties; and resources available to victims. Some institutions have expanded their policies to include components such as discussion on the rationale behind issuing the policy; guiding principles; objectives such as promoting research and public debate; a strategic plan for implementing the policy (e.g., staff training, dissemination, etc.); and provisions for education and training. Some, but not all, of the institutions included in this review made their sexual harassment policies on their websites.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*)
- Provide information and education about discrimination or rights.

Reviewers also found that this practice has the potential for, but insufficient documentation of, the following gender transformative characteristics:

- Challenge and change common discriminatory gender beliefs or norms.

Of the institutions included in this review, only a few had conducted studies of their sexual harassment policies. Interviews with students, faculty, and staff uncovered implementation challenges (see below) but did not address the effects of the policies on student or faculty

engagement and retention rates. A qualitative study of the University of Botswana found that there is a “sense that the policy had little impact on [students’] day-to-day lives.”²

Nonetheless, the reviewers noted that a sexual harassment policy is a key component of any strategy to counter sexual harassment and included the practice in the recommended “basic bundle” of interventions. Well-implemented policies, which should include a code of conduct applicable to all members of the institution’s community, end impunity by prohibiting and enforcing retribution and protecting victims. Sexual harassment policies also have the potential to challenge discriminatory gender beliefs and norms when they outline principles of respect and equal rights for both sexes.

Implementation lessons learned

Planners should include dissemination and training in their designs to increase proper use of the policy. For example, students and staff at the University of Stellenbosch, the University of Western Cape, and the University of Botswana reported being unaware of the policy.^{2,3,4} Members of the sexual harassment advisory and disciplinary committee of the University of Stellenbosch had difficulty scheduling trainings on the policy, leading to their inability to adhere to it.² In addition, planners need to strengthen their efforts to create an environment that discourages retaliation.

Summary conclusions

Committed leadership, a supportive culture, coordination, regular communication and dissemination, and training are essential to ensuring the successful implementation of sexual harassment policies. This practice can fulfill its gender transformative potential when it frames sexual harassment as a gender issue, clearly outlines legal and cultural measures to protect victims, and takes measures to ensure effective implementation.

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2. Tidimane, Chris and Boipelo Mosarwe. 2005. Section 4. Sexual Harassment: The Implementation Challenges and Impact of the Sexual Harassment Policy at the University of Botswana, in *Killing a Virus with Stones? Research on the Implementation of Policies Against Sexual Harassment in Southern African Higher Education*, ed. Jane Bennett. 117-148. Cape Town, South Africa: African Gender Institute, University of Cape Town. http://www.agi.ac.za/sites/default/files/custom_uploads/publication/killing_a_virus_with_stones_3_pdf/killing_a_virus_with_stones.pdf, accessed June 14, 2011.
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Sexual Harassment/Sexual Violence Prevention Workshops

SH Rank: 4

Educational level: *University* | **Beneficiaries:** *Students, faculty, and staff*

Background

Institutions in the US and Africa have commissioned studies that found sexual harassment to be prevalent on their campuses. In addition, California state law in the US mandates that all supervisors receive at least two hours of harassment prevention training every two years.¹

Description

Several African universities and American medical schools have incorporated sexual harassment awareness and prevention workshops into their overall strategies to counter sexual harassment. Some institutions, including the Stanford University School of Medicine, make the education sessions mandatory for faculty and certain staff; others, like the Medical University of South Carolina and the University of Tennessee^{2,3}, include the training in the orientations for all incoming students, interns, and/or residents. Other institutions offer workshops on a voluntary and infrequent basis, such as the workshops for students or staff at the University of Cape Town⁴ and gender sensitization workshops and seminars on violence against women at Chancellor College in Malawi and Makerere University in Uganda (through the Forum for African Women Educationalists).^{5,6}

Workshop content ranged from sexual harassment education and prevention to gender-based violence and women's rights to general student mistreatment. In general, however, most institutions had goals similar to that of Stanford's: to "educate the community about gender insensitivity and sexual harassment, sensitize the community to the impact of sexism on individuals and the institution, and help students and faculty develop skills to deal with sexual harassment."⁷ The workshops included in this review were generally delivered in person, but Stanford also offered the mandatory faculty workshops via an interactive online format¹ and Brown University showed videos of scenarios of mistreatment in conjunction with discussion groups.^{8,9}

Outside of the university setting, government agencies such as the Victorian Equal Opportunity and Human Rights Commission in Australia offer sexual harassment workshops at workplaces and schools.¹⁰ Sexual abuse prevention programs have also been used in US schools and universities since the 1970s, focusing on body ownership, types of abuse, and how to avoid or report abuse.¹¹

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*)
- Provide information and education about discrimination or rights.

There was little evidence on the effects of this specific practice on student or faculty experiences. A survey of Stanford Medical School faculty did find a “decrease in the degree to which faculty perceived sexual harassment, gender insensitivity, and gender discrimination to be problems”⁷; however, this was in response to Stanford’s broader anti-sexual harassment program rather than the prevention and education workshops alone. Numerous qualitative and quantitative evaluations of US assertiveness/sexual abuse trainings have found that knowledge, preventive behaviors, and willingness to report abuse are generally improved; however, victimization was not reduced among participants as compared to that among controls.¹¹

Nonetheless, increasing awareness of women’s rights, sexual harassment, and how to take action when sexual harassment occurs can be gender transformative. Particularly when these sessions are offered to all institutional community members—men *and* women, students *and* faculty and staff—impunity for perpetrators can be reduced or even eliminated by widely communicating the unacceptability of sexual harassment.

Implementation lessons learned

An informal interview with University of Tennessee staff noted that attendance at sexual harassment education workshops is low.¹² At institutions that do not make attendance at such workshops mandatory, more communication and mobilization efforts may need to be implemented in conjunction with this practice.

Summary conclusions

Sexual harassment education and prevention workshops/trainings are an important mechanism to disseminate information about what sexual harassment is, the legal and institutional protections and mechanisms available to report it, and women’s rights. The reviewers included this practice as part of the recommended “basic bundle” of interventions.

Reference(s) and source(s)

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3. University of Tennessee College of Medicine. Student Mistreatment. <http://www.uthsc.edu/Medicine/StudentAffairs/inc/studMistreatPolicy.pdf> (accessed April 28, 2011).
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Other references used in the review

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- Hansen-Quao, Y. May 13, 2010. Sexual harassment in Ghana's tertiary institutions. Thoughts from Yawa Hansen-Quao (blog). <http://yawa.hansen-quao.com/community-topmenu-43/18-women-empowerment/70-sexual-harrassment-in-ghanas-tertiary-institutions.html> (accessed on January 28, 2011).

Background

The TANESA Project, funded by the Netherlands Ministry for Development Corporation, was implemented from 1994 to 2002 with the aim of reducing HIV/STDs in Tanzania. During research workshops, female students identified sexual exploitation as an issue, leading to the creation of the *mlezi* program.¹

Description

The *mlezi* program was “a school-based initiative involving parents and communities [that] aims to reduce the exploitation of school girls from sexual harassment, forced sexual relationships and rape.”² Other objectives of the program were reducing pregnancy rates and preventing the expulsion of pregnant students.² Since its inception, the program has trained 185 *mlezi*, who are female “teachers chosen by their colleagues and trained to give advice in cases of sexual violence or harassment and other matters related to sexual and reproductive health.”² Trainings lasted for one day and covered issues including sexual and reproductive health, counseling techniques, and reporting procedures.¹ Trainings cost \$7.13 per *mlezi*, inclusive of transportation, materials, and facilitator allowances.¹ Each primary school in the two pilot districts designated at least one *mlezi*.² Though the program is focused on schoolgirls, boys may also consult the *mlezi*.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination (*critical criterion*)
- Provide information and education about discrimination or rights.

A 1996 evaluation comparing schools with a *mlezi* to schools that did not have a *mlezi* found that no girls in schools without a *mlezi* said that they would report a case of sexual harassment by a teacher, even to a female staff member, whereas 52% of girls in schools with a *mlezi* said they would report such a case.¹ Girls were also willing to consult *mlezi* about sexual harassment, or for information on preventing STDs, HIV, and pregnancy², though the girls were more likely to consult with their mothers regarding pregnancy.¹ For sexual harassment, though, this practice acted to end impunity for perpetrators by ending girls’ silence on their experiences of sexual harassment.

Summary conclusions

This practice has potential to assist girls to find the information, resources, and support needed to deal with incidents of sexual harassment. By providing a mechanism to end victims’ silence, the presence of *mlezi* signals the school’s commitment to progressing toward ending impunity for perpetrators. However, more evidence is needed on the effects of the *mlezi* program on preventing and managing incidents.

Reference(s) and source(s)

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2. Mirsky, Judith. 2003. Beyond Victims and Villains: Addressing sexual violence in the education sector. London: Panos Institute. http://panos.org.uk/wp-content/files/2011/03/beyond_victimsOIwmGw.pdf (accessed June 16, 2011).

Background

Assessments in countries including Malawi¹, Ghana², and Senegal³ have found that primary and middle students, particularly female students, are at risk of sexual harassment, abuse, and violence by other students, teachers, and community members. In addition, many primary school teachers are not properly trained in ethics, codes of conduct, and/or prevention of sexual and gender-based violence. A study in Senegal found that “20% of sexual violence reported in local media involved school staff and about 90% of violence against school girls occurs either in school or around school.”⁴

Description

Numerous initiatives have conducted teacher trainings; this review looked at the Safe School Program’s Doorways III, the *Projet D’Appui a L’Enseignement Moyen* (PAEM), and an initiative by the University of Western Cape. These initiatives were conducted in conjunction with other interventions, such as community mobilization. The Doorways III curriculum was implemented in Malawi and Ghana, training a total of nearly 400 teachers and supervisors in 2004 on topics including “basic counseling and skills, children’s rights and responsibilities, teaching practices and attitudes that promote a safe learning environment, and how to prevent and respond to school-related gender-based violence (SRGBV) incidents. In addition, the training underscore[s] the importance of educators understanding and following the Teachers’ Code of Conduct.”⁵ Similarly, PAEM used various curricula, including the Doorways curriculum, to train teachers in Senegal on attitudes and behaviors, safe learning environments, concepts of sex and gender, human rights, types of violence, teachers’ roles, and practices and strategies. In South Africa, the University of Western Cape’s School of Public Health developed a pilot module on gender and conflict. Two training approaches were used, with one type focusing on developing peer trainers and one type taking a broader, “whole school” focus that included the principal and administrative and support staff.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*).

Reviewers also found that this practice has the potential for, but insufficient documentation of, the following gender transformative characteristics:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination (*critical criterion*)
- Provide information and education about discrimination or rights
- Challenge and change common discriminatory gender beliefs or norms.

The inclusion of legal protections against sexual and gender-based violence in the curriculum of teacher trainings is a gender transformative feature of this practice. Depending on how institutions structure the content of such trainings, the intervention could have

greater transformative potential by challenging traditional gender norms and equipping teachers with the knowledge and tools necessary to prevent, mitigate, and counter violence against students or even fellow teachers and staff. Both PAEM and the University of Western Cape noted the importance of managerial commitment and buy-in.⁵

Assessments of the Doorways III program found that “more practice and post-training follow-up were needed to reinforce these new methods in the classroom.”⁶ However, surveys of teachers in Malawi and Ghana and an assessment of the University of Western Cape’s program indicate that the trainings contributed to changes in the beliefs and knowledge of sexual harassment and gender roles. For example, for the University of Western Cape’s program, the proportion of teachers who “felt that schools could play a meaningful role in addressing gender-based violence”⁷ increased from 30% to 70%; the proportion of teachers who “felt they were sufficiently familiar with the current laws and legislation”⁷ related to issues including sexual harassment increased from 21% to 47%; and the proportion of teachers who felt confident on how to handle incidents of gender-based violence increased from 26% to 74%.

Summary conclusions

In a the university setting, faculty and senior administrators serve many functions in countering sexual harassment, including serving as sexual harassment committee members, designated points of contact, or resource persons. To achieve the gender transformative potential of this practice, institutions should incorporate this practice into the recommended “basic bundle” of interventions so that teachers can better support, disseminate, and enforce existing sexual harassment policies and grievance procedures.

Reference(s) and source(s)

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Background

Institutional climate studies have found sexual harassment between students, as well as between female students and male lecturers, to be prevalent. At Muhimbili University of Health and Allied Sciences, students often failed to report incidents of sexual harassment, partly due to fear that no action would be taken, and subsequently suffered poor performance and psychological issues.¹

Description

Numerous institutions have grievance procedures in place; this review considered universities in Malawi, South Africa, Tanzania, Botswana, and Canada. Some universities, like Chancellor College in Malawi and the University of Stellenbosch in South Africa, separate the procedure that handles incidents involving students from the procedure that handles incidents involving staff and faculty. In most cases, complainants work with an officer or advisor to make a formal complaint, which is then investigated and/or mediated. A committee comprising administration staff and, in some universities, student representatives then hears the case and makes a decision on disciplinary action, if applicable. The University of Western Cape also has the option to publish the name of the accused in the university newsletter as a form of disciplinary action, which is aimed at discouraging certain behaviors as unacceptable.²

Results

Reviewers also found that this practice has the potential for, but insufficient documentation of, the following gender transformative characteristics:

- Take measures to end impunity for perpetrators of sexual harassment and other forms of gender discrimination (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*).

No documentation was available on how students' and faculty members' experiences with grievance procedures have affected their educational or professional experiences. However, the gender transformative potential of the practice was found to be compromised by implementation issues (see also below). For example, a report filed by a Chancellor College female student was leaked, causing her to feel stigmatized and lose confidence in the process.³ Thus, the grievance procedure could not fulfill its potential to provide legal protection for women and reduced impunity for perpetrators due to poor implementation. The reviewers noted that disciplinary consequences must be clearly outlined and that the procedure must take concrete action to maintain confidentiality and reduce fear of retribution.

Implementation lessons learned

Program planners and managers must develop a plan for training the general institutional community as well as the specific members who are assigned responsibility for implementing grievance procedures. Many institutions faced significant implementation barriers, such as a lack of awareness of the procedure^{2,4}, an inability to convene the hearing committee³, the failure of witnesses to appear at hearings due to fear of retribution³, and poorly trained committee members who lacked understanding of sexual harassment and gender discrimination issues.⁵

Summary conclusions

The reviewers noted that grievance procedures are an essential component to a multi-level strategy to counter sexual harassment and recommended it as part of the “basic bundle” of interventions. However, the procedure must be well-designed and well-implemented for it to be effective or it could cause students and faculty to lose confidence in the institution’s ability to handle incidents. The practice has great gender transformative potential but must be implemented and enforced to fulfill this potential.

Reference(s) and source(s)

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2. Hames, Mary, Nontle Beja, and Tumelo Kgosimmele. 2005. Section 5. Impact of the Sexual Harassment Policies in Southern African Universities: The University of the Western Cape, in *Killing a Virus with Stones? Research on the Implementation of Policies Against Sexual Harassment in Southern African Higher Education*, ed. Jane Bennett. 149-196. Cape Town, South Africa: African Gender Institute, University of Cape Town. http://www.agi.ac.za/sites/default/files/custom_uploads/publication/killing_a_virus_with_stones_3_pdf/killing_a_virus_with_stones.pdf (accessed June 14, 2011).
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<http://www0.sun.ac.za/hr/english/assets/docs/industrial-relations/IR0156-Sexual-Harassment-Policy-and-Procedure-for-Staff.pdf> (accessed April 26, 2011) and Sexual Harassment Policy. <http://www0.sun.ac.za/studentesake/sexualharass.php?lang=eng> (accessed April 26, 2011).
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http://www.humanrightscommission.vic.gov.au/index.php?option=com_k2&view=item&layout=item&id=898&Itemid=465 (accessed June 23, 2011).

Background

Institutional climate studies have found sexual harassment between students, as well as between female students and male lecturers, to be prevalent.

Description

Some institutions, such as Brown University in the US¹ and the University of Cape Town^{2,3} in South Africa, offer a hotline for students or other members of the institutional community to access support and counseling services. The hotlines at both institutions can be accessed 24 hours a day and guarantee confidentiality.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*).

Hotlines can make use of legal protections via referrals; however, although the practice has the potential to provide information and education (via referrals), this review did not find evidence of this.

Summary conclusions

While hotlines are a helpful source of support for victims of sexual harassment, it is not inherently gender transformative. It is critical that the “basic bundle” of interventions be established before supplementary services such as hotlines are implemented.

Reference(s) and source(s)

1. Brown University. Psychological Services: Sexual Abuse & Interpersonal Violence. http://www.brown.edu/Student_Services/Psychological_Services/content/Selfhelp_Sexual_AbuseandInterpersonalViolence.html (accessed May 6, 2011).
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3. University of Cape Town. 2007. UCT Institutional Climate Survey 2007 Report. <http://www.uct.ac.za/downloads/uct.ac.za/about/introducing/transformation/reports/institclimatesurvey07.pdf> (accessed June 2, 2011).

Background

Institutions such as the University of Western Cape in South Africa¹ have found that the available sexual harassment policies and procedures are not used because many institutional community members are not aware of their existence.

Description

Awareness-raising can take various forms. The University of Western Cape conducted a campaign on its sexual harassment policy and on gender-based violence in general, using workshops, seminars, videos, and pamphlets to disseminate information in two languages. Moi University in Kenya has also held workshops and distributed T-shirts campaigning against sexual harassment.²

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*)
- Provide information and education about discrimination or rights.

No documentation is available on the effect of this practice on students' and faculty members' educational and professional experiences. However, informal assessments and anecdotes indicate mixed results, with some students and staff at the University of Western Cape still unaware of the policy.¹ The director of the gender center at Moi University observed that the T-shirts have catalyzed discussion on sexual harassment and other gender-related issues.²

Summary conclusions

The reviewers included awareness-raising as one of the interventions in the recommended "basic bundle." Although the forms of awareness-raising may vary, it is essential for institutional community members to know of and have access to sexual harassment policies and other components of an anti-sexual harassment program.

Reference(s) and source(s)

1. Hames, Mary, Nontle Beja, and Tumelo Kgosimemele. 2005. Section 5. Impact of the Sexual Harassment Policies in Southern African Universities: The University of the Western Cape, in *Killing a Virus with Stones? Research on the Implementation of Policies Against Sexual Harassment in Southern African Higher Education*, ed. Jane Bennett. 149-196. Cape Town, South Africa: African Gender Institute, University of Cape Town. http://www.agi.ac.za/sites/default/files/custom_uploads/publication/killing_a_virus_with_stones_3_pdf/killing_a_virus_with_stones.pdf (accessed June 14, 2011).
2. Telephone interview with Dr. Wanjiku Khamasi, Director of the Institute of Gender Equity Research and Development, Moi University, March 11, 2011.

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- Telephone interview with Mary Hames, Gender Equity Unit, University of Western Cape, May 20, 2011.
- Institute of Gender Equity Research and Development, Moi University. June 2008. Baseline Survey: Students Speak. IGERD Brief 1(2). Eldoret, Kenya: Moi University.

Background

Some institutional climate studies look at the prevalence of sexual harassment. The Institute of Gender Equity Research and Development (IGERD) at Moi University found that nearly half of the respondents believed sexual harassment to be widespread, and nearly half of the female respondents reported feeling unsafe in parts of campus.¹

Description

Sexual harassment policies that specifically indicate zero tolerance for sexual harassment (and in some cases, gender-based violence) have been developed in institutions including Stanford University's School of Medicine (US), University of Toronto's Medical School (Canada), and Moi University (Kenya). Many of the components of these policies are similar to more general anti-sexual harassment policies (see SH Practice No. 3). For example, Stanford's policy outlines definitions, principles such as protection against reprisal, and formal grievance and discipline procedures.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Introduce, make use of, or further the (existing) legal protections for women (*critical criterion*).

Reviewers noted that this practice has the potential to be gender transformative in other ways, including challenging gender norms and changing power imbalances, but that no evidence was available to indicate this.

Implementation lessons learned

The procedures outlined in a zero-tolerance sexual harassment policy need to be adhered to for the policy to be effective. In addition, a study of Stanford's program noted that committed leadership is essential to successful implementation and that planners should be aware that launching such a policy may result in a temporary decrease in the environment as previously unreported victims report incidents.²

Summary conclusions

This practice can strengthen legal protections against sexual harassment, but the documentation that was available indicated several implementation challenges that prevented the practice from furthering its gender transformative potential.

Reference(s) and source(s)

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- Stanford University. Sexual Harassment and Consensual Sexual or Romantic Relationships. http://adminguide.stanford.edu/23_2.pdf (accessed April 15, 2011).
- Telephone interview with Dr. Wanjiku Khamasi, Director of the Institute of Gender Equity Research and Development, Moi University, March 11, 2011.

Background

Many Nepalese parents “[refuse] to send their daughters to school for fear of sexual abuse”¹ and how such abuse will impact their family’s reputation.² Save the Children implemented the Safe Spaces Project in Nepal, aiming to improve the school environment and assure the safety of girl students so that they and their families feel more comfortable about allowing the girls to attend.

Description

Girls engaged in a participatory assessment of and research on school safety, using Participatory Rural Appraisal tools to identify their conception of a safe environment, map unsafe spaces in their communities, and “[develop] an action plan to take back their ‘space.’”² The girls also explored issues of “gender discrimination within families, barriers to education, and early marriage.”¹ Some of the key issues identified during the appraisals were the need for parents to recognize the importance of girls’ education, prevent gender discriminating traditions, and increase awareness of girls’ rights and gender equity².

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Provide information and education about discrimination or rights
- Challenge and change common discriminatory gender beliefs or norms
- Change or attempt to change an imbalance of power or otherwise level the playing field.

Community members have consulted with the girls’ group on local cases of abuse and invited members to events related to girls’ rights and safety.² The issue of girls’ rights is being taken more seriously, as “[t]eachers and boys within schools and the community are paying greater respect to girls than was hitherto the case.”² Although not specific to this practice, informal reports indicate that the overall Safe Spaces Project “produced changes in attitudes and resources at the community level, such as greater attention to girls’ safety and rights, support groups for girls who have experienced abuse in some communities, and consultation of the girls’ groups by community members and local government bodies.”¹

The practice appears to have challenged traditional perceptions of women’s rights and attempted to change power imbalances by promoting girls’ education; however, the reviewers noted that insufficient documentation was available on how the practice counters sexual harassment specifically.

Summary conclusions

While this practice has gender transformative potential in that it promotes girls’ education, more documentation and evidence is needed to assess the practice’s effects on sexual harassment and girls’ and community members’ experiences.

Reference(s) and source(s)

1. World Bank. Profiles of documented interventions (sexual violence).
<http://siteresources.worldbank.org/INTGENDER/Resources/bottprofiles.doc> (accessed June 23, 2011).
2. Rajbhandary, Jasmine. 2002. "Safe space for girls?" Eldis.
<http://www.eldis.org/id21ext/EgveRajbhandary.html> (accessed June 23, 2011).

Educational level: *University* | **Beneficiaries:** *Students, faculty, and staff*

Background

Several reports found that asking or complaining about sexual harassment engenders hostility within the institutional culture at several southern African universities.¹ A conference was held in 1994, where representatives from numerous regional universities agreed that action was needed and discussed strategies to combat sexual harassment.¹

Description

A coordinating committee was developed that later became the Southern African Network of Higher Educational Institutions Challenging Sexual Harassment and Sexual Violence (NETSH). The committee held many meetings, workshops, and conferences and engaged in resource dissemination, fundraising, and networking.¹ In 1997, NETSH was formally developed, with a mission "...to contribute to the elimination of sexual harassment and sexual violence in all Southern African institutions of education. The Network's initial focus will be on the elimination of sexual harassment and sexual violence in tertiary education."¹

There were three levels: 1) Individual affiliations, because it would be difficult to obtain agreement from executive levels of each institution, it would change the nature of the network's activities, and the institutions were all at different stages of implementation; 2) a coordinating committee with at least one person from every country represented; and 3) a secretariat. Individuals were selected based on their access to resources, understanding of the issue, time/energy, and status in the community. The secretariat managed funds while the coordinating committee led the strategic implementation of NETSH activities. Regular in-person meetings were essential to keeping communications effective and efficient. Although the African Gender Institute served as secretariat, all universities in the collaborative network implemented individual practices in their institutions. Member institutions included: National University of Lesotho, University of Zimbabwe, University of Zambia, University of Swaziland, University of Botswana, University of Stellenbosch in South Africa, and University of Western Cape in South Africa².

From 1997-2002, NETSH collaboratively developed programs addressing sexual harassment and sexual violence on university campuses, including holding a conference in Harare in 2000 and conducting local workshops. The Harare conference led to additional funding from the Ford Foundation, under which NETSH undertook workshops, resource reviews, and the design and dissemination of a handbook.¹ Several of the universities that participated in the network developed sexual harassment policies, grievance procedures, and other interventions that are described elsewhere in this appendix.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Provide information and education about discrimination or rights
- Change or attempt to change an imbalance of power or otherwise level the playing field.

No evaluations or assessments of the NETSH were available. However, the information that was available on the intervention indicates that it was able to create an environment supportive of countering sexual harassment, as opposed to more hostile individual institutional cultures. This leveling of the playing field is an important facet of the practice's gender transformativeness. It is also possible that the practice acted to end impunity for perpetrators, used or furthered legal protections for women, and challenged traditional gender norms and beliefs, but there is insufficient documentation to assess this.

Implementation lessons learned

Resources and high-level commitment must be made to ensure successful implementation of this practice. Structurally, the different parties responsible for managing funds versus managing activities presented a coordination and efficiency challenge, causing administrative burden and delay in communications/approval of funds.² In addition, members often had too large of a workload, as NETSH activities were in addition to their primary jobs. For example, some members dealt with local dynamics when organizing conferences within their own institutions and then had to deal with different dynamics at the regional level with NETSH.²

Summary conclusions

An institutional network can be useful in leveraging resources and creating a supportive group to develop strategies to counter sexual harassment. More documentation is needed on how the network affected individual institutions' strategies and on how gender transformative its activities (e.g., workshops, handbooks, etc.) were.

Reference(s) and source(s)

1. Bennett, Jane. 2009. Connections to Research: The Southern African Network of Higher Education Institutions Challenging Sexual Harassment /Sexual Violence, 1996-2001, in *African Feminist Politics of Knowledge: Tensions, Challenges, and Possibilities*, eds. Akosua Adomako Ampofo and Signe Arnfred. 52-82. NORDISKA AFRIKAINSTITUTET. <http://nai.diva-portal.org/smash/get/diva2:288583/FULLTEXT01> (accessed April 25, 2011).
2. Made, Pat and Kubi Rama. 2010. Gender in Media Education: An audit of Gender in Journalism & Media Education and Training. Gender Links. <http://www.genderlinks.org.za/article/gender-in-media-education-audit-2010-10-01> (accessed April 25, 2011).

Other references used in this review

International Development Research Centre. Projects in South Africa: Impact of Policy on Gender-based Violence in Institutions of Higher Education (Southern African). http://www.idrc.ca/cp/ev-83066-201-102250-1-IDRC_ADM_INFO.html (accessed April 25, 2011).

Background

The New Horizons Program, implemented by the Centre for Development and Population Activities (CEDPA), teaches life skills and reproductive health information to mainly illiterate and low-income girl and young women (ages 9-20) from rural and urban areas of Egypt.¹ New Horizons has been implemented in 21 of Egypt's 26 governorates. Between 1999 and 2004, close to 77,000 girls and young women had completed the program.² In addition, the New Visions program grew as an off-shoot of New Horizons and provides life skills and reproductive health information to boys and young men (ages 12-20).³

Description

Sessions are led by peer educators who are female volunteers (ages 18-24), each of whom completes 19 days of training and leads a group of 20-25 girls through the participatory programs.¹ Topics include basic life skills (e.g., feminine identity, rights and responsibilities of men and women, nutrition, health, first aid, child development and rights of children, the environment, and small business projects) and reproductive health (e.g., adolescence, marriage, pregnancy and childbirth, family planning, sexually transmitted infections, violence against women, and health hazards). Some young women who complete the program go on to become peer educators.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Provide information and education about discrimination or rights
- Change or attempt to change an imbalance of power or otherwise level the playing field.

By providing information and training participants on women's rights issues, this practice attempts to change power imbalances. Interviews and focus group discussions of the program found that some girls "had gained an understanding of the importance of education, which was reflected in improved school performance for in-school girls and re-enrollment in school for some dropouts."¹ In addition, "beneficiaries also stated that they had become aware of the issue of gender discrimination and had begun to discuss this issue within their families... Parents of beneficiaries said they had greater confidence in their daughters' abilities to properly manage situations and began to encourage them to make independent decisions."¹ It is uncertain whether these effects would occur if the practice were adapted to the university setting.

Implementation lessons learned

Keeping participants' attention was sometimes difficult, and many parents of younger children (ages 9-12) did not want their daughters to participate in the reproductive health portion.⁴ Advocacy with parents prior to implementation may increase their support.

Summary conclusions

Although New Horizons does not appear to have addressed sexual harassment specifically, the practice does have some gender transformative potential in that it increased the legitimacy of discussing gender equality and women's rights. More documentation and careful planning would be needed to translate this practice to the university context.

Reference(s) and source(s)

1. CEDPA. May 2005. New Horizons: A Non-Formal Education for Girls. CEDPA. <http://www.cedpa.org/content/general/detail/723/> (accessed June 21, 2011).
2. CEDPA. May 2005. Mobilizing Communities for Girls' Education in Egypt: The New Horizons and New Visions Programs. <http://www.cedpa.org/content/general/detail/832/> (accessed June 21, 2011).
3. CEDPA. May 2005. New Visions: Life Skills Education for Boys. <http://www.cedpa.org/content/publication/detail/724/> (accessed June 21, 2011).
4. North South Consultants Exchange. July 2003. Impact Study of the New Horizons Program in Egypt. New Horizons Program, CEDPA. <http://www.cedpa.org/content/general/detail/739/> (accessed June 27, 2011).

Other references used in the review

- CEDPA. May 1, 2005. Improving Girls' Lives in Egypt: A Decade of Progress. <http://www.cedpa.org/content/general/detail/832/> (accessed June 21, 2011).
- Dunne, Mairead, Sara Humphreys, and Fiona Leach. 2006. "Gender violence in schools in the developing world." *Gender and Education* 18(1): 75-98.

Background

Institutional climate studies and sexual harassment policies have laid the groundwork for more comprehensive programs to counter sexual harassment.

Description

Counseling services are available to victims of sexual harassment at universities including the University of Stellenbosch in South Africa, Brown University in the US, and the University of Botswana. Counseling is confidential and at the University of Botswana can be conducted one-on-one, in groups, or with peer counselors.

Results

Reviewers did not rate this practice as having any of the gender transformative characteristics included in this review. While the practice may have some potential to provide information and education about discrimination or rights (via referral), no such evidence was available.

If implemented, counseling must be coordinated with other responsible institutional agencies, as a study at the University of Botswana noted.¹ Community members must also feel comfortable using the service, so awareness-raising is necessary.

Summary conclusions

By itself, counseling is not gender transformative and cannot counter sexual harassment, though it can be helpful in mitigating the impact of sexual harassment. The reviewers noted that counseling should only serve as a supplementary service to such key interventions as sexual harassment policies and grievance procedures.

Reference(s) and source(s)

1. Tidimane, Chris and Boipelo Mosarwe. 2005. Section 4. Sexual Harassment: The Implementation Challenges and Impact of the Sexual Harassment Policy at the University of Botswana, in *Killing a Virus with Stones? Research on the Implementation of Policies Against Sexual Harassment in Southern African Higher Education*, ed. Jane Bennett. 117-148. Cape Town, South Africa: African Gender Institute, University of Cape Town. http://www.agi.ac.za/sites/default/files/custom_uploads/publication/killing_a_virus_with_stones_3_pdf/killing_a_virus_with_stones.pdf (accessed June 14, 2011).

Other references used in this review

- Gouws, Amanda, Andrietta Kritzing, and Marece Wenhold. 2005. Section 3. A Study of the Implementation and the Impact of the Sexual Harassment Policy of the University of Stellenbosch, in *Killing a Virus with Stones? Research on the Implementation of Policies Against Sexual Harassment in Southern African Higher Education*, ed. Jane Bennett. 53-116. Cape Town, South Africa: African Gender Institute, University of Cape Town. http://www.agi.ac.za/sites/default/files/custom_uploads/publication/killing_a_virus_with_stones_3_pdf/killing_a_virus_with_stones.pdf (accessed June 14, 2011).

- Heru, Allison M. 2001. "Hospitals and the changing work environment: promoting gender equity and fair treatment for medical students." *Medicine & Health Rhode Island* 84(3): 76-78.
- University of Botswana. University of Botswana Careers and Counselling Unit. <http://www.ub.bw/info.cfm?pid=619> (accessed May 6, 2011).

Background

Implementing institutional sexual harassment policies can vary from offering grievance procedures, under which complaints can be brought, to the ombudsman approach, in which appointed persons would be in charge of handling problems, to conflict resolution procedures. The College of Family Physicians of Canada Working Group on Intimidation in Postgraduate Medical Education recommended developing a process to deal with cases of intimidation and harassment.¹ The University of Ottawa, for example, revamped its conflict resolution policy when a student newsletter printed gender discriminatory jokes.²

Description

Although the University of Ottawa's Faculty of Medicine^{1,2}, the Medical University of South Carolina (MUSC)³, and the University of Cape Town⁴ all have a conflict resolution policy, each is structured differently. In all three cases, the policy calls for conflict resolution/mediation to be conducted after a complaint is received by the designated office. If a mutually agreed-upon resolution is not reached within a certain time frame (14 days at the University of Ottawa and 10 days at MUSC and the University of Cape Town), the mediation will either continue for longer (in the case of the University of Ottawa) or will go to a more formal hearing (in the case of MUSC). The University of Cape Town allows parties to enter formal procedures at any time. In addition, the University of Ottawa designates members of the medical faculty as complaint officers who are "capable and willing to hear and resolve any number of potentially wide-ranging issues."² By contrast, MUSC's Office of Gender Equity is staffed by faculty with long-term appointments and extensive professional and clinical experience related to sexual harassment and interpersonal violence, and the University of Cape Town refers parties to mediators from the Office of the Ombud and the Discrimination and Harassment Office.

The rationale for offering conflict resolution also differs by institution. The University of Ottawa aims to provide a confidential, rapid, and voluntary mechanism to informally handle complaints, including sexual harassment.² The University of Cape Town's mediation policy covers a wide range of issues, including but not limited to sexual harassment. At MUSC, the Office of Gender Equity's objective is to come to a resolution, not to make an official determination of whether sexual harassment did or did not occur.

Reports from the Office of Gender Equity at MUSC³ noted that some of the resolutions that have been reached include apologies, educational sessions, structural changes (e.g., office space or supervisory/teaching assignments), psychological intervention, and dismissal/termination from the university.

Results

Reviewers did not rate this practice as having any of the gender transformative characteristics included in this review. In fact, the reviewers found this practice to be detrimental to advancing gender equality because the practice treats sexual harassment as a conflict between two people rather than as a socially driven imbalance of power. More

evaluations would facilitate understanding of the effects of this practice; however, it is important to note the fundamental lack of treatment of sexual harassment as a gender discrimination issue. For example, by not explicitly working to protect women's rights or promote gender equality, and by not emphasizing a determination of whether sexual harassment occurs, the MUSC policy ignores the structural power imbalances between men and women and the social and cultural determinants of sexual harassment.

Summary conclusions

Using conflict resolution as a leading approach to dealing with incidents of sexual harassment may confuse efforts to end impunity and advance women's rights. The reviewers recommend that conflict resolution **not** be included in any sexual harassment policy, strategy, procedure, or intervention. While grievance procedures can include a step in which the parties have a discussion, a conflict resolution-based approach overlooks the gender discrimination and power imbalances at the core of sexual harassment (especially quid pro quo forms).

Reference(s) and source(s)

1. University of Ottawa. University of Ottawa Conflict Resolution Policy. http://www.med.uottawa.ca/assets/documents/policies_procedures/Conflict_Resolution_Policy1999.pdf (accessed May 6, 2011).
2. Zweibel, Ellen B. and Rose Goldstein. 2001. "Conflict resolution at the University of Ottawa Faculty of Medicine: The Pelican and the sign of the triangle." *Academic Medicine* 76(4): 337-344.
3. Best, C.L., D.W. Smith, J.R. Raymond, R.S. Greenberg, and R.K. Crouch. April 2010. "Preventing and responding to complaints of sexual harassment in an academic health center: A 10-year review from the Medical University of South Carolina." *Academic Medicine* 85(4): 721-727.
4. University of Cape Town. University of Cape Town Mediation Policy. <http://www.uct.ac.za/downloads/uct.ac.za/about/policies/uctmediationpolicy.doc> (accessed May 6, 2011).

Background

The University of Ottawa's Faculty of Medicine reviewed its conflict resolution policy when a student newsletter printed gender discriminatory jokes.¹ The conflict resolution policy was adopted in 1997 to provide a confidential, rapid, and voluntary mechanism to informally handle complaints, including sexual harassment.¹

Description

In conjunction with the university's conflict resolution policy (see SH Practice No. 15 [tied] above), training modules for faculty and administration were developed in 1998 in conjunction with the law school. In addition, one-day introductory awareness/training workshops are held for residency program directors, two-and-a-half-day workshops are held for faculty and senior administration staff, and a four-day intensive mediation training is held for five permanently appointed complaint officers.¹ Two-day voluntary introductory conflict resolution courses are given to medical residents and health care faculty members. The workshops introduce a framework for approaching and solving conflict. Eighty percent of time is spent "engaged in small-group tasks, role plays, simulations, demonstrations, and facilitated discussions."²

Results

Reviewers did not rate this practice as having any of the gender transformative characteristics included in this review. A study found that workshop participants' empathy and their attitudes and methods for dealing with conflict improved post-workshop, and initiatives were being taken to scale up the workshops.² However, the reviewers found that using conflict resolution as a major strategy to deal with sexual harassment was potentially detrimental to advancing gender equity goals. By treating sexual harassment as a conflict, rather than as an imbalance of power, conflict resolution overlooks the social and cultural determinants of sexual harassment.

Summary conclusions

Using conflict resolution as a leading approach to dealing with incidents of sexual harassment may confuse efforts to end impunity and advance women's rights. The reviewers recommend that conflict resolution **not** be included in any sexual harassment policy, strategy, procedure, or intervention. While grievance procedures can include a step in which the parties have a discussion, a conflict resolution-based approach overlooks the gender discrimination issues at the core of sexual harassment.

Reference(s) and source(s)

1. Zweibel, Ellen B. and Rose Goldstein. 2001. "Conflict resolution at the University of Ottawa Faculty of Medicine: The Pelican and the sign of the triangle." *Academic Medicine* 76(4): 337-344.
2. Zweibel, Ellen B., Rose Goldstein, John A. Manwaring, and Meridith B. Marks. 2008. "What sticks: How medical residents and academic health care faculty transfer conflict

resolution training from the workshop to the workplace." *Conflict Resolution Quarterly* 25(3): 321-350.

Background

To address sexual violence in school settings, “educators need, as a foundation, the skills of self-reflexivity on what it means for girls to go through experiences of sexual harassment. Also, for boys to grow up and become gender sensitive and caring, non-violent men, it is crucial that both the female and male teachers learn how to reconstruct themselves as learner-centered educators, who are gender sensitive, young person-friendly, non-sexist and empathetic to the experiences of their students.”¹

Description

The memory work method takes participants for a “walk down memory lane focusing on violence in their childhood.”¹ To encourage the development of self-reflexivity skills, participants use diaries to recall memories of different types of violence in their childhood, reflecting on their past and present significance. Researchers used memory work with ten men and ten women student-teachers in Kenya in 2004-2005. The participants, most of whom were in their third year, used diaries to record memories and brainstorm solutions to prevent violence, particularly those related to sexual harassment and its effects on girls. For example, both women and men participants described memories of male instructors coercing female students into relationships or sexual interactions, and their feelings about such incidents. Later, the participants discussed themes and solutions in a group setting.

Results

Reviewers did not rate this practice as having any of the gender transformative characteristics included in this review, and it was noted that memory work is a method rather than an intervention. While no formal evaluations were available, researchers found that participants made positive resolutions toward curbing sexual violence and were better able to directly address violence in their lives. The memory work method “demonstrated that being deliberately aware of the role that gender plays in perpetuating sexual violence and abuse against girls is key to understanding how to develop young peoples [sic] skills that would enable them to participate in empowering girls against sexual violations.”¹

Summary conclusions

Both the reviewers and the original researcher noted that memory work is not by itself sufficient to counter sexual harassment. The original researcher noted that reflection should be accompanied by an action plan, and reviewers suggested that memory work could be incorporated into teacher training as a way to increase teacher empathy and motivation. More documentation and evaluation is needed on the method and its potential effects.

Reference(s) and source(s)

1. Chege, Fatuma. 2006. Teacher identities and empowerment of girls against sexual violence. Paper presented at the expert group meeting on elimination of all forms of discrimination and violence against the girl child, United Nations Division for the

Advancement of Women, Florence, Italy.

<http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/ExpertPapers/EP.13%20chege.pdf> (accessed June 17, 2011).

Educational level: *University*

Beneficiaries: *Students (medical residents) & faculty*

Background

Twenty percent of graduating medical residents report mistreatment, often by residents, interns, and clinical faculty.¹ Mistreatment can reduce ability of students to work and learn, including causing them not to engage in training opportunities. Brown University's Office of Women in Medicine conducted a survey on students' experience with mistreatment in 1994 that recommended educating students and faculty; allowing anonymous reporting; and improving, distributing, and enforcing the sexual harassment policy.²

Description

From 1999 to 2002, Brown Medical School's Department of Psychiatry produced teaching videos of student mistreatment scenarios, using current psychiatry residents to role play and act.¹ The role playing residents were recruited through fliers and announcements and paid; this activity was not linked to the formal training evaluation of the residents. Each scenario video was 5-10 minutes long. Scenarios included: "Attending makes a sexist joke, role-play [sic] the responses from the medical students in the group"¹; "[t]he nurse makes a pass at the doctor; role-play the doctor's response and the observation of a colleague"¹; and a scenario showing how women are judged by their appearance and subsequently negatively affected. Before the videos were shown to faculty, residents, and medical students, the residents had the opportunity to review the videos and indicate whether they were comfortable with the videos being shared with the school community.

Results

Reviewers did not rate this practice as having any of the gender transformative characteristics included in this review, and it was noted that role playing is more of a method than an intervention. A group discussion was conducted to assess the experiences of the students who participated as actors in the videos.¹ The students had positive experiences, reporting increased awareness of mistreatment and what to do to address incidents of mistreatment. Some students even shared previously unacknowledged cases of mistreatment against them. The students also felt that they were less likely to abuse other students as a result of the role playing activity.

Summary conclusions

While the results suggest that the videos decreased students' self-reported intention to commit abuses, there was insufficient documentation on the content of the video scenarios, making it difficult to assess the extent to which the activity was gender transformative.

Reference(s) and source(s)

1. Heru, Allison M. 2003. Using role playing to increase residents' awareness of medical student mistreatment. *Academic Medicine* 78(1): 35-38.
2. Heru, Allison M. 2001. Hospitals and the changing work environment: promoting gender equity and fair treatment for medical students. *Medicine & Health Rhode Island* 84(3): 76-78.

Interventions to Counter:

Pregnancy/Family Responsibilities Discrimination

List of reviewed interventions to counter pregnancy and family responsibilities discrimination, in order of rank:

1. Student clubs
2. (tie) Child care legislation
2. (tie) Parental leave
2. (tie) Pregnancy/maternity leave
2. (tie) Pregnancy/maternity leave replacement funding
2. (tie) Radio and theater messaging on pregnancy and housework
2. (tie) Remote learning rooms
8. Discounting caregiving résumé gaps
9. (tie) Child care/preschool
9. (tie) Child care financial assistance
9. (tie) Community forums and outreach
9. (tie) Emergency child care
9. (tie) Flexible tenure
9. (tie) Flexible working hours
9. (tie) Pregnant learner continuation policy
16. Male parental involvement
17. (tie) Lactation breaks
17. (tie) Lactation spaces/facilities
19. Flexible training program
20. (tie) Reduced duties leave
20. (tie) Student-parent support groups
22. Student-parent policy advocacy
23. Flexible class scheduling
24. Remedial classes/extension training
25. Litigation
26. Counseling
27. Conflict resolution workshops (for students with family obligations)

Educational level: *Secondary school* | Beneficiaries: *Students*

Background

Under the re-entry policy for pregnant learners implemented in Zambia in 1997, girls who become pregnant are allowed to return to school. Previously, they were expelled. Parents and teachers are largely supportive of the policy while fewer than half of male students surveyed in one study supported the policy.¹ Even among female students, only 66% of those surveyed supported the policy.¹

Description

The Kabulonga Girls in Need Association was started by a teacher who saw the need for girls to talk about their problems and build their self-confidence.¹ The club eventually became part of the Student Alliance for Female Education (SAFE), a student club that promotes female education using peers or mentors from universities in Zambia to improve the well-being of female students.² The clubs aim to prevent early pregnancies, raise awareness of the re-entry policy, and reduce stigma against girls re-entering school following pregnancies. Mentors are trained in adolescent reproductive health and to provide counseling to abuse victims, and on STIs/HIV/AIDS and other issues. "The mentors help the club members to: Take responsibility and make informed choices; resist negative pressures; build their self-esteem; discuss issues affecting them openly and freely; [and] avoid risky behaviour"¹. Skills-building activities focus on confidence and assertiveness, decision-making, and communications skills.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women
- Provide information and education about discrimination or rights.

As a forum for challenging gender norms and mitigating gender inequalities, this practice has the potential to transform discriminatory environments. SAFE clubs provide a space to build solidarity and empower girls as well as to raise awareness of legal protections and girls' and women's rights. Formal assessments of this practice were unavailable, although a 2004 report noted that SAFE clubs boost girls' confidence and assertiveness and that "[t]he Kabulonga SAFE club has become a national model. SAFE clubs have been opened throughout the country. They now admit boys as supporters. This will help the boys and girls to work together and grow to respect each other. The clubs are helping to remove stigma against re-entry girls."¹

Summary conclusions

This practice has the potential to transform discriminatory school arrangements, challenge discriminatory gender beliefs and norms, and create a supportive, informative, and empowering environment for female students. However, more documentation and evaluations are needed to better understand the design, implementation, and potential effects that SAFE clubs can have on students' educational experiences.

Reference(s) and source(s)

1. Forum for African Women Educationalists. June 2004. Keeping girls in school: FAWE Zambia's Campaign for an Enabling Readmission Policy for Adolescent Mothers. Paper presented at the Scaling Up Good Practices in Girls' Education: UNGEI Policy Consultation, Nairobi, Kenya. http://www.fawe.org/Files/fawe_best_practices_-_school_re-entry_for_adolescent_mothers_zambia.pdf (accessed June 1, 2011).
2. Bunyi, Grace. 2008. Negotiating the Interface Between Upper Secondary and Higher Education in Sub-Saharan Africa: the Gender Dimensions. Paper presented at the 2008 Biennale on Education in Africa: Beyond Primary Education: Challenges and Approaches to Expanding Learning Opportunities in Africa, Maputo, Mozambique. <http://www.adeanet.org/adeaPortal/adea/Biennale%202008/Documentation/Papers%20for%20presentation/05.%20Session%205/Parallel%20session%205A/Final%20PDF%20documents/Session%205A%20Doc%203%20Bunyi%20ENG.pdf> (accessed June 1, 2011).

Educational level: *Universities, large employers* | **Beneficiaries:** *Students, faculty, and staff*

Background

Students and employees with children face challenges making child care arrangements while they are at class or work. "Parents of dependent children make up nearly a quarter (3.9 million) of the undergraduate students in the United States"¹; however, the Institute for Women's Policy Research (IWPR) estimates that "only 5 percent of the child care needed by student parents is supplied at on-campus child care centers."¹

Description

Some countries have allocated resources to subsidize the cost of child care for student-parents. In the US, the Higher Education Act of 1965 was amended in 1998 to authorize the Child Care Access Means Parents in School (CCAMPIS) program,² which "supports the participation of low-income parents in postsecondary education through the provision of campus-based child care service."³ Higher education institutions that have awarded at least \$350,000 in certain types of federal grants during the previous year are eligible to apply for CCAMPIS funds, which may be used to support or establish on-campus infant/toddler/child care, subsidize students' costs for child care, or conduct programs for parents or staff development.² CCAMPIS grants can be awarded for up to four years.⁴ The funding level for the program has varied over the years. Although the program has received approximately \$16 million every year since 2003, the number of projects conducted under the program has decreased from 342 in 2003-2004 to 155 in 2010-2011.^{2,5}

Other countries have made child care a requirement of large employers. Cambodia's national labor laws state that "enterprises with at least 100 women are required to provide day-care centers or pay child-care fees...."⁶

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women.

This practice has the potential to transform arrangements for students and employees who have child care responsibilities. By introducing legal protections (Cambodia) and financial resources (US CCAMPIS program) into national legislative structures, child care-related legislation legitimizes caregiving in the education setting.

Limited data on this practice's effects are available. As of 2007, US Department of Education program data indicated that 24-25% of parents at two- and four-year institutions who received CCAMPIS-funded child care services graduated with a degree or certificate at the same institution, transferred to a four-year institution within three years of enrolling, or received a bachelor's degree at the same institution within six years of enrolling.⁷ In addition, of institutions providing data, 63% of parents at two-year institutions and 69% of parents at four-year institutions who received CCAMPIS-funded child care services were able to remain enrolled for at least one academic year at the same institution ("persistence rate"). There was no information, however, on whether these data represent an increase or decrease from the period before CCAMPIS funds were introduced. In addition, a qualitative study found that child care experts and program directors who were interviewed believe that CCAMPIS has a positive effect on students' ability to stay in school. One respondent said that "[m]ore parents who could otherwise not go to school were able to go to school. They stayed in school longer. They had better grades compared to the general cohorts of their respective colleges. There was a better integration of the parent into college life by having their child there with them, cared for and safe, providing peace of mind and the ability to focus and concentrate knowing that their children were in a safe environment near to them."¹

Implementation lessons learned

In designing programs like the CCAMPIS grants, administrators should consider the eligibility criteria for awarding grants. CCAMPIS does not proportionally respond to student parent needs since "CCAMPIS funds are not allocated based on the number of parents at an institution who need assistance."¹ Because funds are based on the level of federal needs-based grants disbursed at an institution, community colleges generally do not disburse as much as do four-year institutions, as tuition is lower. Thus, "[d]espite having a higher proportion of student parents than four-year institutions, community colleges are eligible for less CCAMPIS funding."¹ In addition, program planners should conduct awareness-raising to ensure that eligible institutions take advantage of the funding opportunity.

Summary conclusions

Child care-related legislation has gender transformative potential for any setting, including the PSE setting. Although this practice is implemented by higher-level authorities beyond preservice education and other higher education institutions, it has important implications for other types of gender transformative practices (such as child care) that preservice education institutions offer, as well as for the legal structures that facilitate institutions to level the playing field for student-parents and working parents.

Reference(s) and source(s)

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Background

Some countries have passed legislation requiring certain employers to offer employees parental leave. For example, Canada requires that eligible employees are entitled to parental leave of 12 to 52 weeks without pay, including 35 weeks of employment insurance benefits.¹ In the US, the Family and Medical Leave Act entitles eligible employees to 12 weeks of leave without pay for family and medical reasons, including the birth of a child, care of a newborn child or child with a serious health condition, and adoption of a child.²

Description

In addition to maternity leave, some institutions offer parental leave for fathers (i.e., paternity leave), for employees whose spouses have given birth, or for parents of either sex who have newly adopted a child. At the institutions included in this review, paternity leave can range from two days at 100% salary (University of Ottawa³) to seven days at 100% salary (University of Western Cape⁴) to a combination of five days-two weeks at 100% salary (Dalhousie University,⁵ McMaster University,⁶ respectively), followed by ten weeks-fifteen weeks at 95% salary for eligible employees (Dalhousie University,⁵ McMaster University,⁶ respectively). Both Dalhousie University and McMaster University offer alternatives to the combined leave of seven weeks at 95% of salary (Dalhousie University⁵) or four weeks at 100% of salary (McMaster University⁶). At McMaster University, the same policies apply to new adoptive parents. The University of California requires academic staff who take parental leave to take leave without pay or use accrued vacation leave, for up to one year, and provides health insurance benefits for up to 12 work weeks for certain eligible employees.⁷

Under general parental leave at the University of Ottawa, employees receive 100% of salary for the first ten days and the difference between 95% of salary and maximum insurance benefits for up to 13 weeks between the first ten days and one year after the birth or adoption of a child.³ Any additional parental leave is without pay.

Dalhousie University also offers parental leave for graduate students, who may take leave for up to three academic terms over the course of one year.⁸ Students do not owe fees to the university during this period, and most scholarships do not provide financial support during parental leave.⁸ Medical residents who have been employed for at least one year are entitled to up to 35 weeks of parental leave without pay.⁹ Residents can apply for unemployment benefits that would be paid at 75% of salary during a two-week waiting period and 93% of salary thereafter for up to ten weeks.¹⁰ In fact, professional residents' associations in each Canadian province have agreements/contracts with the provincial government that outline residents' rights, including parental leave.¹¹

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)

- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women.

Parental leave is an important practice that can transform discriminatory policies and enable faculty and students to be both professionals/students and parents. This practice also recognizes that men as well as women have caregiving responsibilities and gives them the opportunity to fulfill them. However, little documentation was available on the effects of parental leave on employees' or students' professional or educational experiences at the institutions included in this review. In a survey of University of California-Berkeley faculty,¹² the University of California found that faculty awareness of unpaid parental leave policies increased from 41% of men and 45% of women in 2003 to 67% of men and 69% of women in 2009. Five percent of women faculty members with children born before 2003 took unpaid parental leave; no other cohort in the survey took this leave.

Summary conclusions

This practice has significant gender transformative potential, particularly for transforming work (and in some institutions, school) arrangements and challenging traditional gender norms that only women are responsible for caregiving. It is important to note that this practice can level the playing field not merely by being offered to both women and men, but by being used by both sexes.

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11. Finch, Susan J. April 2003. "Pregnancy during residency: A literature review." *Academic Medicine* 78(4): 418-428.
12. Stacy, Angelica, Sheldon Zedeck, Marc Goulden, and Karie Frasch. 2011. Report on the University of California, Berkeley Faculty Climate Survey. University of California, Berkeley. http://vpaafw.chance.berkeley.edu/Images/Faculty_Climate_Survey_Report_2011.pdf (accessed June 9, 2011).

Other references used in this review

Telephone interview with Dr. Wanjiku Khamasi, Director of the Institute of Gender Equity Research and Development, Moi University, March 11, 2011.

Background

Some countries have passed legislation requiring certain types of employers to offer employees maternity leave. For example, Canada requires that employees are entitled to maternity leave of 17 weeks without pay, including 15 weeks of employment insurance benefits following a 2-week waiting period.¹ In the US, the Family and Medical Leave Act entitles eligible employees to 12 weeks of leave without pay for family and medical reasons, including the birth of a child, care of a newborn child or child with a serious health condition, and adoption of a child.²

Description

Many institutions (and their medical/health schools) provide maternity leave for their employees, though the features vary widely. Dalhousie University, McMaster University, and the University of Ottawa all compensate eligible employees at 95%-100% of salary and some level of insurance benefits for at least part of the leave.^{3,4,5} Dalhousie University and the University of Ottawa offer additional leave beyond the minimum 17 weeks required by law, sometimes depending on length of service, and University of Ottawa employees can apply for an unpaid leave of absence of up to two years.⁵ By contrast, the University of California allows all academic employees to at least 6 weeks of maternity leave (either continuous or intermittent), regardless of length of service. However, pay status during maternity leave varies according to the employee's position and length of service.⁶ Maternity leave varies even within an institution, as general staff members at Harvard University are entitled to up to 4 weeks of paid parental leave and extended parental leave of up to one year without pay⁷ while postdoctoral fellows in the medical and dental schools can take 13 weeks of maternity leave and a combination of short-term disability, parental leave, and vacation leave.⁸ Female staff members of the University of Western Cape can receive five months of paid maternity leave.⁹

Dalhousie University and the University of California have some provisions for students as well. Medical residents at Dalhousie who have been employed for at least one year are entitled to up to 17 weeks of maternity leave with unemployment benefits that would pay 75% of salary during the first 2 weeks and 93% of salary thereafter for up to 15 weeks.¹⁰ Residents may also take 5 weeks of parental leave immediately following maternity leave. In fact, medical residents in Canada are covered under agreements between professional residents' associations in each province and the provincial government.¹¹

Other graduate students at Dalhousie may take pregnancy/parental leave for up to three academic terms over the course of one year.¹² Students do not owe fees to the university and in most cases do not receive financial support from scholarships during this period. Registered graduate students at University of California-San Francisco do continue to receive financial support for up to 6 weeks during maternity leave.¹³ When graduate students are funded by a source that does not provide funding during maternity leave, the graduate program is responsible for providing paid leave.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women.

This practice met all three critical criteria for the Pregnancy/Family Responsibilities section. By treating maternity like any other “disability,” this practice challenges discriminatory gender beliefs and levels the playing field. Although more information is needed on how this practice is structured for and affects students, many institutions offer pregnancy and/or maternity leave to faculty and staff. However, few evaluations of the practice were available, though a 2009 survey of University of California-Berkeley faculty found that awareness and use of maternity leave policies increased among men and women faculty from 2003 to 2009.¹⁴

Summary conclusions

Pregnancy/maternity leave is one of the most well-known existing strategies to help working mothers integrate their personal and professional lives. Even when offered without pay, the practice still legitimizes the ability of a woman to be both a worker and a mother and, when explicitly stipulated in the leave policy, will prevent demotion or dismissal based on pregnancy status. Though the structure of this leave varies by institution, incorporating pregnancy/maternity leave into legal structures is helpful to ensuring a minimum level. The reviewers also noted that while some examples of pregnancy/maternity leave for certain types of graduate students were available, this practice should be offered to all students.

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Pregnancy/Maternity Leave Replacement Funding

P/F Rank: 2 (tied)

Educational level: *University* | Beneficiaries: *Faculty*

Background

Often due in part to legal requirements, many universities offer pregnancy/maternity leave to their employees. However, employees may be reluctant to take this leave if they believe it would damage their careers or if compensation during pregnancy/maternity leave is structured such that they cannot afford to take it.

Description

Some institutions provide funding to hire temporary replacements for employees who are taking pregnancy/maternity leave. Since the 1994 approval and 1998 updating of its employment equity plan,¹ the University of Alberta established a Childbirth Leave Replacement Fund that has remained a negotiated benefit in the university's agreement with faculty as of the agreement's July 2008 amendments.² Similarly, the University of California maintains central funding to obtain a replacement lecturer/professional while a faculty member is taking pregnancy leave or reduced duties leave.^{3,4} Departments submit requests to their respective campuses, though to date only some campuses have instituted this centralized funding structure.⁵

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women.

This practice transforms work arrangements and levels the playing field by allocating resources to enable employees to take pregnancy/maternity leave. Replacement funding helps to make pregnancy/maternity leave less disruptive to employers' workforce planning and more viable for employees concerned about how their leave might affect colleagues' workloads and perceptions of them. Reviewers noted that institutions must plan for employees' pregnancies, regardless of whether they establish replacement funding mechanisms. Yet without such mechanisms, employees might feel pressured to return before they are ready to do so, and other employees might have increased workloads that could lead them to resent colleagues who are taking leave.

More documentation is needed on the design and effects of this practice. Little evidence was available on the use of replacement funding or on how it affected faculty members' professional lives. The University of California conducted a faculty climate survey at its Berkeley campus and found that, from 2003 to 2009, faculty awareness of maternity leave

policies increased.⁶ However, no information is available on faculty members' awareness of or attitudes toward replacement funding.

Summary conclusions

This practice has gender transformative potential when made available in conjunction with pregnancy/maternity leave, and as with most interventions, when the beneficiaries (i.e., faculty) are aware of the option. Reviewers recommended that institutions implement pregnancy/maternity leave and pregnancy/maternity leave replacement funding together. When replacement funding is not feasible, pregnancy/maternity leave should still be offered.

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Radio and Theatre Messaging on Pregnancy and Housework

P/F Rank: 2 (tied)

Educational level: *Middle school* | **Beneficiaries:** *Teachers, parents, community members, and ultimately, students*

Background

The Ministry of Education in Senegal has a Ten Year Education and Training Plan that focuses on improved access, quality, and management of middle schools. The *Projet D'Appui a L'Enseignement Moyen* (PAEM), which was implemented from 2003 to 2010, helped to implement many of the elements of the national plan.

Description

As part of a multi-intervention strategy (see also Community Forums and Outreach), PAEM conducted community mobilization campaigns on alleviating housework and preventing early marriage and pregnancy.¹ The campaigns featured community forums, theater, and media outreach via radio and posters. A workshop was held to develop the messaging to be included in radio broadcasts, which were aired during times reserved for educational programming.¹ Content included a panel on the sexual harassment of girls¹; a show on girls' school enrollment¹; and messages on eliminating early marriages and pregnancy, registering children in school, reducing the volume of household chores, addressing school-related gender-based violence, and creating and supporting improved school environment and management.²

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Provide information and education about discrimination or rights.

By delivering messages about the importance of girls' education and the need to reduce girls' housework, this practice challenges traditional discriminatory gender beliefs. Such attitudinal changes can create an environment in which it is acceptable for female students to attend school and that enables parents and community members to transform family arrangements accordingly. However, little evidence is available on this practice's effects. Anecdotally, "communities established committees to identify and put in place measures and activities to reduce student chores at home, especially during exam periods."² Additional data are available, though they are not specific to this practice alone, and it is unclear from the documentation whether they come from program monitoring or from formal evaluations. Some community members changed their attitudes on girls' status, and teachers were terminated due to their harassment of ten girls.¹ Project reports state that from the

beginning of the project until year 6, middle school enrollment rates have increased by 28% in USAID-funded regions and girls' enrollment in middle school has increased from 34% to 41%.² PAEM facilitated an average 165% increase in middle school enrollment in its four target regions from 2003 to 2009.³

Implementation lessons learned

Implementation of the campaign media plans was weak or incomplete. PAEM therefore recommends developing a media plan, a press kit, and a monitoring and evaluation plan, and selecting content and the format of the broadcast based on community workshops and media plans.¹ The project also recommends developing a formal partnership with the radio stations, including a signed memorandum of understanding or other protocol document.¹ This is both to facilitate cost negotiations and to have a partner to ensure appropriately designed and timed messages.

Summary conclusions

In conjunction with other awareness-raising practices, such as Community Forums and Outreach, radio and theater messaging on pregnancy and housework has gender transformative potential. Depending on the content of the messages, this practice may challenge discriminatory gender beliefs and norms. Evaluations are needed to better understand its effects.

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Educational level: *University* | **Beneficiaries:** *Students*

Background

The University of Washington's Graduate and Professional Student Senate (GPSS) "estimates that one in 10 students is raising a child."¹ Students taking care of a child may find it difficult to integrate their caregiving responsibilities with the demands of the student schedule.

Description

The University of Washington School of Law maintains a remote learning room that is "intended especially for nursing mothers, but it will accommodate parents who need a place to change diapers, feed babies, or attend to the myriad of chores that face newer parents."² The room has a refrigerator, sink, microwave, soft furniture, two private lactation rooms, and four workstations where students can listen to/watch class sessions that take place in one of the school's major classrooms.² Students wishing to use the room must arrange specified times with the Academic Services Office, which will program the student's ID card upon approval. Access can be granted on a quarterly or emergency basis.²

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women.

Offering remote learning rooms in the university setting levels the playing field by legitimizing the dual roles of students who are also caregivers and by allocating resources to enable student-parents to manage and fulfill both roles. Although it is not clear what percentage of mothers and what percentage of fathers use the remote learning room, this practice has the potential to challenge discriminatory beliefs that caregiving is the domain of mothers if the room is available to and used by students of both sexes.

However, no formal assessments were available. A newspaper article on student-parents at the university¹ quoted a law student as finding the remote learning room helpful, particularly when regular child care arrangements cannot be met. The article also interviewed the graduate student association president, who believes that "[t]he more relaxed attitude about children in the law school helps to attract professors and students alike"¹; in fact, "the law school has tried to use its family-friendly atmosphere as a recruiting tool."¹

Summary conclusions

This practice has significant potential to transform school arrangements and level the playing field by providing student-parents with infrastructural and institutional support to be

both students and caregivers. More documentation and evaluation is needed to determine how to design, implement, and evaluate the practice to maximize this potential.

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http://seattletimes.nwsourc.com/html/education/2015009857_parents10m.html
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Educational level: *University* | **Beneficiaries:** *Faculty*

Background

A 2002-2003 survey of University of California faculty noted that women faculty and graduate students feel that they must choose between work and family.¹ "For scholars who delay starting their academic careers to start families or provide care to others, it is extremely difficult to return to academia by securing tenure-track or postdoctoral positions. Faculty hiring committees often view these applicants as suspect because of gaps in their vitae and the time that has elapsed since they received their PhDs."²

Description

The University of California encourages faculty hiring committees to discount caregiving-related gaps in a candidate's résumé. The university's faculty search guide recommends including family-friendly language in faculty recruitment advertisements³ and advises search committees to "search for individuals with non-traditional career paths who may have taken time off for family reasons or who have achieved excellence in careers outside academe."⁴ The University of Florida, Case Western Reserve University, Stanford University, and Cornell University have also developed resources and trainings to ensure equity and diversity in faculty recruitment processes.⁵

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

This is a gender transformative practice that counters discriminatory treatment of faculty who take time out of their careers for caregiving, which often disproportionately affects women faculty. By treating the taking of time for caregiving as equivalent to a more traditional career path with no such gaps, this practice challenges discriminatory norms that women with caregiving responsibilities must be continually employed to keep current in their profession or be qualified for a job. No evaluations of this practice's implementation or its effects on faculty recruitment and retention were available. However, reviewers did note that successful implementation requires the training of recruiters.

Summary conclusions

A gender equality goal is to transform the taking of time out of a career for caregiving into a traditional career path. Not only does this practice make progress toward that goal, but institutions can also implement it with a minimal outlay of resources. More documentation and evaluation, particularly on the practice's effects on women, are recommended. Nonetheless, the practice shows great potential for transforming gender norms and countering structural disadvantages.

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Educational level: *University, middle and secondary school, community* |
Beneficiaries: *Students, faculty, and staff*

Background

Several university surveys and assessments identify child care as a major need among faculty and staff.¹⁻³ For example, in a 2002-2003 survey at the University of California, 93% of female faculty parents and 82% of male faculty parents indicated that readily available child care slots would be either very or somewhat useful.¹ Caregiving responsibilities can also pose a challenge to students. Jamaican law requires that girls leave school during pregnancy, and girls at the Pekenene School in Botswana were required to wait one year post-delivery to return to school.⁴

Description

Universities in both high- and low-resource settings offer on-campus child care to students and/or faculty and staff. The University of California,⁵⁻⁷ the University of Michigan,⁸ the University of Cape Town,⁹ and the University of Dar es Salaam¹⁰ all operate on-campus child care and early education centers for students, faculty, and staff, while Harvard University¹¹ is affiliated with independently operated centers on or near its campuses. Harvard's student employment office also keeps a list of students willing to provide parents with occasional babysitting services.¹² The University of Western Cape¹³ runs an on-campus center for faculty and staff but not for students. The university's Gender Equity Unit helps students with children to make informal arrangements, such as helping them to find babysitters.¹⁴

The services provided by these centers vary, including daycare, extended daycare, back-up care, education sessions for parents, referral services, and summer camps.^{5-8,15} Several of the centers included in this review are open year-round, except for holidays. Some information was available on the cost of using this service at the University of Cape Town, where fees are determined based on the parents' joint income and can be paid through payroll deductions or student accounts, as appropriate.^{16,9}

Other types of educational institutions also offer child care. At the middle and secondary school levels, the Programme for Adolescent Mothers in Jamaica and the Diphilana Initiative in Botswana established on-site nurseries so that student-mothers can attend classes and breastfeed during breaks.⁴ The nurseries in the Programme for Adolescent Mothers also work with both young mothers and fathers to teach them good parenting habits.⁴ The child care centers operated by community learning centers (CLCs) in Iran¹⁷ and the home-based care services offered by CLCs in Vietnam¹⁸ enable parents to participate in classes.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)

- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

This practice has gender transformative potential for both students and faculty in preservice and other educational settings. Child care, particularly on-site child care, allocates resources that enable students and parents with children to fulfill their professional and personal responsibilities. A 2009 survey of University of Michigan postdoctoral fellows¹⁹ found that postdoctoral fellows with children generally reported being satisfied with child care services. The most cited reasons for dissatisfaction were cost, available hours, and location. Other reasons included safety, stimulation level, and transportation to/from child care. A study of the CLCs concluded that in Vietnam, “[w]omen’s participation in CLC activities can be increased through the establishment of a day-care centre for children,”¹⁸ and that in Iran, the lack of child care facilities at some CLCs contributed to their ineffectiveness.¹⁸ Studies of the CLCs in Vietnam and the Programme for Adolescent Mothers also found improvements in completion rates; however, these were general findings that were not attributable to this specific practice.^{18,4,20}

Implementation lessons learned

Program planners should consider implementation research and educational outreach efforts that challenge existing norms and attitudes that are not fully supportive of this practice. For example, although teachers’ and students’ attitudes toward the overall Diphilana Initiative in Botswana changed over time to be generally positive, parents—especially men—and other community members felt strongly against it.²¹ Student-mothers preferred to have their families take care of their children, and according to a 2003 evaluation, none of them had used the center.²² In addition, offering child care may be insufficient to transform arrangements if students or faculty are not able to access or afford it. At the University of California, too few child care slots are available to qualifying faculty members who seek them and those slots that are available are costly. One female assistant professor noted that “the people who are most affected by this are likely to be at the assistant level, earning the least amount of money. Over half of my [pre-tax] salary has gone to preschool in the past two years.”²¹

On the other hand, practices that enable student-mothers to complete their education may have a positive cost-benefit. The overall Programme for Adolescent Mothers in Jamaica was found to have resulted in “social and private benefits due solely to increased education of adolescent mothers [of] J\$136,915,770. There was an additional benefit in an estimated reduction of 323 births, with an implied savings to the health sector of J\$13,840,873.”²⁰ These are equivalent to approximately USD 1.6 million and USD 160,000 in today’s dollars, respectively. These figures pertain to the overall program; specific figures for child care were not available.

Summary conclusions

Child care is an important practice for leveling the playing field for student-parents and working parents. However, it can be prohibitively expensive, so its transformative potential

can only be maximized if financial assistance is provided (see next Practice No. 9 [tied]) and/or costs are lowered. Reviewers noted that child care should be offered to students as well as faculty and staff.

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Background

Child care can help students and faculty with children to attend classes and work while ensuring their children are receiving care. However, not all students and faculty can afford it. A respondent to a 2002-2003 faculty survey at the University of California noted that “the cost of preschool is extremely high, and there is no subsidy for faculty. The people who are most affected by this are likely to be at the assistant level, earning the least amount of money. Over half of my [pre-tax] salary has gone to preschool in the past two years.”¹

Description

Some universities in the US offer financial assistance for child care services, using funds from local government grants, federal government grants, and the institutions themselves. Many offer assistance to students, depending on their part-time or full-time status and financial need. For example, the University of California at Davis partners with the city government to provide partial subsidies to students and offers a small number of grants and loans to students through the Financial Aid Office.² Likewise, the University of Michigan administers grants for students, faculty, and staff to access the university’s child care centers and subsidies for students to use a child care center, family child care home, or group child care home.³ The subsidy is \$4,030/academic year/child, up to \$6,040 for two children, and up to \$8,060 for three or more children. Students with financial need may also apply for loans to meet their child care needs. The state government of Michigan and some local jurisdictions, such as the city of Lansing, also offer child care scholarships to residents, usually based on financial need and working/studying status.⁴

Michigan State University offers undergraduate and graduate students several financial assistance mechanisms, including grants of up to \$1,000 per child per semester for children 12 years old or younger or for children up to 19 years old who have special needs,^{5,6} reduced fees,⁷ discounts,⁶ and free Care.com memberships to facilitate the search for a qualified child care provider.⁸ The university also uses federal Child Care Access Means Parents in School (CCAMPIS) funding to provide grants of up to \$3,000 per child in the family, or the equivalent of 666 hours of child care, to undergraduate students who meet certain financial need criteria to use a child care provider who is contracted with the Spartan Kids program.⁹ The program can be used for evening and weekend care if students provide their class and/or work schedule.

Harvard University does not currently have child care financial assistance available for students¹⁰ but does offer some funds to faculty and staff. Ladder ACCESS Program financial awards are available to income-eligible tenure-track faculty who have children under 6 in child care.¹¹ Benefits-eligible employees who earn less than \$70,000 annually are also eligible for “Just in Time Care,” which reimburses employees or directly pays caregivers up to \$350 per employee per year for back-up care.¹² US universities also have the option of offering a tax benefit to employees by allowing them to allocate up to \$5,000 per year in pre-tax dollars for child care to a dependent care flexible spending account.^{2,4,11}

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

Financial assistance for child care has the potential to level the playing field by allocating resources that facilitate and legitimize the caregiving responsibilities that some students and faculty have. Child care can be prohibitively expensive, so providing financial assistance that enables students and/or faculty to access it removes a key barrier to keeping students and faculty, especially women, in classes and at work. However, no formal evaluations of this practice at the universities included in this review were available. Respondents to a 2009 survey of postdoctoral fellows at the University of Michigan indicated that though they were generally satisfied with the child care options available, they felt that child care should be more affordable.¹³ It is unclear from the documentation whether the respondents were not aware of the university's subsidy program, or if the subsidy program was implemented after the survey was administered.

Implementation lessons learned

Institutions should consider the funding options available, both internal and external. Michigan State University, for example, provides approximately \$1,000 per year to the various child care grants and fee reductions and receives a federal CCAMPIS grant of \$210,000 per year for four years (2009-2013) for the Spartan Kids program.^{6,14}

Summary conclusions

This practice allocates resources to enable students and faculty with children to take advantage of another practice with gender transformative potential, child care. By making child care more accessible to more beneficiaries, child care financial assistance is an important strategy for leveling the playing field. Reviewers recommended that institutions offer this practice to students, faculty, and staff in conjunction with child care and emergency child care as a package. Recognizing that institutions will need to assess their ability to implement this intervention, reviewers felt that financial assistance was an important component to offering child care in the preservice education setting.

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Educational level: *Middle school* | **Beneficiaries:** *Teachers, parents, community members, and, ultimately, students*

Background

The Ministry of Education in Senegal has a ten-year education and training plan that focuses on improved access, quality, and management of middle schools. The *Projet D'Appui a L'Enseignement Moyen* (PAEM), which was implemented from 2003 to 2010, helped to implement many of the elements of the national plan.

Description

As part of a multi-intervention strategy (see also Radio and Theatre Messaging on Pregnancy and Housework), PAEM held community forums in selected areas as part of the project's campaign for relief from domestic responsibilities for female students. The forums brought together a variety of stakeholders, including students, parents, youth association representatives, local officials, and others.¹ In addition, the project held outreach meetings and conducted home visits to raise awareness of the issues of early pregnancy and marriage and to raise the awareness of women teachers.²

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

This practice has substantial potential to challenge discriminatory gender beliefs and attitudes and transform family and/or school arrangements for female students. PAEM's inclusion of parents and the community may be an important factor in sustaining any positive effects, but more documentation and assessment of this is needed. Some anecdotal evidence of the practice's positive effects is available. After a forum was held on school performance, communities took several actions, including establishing a mechanism to prevent teen pregnancies; establishing a mothers' group focused on girls' education and reproductive health; banning dances during the school year; and developing an action plan to reduce delays and absences.² In addition, "communities established committees to identify and put in place measures and activities to reduce student chores at home, especially during exam periods."¹

Additional data are available, though they are not specific to this practice alone, and it is unclear from the documentation whether they come from program monitoring or from formal evaluations. Project reports state that from the beginning of the project until year 6, middle school enrollment rates have increased by 28% in USAID-funded regions, and girls' enrollment in middle school has increased from 34% to 41%.¹ PAEM facilitated an average

165% increase in middle school enrollment in its four target regions from 2003 to 2009.³ Project reports also state that the community had greater awareness of the issues, increased engagement on the issue of girls' domestic work responsibilities, and greater commitment to prevent early pregnancy and marriage and to allow girls to complete their studies.²

Summary conclusions

Community forums and outreach have the potential to transform family and/or school arrangements for female students. This practice could challenge or even change parents', teachers', and community members' understanding of girls' roles at school and in the household. Although some positive results have been reported, more documentation of the practice's content and implementation, as well as formal assessments, are needed.

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Background

Child care can be very helpful to students and faculty with children, allowing them to attend classes and work while ensuring their children are receiving care. However, when a child is sick or child care arrangements change unexpectedly (e.g., a child care center is closed or a child care provider is sick), parents need to find other arrangements or risk missing classes or work. A 2002-2003 survey of University of California faculty found that 89% of female faculty parents and 69% of male faculty parents indicated that emergency back-up child care (with co-pay) would be either very or somewhat useful.¹ Similarly, a report of the family-friendly initiative at the University of Michigan noted that faculty most frequently cite the need for on-campus daycare facilities and emergency daycare options².

Description

Several universities in the US contract with external services to provide emergency/back-up child care for their students and/or faculty and staff. The University of California^{3,4} and Harvard University⁵ offer these services to their employees while Michigan State University^{6,7} and the University of Michigan^{8,9} offer them to students and employees. Care can be home-based (Harvard University; University of Michigan; Michigan State University for sick child care; University of California) or center-based (Michigan State University for emergency child care; University of California). Payment structures also vary. Michigan State University offers five days of free emergency child care per child and subsidizes 70% of up to 16 hours of sick child care per fiscal year, with students receiving an additional 10% discount.^{6,7} Harvard University and the University of Michigan provide some subsidy, based on income level. The University of California also provides some subsidy, with faculty paying a co-pay of \$2/hour for center-based care and \$4/hour for home-based care.⁴

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

This practice has the potential to transform school and work arrangements for students and faculty with children. Some results from the universities included in this review are available, although more documentation and evaluation is needed, particularly on the effect of varying costs of the practice on students and faculty. A two-year pilot began at University of California-Berkeley in 2009, with 300 assistant and associate professors eligible for the service. Of those who used the service, 94% opted for in-home care.³ The service was used primarily when a regular child care provider was ill or unavailable or when school was not in session. On a scale of 1 to 5, with 5 indicating the highest level of satisfaction, the average

satisfaction score was 4.8 in the first year and 4.6 in the second year. One parent noted, “[t]he service was an absolute life-saver at a time when both of us were going up for tenure. We have been very pleased and satisfied with the whole program.”³ University of California-Berkeley expanded the service to cover all ladder-rank faculty (approximately 1,500) in 2011, halving the available number of hours to ensure that all faculty can be covered.³ University of California-San Francisco also launched a back-up child care service in June 2011.⁴ A 2009 survey of postdoctoral fellows at the University of Michigan also indicated satisfaction with child care options.¹⁰ Although these findings were not specific to emergency child care, respondents frequently cited cost, available hours, and location as reasons for dissatisfaction.

Implementation lessons learned

Financial assistance can be very helpful for students and faculty with children to access emergency child care. Program planners should consider whether such assistance is possible. Michigan State University, for example, provides 524 emergency child care spots at a cost of \$75,000 per year.¹¹ In 2009-2010, over 300 users used the service. The university spends under \$10,000 per year to subsidize sick child care, which is accessed by 50-75 users.¹¹ While the provision of financial assistance may have costs associated with it, institutions also benefit from offering emergency/back-up child care. For example, the equivalent of 550 days of work were saved over University of California-Berkeley’s two-year pilot program.³

Summary conclusions

If costs are not prohibitive, emergency child care can help students and faculty continue to attend classes and work even when there are unexpected disruptions to their regular child care arrangements. More documentation and evaluation is needed to understand how costs might affect its use. Reviewers recommend that institutions offer this practice to students, faculty, and staff in conjunction with child care and financial assistance.

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Background

Tenure-track faculty may need to take time off or work part-time for family reasons, yet this may affect their ability to achieve tenure. At the University of California “for each year after securing a tenure track position, men are 20% more likely to achieve tenure than are women.”¹ Similarly, “a study of the promotion and tenure of faculty from 1969 to 2004 at the University of Minnesota Medical School showed that the same percentages of women and men progressed from assistant professor to associate professor, but a significantly lower percentage of women progress from associate professor to full professor...the result of many more women than men leaving the medical school after having achieved the rank of associate professor.”³ In fact, higher percentages of female faculty than male faculty at both institutions felt that family or personal reasons (and the need for parent-friendly options) were important factors in their delayed career progression.^{1,2}

Description

Faculty at the University of Michigan and the University of California can request a delay in tenure review to care for a newborn or newly adopted child (the University of Michigan also allows this delay to care for an ill parent, spouse, or child).^{4,5,6} Faculty at the University of Michigan may request a one-year delay, as well as a reduction of appointment to 50% or 75% time⁴; however, untenured faculty can only use this option once, “regardless of the combination of circumstances.”⁵ Faculty members at the University of California are allowed a “temporary relief of duties”⁶ for up to one year per child and no more than two years. While the University of Minnesota Medical School does not have a formal flexible tenure policy, the school treats faculty members who work at least 67% time as full-time employees eligible for full faculty benefits.³ This arrangement enables faculty to work on a part-time basis and still be on a tenure track, which does allow “for time off-track for either parent when a new child enters a family or when a faculty member needs to focus on an illness or care for an elder.”³

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

By allowing faculty to remain on the tenure track without withdrawing from the process completely or forcing faculty to take a more formal leave, this practice transforms work arrangements and levels the playing field for faculty with family responsibilities. It legitimizes caregiving and challenges the belief that working mothers (or fathers) cannot also be committed to their work.

Some data are available on the practice's implementation. A survey of University of California-Berkeley faculty found that awareness of the practice had increased from 2003 to 2009, and that use of the option had increased from 4% of men and 33% of women whose children were born before 2003 to 33% of men and 62% of women whose children were born after 2007.² Most respondents who had used this practice, among other family-friendly policies, reported positive perceptions; however, 11% of women who used tenure clock stoppage felt that it had a negative effect on their careers (note that this represents only three individuals).²

Summary conclusions

Evaluations would further understanding of how this practice affects faculty members' career development and satisfaction. As the University of California noted, "[m]ore time is needed for an assessment of the long-term impact of these changes in policy and for a better assessment of potential gender differences in experiences of policy use."⁷ Nonetheless, this is a potentially gender transformative practice that provides faculty with the opportunity to remain on track professionally while also fulfilling family responsibilities.

Reference(s) and source(s)

1. University of California. June 9, 2004. "Report on the University of California Work and Family Survey: Developing New Initiatives for a Family Friendly Package". Presentation. <http://ucfamilyedge.berkeley.edu/uc%20family%20friendly.ppt> (accessed June 16, 2011).
2. Stacy, Angelica, Sheldon Zedeck, Marc Goulden, and Karie Frasch. 2011. Report on the University of California, Berkeley Faculty Climate Survey. University of California, Berkeley. http://vpaafw.chance.berkeley.edu/Images/Faculty_Climate_Survey_Report_2011.pdf (accessed June 9, 2011).
3. Shollen, S. Lynn, Carole J. Bland, Deborah A. Finstad, and Anne L. Taylor. 2009. "Organizational climate and family life: how these factors affect the status of women faculty at one medical school." *Academic Medicine* 84(1), 87-94. http://journals.lww.com/academicmedicine/fulltext/2009/01000/organizational_climate_and_family_life_how_these.26.aspx (accessed June 16, 2011).
4. University of Michigan. March 2004. Report of the Subcommittee on Family Friendly Policies and Faculty Tracks. www.advance.rackham.umich.edu/GSE-Family_Friendly_Policies.pdf (accessed June 3, 2011).
5. University of Michigan. December 2006. Standard Practice Guide 201.92: Tenure Probationary Period. <http://spg.umich.edu/pdf/201.92.pdf> (accessed June 3, 2011).
6. University of California Faculty Family Friendly Edge. Existing Elements of the Family Friendly Package for UC Ladder-Rank Faculty. <http://ucfamilyedge.berkeley.edu/initiatives.html> (accessed June 16, 2011).
7. Mason, Mary Ann, Angelica Stacy, Marc Goulden, Carol Hoffman, and Karie Frasch. 2005. University of California Faculty Family-Friendly Edge: an Initiative for Tenure-Track Faculty at the University of California. Report. <http://ucfamilyedge.berkeley.edu/ucfamilyedge.pdf> (accessed June 9, 2011).

Background

Some university faculty and staff have family or other responsibilities that may conflict with standard work schedules. Institutions such as McMaster University in Canada work to “[remove] or [minimize] the adverse effect of barriers in the work environment or in the method of doing work, which prevent otherwise qualified persons covered by the [university’s] [c]ode from achieving expected outcomes of a job.”¹ This includes accommodations associated with disability, illness, family status, and religious observance.

Description

Universities including McMaster University and the University of Michigan offer eligible employees the option of flexible working schedules. This could come in the forms of telecommuting, arranging flexible starting and closing times, a compressed work week, part-time work, reduced work for a specified period, compensating for time at a later date, swapping shifts or tasks, job sharing, using vacation leave, being granted “accommodation time,”¹ or phased retirement.² At both universities, faculty and other academic staff members must work with their supervisors and/or departments to arrange flexible schedules, requests for which can be made for a single event or a longer-term basis.

In the Department of Family Medicine at McMaster University³, employees may design a pre-approved flexible schedule in conjunction with their supervisors. The work day would consist of core time, when all employees must be present, and flexible time, which spans two-week cycles and up to one day off every two weeks. The core and flexible hours vary among the department’s units. To obtain reduced workloads, faculty at McMaster University must work with their departments to ensure alternate arrangements are made to cover the workload gap¹ while faculty at the University of Michigan reduce their teaching responsibilities but are expected to fulfill their other duties.⁴ The reduced workload period does not affect University of Michigan faculty members’ tenure probationary period. Other universities, such as Moi University in Kenya, are working to establish parent-friendly work schedule options for staff.⁵

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

Flexible work schedules can transform work arrangements for faculty and other staff members with family responsibilities and enable them to better integrate their professional and personal lives. This practice also legitimizes caregiving, leveling the playing field

particularly for women faculty. However, no data on results or formal assessments were available.

Summary conclusions

This is a potentially gender transformative practice that facilitates the ability of faculty and other university staff members to be both working professionals and caregivers. More documentation and evaluations are needed to build the evidence on how this practice affects faculty members' work environments and career development.

Reference(s) and source(s)

1. McMaster University. 1998. Policy and Procedures on Employment Accommodation. <http://www.mcmaster.ca/policy/faculty/Conduct/EmploymentAccommodation-PolicyandProcedures.pdf> (accessed June 16, 2011).
2. University of Michigan. Work/Life Resource Center, Flexible Work Arrangements: Types of Flexible Work Schedules. <http://hr.umich.edu/worklife/flexwork/types.html> (accessed June 5, 2011).
3. McMaster University, Department of Family Medicine. Rev. 2009. Flexible Working Schedule. Standard Operating Procedures. <http://fammedmcmaster.ca/forms/standard-operating-procedures/DFM002%20-%20Flexible%20Working%20Schedule.pdf> (accessed June 16, 2011).
4. University of Michigan. 2005. Standard Practice Guide 201.93: Modified Duties for New Parents. <http://spg.umich.edu/pdf/201.93.pdf> (accessed June 5, 2011).
5. Telephone interview with Dr. Wanjiku Khamasi, Director, Institute for Gender Equity, Research & Development, Moi University. March 11, 2011.

Other references used in this review

University of Michigan. Work/Life Resource Center: Flexible Work Arrangements. <http://hr.umich.edu/worklife/flexwork/index.html> (accessed June 5, 2011).

Background

In 1996, the UNICEF-funded Diphilana Initiative was created as a flexible learning pilot program at a school in Botswana to enable pregnant students to continue their education.^{1,2}

Description

Prior to the development of the initiative, only some girls were allowed to return to school, and those who were allowed to do so were required to wait one year post-delivery.¹ At Pekenene School, student-mothers are allowed to return when they receive a doctor's consent and can continue for as long as they choose.¹

Although it cannot be directly attributed to the initiative, the Ministry of Education did change its policy in 2000, reducing the wait time for pregnant students to return post-delivery from 12 months to 6 months.² In fact, increasing numbers of countries have established national policies enabling pregnant school learners to either stay in school during their pregnancy (continuation) or return to school after they give birth (re-entry). (Note that some countries still have expulsion policies, which require pregnant students to withdraw from school.) In sub-Saharan Africa, Botswana, Namibia, Malawi, Zambia, and Swaziland have re-entry policies while Cameroon and Madagascar have continuation policies.¹ Countries, including Chile, Costa Rica, Guatemala, Panama, Puerto Rico, and Colombia, have passed laws supporting the rights of pregnant girls to receive education.¹

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

Reviewers noted the insufficient amount of documentation and evidence on this practice. Some documents describe the context in which the Diphilana Initiative operated. A 2001 UNICEF evaluation found that students at the school, whether or not they participated in the initiative, "were targeted and abused by some members of the community, notably working men, because their school was 'known to have a facility that takes care of their babies.'"² However, a UNICEF-produced case study observed that most components of the Diphilana Initiative were not fully implemented.³ It is therefore unclear as to whether this practice was actually implemented in Botswana.

The design of the practice does have gender transformative potential. Developing continuation policies, whether at national or institutional levels, communicates to pregnant

girls that they have the right to stay in school, challenging discriminatory norms and transforming school arrangements for pregnant students.

Implementation lessons learned

Program planners should anticipate resistance in their intervention designs and engage the community to create buy-in. Although teachers' and students' attitudes towards the Diphilana Initiative (and this practice) changed over time to be generally positive, parents—especially men—and other community members felt strongly against it.² The 2003 evaluation of the Diphilana Initiative suggests that this lack of ownership may have derived from a sense on the part of some community members that the initiative did not benefit the general community but only one school.² While the government expected the community to sustain the initiative, community members viewed the initiative as a UNICEF activity and did not have buy-in.³ The Diphilana experience strongly suggests the need for an assessment of community caregiving norms early in the process of designing interventions; involvement of men and women in the design of the initiative; and careful monitoring of program implementation and effects.

National-level continuation policies should also be accompanied by advocacy and awareness-raising. While the policy and legal environment has improved in many countries, the implementation of these policies has faced numerous challenges, such as lack of awareness, lack of compliance, and stigma.¹

Summary conclusions

Of national-level policies regarding pregnant students (continuation, re-entry, expulsion), continuation policies have the most gender transformative potential. By allowing pregnant students to continue their education, this practice levels the playing field for student-mothers and changes a significant educational barrier. Implementation challenges still remain, however, as seen with the Diphilana Initiative. As with many types of policies, this practice must be accompanied by stakeholder engagement and awareness-raising to facilitate acceptance of the practice and its intended effects.

Reference(s) and source(s)

1. Hubbard, Dianne. 2008. School policy on learner pregnancy in Namibia: background to reform. Gender Research & Advocacy Project Legal Assistance Center. www.lac.org/na/projects/grap/Pdf/learnerpregnancyfull.pdf (accessed June 27, 2011).
2. Unterhalter, Elaine, Emily Kioko-Echessa, Rob Pattman, Rajee Rajagopalan, and Fatmatta N'Jai. 2004. Scaling up girls' education: Towards a scorecard on girls' education in the Commonwealth. Beyond Access Project, Institute of Education, University of London and Oxfam Great Britain. http://www.iiav.nl/epublications/2004/scaling_up.pdf (accessed June 1, 2011).
3. Chapman, David W., Emert, Holly, and Coyne, Botsalano. 2003. Evaluation of the African Girls' Education Initiative. Country Case Study: Botswana. UNICEF. www.unicef.org/evaldatabase/files/Botswana_Case_Study.pdf (accessed June 1, 2011).

Background

In 1996, the UNICEF-funded Diphilana Initiative was created as a flexible learning pilot program at the Pekenene School enabling pregnant students to continue their education.^{1,2} Prior to the development of the initiative, only some girls were allowed to return to school, and those who were allowed to do so were required to wait one year post-delivery.¹

Description

"The Diphilana project requires that the father, if he is at school, shares the responsibility of looking after the baby at break and lunchtimes so that he can develop a sense of responsibility."¹

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

This practice has gender transformative potential since requiring male parental involvement would change the discriminatory norm that only girls and women are responsible for caregiving. However, it is unclear from the documentation whether this component of the Diphilana Initiative was actually implemented. A 2001 UNICEF evaluation did find that students, whether or not they participated in the initiative, "were targeted and abused by some members of the community, notably working men, because their school was 'known to have a facility that takes care of their babies.'"² This finding was not specific to this practice. More documentation on the implementation and outcomes of this practice are needed.

Implementation lessons learned

Advocacy and outreach may help to create buy-in from the institutional and greater community for practices such as male parental involvement. The overall initiative encountered unsupportive attitudes from teachers, students, parents (especially men), and other community members.² There was also a lack of district leadership and ownership, possibly because of a sense that the initiative only benefitted one school.² While the government expected the community to sustain the initiative, community members viewed the initiative as a UNICEF activity.³

Summary conclusions

Although this practice has the potential to transform family arrangements and change discriminatory gender norms and beliefs, more documentation and evaluation is needed to understand its design, implementation, and effects on students' educational experiences, particularly for female students.

Reference(s) and source(s)

1. Hubbard, Dianne. 2008. School policy on learner pregnancy in Namibia: background to reform. Gender Research & Advocacy Project Legal Assistance Center. www.lac.org.na/projects/grap/Pdf/learnerpregnancyfull.pdf (accessed June 27, 2011).
2. Unterhalter, Elaine, Emily Kioko-Echessa, Rob Pattman, Rajee Rajagopalan, and Fatmatta N’Jai. 2004. Scaling up girls’ education: Towards a scorecard on girls’ education in the Commonwealth. Beyond Access Project, Institute of Education, University of London and Oxfam Great Britain. http://www.iiav.nl/epublications/2004/scaling_up.pdf (accessed June 1, 2011).
3. Chapman, David W., Emert, Holly, and Coyne, Botsalano. 2003. Evaluation of the African Girls’ Education Initiative. Country Case Study: Botswana. UNICEF. www.unicef.org/evaldatabase/files/Botswana_Case_Study.pdf (accessed June 1, 2011).

Background

Although many public health agencies recommend breastfeeding,¹ it can be difficult to find opportunity to do so in the preservice education setting. A 2005 qualitative study of McMaster University's family medicine residency program found that "[p]regnancy and early parenting were made more stressful by the long and unpredictable hours of work, psychological pressure to avoid 'giving in' or 'asking for help', and occasionally, unsympathetic preceptors."² In addition, many residents had work-related difficulties producing milk, "which they attributed to heavy workloads and sleep deprivation that led to premature weaning."² Half of those surveyed would have liked to have been able to breastfeed longer but could not do so due to the demands of their job and to the lack of supportive workplace infrastructure (e.g., scheduled breaks, breast pump, etc.).

Description

The Cambodian and American governments require large employers to provide time for mothers to breastfeed. In Cambodia, "Labor Law Article 186 states that enterprises with at least 100 women are required to provide day-care centers or pay child-care fees, provide one hour of paid time off for breastfeeding mothers, and provide nursing rooms at or near the workplace."³ In the US, the Patient Protection and Affordable Care Act requires all US employers with 50 or more employees to "to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express milk. The employer is not required to compensate an employee receiving reasonable break time for any work time spent for such purpose."¹

This is also practiced in the health and medical field. In McMaster University's family residency program, some residents' placements have lactation facilities on-site. Whereas "[t]raditionally, physicians do not have scheduled breaks in their working day,"² residents in these placements can negotiate with their supervisors to take breaks to pump or breastfeed.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women.

By legitimizing caregiving in the workplace, this practice levels the playing field for breastfeeding women. The legislative provisions for this practice in Cambodia and the US also strengthen protections for breastfeeding women in the legal system. In practice, little evidence is available on its implementation or its ability to transform arrangements in preservice education settings. However, an article on McMaster University's family residency

program did note that not all residency placements support lactation breaks, so lactating residents' experiences vary widely.²

Summary conclusions

More documentation is needed on the practice's implementation in educational institutions and its effects on faculty and students. However, lactation breaks have the potential to facilitate the dual roles of faculty members and students who are also lactating mothers.

Reference(s) and source(s)

1. National Conference of State Legislatures. September 2010. Breastfeeding Laws. <http://www.ncsl.org/default.aspx?tabid=14389> (accessed June 8, 2011).
2. Walsh, Allyn, Michelle Gold, Phyllis Jensen, and Michelle Jedrkiewicz. 2005. "Motherhood during residency training: Challenges and strategies." *Canadian Family Physician* 51(7): 990-991. <http://171.66.125.180/cgi/reprint/51/7/990> (accessed June 8, 2011).
3. Greater Access to Trade Expansion (GATE) Project. 2009. Promoting Gender Equitable Opportunities in Agricultural Value Chains: A Handbook. USAID Office of Women in Development. http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/GATE_Gender_Ag_Value_Chain_Handbook_11-09.pdf (accessed June 10, 2011).

Educational level: *University, middle, secondary school* | **Beneficiaries:** *Students, faculty, and staff*

Background

It can be difficult for new mothers to be able to breastfeed in the PSE setting. A 2005 qualitative study of McMaster University's family medicine residency program found that many residents had work-related difficulties producing milk, "which they attributed to heavy workloads and sleep deprivation that led to premature weaning."¹ Half of those surveyed would have liked to have been able to breastfeed longer but could not do so due to the demands of their job and to the lack of supportive workplace infrastructure (e.g., scheduled breaks, breast pump, etc.). However, in countries like the US, employers with 50 or more employees are required to "provide a place, other than a bathroom, for the employee to express breast milk."²

Description

This review found examples of lactation spaces in several different settings. In Cambodia, "Labor Law Article 186 states that enterprises with at least 100 women are required to provide day-care centers or pay child-care fees, provide one hour of paid time off for breastfeeding mothers, and provide nursing rooms at or near the workplace."³ In Canada, some residency placements in McMaster University's family residency program provide access to lactation facilities, including private spaces and refrigerators.²

In the US, Harvard University and the University of Washington offer lactation rooms for faculty members, staff, and students to use. Supported by the overall Office of Work/Life, Harvard has 20 lactation rooms across the university's campuses and schools, including nine on the medical campus⁴ while the University of Washington has 14 private lactation stations across the university.⁵ At both universities, nursing mothers must register and/or undergo an orientation in order to use the rooms, which contain hospital-grade pumps and, in most cases, refrigerators. Nursing mothers must also provide their own accessory kits to use with the provided pumps.

Lactation spaces have also been documented in middle and secondary school. In Botswana, the UNICEF-funded Diphilana Initiative was established in 1996.^{6,7} The initiative created a flexible learning pilot program at the Pekenene School to enable pregnant students to continue their education. The school has a child care facility for babies up to four months old. During class breaks, student mothers are able to go and breastfeed their child. Diapers and milk are provided.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)

- Introduce, make use of, or further the (existing) legal protections for women.

This practice allocates resources to enable working mothers and student-mothers to breastfeed. In so doing, it helps to legitimize caregiving in work and school settings. It is also important to note that without accompanying lactation breaks, the ability of this practice to transform work and school arrangements for breastfeeding faculty and/or students is more limited.

Implementation lessons learned

Program planners should anticipate resistance in their intervention designs and engage the community to create buy-in. Although teachers' and students' attitudes towards the overall Diphilana Initiative changed over time to be generally positive, parents—especially men—and other community members felt strongly against it, possibly due in part to perceptions that the services encouraged girls to get pregnant.⁷

Summary conclusions

Lactation spaces can facilitate the ability of faculty members and students who are also lactating mothers to integrate their professional/educational lives with their personal lives. Reviewers recommend that lactation breaks and lactation spaces are implemented together to more fully realize their gender transformative potential.

Reference(s) and source(s)

1. National Conference of State Legislatures. September 2010. Breastfeeding Laws. <http://www.ncsl.org/default.aspx?tabid=14389> (accessed June 8, 2011).
2. Walsh, Allyn, Michelle Gold, Phyllis Jensen, and Michelle Jedrzkiewicz. 2005. "Motherhood during residency training: Challenges and strategies." *Canadian Family Physician* 51(7): 990-991. <http://171.66.125.180/cgi/reprint/51/7/990> (accessed June 8, 2011).
3. Greater Access to Trade Expansion (GATE) Project. 2009. Promoting Gender Equitable Opportunities in Agricultural Value Chains: A Handbook. USAID Office of Women in Development. http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/GATE_Gender_Ag_Value_Chain_Handbook_11-09.pdf (accessed June 10, 2011).
4. Harvard University. Child Care @Harvard: Lactation Rooms. <http://www.childcare.harvard.edu/childcare/lactation.shtml> (accessed June 8, 2011).
5. Women's Center, University of Washington. Campus Lactation Stations. http://depts.washington.edu/womenctr/?page_id=3373 (accessed June 8, 2011).
6. Hubbard, Dianne. 2008. School policy on learner pregnancy in Namibia: background to reform. Gender Research & Advocacy Project Legal Assistance Center. www.lac.org.na/projects/grap/Pdf/learnerpregnancyfull.pdf (accessed June 27, 2011).
7. Unterhalter, Elaine, Emily Kioko-Echessa, Rob Pattman, Rajee Rajagopalan, and Fatmatta N'Jai. 2004. Scaling up girls' education: Towards a scorecard on girls' education in the Commonwealth. Beyond Access Project, Institute of Education, University of London and

Oxfam Great Britain. http://www.iiav.nl/epublications/2004/scaling_up.pdf (accessed June 1, 2011).

8. Chapman, David W., Emert, Holly, and Coyne, Botsalano. *Evaluation of the African Girls' Education Initiative. Country Case Study: Botswana*. UNICEF, October 2003. www.unicef.org/evaldatabase/files/Botswana_Case_Study.pdf (accessed June 1, 2011).

Other references used in this review

Parents Attending Law School, University of Washington School of Law. Frequently Asked Questions. <http://students.washington.edu/lawpals/faq.shtml> (accessed June 8, 2011).

Educational level: *University* | **Beneficiaries:** *Students (Medical trainees/residents)*

Background

Women comprise at least half, and in some specialties, the majority of medical trainees in countries including the US, UK, Canada, and many European Union countries.^{1,2,3} In one study, up to 85% of female physicians reported intentions to have children,⁴ yet training programs often require a full-time commitment.¹ There are some European Commission directives on workers' rights and on employers' responsibilities to fairly consider and treat requests for a part-time work schedule.⁵

Description

At the University of California at San Francisco (UCSF), pediatric residents who have completed their first year of full-time residency training can take a "flexible option," in which they work six to eight months a year and are permitted to take up to five years to complete their training.² Although the residency program does not pay a salary during time off, all flexible option residents are covered by disability insurance, workman's compensation, and medical malpractice benefits, and those choosing the flexible option for maternity or dependent care reasons are also covered by medical insurance. Since 1969, the UK's Flexible Training Scheme has also offered a part-time training option.¹ Also referred to as less than full-time (LTFT) training, the option may be granted (with an application) for reasons such as ill health, disability, caregiving responsibilities, or professional development opportunities.⁵ The total time in and quality of training must be the same for all trainees, whether they are on a full-time or LTFT schedule,¹ although LTFT trainees must work at least 50% time.⁵

At McMaster University in Canada,³ family medicine residents can have flexible rotations with a lighter workload at the beginning of their return from parental leave. Residents on maternity leave can work part-time and "bank" hours to take time off when they return. Many residents work two half-days each week in activities such as tutorials and clinical care and then return to a full-time schedule within a few weeks of giving birth.

Several strategies exist to compensate for the shifts in workloads. UCSF structures salaries such that they are combined across multiple flexible option residents.² The UK National Health Service (NHS) implements slot-sharing, in which two doctors work on a LTFT basis under one full-time position; emergency short-term flexible arrangements; permanent flexible posts, if funding allows; study leave and return to work from maternity; and pay structures that do not create financial disincentives for facilities/health care systems to accept LTFT trainees.⁶

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)

- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*).

By allowing medical residents to complete their training on a flexible schedule, this practice has the potential to transform arrangements for medical residents with family responsibilities. Flexible medical training also legitimizes female life cycle needs, and caregiving in general. However, as noted in the Implementation Lessons Learned section below, there may be financial constraints for medical residents who use this practice.

Some documented results are available for this practice. As of 2003, the UK NHS employs approximately 1,700 LTFT trainees, most of whom are women with young children,⁴ and “half [of] the UK’s 39,000 junior doctors (including four in ten men) would like to work part-time in [the] future.”⁴ As of 2006, an estimated 3.8% of residency programs in the US offer part-time options.⁷ A 1994 study found that while some UK doctors did not support having “special arrangements for women with small children,”¹ there was “considerable support for the view that there should be greater availability of part-time training posts.”¹ UCSF, which supports an average of four residents per year on the flexible option,⁸ found that of those who opted for the flexible option, none responded that they would have left the program without the flexible option, but 48% would have taken a leave of absence.² In addition, 57% of those interviewed said that this practice was “critical to their success,”² 43% said that it was helpful, and “none felt that it was disadvantageous for their residency education or detrimental to their careers.”² Likewise, interviewees from McMaster University who had returned to work following maternity leave said that the part-time option was helpful in giving them time at home and “slowly integrat[ing] back into [the residency program].”³ However, UCSF residents who took the flexible option were concerned about “the delay in their ‘graduation’ and finishing out of sync with their class (45%),”² and some reported concern that their skills might not be as sharp upon returning to the residency, although their scores were comparable to those of full-time residents.²

Implementation lessons learned

Institutions considering implementing this practice should anticipate possible financial constraints, as well as the perceptions of residents whose workloads may be affected. UCSF residents, who do not receive a salary during their flexible option time off, cited financial concerns as the primary reason for not taking the flexible option.² Residents applying for LTFT placements in the UK NHS may also face challenges doing so because of the financial resources needed by the training authorities.⁸ In addition, a study of the UCSF flexible option found that 12% “somewhat resented the participation of other residents in the [flexible option]”² because of the increased workload for fellow residents, although some of these changes may also have been due to other departmental needs. However, despite these concerns, most UCSF residents, both flexible option and regularly scheduled, support the practice.² Program planners must also raise awareness of the option. For example, from 1994-1999, only one McMaster University family medicine resident took the part-time option, which “appears to be little known.”³

Summary conclusions

This practice has the potential to level the playing field by countering the disadvantage faced by medical students who would need to stop training entirely due to family responsibilities. By offering flexible training schedules, this practice allows students to remain active. However, more documentation and evaluation is needed on the implementation and costing of this practice, as the review noted possible constraints in the attitudes of full-time residents toward this practice and toward those who use it, as well as in financial concerns for students who use the practice.

Reference(s) and source(s)

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Educational level: *University* | **Beneficiaries:** *Faculty*

Background

Many university faculty members have children. A survey of University of California (UC) faculty showed that 44% of tenured women are married with children, compared to 70% of tenured men; survey responses also noted that women faculty and graduate students feel that they must choose between work and family.¹ The UC system hopes that it will gain a competitive edge in recruiting and retaining existing faculty, particularly women who would not otherwise continue in academia. A UC report noted that “work-family concerns are frequently cited by first-offer faculty candidates (both women and men) who turned down a position with UC, and by professors (both women and men) who left UC faculty positions.”²

Description

Some universities, including UC and Harvard University, offer faculty members who are responsible for at least 50% of caregiving with the option of taking a leave during which they would perform a reduced level of duties. At UC, the leave can be taken from 3 months before to 12 months following the birth of a newborn or adoption of a child under age 5³ while Harvard offers the leave only after birth or adoption.⁴ Faculty members who take the leave at both universities generally receive relief from teaching duties for one to two semesters/terms, depending on the department. Under maternity leave that is taken concurrently with teaching relief, Harvard faculty would not be required to fulfill non-teaching duties either.⁴ In addition, UC maintains funding to obtain a replacement lecturer/professional while a faculty member is taking reduced duties leave.⁵ To access the funding, each department or unit submits a request. According to the UC director of equity and welfare,⁵ several other US universities have implemented similar policies using UC as a model.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*).

This practice transforms work arrangements and levels the playing field by allocating resources that enable faculty to integrate professional and household lives. A 2009 study of UC-Berkeley faculty found that awareness of the reduced duties leave option increased from 2003 to 2009.⁶ In addition, among faculty members whose child was born before 2003, 6% of men and 71% of women used the leave, whereas 59% of men and 86% of women faculty whose child was born in 2007 or later used the leave.⁶

Implementation lessons learned

Institutions should consider outreach efforts to both raise awareness of and gain acceptance for this practice from the institutional community. A 2002-2003 survey of UC faculty found

that over half of eligible female faculty members and one-quarter of eligible male faculty members had not used the reduced duties leave because they were unaware of the policy or because they “[feared] that there [would] be negative repercussions to their professional careers—especially, negative opinions from faculty colleagues—if they [made] use of the existing policies.”²

Summary conclusions

By offering reduced duties leave, institutions communicate to faculty that both full-time and reduced duties are considered legitimate. However, it is important for institutions to raise awareness of the practice’s availability, as well as to promote an accepting environment that does not prevent faculty from taking advantage of it. This practice can more fully fulfill its gender transformative potential when faculty who take reduced duties leave do not need to fear colleagues’ or administrators’ perceptions that they are not committed to their work.

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Educational level: *University* | **Beneficiaries:** *Students*

Background

Services for student-parents vary widely by institution. For example, a blog reports that student-mothers at Egerton University in Kenya do not receive university housing and must pay for alternative housing.¹

Description

Student-parent support groups have been established at some universities to provide peer support, social networking, and a mechanism to advocate with the administration for student-parent needs. At Egerton University, the Professional Role Integrated Student Mothers group meets weekly to raise money for student-mothers to secure basic needs and pay for medical fees.¹ Similarly, the Harvard Business School Partners & Moms group works with the administration to “[focus] attention on the unique questions and challenges faced by [student parents and students planning to start a family] and ensures that resources and the necessary support are channeled towards addressing these challenges.”² The Harvard Students’ Spouses and Partners Association (HSSPA)^{3,4} and Parents Attending Law School (PALS) at University of Washington⁵ coordinate social activities for students who are parents or are considering having children. PALS also holds networking and career events and engages in information sharing and advocacy activities. PALS is active at several other US universities, including Duke University, Widener Law School of Delaware, Charlotte Law School, Stanford Law School, and more.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)

By providing a supportive and potentially empowering environment and advocating for resources, this practice has the potential to transform school arrangements for student-parents. While student-parent support groups do share information, it is not clear from the documentation that this includes information about rights or discrimination. No assessments or evaluations of this practice were available.

Summary conclusions

More documentation and evaluations of this practice are needed. Nonetheless, the available documentation indicates that student-parent support groups have the potential to help level the playing field and transform school arrangements for student-parents.

Reference(s) and source(s)

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4. Harvard Law Couples Association. Welcome. <http://hlsorgs.com/hlca/> (accessed June 14, 2011).
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Background

In the US, “student parents—across institution types—are more likely to have left postsecondary education...after six years than are non-parents.”¹ Some studies have shown that an overwhelming majority of respondents consider child care availability to be a major factor in their decision to attend college. “Nearly 60% of respondents reported they could not have continued college without child care services,”¹ and “the success rate of student parents who had access to campus child care was a full 26 percent higher than the general student population.”¹ The Institute for Women’s Policy Research (IWPR) has found that the supply of child care slots in the U.S. meets only 5% of student-parent needs nationwide at both four-year and community postsecondary institutions.¹ In fact, the proportion of postsecondary institutions with on-site child care has decreased from 53% in 2001 to 50% in 2008, with decreases expected to continue in 2009 and 2010.¹

Description

IWPR launched the Student Parent Success Initiative (SPSI) in 2010 to “initiate research and foster communication and collaboration among advocates, policymakers, and practitioners invested in the success of student parents in postsecondary education”² through research and resource development, awareness-raising and advocacy, and networking and information sharing with policy-makers and other key stakeholders. SPSI hosts a website containing research and publications, resources, and information about its events, which have included forums and presentations. SPSI also produces a monthly newsletter with updates on SPSI activities and research, lists of activities and events, resources and funding opportunities for student-parents, and links to related media stories. The project is funded by the Bill & Melinda Gates Foundation.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Provide information and education about discrimination or rights.

As SPSI is a relatively new initiative, assessments and/or evaluations were not available at the time of this review. This practice could be gender transformative in its potential to challenge discriminatory gender beliefs and norms (e.g., that mothers cannot or should not receive education). In addition, this practice promotes the provision of child care for all student-parents, not just mothers, indicating the belief that both men and women have caregiving responsibilities. Unlike child care, which may level the playing field by providing resources for student-parents, this practice is a step that leads to resource equalization but does not actually provide resources itself.

Summary conclusions

Policy advocacy may play a significant role in improving resources for student-parents. It will be important to have documentation and evaluation of this practice, as no evidence is yet available on its effectiveness or on whether it fulfills its gender transformative potential.

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<http://www.iwpr.org/initiatives/student-parent-success-initiative/project-description> (accessed June 9, 2011).

Background

In institutions such as the Central University College (CUC) in Ghana¹, the student body has increasing numbers of nontraditional students, including mature and working students. UNESCO-funded community learning centers have been established in countries, including Iran and Vietnam, to provide education outside the formal education system.² For some students, standard class schedules may pose a challenge to meeting family responsibilities.

Description

Students at universities including the Liverpool John Moores University (LJMU) in the UK³ and the Open University of Tanzania⁴ can attend classes on a part-time basis. At CUC,¹ community learning centers in Iran and Vietnam,² and pilot primary schools in Bangladesh, India, and China,⁵ classes are offered at night and/or in multiple sessions throughout the day and evening to enable female and working students to attend classes. For example, CUC, which offers undergraduate degrees in nursing, physician assistantship, and pharmacy, holds morning, afternoon, evening, and weekend sessions.⁶ In addition, the Open University of Tanzania offers distance learning using a variety of media, including "broadcasting, telecasting, information and communication technologies (ICT), correspondence, enhanced face to face, seminars, contact programmes or the combination of any two or more of such means."⁴ Undergraduate degree courses are taught by distance learning, supplemented by correspondence materials and ICT media such as CDs, Internet, and library services. Students appear in person for examinations, residential orientation sessions, tutoring, and counseling.

In fact, flexible scheduling is implemented in a wide range of institutions and sectors, including agricultural training in Kenya⁷ and general education in Pakistan⁸, where boys and girls have separately timed sessions to enable girls to complete their housework. Community learning centers in Vietnam have flexible locations to facilitate the participation of women students, as well as flexible schedules to account for the seasonal harvesting schedule in rural areas.² A 1985 World Bank pilot project in Bangladesh established small satellite schools that were close to the community but overseen by a main primary school.⁸

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*).

This practice has the potential to change school arrangements for students with family responsibilities. However, while it provides a way for female students with family responsibilities to continue their education, it does not inherently challenge or transform discriminatory beliefs that there is a gendered division of labor. When implemented in the context of other practices, flexible scheduling may contribute to changes in attitudes. For example, a study of community learning centers in Vietnam found that women were better able to manage their time because "men began to share the burden in both housework and

farm work, participating in transplanting, clearing weeds, fertilizing and harvesting, tasks previously performed only by women.”²

More documentation is needed on how this practice is implemented. For example, while the Faculty of Health and Applied Social Sciences at LJMU allows students to suspend their programs pending program administration approval,⁹ it is unclear whether the part-time option is also available in this Faculty. More evaluation is also needed, as the available documentation indicates that female student enrollment has increased at CUC and the Open University of Tanzania¹ and that student attrition at LJMU is low,³ but no evaluations are available to assess whether these trends are attributable to this specific practice. Likewise, documents describing the pilot programs in Bangladesh, India, and China indicated that female student enrollment was improving and that attrition of female students was low.^{5,8} However, it is unclear whether rigorous evaluations had been conducted or whether these trends could be linked to this specific practice.

Summary conclusions

More documentation and evaluation is needed on this practice. Flexible class scheduling does have the potential to change school arrangements for students with family responsibilities but may not necessarily transform discriminatory gender norms or beliefs.

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Other references used in this review

UNESCO. March 2004. Community Learning Centres in Vietnam. http://www.unescobkk.org/fileadmin/user_upload/appeal/CLC/Reports_and_publications/Vietnam-Country_report.pdf (accessed May 3, 2011).

Background

In some institutions or countries, pregnant students are required to delay their education. Girls at the Pekenene School in Botswana could only return to school after one year post-delivery¹ while Jamaican law requires that girls leave school during their pregnancy.² The University of the Free State in South Africa has also documented cases of students in its agricultural master's program missing several weeks of classes.³ In addition, pregnant and married female students often have little time to study at home.⁴ At Moi University, 21.3% of female students in the School of Medicine dropped out during the 1997-2004 period, as compared to 13% of male students.⁴

Description

At the Diphilana Initiative at the Pekenene School in Botswana¹ and the University of the Free State,³ pregnant students are allowed to undergo remedial work to make up the classes and schoolwork they miss during their maternity leave. The Diphilana Initiative arranged for schoolwork and other educational materials to be delivered to students' homes and developed distance education modules that pregnant learners could take at home.¹ The University of the Free State also considered an extension for two pregnant students to give them more time to complete the remedial work.³ Similarly, the Programme for Adolescent Mothers in Jamaica offers tutoring to pregnant students to "strengthen their academic capabilities and [prepare] them to return to formal schooling"¹ as well as to prepare them to take their final exams. Moi University in Kenya also offers remedial classes, with the aim of "encourage[ing] female students who find no time to revise at home to improve on their knowledge and skills."⁴

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (*critical criterion*).

This practice changes school arrangements for pregnant students and female students with family responsibilities. Although remedial classes allow female students to continue in school, the practice does not necessarily challenge discriminatory gender beliefs. When implemented in response to policies that entirely exclude pregnant students from the education system, as the Programme for Adolescent Mothers did in Jamaica, the practice does change power imbalances. However, this is not an inherent feature of the practice.

Results of or evaluations on this practice were unavailable. A University of the Free State report noted that one of the two students who went on maternity leave failed two courses, though both students eventually qualified for the next level of examinations.³ The Programme for Adolescent Mothers in Jamaica found that program participants were more likely to complete their education and establish a career path, and only 1.4% of young women who participated in the program had a second pregnancy.² However, neither of

these results was specific to this practice nor were methods outlined. More documentation and evaluation on this practice is needed, including on possible cost-benefit findings. For example, the overall Programme for Adolescent Mothers was found to produce an estimated reduction of 323 births, with an implied savings to the health sector of J\$13,840,873 (equivalent to approximately USD 160,000 in today's dollars),² but no such analysis was available for this specific practice.

Implementation lessons learned

Program planners should consider outreach to the institutional community. The initiatives in Botswana and Jamaica found that teachers', students', and general attitudes were often unsupportive.^{5,2} In Botswana, community members may have felt that the initiative was merely a donor initiative that did not benefit them.⁶ In addition, the distance education modules developed by the Diphalana Initiative were never used, partly because some students returned to school quickly.⁶

Summary conclusions

More documentation and evaluation is needed on this practice. This practice has the potential to change school arrangements for pregnant students and, in certain situations, may have gender transformative potential if implemented to counter discriminatory practices, such as not allowing pregnant students to return to school.

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Educational level: *All levels* | **Beneficiaries:** *Faculty and staff*

Background

In the US, state employees may bring legal action against their employer for violations of the Constitution's Equal Protection Clause.

Description

This review looked at two cases in the US. In *Back v. Hastings-On-Hudson Union Free School District (2004)*,¹ a school psychologist at a New York elementary school sued the school for denying her tenure at the end of her three-year probationary period, asserting that the school had assumed that she “could not succeed in her position while being a mother of young children. She claimed that after returning from a three-month parental leave, her female supervisors made discriminatory comments, including asking how she was ‘planning on spacing [her] offspring,’ and suggesting that she ‘not ... get pregnant until I retire.’ [She] also alleged that her supervisor advised her to ‘wait until [her son] was in kindergarten to have another child,’ and expressed concern about [her] ability to work because she had ‘little ones’ at home and it was ‘not possible for [her] to be a good mother and have this job.’ The supervisors denied making those comments.”¹

In *Shafer v. Board of Public Education (1990)*,² “a male schoolteacher sued his employer alleging family responsibilities discrimination after he was denied a one-year child-rearing leave. A one-year leave for child rearing was available to female employees in the form of sick leave.”²

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*)
- Introduce, make use of, or further the (existing) legal protections for women.

In both cases, the court ruled in favor of the plaintiffs. In *Back v. Hastings-On-Hudson Union Free School District*, the court held that commenting that women cannot combine work and motherhood and “us[ing] motherhood stereotypes of female employees is gender discrimination under the Equal Protection Clause of the 14th Amendment, which prohibits discrimination on the basis of sex in public employment.”¹ In *Shafer v. Board of Public Education*, “the court held that requiring males, but not females, to demonstrate that they were disabled before qualifying for the leave for child rearing violated Title VII,” which prohibits employment discrimination based on race, color, religion, sex, and national origin.

Summary conclusions

Certainly, this practice has the potential to further legal protections for women and men in their roles as parents; however, litigation can only be gender transformative if a prior legal structure exists that prohibits gender discrimination. It is also a broad-level intervention that

preservice education institutions cannot use as a primary strategy on which to achieve gender equality, given the time and expense to victims of discrimination.

Reference(s) and source(s)

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2. Work Life Law. Recent and Noteworthy FRD Cases. Work Life Law Center of UC Hastings College of the Law. <http://worklifelaw.org/RecentCases.html> (accessed May 5, 2011).

Background

Jamaican law requires that girls leave school during their pregnancy. Since 1978, the Programme for Adolescent Mothers has supported these students to return to school, delay a second pregnancy until professional goals are achieved, and increase their employability.^{1,2}

Description

The Programme for Adolescent Mothers has established seven centers and six outreach stations. "The centres provide extensive individual and group counselling aimed at building self-respect, exploring emotional problems, increasing understanding of sexual and reproductive health and encouraging family planning. Special counseling and parenting programmes are also provided for teen fathers, as well as the parents of teen mothers and teen fathers."¹

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)
- Challenge and change common discriminatory gender beliefs or norms (*critical criterion*).

This practice may help to challenge discriminatory beliefs if it includes messaging about the caregiving responsibilities of both fathers and mothers. If effective in building girls' confidence and empowering them, the practice may also change power imbalances. However, no assessments or evaluations of this practice are available. Program data indicate that the overall program has helped thousands of young students return to school¹ and that program participants were more likely to complete their education and establish a career²; however, these findings are not specific to this practice. In addition, a cost-benefit analysis of the overall program found social and private benefits of nearly J\$137 million (equivalent to approximately USD 1.6 million in today's dollars), but analysis for individual components was not available.²

Summary conclusions

Depending on how it is structured and the messages it provides, counseling has the potential to challenge discriminatory gender beliefs and inequalities. More documentation on its implementation and effects is needed.

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Conflict Resolution Workshops

(for students with family obligations)

P/F Rank: 27

Educational level: *University* | Beneficiaries: *Students*

Background

Only 60% of doctoral students in the US complete their programs.¹ Those students who drop out do so because they feel a mismatch with the program or university, their expectations are not met, their relationships with their advisors or their departments are strained, or they lack funding.¹ Graduate students may be dissuaded from having children because of possible negative consequences to their careers. Michigan State University's conflict resolution workshop presenters have found that this issue comes up frequently.² In a newspaper column written by a professor, one student said, "The message is: This is a once-in-a-lifetime opportunity. You are at a great university; don't let your personal life get in the way."²

Description

Michigan State University has a conflict resolution program to help graduate students negotiate expectations and manage conflicts with faculty members. Although "[t]he program does not have a goal of 100% retention or completion of Ph.D. degrees,"¹ it nonetheless aims "to improve the very critical interactions between graduate students and faculty in order to improve doctoral student retention rates..."¹ The program consists of workshops that train students in communication and conflict management skills. In addition, video vignettes are used to demonstrate and stimulate discussion on different scenarios in which conflict arises between a graduate student and a faculty member. One of these videos, "Double Bind," shows a professor admonishing a graduate student who is a single parent and has had to cancel discussion sections because of a sick child.³ (Note that other universities have instituted conflict resolution programs to address a variety of issues.)

Results

Reviewers did not rate this practice as having any of the gender transformative characteristics included in this review. By treating discrimination as a conflict between individuals, this practice does not address the structural or normative issues that are the major contributors to pregnancy and family responsibilities discrimination. In addition, no formal assessments of this practice are available. The conflict resolution program has posted selected student feedback about the workshops. Although none of the posted feedback pertains directly to the "Double Bind" video or the topic of balancing family and studies, the overall feedback is positive. Students feel that they are better able to work with their advisors and that the workshops equipped them with negotiation skills.⁴

Summary conclusions

Conflict resolution is an insufficient practice to counter gender discrimination related to pregnancy and family responsibilities, as it frames discrimination as a conflict between individuals rather than as a societal and structural problem. This mindset does not equip the practice with the ability to counter the roots of gender discrimination.

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General Gender Equality Interventions

List of reviewed interventions that address general gender equality, in alphabetical order (this section of interventions was not ranked):

- Equal opportunity employment unit
- Faculty career and leadership development
- Gender awareness and sensitization workshops
- Gender center/gender mainstreaming
- Mentoring/female role models
- Student gender clubs

Equal Opportunity Employment Unit

Educational level: *University* | **Beneficiaries:** *Students, faculty, and staff*

Background

Many educational institutions have developed strategies to meet national legislative requirements to take action toward achieving employment equity. For example, under South Africa's national Employment Equity Act of 1998,¹ the University of Cape Town commissioned institutional climate studies in 2003 and 2007.² Many staff surveyed perceived that racial equity was the biggest issue at the university. In addition, 6.2% of female academic staff and 3% of female non-academic staff had experienced sexual harassment, and 10.3% of all respondents had experienced gender discrimination. Respondents also felt that the university could be more family-friendly.

Description

Equal opportunity employment units or offices in education institutions work to equitably recruit, hire, and retain faculty and staff. The missions of such units vary, from aiming to equitably represent certain groups of staff at the University of Cape Town³ to broadly furthering equity in the worker life cycle of faculty and staff at the University of Toronto⁴ to working "towards equal opportunity and freedom from unlawful discrimination, harassment and bullying in the learning and working environment for staff and students & an inclusive working environment that promotes and values equity and diversity for all staff"⁵ at the University of Melbourne.

The units implement and maintain compliance with employment equity policies (the University of Cape Town and the University of Toronto) and/or annual strategic plans (the University of Melbourne). The University of Melbourne also has a strategic plan specifically regarding women⁶ and a Staff Equity and Diversity Framework.⁷ In addition, each department at the University of Cape Town and the University of Melbourne must develop their own employment equity plans and goals. Both universities engage in activities such as information sessions, diversity workshops, and staff development initiatives.^{5,8,9} The University of Melbourne also offers a network of discrimination advisors to advise and support students and staff on discrimination issues.^{5,9}

Additionally, some information was available on the budget for employment equity activities at the University of Cape Town, which allocated R19.6 million (equivalent to approximately USD 2.85 million in today's dollars) to appoint an employment equity officer and implement equity projects in several departments.¹

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Provide information and education about discrimination or rights
- Change or attempt to change an imbalance of power or otherwise level the playing field
- Introduce, make use of, or further the (existing) legal protections for women

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving.

Some documentation was available on the status of women faculty and staff at the University of Toronto, indicating that while the percentage of female employees decreased from 2009 to 2010, the number of women in leadership roles and the percent of tenure-track women faculty increased.¹⁰ The University of Cape Town also found that some progress had been made to increase the number of women at professorial level.⁸ Importantly, however, it did not appear that any assessments had been conducted to determine the effects of having an equal opportunity employment unit on these findings.

Although limited information on the units' specific activities, as well as the lack of evaluations, was available, the reviewers did find that this practice had significant gender transformative potential. By implementing affirmative action measures and offering discrimination advisors (as the University of Melbourne did), the equal opportunity employment units have the potential to change power imbalances and end impunity for perpetrators of gender discrimination. Moreover, the University of Melbourne's acknowledgement of the specific types of discrimination it seeks to counter in the unit's mission statement is an important first step to targeting discrimination.

Implementation lessons learned

Achieving the goals set out in employment equity policies and strategic plans requires that staff members are aware of and implement them. After finding that some complaints and concerns were not dealt with systematically, a University of Cape Town progress report recommended establishing a central contact for receiving and following up on employment equity issues.⁸

Summary conclusions

Reviewers agreed that institutions should have a mechanism such as equal opportunity employment units (or gender centers; see fourth practice in this sub-section of interventions) that addresses discrimination, including gender discrimination. As with the University of Melbourne's unit, the unit's (or other mechanism's) mission, policies, and/or plans should specifically outline the forms of discrimination being addressed, as well as how the unit intends to address them. In addition, reviewers noted that more documentation and evaluation of these units is needed.

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Faculty Career and Leadership Development

Educational level: *University* | Beneficiaries: *Faculty*

Background

Originally funded with grants from the National Science Foundation, the ADVANCE program is now funded by the University of Michigan with the goal of “promoting institutional transformation with respect to women faculty in science and engineering fields.”¹ Internal studies have found that women are underrepresented as full faculty members and department chairs and advance through the educational system at a slower rate than male faculty members; in fact, “the lack of leadership opportunities for female faculty can and has led to retention situations.”² Although women comprise a significant proportion of women at the assistant professor level, they comprise a lower proportion at the full professor/departmental chair level.²

Description

The program’s initial scope focused on women faculty in the science and engineering fields but has since expanded to faculty in all fields and is beginning to include postdoctoral fellows and graduate and undergraduate students.³ ADVANCE works on improving the campus environment in four key areas: recruitment, retention, climate, and leadership. To promote the advancement of female faculty, the University of Michigan uses several career development strategies²:

- Career advising and mentoring (see fifth practice in this sub-section of interventions). Senior faculty members facilitate the career development of junior faculty members through the provision of advice and counseling, support, and/or promotion of the junior faculty member’s career.
- Leadership development. Women who take on leadership roles at low levels are more likely to seek and be appointed to leadership positions at mid- and high levels of the education system. The university tries to bridge the low number of women in full professor and department chair positions (mid-level positions) by encouraging the women to lead in their given area of expertise and rewarding them accordingly so that they may move through the ranks. Examples include entry-level leadership training seminars.
- Retention initiatives. Options include “childcare, mentoring, promotion timelines, salary inequity and marginalization.”² The university also conducts exit interviews with departing faculty.

In addition, ADVANCE implements leadership development activities; coordinates a research fund for faculty in science and engineering “if meeting those needs will help increase the retention or promotion of women scientists and engineers”⁴; and works with the university-wide Network to Advance Women Scientists and Engineers, which facilitates faculty career advising.^{3,5} The Network to Advance Women Faculty housed in the medical school coordinates events such as negotiation skills workshops and job satisfaction.⁶

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Challenge and change common discriminatory gender beliefs or norms
- Change or attempt to change an imbalance of power or otherwise level the playing field
- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving.

Cultivating women faculty leaders challenges beliefs that women are not competent managers and leaders, and promoting women to leadership roles changes power imbalances. In an informal survey, women faculty expressed positive perceptions of career development initiatives, including increased hiring of women and improved search procedures.⁷ ADVANCE program data as of March 2011 indicate that the proportion of new hires that are women increased from the period before ADVANCE was launched.¹ However, there is still progress needed in the promotion of female faculty, as a 2009 study found that gender disparities in promotions persisted,⁸ and in the training of faculty and staff, as some female faculty candidates were asked about family situations during the recruiting process, “yield[ing] resentment that such questions are both irrelevant and illegal.”⁹

Summary conclusions

Although more documentation and evaluation on the design, implementation, and results of this practice is needed, this practice has gender transformative potential to challenge key barriers to female representation and leadership at education institutions.

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Gender Awareness and Sensitization Workshops

Educational level: *University, community* | **Beneficiaries:** *Students, , faculty, staff*

Background

Formal educational institutions and community educational organizations in many countries have developed strategies to address gender disparities in education, such as discrimination by teachers against female students¹ and gender imbalances among academic and support staff members, particularly in major decision-making positions, which is “said to have had substantial impact on the low levels of female retention at SUA [Sokoine University of Agriculture].”² To address such disparities, the University of Dar es Salaam (UDSM) and SUA have gender centers and committees that coordinate gender equality-related activities for their institutions. In addition, the government of the Philippines established a non-formal education system for Filipinos 15 years or older that “tries to reach differently abled men, women and girls, and those who belong to ethnic minority communities.”³

Description

These institutions offer gender awareness-raising and sensitization workshops to students, faculty/teachers, and administrative staff. Topics include basic gender relations concepts (SUA,⁴ community learning center in Mongolia¹), an introduction to gender equality issues (community learning center in Mongolia¹), gender sensitivity and sexual harassment (community learning center in Philippines¹), and implementation of a Gender Policy (SUA⁴).

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Provide information and education about discrimination or rights
- Challenge and change common discriminatory gender beliefs or norms.

More comprehensive information on the design and content of the workshops, as well as evidence of results and effects, is needed. However, this practice may have the potential to change discriminatory gender norms if workshop participants are trained to understand the structural and societal factors that contribute to gender discrimination. Field surveys of community learning centers in Mongolia and Myanmar found that women had increased involvement in educational and economic activities as a result of reduced domestic duties. A study of a community learning center in the Philippines found that women had increased gender consciousness, which “led to an understanding of the equal rights and responsibilities of women and men,”¹ increased self-esteem and confidence, and “gained more control over their own lives in matters relating to marriage, reproduction and livelihood.”¹

Implementation lessons learned

Institutions implementing this practice need to consider whether enough time has been allotted to covering key issues and holding discussions. Participants of SUA workshops provided positive feedback on the workshop but suggested increasing the length. In addition, institutions should secure and designate sustainable funding. SUA’s 2004 workshop was funded by the Norwegian government⁴ while community learning centers have been

funded by international nongovernmental organizations, UNESCO, and/or host governments.^{3,5}

Summary conclusions

The reviewers recommend that these workshops focus on specific topics that discuss and illustrate the power imbalances and issues at the heart of gender discrimination. While an introduction to gender concepts is an important component, this practice can only fulfill its gender transformative potential and challenge traditional beliefs when it directly addresses the root causes of discrimination.

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Gender Center and Gender Mainstreaming

Educational level: *University* | **Beneficiaries:** *Students, faculty, and staff*

Background

Assessments of universities such as Jimma University¹ and the University of Dar es Salaam (UDSM)² that found sexual harassment and violence and high attrition of female students played a role in developing gender centers.¹ At the University of Western Cape, campus activism on issues including gender imbalances in salary and career development, sexual harassment, and maternity leave and child care contributed to the creation of a gender center.³ In other institutions, national and institutional commitment was key. For example, one of the objectives of the Presidential Working Party to establish Moi University was to develop a gender center, and the university's 2005-2014 strategic plan committed to incorporating gender issues in policy decision-making processes.⁴ Makerere University also enjoyed a supportive national legislative environment in Uganda.⁵

Description

Many institutions, including Jimma University, Moi University, UDSM, and Makerere University, note the role of the gender centers in promoting gender mainstreaming. The gender centers, offices, and committees at the institutions included in this review shared some common functions, including gender equality-related policy development, provision of training, skills-building, mentoring, counseling services, networking, information sharing, and research. Some institutions also provide scholarships to female students (Jimma University,⁶ Makerere University,⁵ University of Toronto⁷); facilitate housing for female faculty (Jimma University,⁶ University of Western Cape³); develop curricula on gender-related issues (the University of Ghana⁸); and develop proposals for "gender sensitive infrastructure within the University"⁹ (Sokoine University of Agriculture).

The University of Toronto has multiple offices that work on diversity and equity issues. Where many of the other institutions have a single primary gender center, the Status of Women Office and the Sexual & Gender Diversity Office share the functions common to other gender centers. The Status of Women Office "addresses gender equity for all women students, staff and faculty at all three campuses"¹⁰ while the Sexual & Gender Diversity Office addresses sexual and gender discrimination.⁷

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Provide information and education about discrimination or rights
- Challenge and change common discriminatory gender beliefs or norms
- Change or attempt to change an imbalance of power or otherwise level the playing field
- Introduce, make use of, or further the (existing) legal protections for women
- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving.

Few evaluations or assessments of gender centers have been conducted. Of those that were available, the lack of specificity and the breadth of activities undertaken by the gender centers made it difficult to attribute results to the implementation of the gender centers themselves. For example, a document review on gender equity in tertiary institutions in Uganda found that there has been an increase in discussion of gender issues at Makerere University³; however, it is unclear what methods were used and what the scope of the review entailed. Likewise, the University of Toronto's data monitoring found that the percent of female tenure-track faculty increased from 2009 to 2010 and that a high percentage of staff who left were women¹¹; however, it is unclear the extent to which these results are linked to the university's gender equity offices.

Despite this need for more documentation and evaluation, reviewers noted the importance of having gender centers or similar mechanisms that are focused on achieving gender equality and non-discrimination goals. There appears to be some overlap in the work of gender centers and equal opportunity employment units (see first practice in this sub-section of interventions). In fact, both practices were rated as having nearly the same gender transformative characteristics. The role that gender centers play in coordinating and implementing activities such as affirmative action measures underscores their role in attempting to change power imbalances.

Implementation lessons learned

Awareness-raising and advocacy among the general institutional community is important to ensuring buy-in and ownership of gender center goals and activities.⁵ In addition, gender centers should develop and implement sustainability strategies, as resource challenges could hinder the centers' activities. Many of the gender centers receive funding from external donors, such as the host government (University of Ghana¹²), foreign governmental aid agencies (Makerere University¹³), the World Bank (University of Ghana), the Ford Foundation (University of Western Cape³), and the Carnegie Corporation (Makerere University¹³).

Summary conclusions

Reviewers agreed that institutions should have a mechanism such as gender centers (or equal opportunity employment units; see first practice in this sub-section of interventions) that addresses discrimination, including gender discrimination. The gender center's (or other mechanism's) mission, policies, and/or plans should specifically outline the forms of discrimination being addressed, as well as how the mechanism intends to address them. In addition, reviewers noted that more documentation and evaluation of these units is needed, such as whether the use of "gender mainstreaming" (as opposed to a term such as "equal opportunity") affects the work and/or effectiveness of gender centers.

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Mentoring/Female Role Models

Educational level: *University* | Beneficiaries: *Students & faculty*

Background

Universities in both high- and low-resource settings face gender imbalances in student enrollment and faculty leadership. Traditional cultural beliefs that the woman's role is in the household have been cited as contributing to early marriages and pregnancies and limited school retention.¹ Studies at the University of Michigan² and the University of Minnesota³ have found that women faculty advance through the professional structure more slowly than do male faculty. Mentoring is a strategy to mitigate these disparities.

Description

For female students, mentors range from former students (University of Nairobi¹) to peer mentors (University of Ottawa^{4,5}) to faculty (University of Ghana,⁶ University of Minnesota Medical School⁷). Many programs are designed to facilitate experience sharing, relationship-building, and academic and career advising. Some programs hold networking and social events and skills-building workshops. The University of Ottawa's peer mentoring program features over 100 undergraduate student mentors in 20 mentoring centers across the university's departments^{8,9} and encourages graduate students to take advantage of peer mentoring to "stay motivated and committed until graduation."⁵ Peer mentors may even be eligible to receive a mentoring scholarship of up to CAD \$4,500.¹⁰ The University of Michigan offers students free use of MentorNet, an external service that provides individual mentoring in science and engineering to undergraduate, graduate, and post-doctoral students and junior faculty.¹¹

More extensive documentation on mentoring for female faculty was available for universities in the US and Canada. Mentoring for female faculty also focuses on career advising, networking, skills development, and experience sharing. The University of Ottawa's Centre for Academic Leadership coordinates the matching of mentors and mentees, who are encouraged to meet in person for 90 minutes at least monthly over the course of one year.^{12,13} The University of Minnesota Medical School has a wide-reaching faculty mentoring program, having developed a policy that all junior faculty members should have a mentor or mentoring team.³ Moreover, the University of Michigan facilitates individual and/or group mentoring relationships through provision of resources (e.g., handbooks and directories of volunteer career advisors),¹⁴ open mentoring sessions, peer mentoring, and "zone mentoring," in which senior leaders serve as resources for multiple faculty members in a particular area.²

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Challenge and change common discriminatory gender beliefs or norms
- Change or attempt to change an imbalance of power or otherwise level the playing field
- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving.

By providing examples of female leaders and cultivating leadership skills in female students and faculty, this practice challenges beliefs that women are not competent managers and leaders. Mentoring is also intended to empower junior professionals, thus attempting to level the playing field by demonstrating examples of successful women. Career advising that touches on integrating work and family life helps to transform work arrangements for female faculty. Reviewers did note, however, that there is limited information on what level of education on discrimination or rights the practice offers.

No formal evaluations of student or faculty mentoring at the institutions included in this review were available, though a 2005 survey of female faculty at the University of Michigan indicated perceived positive changes, including improved mentoring procedures for both male and female faculty, increased networking opportunities, and an increased number of science and engineering women faculty who are recruited, hired, and retained.¹⁵ However, respondents also felt that there was still a lack of administrators and male faculty members who are sensitive to issues of diversity. Program data from faculty mentees at the University of Ottawa from 2006–2008 found that over 50% believed “the mentoring relationship helped them to improve productivity, reduce stress, better identify available resources, and better understand their faculty”¹⁶ and that “more than 60% found that the mentoring experience had a positive influence on their job satisfaction and sense of belonging.”¹⁶

Summary conclusions

More documentation and evaluation is needed to determine the effectiveness and gender transformativeness of the practice. Nonetheless, the reviewers did find this practice to have significant gender transformative potential in providing resources to change traditional norms and challenge gender imbalances and motivate female students and faculty to pursue their educational and professional goals.

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Student Gender Clubs

Educational level: *University* | Beneficiaries: *Students*

Background

The University of Dar es Salaam (UDSM) implements an Institutional Transformation Programme and Gender Centre, which aims to achieve and institutionalize gender equality at the university.^{1,2}

Description

UDSM's gender center works with a student Gender Club. Established in 2004, the Gender Club's goal is "to ensure engagement/active participation and accountability of UDSM students in creating an enabling environment for gender mainstreaming for a conducive organizational culture."³ Gender Club activities include gender sensitization and awareness workshops, gender research on issues that affect student life, advocacy for gender mainstreaming, facilitation of discussions on university equity initiatives, and information sessions during new student orientation.^{3,4}

Results

- Provide information and education about discrimination or rights
- Challenge and change common discriminatory gender beliefs or norms
- Change or attempt to change an imbalance of power or otherwise level the playing field.

No evaluations of this practice were available. Anecdotal information indicated that the Gender Club has been able to raise awareness among new students,⁴ but this information is limited. The club notes that outreach, advocacy, and networking are essential activities, particularly for garnering support from the general institutional community.

Summary conclusions

The reviewers observed that this practice seems to focus more on challenging gender norms, providing information, and creating solidarity rather than transforming arrangements or introducing legal protections, which have broader effects. While a gender club may play a helpful informational and advocacy role for gender equality goals, it is difficult to assess the extent of its gender transformative potential due to limited information.

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