Author's response to reviews

Title: Time to Address Gender Discrimination and Inequality in the Health Workforce

Authors:

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Author's response to reviews:

Title: Time to Address Gender Discrimination and Inequality in the Health Workforce

Version: 2 Date: 27 March 2014

Reviewer: Narjis Rizvi

I have addressed as many of the reviewer’s suggestions as possible, as outlined below. However, some recommendations were not addressed, either because they were beyond the scope of this carefully defined commentary or because the reviewer requested information already contained in the commentary. See “Responses” below in red.

Major Compulsory Revisions:

1. Abstract

The abstract has been shortened and structured. It is fine, if being commentary, it does not follow the usual structure of a research article abstract. I still however feel that there should be separate small paragraphs each of them describing: the problem, how this paper is approaching the problem, what will be presented, and what needs to be done.

Response: The abstract now has three paragraphs and more clearly points to the commentary’s aims and structure.

2. Introduction

2.1. The introduction starts with the sentence; “HRH experts have noted that health workforce gender imbalances are a major challenge for health policy-makers.” If this is so than why are they not addressing this? You need to add few lines that describe the reasons behind lack of attention by policy makers and programme managers to gender inequality.

Response: P. 7-8 already extensively discusses possible reasons for the lack of attention to workforce gender issues. Some of the points made on p. 7-8 include:
• “The lack of high-quality data may be a reason for limited attention to gender
discrimination on the part of HRH stakeholders [13].”
• “This further suggests that HRH leaders do not frame inequalities between
health workers in terms of human rights....”
• “It is quite possible that HRH inattention to gender discrimination is due to a
lack of clarity and consensus about what it is and how it manifests itself in the
health workforce.”

2.2. The introduction clearly identifies that gender inequality leads to HRH
problems, however there has been vagueness as to “where” and “how” to
achieve gender equality.

Table 4 and the comments surrounding Table 4 include extensive (although
certainly not exhaustive) suggestions on how and at what levels (i.e., where) to
move in the direction of greater gender equality in the health workforce.

2.3. There is less clarity in the paper as what underlies gender inequality, what
are its causes and how does it effect.

Response: The question of what underlies gender inequality is a very broad and
complex topic and is beyond the scope of this commentary. The paper discusses
some of the effects of gender inequality in the realm of pre-service education and
employment systems and also in Table 3.

3. Review/Results

3.1. The article is focusing primarily on “Gender inequality of HRH mainly in
terms of pre-employment opportunities, hurdles/constraints at workplace and
financial implications”. In addition to these, several gender-based factors exist
that influence the capabilities/abilities of women and hence their eligibility for
employment. It would be good if this is explained in an earlier paragraph in the
introduction section as “scope of this review” so that it clarifies what to expect
from this paper.

Response: The source and meaning of the quote (above) were unclear.
However, the scope of the commentary is already outlined in detail in the
Introduction (p 3-4) and communicates what to expect from the paper:

“In this commentary, a case is presented for paying more attention to gender
discrimination and inequality as they operate in the health workforce. In addition
to reviewing gender in the HRH literature and describing the ways that gender
has been framed, the commentary considers ways to define and think about
gender inequality and discrimination in the workforce. It presents research
evidence from Kenya, Uganda, and elsewhere to illustrate unequal opportunity
and workplace gender discrimination, and suggests actions to move the gender
equality and HRH agendas forward.”

3.2. On page 8- two lines are added that introduce the next two sections namely
“Gender discrimination and inequality in health pre-service and employment
systems”. However then suddenly a new section is starting titled “Insights from Sex-disaggregated Administrative Data”-without any description as to how would it support and add evidence to the objective of review.

Response: To make the flow clearer, I made this a broader section, with two subsections for the two types of examples, and renamed it: “Gender Discrimination and Inequality: Selected Evidence”

4. Conclusion

4.1, 4.2, and 4.3. I still believe that irrespective of the type of article, conclusion should not have any new information. Yet however, most of the information documented in the conclusion section is new. The conclusion is extremely lengthy and is extending on to two pages (13-15) without table 4 and three pages with table 4. This should be shortened and be made more focused. The conclusion should summarize key findings of the review and discuss issues around those. In the current version the conclusions are not drawn from what review has found.

Response: I agree that some of what was labeled as “conclusions” can be read as an elaboration on lessons and implications. So, the “Conclusions” section accordingly has been renamed as “Lessons learned and implications for action” and a new Conclusions section contains only the final paragraph. In addition, Table 4 is now presented and discussed earlier in the new “implications” section.

5. Tables: The tables are still text-heavy. It would be better if the author prioritize what is essential to be given in these tables.

Response: Tables 1 and 2 have been shortened.

6. Figures: Still there are four figures. Consider replacing figures by tables or ideally reducing the number of figures.

Response: There are actually 7 figures, but I consider all of them essential for illustrating the points about horizontal and vertical gender segregation. I have accordingly made the contribution of each figure explicit in the text (p. 11-12). This information could not be communicated as compellingly in table format.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

I note that the two sets of comments below are editorial in nature, rather than being limited to pointing out “missing labels on figures or the wrong use of a term.”

1. Abstract

1.1. The first two sentences of the abstract are not setting the context and therefore can be deleted; “Existing evidence suggests that gender is a key factor operating in the health workforce. Gender is framed in a variety of ways, which has implications for understanding, measurement, and action.” The paragraph
can therefore start from “Recent research evidence points to systemic….”

Response: The sentence about gender framing has been deleted. The point that gender is a key factor operating in the health workforce is very much relevant to the context of the commentary.

1.2. This sentence is very generic; “This commentary suggests global, national and institution-level actions to move the gender equality and HRH agendas forward.” Please try to specify what actions do you want to suggest and will be the outcome of these.

Response: Specific actions are presented in Table 4 and the discussion surrounding Table 4. The reviewer previously requested that the abstract be shortened, so to include this information in the abstract now would unnecessarily lengthen the abstract. For the purposes of being brief in the abstract, it is adequate to point out that actions are needed at multiple levels (i.e., global, national, and institution levels).

Thank you.