“Promoting gender equity in science: Innovation in leadership and health research”

Gloria Bonder
Carlota Ramirez

UNESCO Regional Chair: Women, Science and Technology in Latin America – FLACSO, Buenos Aires, Argentina

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GOALS

• To share information and open a debate on an innovative virtual training program with Latin American women researchers in health sciences

• To promote collaboration on redefining the next stages of this program
The institutional context
The Institutional Context

FLACSO
Latin American Postgraduate Institute in Social Sciences

- Created in 1953, with the support of UNESCO
- Headquarters in **Costa Rica** and 10 LA countries:
  - Argentina, Brazil, Chile, Cuba, Ecuador, El Salvador, Guatemala, México, Dominican Republic, Uruguay

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The Institutional Context

CENTER OF GENDER, SOCIETY AND POLICIES

UNESCO REGIONAL CHAIR WOMEN, SCIENCE & TECHNOLOGY

REGIONAL POSTGRADUATE PROGRAM ON GENDER AND PUBLIC POLICIES

In partnership with

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Areas & Activities

GENDER EQUITY IN THE INFORMATION SOCIETY

Advocacy

WOMEN/GENDER & SCIENCE

Research

Networking & Communities of practice

Virtual Mentoring

E-learning programs

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Program Gender and Health

Online Courses:

“Technological Innovations in sexual and reproductive health: Its influence in gender relationships.”

“Building gender sensitive health policies in Latin America: Conceptual and methodological approach.”

“Gender and childhood: a multidisciplinary approach with emphasis in health and education.”

“Mainstreaming Gender Perspective in health policies and practices: Conceptual methodological contributions to strengthen quality and equality.”

Consultancies and publications:

Mainstreaming Gender: A practical Manual for Health Administrators, WHO - PAHO

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Virtual Research and Training Program for Latin American Women researchers in biomedical/health sciences
What problems do we address?

1. Gender barriers in the careers of women scientists and practitioners in health science

2. Gender Blindness in Health research and practice

What are the causes?

How to address it?

VIRTUAL RESEARCH AND TRAINING PROGRAM FOR LATIN AMERICAN WOMEN RESEARCHERS IN BIOMEDICAL/HEALTH SCIENCES

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Gender barriers in the career of women scientist and practitioners in health science
Women in higher education: Regional Average: 54.4%. Venezuela, Panama, and Uruguay + 60%

Women in Engineering: Brazil 22%, México 12%, Uruguay 27.4%, Argentina 17%. Costa Rica 19%

Increase in women’s participation in traditional “male” fields.
Basic and Natural Sciences, Medicine, Law, among others

Women in decision level positions in Science and Technology (low proportion in Evaluation Councils)
CONICET – Argentina - Directory: 8 members / 1 woman; México 0%, Brazil 3,1%

Academic events and research related to women in S&T.

Lack of statistics and use of gender indicators.

Formal and informal networks of women in science

Lack of relationship between gender researchers in “hard” sciences and policy makers in S&T

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"The Scissor Pattern"

ARGENTINA

Fuente: María Elina Estebanez, Foro Iberoamericano de Ciencia, Tecnología, FIBECYT - Diciembre 2006, Argentina

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Evolución Profesional

“The Scissor Pattern”

Fuente: María Elina Estebanez, Foro Iberoamericano de Ciencia, Tecnología, FIBECYT - Diciembre 2006, Argentina

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“The Scissor Pattern”

VENEZUELA

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### Annex 3.1: Number of senior Academic Staff (Grade A) by fields of science and sex, 2004

<table>
<thead>
<tr>
<th>Agriculture</th>
<th>Engineering &amp; Technology</th>
<th>Humanities</th>
<th>Medical Sciences</th>
<th>Natural Sciences</th>
<th>Social Sciences</th>
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<tr>
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<td><strong>Men</strong></td>
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<td><strong>Men</strong></td>
<td><strong>Women</strong></td>
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<td>2547</td>
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<tr>
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<td>:</td>
<td>:</td>
<td>:</td>
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<tr>
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<td>141</td>
<td>1474</td>
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<td>226</td>
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<td>125</td>
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</table>

|                  |                  |            |                  |                  |                  |
| **Women**        |                  | **Men**    |                  |                  |                  |
| Austria          | 23              | 234        | 21               | 457              | 45              | 423             |
| Belgium          | 39              | 431        | 36               | 433              | 67              | 515             |
| Cyprus           | 0               | 0          | 3                | 13               | 2               | 16              |
| Czech Republic   | 52              | 315        | 23               | 227              | 51              | 342             |
| Denmark          | 21              | 120        | 19               | 255              | 42              | 275             |
| Finland          | 92              | 334        | 62               | 489              | 205             | 513             |
| France           | 1136            | 6301       | 777              | 5526             | 557             | 2717            |
| Germany          | 85              | 1391       | 173              | 2908             | 179             | 2053            |
| Italy            | 344             | 2748       | 557              | 2956             | 675             | 3283            |
| Latvia           | 5               | 8          | 0                | 37               | 11              | 17              |
| Malta            | 1               | 11         | 0                | 6                | 0               | 3               |
| Netherlands      | 9               | 134        | 23               | 410              | 100             | 768             |
| Poland           | 355             | 904        | 322              | 1580             | 315             | 1214            |
| Portugal         | 49              | 138        | 100              | 264              | 111             | 432             |
| Slovakia         | 42              | 205        | 23               | 154              | 100             | 477             |
| Slovenia         | 26              | 111        | 3                | 76               | 44              | 259             |
| Sweden           | 149             | 823        | 96               | 727              | 136             | 553             |
| United Kingdom   | 603             | 2142       | 294              | 3296             | 463             | 1722            |
| Norway           | 72              | 356        | 61               | 555              | 117             | 523             |
| Switzerland      | 127             | 573        | 54               | 688              | 329             | 1076            |
| Turkey           | 1096            | 2083       | 221              | 638              | 329             | 1024            |
Gender barriers for Women in Science

✓ Conflicting balance between professional, family and personal life (‘wonder woman’ model)
✓ Lack of educational programs and activities to promote and support girls and young women in S&T careers
✓ Lack of flexible, care-supportive employment policies
✓ Stereotyped representations of professional development and success
✓ Lack of female role models and opportunities for networking
✓ Discrimination (overt and subtle)
✓ Social representations of science and scientists
✓ Lack of awareness of gender discrimination (both women and men scientists)
✓ Women self representation as a member of a elite group vs other working women
✓ Leaky pipes
✓ Glass ceilings and walls
✓ “Velvet ghetto”
✓ Chilly cultures

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Gender Blindness in Health research
Open up any biomedical or public health journal prior to the 1970s, and one term will be glaringly absent: gender. Open up any recent biomedical or public health journal, and two terms will be used either: (1) interchangeably, or (2) as distinct constructs: gender and sex. Why the change? Why the confusion?—and why does it matter?

Gender is ...

- A way to describe the inequality and discrimination of women
- A concept that explain cultural and historical construction of identity
- An analytic category
- A methodology
- A political and ethical vision
- All of the above

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Gender analysis is the collection and analysis of sex-disaggregated information. Men and women both perform different roles. This leads to women and men having different experience knowledge, talents and needs. Gender analysis explores these differences so policies, programs and projects can identify and meet the different needs of men and women. Gender analysis also facilitates the strategic use of distinct knowledge and skills possessed by women and men.

Sex-Disaggregated Data are data that is collected and presented separately on men and women.

Gender Equality means that women and men have equal conditions for realizing their full human rights and for contributing to, and benefiting from, economic, social, cultural, and political development. Gender equality is, therefore, the equal valuing by society of the similarities and the differences of men and women and the roles they play. It is based on women and men being full partners in their home, their community, and their society.

Gender Equity is the process of being fair to men and women. To ensure fairness, measures must often be put in place to compensate for the historical and social disadvantages that prevent women and men from operating on a level playing field. Equity is a means. Equality and equitable outcomes are the results.

Empowerment is about people – both women and men – taking control over their lives: setting their own agendas, gaining skills, building self-confidence, solving problems, and developing self-reliance. No one can empower another: only the individual can empower herself.
The sex of indicators and the gender of inequalities

Most information about health and health care systems show significant differences between males and females when is desegregated by sex. But for most of these differences we have no explanation, which increase the uncertainty about the quality and validity of this data and its use for planning and implementing health services and interventions as well as the efficacy and equality of them.

Gender relations of power constitute the root causes of gender inequality and are among the most influential of the social determinants of health. They operate across many dimensions of life affecting how people live, work, and relate to each other. They determine whether people’s needs are acknowledged, whether they have voice or a modicum of control over their lives and health, whether they can realize their rights.
OUR STRATEGIC APPROACH
VIRTUAL RESEARCH AND TRAINING PROGRAM FOR LATIN AMERICAN WOMEN RESEARCHERS IN BIOMEDICAL/HEALTH SCIENCES

Professional trajectories, choices and capacity-building needs of Latin American Women Researchers in Health Sciences

Creation of Latin American Network of Women Researchers in Health Sciences

Career Development and Transformational Leadership Workshop
Seminar on Gender Analysis in Health Research

In partnership with Fogarty International Center, National Institutes of Health (NIH), U.S.A
Co-ordination: Gloria Bonder, Ana Chepelinsky

With the support of the Observatorio de Salud de la Mujer, Ministerio de Sanidad y Consumo, Spain

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STEPS OF OUR PROGRAM
Analyze career choices, obstacles, coping strategies, and perceptions and attitudes towards gender inequalities in the work place

Strengthen women's career development and promote women's leadership in scientific institutions

OBJECTIVES

Electronic questionnaire

Interviews

Quantitative and qualitative analysis

METHODOLOGY

“Assessment of professional trajectories, choices and capacity-building needs of Latin American women researchers in Biomedical/Health Sciences”
VIRTUAL WORKSHOP:
Career Development and Transformational Leadership

February 20 – May 17, 2006

July 3 – August 25, 2006

OBJECTIVES

✓ Promote awareness and understanding of gender determinants in women's professional and personal life

✓ Develop skills and attitudes for strategic planning, conflict resolution, negotiation, communication, team work and leadership

✓ Create and strengthen networks and “communities of practice” for professional growth and regional exchange

✓ Envision and implement transformational leadership in scientific institutions

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Pedagogical resources

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Ejercicio interactivo: armando nuestro mapa de ruta

¿CUÁL DE ESTOS TRAYECTOS REPRESENTA MEJOR EL DESARROLLO DE MI CARRERA EN EL CAMPO DE LAS CIENCIAS BIOMÉDICAS?

¿Una avenida en medio de la ciudad?  ¿Una autopista a toda velocidad?  ¿Un camino sinuoso?

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Virtual Workshop: “WOMEN SCIENTISTS CAREER DEVELOPMENT IN THE BIOMEDICAL SCIENCE IN LATIN AMERICA”

MODULE ONE. Careers Under Scrutiny
- Career stages, opportunities, turning points
  - Gender models and stereotypes
  - Internal and external barriers
  - Strategies to overcome obstacles

MODULE TWO. Growing With Others
- Network and communities
- ICTs for virtual mentorship in the Latin American context

MODULE THREE. Transformative Actions
- Family responsibilities and professional life
- Conflict management through negotiation skills

MODULE FOUR. In My Own Voice
- Empowerment, self-leadership and role models

MODULE FIVE. Innovating from Today’s Stand
- Optimizing my career strategic plan
- Lessons from experience and good practices
- Workshop’s collective evaluation.
VIRTUAL SEMINAR:
“Gender analysis in biomedical/health research”

October 16 – December, 9 2006

September 24 – November 19 2007

OBJECTIVES

Provide an overview of current theoretical and methodological developments in the field of gender and health

✓ Reflect on the impact of globalization and other social determinants in women’s health

✓ Analyze the incidence of sex and gender in the study and treatment of selected health problems

✓ Provide tools to mainstream gender analysis in research and connected professional practices

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1. **Biomedicine and Biotechnologies: current debates on ethical and scientific topics**

2. **Effects of globalization on health and poverty in developing world**

3. **Gender perspective in health research and care: advances and challenges**

**Differential gender factors in disease analysis:**
- Duration and quality of life
- Drug prescription and medication
- HIV/AIDS pandemic
- Diseases endemic to developing countries
- Aging and health care
- Cardiovascular diseases and metabolism
- Mental health diseases and other conditions with a high impact on women’s health

**Gender mainstreaming in health research:**
- experiences, tools and new knowledge

1. ‘Successful’ cases of public policy on sexual and reproductive health care
2. Gender perspective in disease prevention and health promotion
3. Gender concepts and tools in health education and training, including the role of NGOs and social movements
4. Future outlook
Training is not enough: Mentoring for the enactment of a transformational leadership
VIRTUAL MENTORING
May - September, 2006

OBJECTIVES
Encourage and support:
- Development of new strategies and skills for career development in conciliation with personal and family needs
- Enactment of transformational leadership and networking

METHODOLOGY
- Web conferences
- E-mail, phone and face-to-face meetings
- Mentors were previously trained in virtual workshops and web conferences

PARTICIPANTS
- Senior researchers knowledgeable and committed to gender equality in science and society
- Mid career women researchers

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Methodology and tools

Main results (outcomes)

Testimonies
Methodology and tools

**Background information**
- **Participant’s Profile**: work setting, training experience, professional trajectories, present position and research field, career satisfaction, basic knowledge on gender issues, expectations about professional opportunities and perspectives.

**Evaluation of**
- **Learning processes**
- **Influence on their professional/personal lives**
- **Development of collaborative projects** after the participation in the program (dissemination, networking, resources’ exchange).

**Tools**
- **Questionnaire at the end of each stage**
- **Interactive tasks on line**. i.e. “My road map”
- **Qualitative analysis** of participant’s interventions in forums, web-conferences, and mentoring.
- **Follow up** of a group of selected participants

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Main results

- **66 participants** from 9 LA countries: Argentina, Bolivia, Brazil, Chile, Colombia, Mexico, Peru, Uruguay, Venezuela & **5 mentors**: 4 women and 1 man

- **Few** drop out from program

- High level of **satisfaction** with the contents, methodology and impacts of the program in participant’s lives

- **Gender “lenses”** used in their research projects as well as to look at their professional and personal lives.

- In some cases, **reorientation** of scientific projects and new topics of interest

- In some cases, **Improvement** in professional positions, promotion of gender-fair, institutional procedures and regulations and increase collaborative practice.
Main results (cont.)

- Increase access to resources: fellowships, meetings, publications.

- New meanings attributed to traditional science and the production of scientific knowledge.

- Development of prospective vision on their professional careers.

- Higher levels of socialization and exchange with their peers.

- Dialogue about issues and challenges of location and relocation in their professional careers.

- Creation of a network of women scientists.

- Growing interest in this program by different stakeholders.
Visions from the experience

“It was like undoing a braid, one made by your mother so you would appear neat in school, shaking your hair out into the wind...

Opening doors and walking through hidden alleys is not only about our condition as women, it is also science, its affirmations and, apparently, unquestionable evidences...

These were painful discoveries but also liberating, and expansive...

It scares me, however, that this vision could become a burden, transforming itself into a braid on my head...let’s see if together we can undo the braids of gender and science”

(Colombian researcher)
This network was created by participants of the Virtual Research and Training Program for Latin American Women Researchers in Biomedical/Health Sciences

- UNESCO Regional Chair W, S & T in LA in partnership with Fogarty International Center, National Institutes of Health (NIH), U.S.A.

**Goal**

Promote women’s full participation in biomedical research at all levels and encourage them to participate in their institutions as transformational leaders

**Objectives**

- Disseminate information on women’s participation in scientific institutions in Iberoamerica
- Share knowledge and resources to facilitate career planning and full development
- Stimulate the integration of gender analysis in biomedical research
- Sensitize the scientific community on the need of assure equal opportunities for women and men
CHALLENGES FOR THE FUTURE

- Expand and sustain the **Network** integrating Latin American and Latino women in the US working in health sciences

- **Assessment** of needs, interests, experiences and expectations of different groups of women researchers related with the topics of the program

- **Update and contextualize** contents and methodologies to meet needs and cultures of new participants

- Implement the program through **different nodes** of researchers and practitioners working in critical health issues

- Integrate **Research and Evaluation** components from the start

- **Promote dialogue** and collaboration on health issues among women leaders in science, government, politics, social organizations, and media.
TIME FOR DEBATE
Time for debate

- How do you integrate gender perspective into your projects?
- What are some of the challenges, advances, and/or obstacles in incorporating gender into alcohol research?
- How is gender – alcohol research translated into policies?
- How can researchers, providers and consumers benefit from a more comprehensive knowledge about gender and alcohol?
- How the gender “lenses” can promote changes in institutions, personal and professional lives.
- Do you have suggestions or comments?