

MicroResearch in East Africa: Opportunities for Addressing Gender Inequity

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INTRODUCTION

The United Nations Gender Inequality Index (GII) constructs a measure of gender inequality using reproductive health outcomes, empowerment, and women's participation in labour markets. The closer the score is to 1, the greater the inequality. In 2013, the GII for Uganda was 0.529, for Ethiopia 0.547, for Kenya 0.548, and for Tanzania 0.553, i.e., all indicating significant inequality. Further reflecting the GII, women are less likely than men to be in leadership positions within the health systems in Eastern Africa, such as senior level health care workers, managerial, research, or policy-making roles. Female scientists also report fewer developed professional networks than their male counterparts.

MicroResearch (MR), an innovative community-focused research program in East Africa, nurtures interdisciplinary teams of health care professionals to find sustainable local solutions to local maternal child health problems through local research projects.¹ Most MR participants had never initiated their own research studies; research experience was usually limited to donor-driven studies as recruiters of patients or data collectors. As a secondary goal, MR undertook to

support gender equity by aiming to provide equitable access to MR research training, and project team leadership, as well as by providing opportunities for women to participate as MR reviewers, teachers, judges, and/or coaches.

The objective of this study was to explore gender equity outcomes in the MR programs in Uganda, Kenya, Tanzania, and Ethiopia six years after program implementation.

METHODS

We carried out a desk review of the MR database. We analyzed quantitative data from the MR database for the following variables: gender of participants in 20 MR workshops (2008 to 2014 in Uganda, Tanzania, Kenya, and Ethiopia), MR project topics, MR approved/funded project team leaders, and MR East African peer reviewers, facilitators, workshop judges, coaches, and teachers, using SPSS version 20 (IBM Corp., Armonk NY). All information was de-identified for analysis. Information on career enhancements was obtained through networking with MR graduates. MR has been approved by the IWK Health Centre Research Ethics Board with each project approved by the IWK Research Ethics Board and the local African site Research Ethics Board. Funding for the gender review came from

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RESULTS

Of 537 workshop participants reviewed, 242 (45%) were female. Kenya had the highest proportion of females (60%), and Tanzania had the lowest (32%). Of 38 approved and funded MR projects, 58% were led by women. Of these, 33% focused on maternal health, 36% focused on child health, and 31% focused on both.

Seventeen of 20 workshops had both male and female facilitators, demonstrating gender equity role modelling and shared leadership. Of the East African MR workshop guest lecturers, one third were women, as were one third of the local East African MR team coaches. Of the six East Africans who now facilitate MR workshops, three are women. Of the 68 East African judges of workshop MR-team proposals, 22 (32%) were women, increasing to 44% in 2014. Of the East African reviewers of full grant proposals, 62% were women.

In 10 of 18 MR completed projects published or accepted in indexed peer-reviewed journals, women were first authors on six, and 45% of the 55 co-authors were women. MR work has supported career advancement for 18 MR graduates; nine were women, including the developer of the MicroResearch LinkedIn social network (with more than 130 followers).

DISCUSSION

Over its first six years, the MR program in Eastern Africa has nurtured gender equity by offering

equity in MR workshop participation and leadership opportunities. Since 2008, 242 women have participated in MR workshops, acquiring research skills that have been applied to community-focused research in their countries. These women have assumed leadership roles in Eastern Africa as MR faculty teachers, coaches, workshop judges, project reviewers, and workshop facilitators. They have led initiatives to support local MR growth and success. Acquisition of these skills has also helped many participants to advance their careers.

Our desktop review has some limitations. Gender was not recorded on enrolment in the MR database until 2011. For the early years, gender designation was determined by the local site leader's review of participant lists. In addition, systematic follow-up of all participants was not performed to determine long-term impacts of the MR program. We relied on informal networking of graduates for this information, likely underestimating effects. More work is needed to encourage more Eastern African women faculty to become MR workshop facilitators, teachers, and workshop proposal overview judges. Further growth of the MR LinkedIn network can help enhance support networks for women who are MR researchers. A formal review of gender equity in MicroResearch could help determine the factors in the program that have supported the equity outcomes noted in this review.

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