



Toward an Understanding of the Gender Gap in Iran: Why Health Leaders Should Care and What They Can Do to Close the Gender Gap?

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Abstract

Gender equity is considered a human right worldwide and the struggles for women differ between countries and cultures. This review depicts the gender gap in Iran by exploring women's higher education and employment. The review highlights some of the issues in the area of women in health leadership and the current workforce. The creation of mentorship programs and the implementation of a gender quota are discussed as possible steps toward closing the gender gap in Iran. An overall better understanding of social issues will help health leaders to use the talents of all health care professionals and to be responsive to the health needs of Iranian men and women.

Keywords: Gender gap, women, gender equity, leadership

1. The Gender Gap in Iran

No country in the world has successfully closed the gender gap. However, Nordic countries had the best success and some other countries continue to progress slowly.

The World Economic Forum's Global Gender Gap Report and its Global Gender Gap Index benchmark gender-based disparity and measures gender equality in four areas: Health and survival, educational attainment, economic participation, and political empowerment. The index compares countries independent of their level of development. According to the 2017 report (1), Iran's overall rank is 140th out of 144 countries. On subscales, it ranks 140th in economic participation, 100th in education, 135th in health, and 136th in political empowerment. Iran's overall rank dropped from 123rd in 2010 to 140 in 2017.

2. Women in Higher Education

In 2002, female students outnumbered male students in Iran, a trend that continues today (2). In 2003, 73% of the university medical students were female (3). Women are consistently passing the university national exam in higher numbers than men are. It is a considerable issue to analyze why gender differences in educational achievements are happening in Iran. The so-called narrowing and

reversal of gender gap in educational attainment could be an interesting area of research (4).

Women's success in achieving higher education has been met with complexity and ambivalence by some political leaders. The closing of the gender gap in education has been described as one of the Islamic Republic's important achievements (2-4).

3. Women and the Workforce

Women outnumber men in higher education, yet they do not have the same employment opportunities. Although women make up more than 60% of the college population in Iran, they represent less than 20% of the working population (5). The latest figures published by the Iran Statistical Centre indicate that the average rate of unemployment in 2016 for women had risen to be twice as high as that of men (20.4 versus 10.4). In addition, women with tertiary degrees are three times more likely to be unemployed than men (34% compared to 10%, respectively).

Gender cultural stereotypes and the perceived role of women in the domestic sphere persist to create a paradox in women's roles, responsibilities, and values concerning family and paid employment. Although the rising education of women will provide unique opportunities for economic growth in Iran over the coming decades,

women's entry into the labor force offers many policy challenges. The economy has been slow to create jobs for the large cohorts of post-revolution baby boomers. Particularly, during challenging economic times, it is feared that having women in the workplace will cost men their jobs (6-8). There is a strong politico-cultural belief that women's first job is in the domestic sphere. Although this gender differentiation is somewhat on the decline as a result of economic pressures on middle- and low-income families (7), contradictory policies around women's role in the workforce and home tend to produce frustration and dependency among the women who are trying to navigate the system (8). Rising education has positively affected women's employment and it has increased their share of employment in professional and technical jobs. Women have been rising in managerial and executive ranks although their overall percentage in those positions remains low. Some visible and some less visible "glass-ceiling," social and cultural barriers to their progress in those directions remain (9).

4. What Can Health Leaders Do to Decrease the Gender Gap in Iran?

The answer to this question is neither easy nor straightforward. There is no easy remedy to prevent the waste of women potentials. We should not conclude that gender equality is achieved based on the increase in women number in medical schools. Multiple strategies have been proposed and implemented in other countries. Many Iranian scholars strongly believe that changes in women's rights must originate within an Islamic context to avoid alienating different sections of society that hold opposing positions (10). Given that many advances in women's health have been led by women, the potential role for women in leadership positions cannot be underestimated (11). We briefly examine the concepts of gender quotas, the brain drain, and mentorship and their relationships with gender equality in Iran.

5. Gender Quotas

The Ministry of Health and Medical Education website shows that just two women are among its 24 leaders. Soklaridis and Lopez (12) cited several public and private boards and organizations that implemented a gender quota for increasing the number of women in leadership positions. In Iran, there is no visible gender quota in recruitment, retention, and hiring practices. In fact, as a response to the unprecedented rise in the number of women in higher education and the number of women

who might be seeking employment in traditionally male-dominated jobs, the Ministry of Health and Medical Education created a quota system limiting the entry of female students to certain courses and allocated university places to young women in their hometowns only (10). Removing nonvisible quotas would provide opportunities for women in medical leadership in Iran, given their educational accomplishment in medicine (2).

6. Brain Drain

Every year, about 150,000 highly talented Iranians emigrate, called by the International Monetary Fund as the highest brain drain in the world. This trend can be particularly problematic in medicine a field that has the most costly training (13). Doquier et al. analysis of 195 countries found that emigration rates for highly skilled women are on average 17% above the emigration rates for comparably educated men. Educational growth and gender bias in access have increased the brain drain phenomenon, particularly among women (14, 15).

As countries deem the "female factor" to be an important element of their growth, Iranian policymakers may need to consider whether and how long their country can afford to not fully tap into its female workforce. Iran's gender-equality record placing the country in the rank of 140 out of 144 is not a typical reflection of a country striving to be a world power country. One can also claim that not allowing women to fully participate in public life is un-Islamic (16). Health leadership can take the lead by tapping into the female workforce, thus harnessing the entirety of Iran's human resources, not just a half.

7. Mentorship Programs

Soklaridis (12) described the importance of mentors in academic life and the notion of homophily people's preference for associating with similar others. Mentorship is not practiced formally in Iranian medical universities. We posit that this might contribute to the low levels of satisfaction among medical trainees (17). Assadi suggested that psychological morbidity was common in Iranian medical students and practitioners, with women being at particular risk at 50% morbidity (18). Effective mentoring programs could improve satisfaction and psychological morbidity, especially among women. Given the current leadership structure in academic medicine in Iran, women medical students and residents do not have opportunities to develop these mentorship relationships. As such, we think that female health professionals can be role models and active participants in contemporary Iranian society. Women

health professionals need role models and opportunities to develop homophilous ties with other women physicians and academic members who successfully combine professional life with family responsibilities (19).

8. Conclusions

We have examined the gender gap in Iran, particularly in the realms of higher education, the workforce, and leadership. We have also considered what health leaders in Iran can do to reverse the brain drain through gender diversity and mentorship programs. Iran is an urbanized society with a large educated working and middle class. Its universities host students who belong to diverse religious, ethnic, and cultural groups. Creating more opportunities requires the political will to implement women-related legislation in Iran (20). Nevertheless, the lack of women in leadership positions is not an issue unique to Iran but it is a global concern. Whether we are talking about managing health professional female talent or an entire country's human resources, gender diversity is integral to improving the health and prosperity of a country and of its citizens.

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