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A discourse analysis of gender in the public health curriculum in sub-Saharan Africa

by

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Doctor of Philosophy in Public Health

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Declaration

I hereby declare that the thesis, which I hereby submit for the degree Doctor of Philosophy in Public Health at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at another university.

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Dedication

This thesis is dedicated to my loving daughters:

Sandra

Sherryl

Amanda

Zahara

And serves as an inspiration for them to pursue their education to the highest level possible

Abstract

Gender inequalities are still widely pervasive and deeply institutionalised, particularly in Africa, where the burden of disease is highly gendered. The public health sector has been slow in responding to and addressing gender as a determinant of health. The purpose of this inquiry was to gain a deeper insight into the different ways in which gender was represented in the public health curriculum in sub-Saharan Africa.

A qualitative inquiry was undertaken on gender in the curriculum in nine autonomous schools of public health in sub-Saharan Africa. Official curriculum documents were analysed and in-depth interviews were held with fourteen staff members of two schools that served as case studies. A content analysis of the data was carried out, followed by discourse analysis. A poststructuralist theoretical framework was used as the ‘lens’ for interpreting the findings.

Most of the official curricula were ‘layered’, with gender not appearing on the surface. Gender was represented mainly as an implicit discourse and appeared explicitly in only one core course and a few elective modules. The overwhelmingly dominant discourse in the official curricula was the ‘woman’ discourse, with a strong emphasis on the reproductive and maternal roles of women, while discourses on men, sexuality and power relations seemed to be marginalised.

Gender discourses that emerged from the in-depth interviews with participants were lodged in biological, social and academic discourses on gender. The dominant discourses revolved around sexual difference and role differences based on sex. Participants drew on societal discourses (family, culture and religion), academic discourses and their lived experiences to explain their understandings of gender. Their narratives on the teaching of gender showed that gender was not taught or received a low priority and that it was insufficiently addressed in the public health curriculum. Barriers to teaching gender were: lack of knowledge, resources and commitment; resistance; and competing priorities.

From this study it emerged that curriculum and the production of gender knowledge are sites of struggle that result in multiple understandings of gender that are manifest in dominant and marginalised discourses. Prevailing institutional power relations mirror dominant societal and

political discourses that have a fundamental effect on curriculum decisions and resource allocations. This interplay between dominant discourses and power relations, underpinned by a strong biomedical paradigm, could explain the positioning of gender as an implicit representation in the curriculum, with a more explicit focus on gender in the elective modules than in the compulsory or core courses. Being implicitly represented, gender does not compete with other priorities for additional resources.

It is recommended that the public health curriculum be reconceptualised by: accommodating multiple understandings of gender; questioning constructed dominant gender discourses; considering broader, varied and complex social, cultural, economic, historical and political contexts in which gender is constructed and experienced; and moving from curriculum technicalities to understanding the curriculum as a process and not a product.

Keywords: gender; public health; curriculum; higher education; sub-Saharan Africa; discourse analysis; poststructuralist framework; reconceptualisation

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List of abbreviations and acronyms

ADB	Asian Development Bank
AGI	Africa Gender Institute
AIDS	Acquired Immunodeficiency Syndrome
AORN	Association of periOperative Registered Nurses
APHRC	African Population and Health Research Center
ASPH	Association of Schools of Public Health
BA	Bachelor of Arts
BSc	Bachelor of Science
CHE	Council for Higher Education (South Africa)
CODESRIA	Council for the Development of Social Science Research in Africa
DoE	Department of Education (South Africa)
DPH	Diploma in Public Health
EFA	Education for All
FCI	Family Care International
GAD	Gender and Development
GET	Gender, Education and Training Project
GHETS	Global Health through Education, Training and Service
GM	Gender Mainstreaming
GWS Africa	Gender and Women Studies for the Transformation of Africa
HFA	Health for All
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
ICPD	International Conference on Population and Development
IDS	Institute for Development Studies (Sussex, Brighton)
IIED	International Institute for Environment and Development
IOM	Institute of Medicine
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MPH	Master of Public Health
MSc	Master of Science
NEPAD	New Partnership for Africa's Development
NGO	Non-governmental Organisation



NQF	National Qualifications Framework (South Africa)
OR	Operative Registered Nurses
PAHO	Pan American Health Organization
PhD	Doctor of Philosophy
PMTCT	Prevention of Mother to Child Transmission
PSYSSA	Psychological Society of South Africa
SAQA	South African Qualifications Authority
SCTIMST	Sree Chitra Tirunal Institute for Medical Sciences and Technology
SOPH	School of Public Health
STIs	Sexually Transmitted Infections
TUFH	Towards Unity for Health
UK	United Kingdom
UN	United Nations
UNAIDS	United Nations AIDS Organization
UNESCO	United Nations Education and Scientific Organization
UNICEF	United Nations Children's Fund
US	United States
WGS	Women and Gender Studies
WHO	World Health Organization
WHO-AFRO	World Health Organization Africa Region
WID	Women in Development