

**GENDER EQUITY AND CAREER PROGRESSION IN THE MINISTRY OF HEALTH
AND SOCIAL SERVICES IN KHOMAS REGION OF NAMIBIA**

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ABSTRACT

Namibia is not spared from inequalities in terms of gender. There is a need to understand the status quo of gender equity and career progression amongst Namibian government institutions. This will help accelerate the realisation of the objectives of the national plans on gender equality namely; the National Gender Policy of 2010-2020, Vision 2030, National Development Plan 5 and Harambee Prosperity Plan that prioritise women involvement in governance and decision making. In an attempt to understand this phenomenon, this thesis aims to assess gender equity and factors impeding career progression of women in the nursing profession. The study was guided by four specific research objectives that are; to understand gender equity within career path in the Ministry of Health and Social Services (MoHSS); to explore the level of women participation in decision-making in MoHSS; to explore the structural barriers in terms of social factors such as patriarchy in employment policies and organisational practices that hinder women's career progression, and to assess whether organisational culture and operations of MoHSS affect career progression and gender participation in nursing profession.

The thesis pursues these objectives by adopting a narrative research design. A purposive sample of twenty-three respondents was interviewed from five classifications namely; enrolled nurse; registered nurse; senior registered nurse; chief registered nurse and control registered nurse. In-depth face-to-face interviews were employed to collect information from selected respondents. The collected data were analysed using thematic analysis and descriptive statistics in the form of frequency and cross tabulation to examine the relationships between variables of interest.

The study was confined to public clinics, health centres and intermediate hospitals in Khomas region and concluded that nursing profession continues to be a feminised career in Namibia. The study revealed two main folds; firstly, added weight to previous researches that empirically found that female nurses are more dominant in the profession of health care provision and secondly, disputed the conservative belief that in nursing, women generally have less successful careers in comparison to their male counterparts. The study also found that there are fewer cultural factors that are impeding career growth for both male and female nurses as opposed to organisational structure which is regarded as the main hindrance towards career progression in the MoHSS. Furthermore the study reinforced the existence of vertical segregation in the

MoHSS whereby more male nurses are placed in areas where hard labour and intensive skills are required. Finally, in the quest to attain gender equity in nursing, the study recommends that MoHSS and training institutions design deliberate strategies to attract more male students into nursing training.

TABLE OF CONTENTS

Title.....	i
Abstract.....	ii
Acknowledgements	viii
Dedication.....	ix
Declaration.....	x
List of abbreviations and acronyms.....	xi
List of tables.....	xii
CHAPTER 1.....	1
INTRODUCTION.....	1
1.1. Background of the study.....	1
1.2. Statement of the problem.....	5
1.3. Objectives of the study.....	6
1.4. Significance of the study.....	6
1.5. Limitations of the study.....	7
1.6. Definitions of key concepts.....	8
1.7. Conclusion.....	9
CHAPTER 2.....	10
LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK.....	10
2.1. Introduction.....	10
2.2. Theoretical framework.....	11
2.2.1. Social Role Theory.....	11
2.2.2 Liberal feminists	12

2.2.3. Discrimination against women.....	16
2.2.4. Person- or gender-centred approach.....	17
2.3. Gender inequity; a global concern	18
2.4. The global origin of gender discourse.....	20
2.5. Gender inequalities in African societies.....	23
2.6. The birth of gender inequities in Namibia.....	24
2.7. Women and career progression.....	26
2.8. Challenging organisational gender inequality; a quest to close the gender gap.....	31
2.9. Namibia's interventions to curb gender inequities.....	34
2.10. Factors affecting women's career progression.....	38
2.11. Conclusion.....	43
CHAPTER 3.....	44
METHODOLOGY	44
3.1. Introduction	44
3.2. Research paradigm.....	44
3.3. Research site-MoHSS.....	45
3.4. Research design	45
3.5. Population.....	46
3.6. Sampling.....	47
3.7. Research instrument.....	49
3.8. Research procedure.....	49
3.9. Data analysis.....	50
3.10. Ethical consideration.....	51

3.11. Conclusion.....	53
CHAPTER 4.....	54
RESULTS.....	54
4.1. Introduction	54
4.2. Results.....	54
4.3. Promotion among nurses at MoHSS.....	56
4.4. Factors contributing to promotions.....	61
4.5. Career progression at MoHSS.....	62
4.6. Family and gender sensitive human resource policies.....	64
4.7. Proportion of women to men in management at MoHSS.....	66
4.8. Social and cultural factors impeding women’s career progression.....	67
4.9. MoHSS structural factors impeding career progression	69
4.10. Familiarity with the Affirmative Action Policy.....	71
4.11. Improving gender equity and career progression	71
4.12. Conclusion.....	73
CHAPTER 5.....	74
DISCUSSION.....	74
5.1. Introduction	74
5.2. Gender equity in nursing and level of women in management.....	74
5.3. Career progression and promotion at MoHSS.....	79
5.4. Social and cultural factors hindering women’s career progression at MoHSS.....	82
5.5. Human resource policies.....	84
5.6. Initiatives for nursing professional development.....	87

5.7. Conclusion.....	89
CHAPTER 6.....	91
CONCLUSION AND RECOMMENDATIONS.....	91
6.1. Introduction.....	91
6.2. Conclusion.....	91
6.3. Recommendations.....	93
REFERENCES.....	95
APPENDICES	106
Appendix A: PS permission letter to conduct a study at MoHSS.....	106
Appendix B: Respondent’s consent form.....	107
Appendix C: Respondent’s interview guide.....	111
Appendix D: Key informant’s interview guide.....	121

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DEDICATION

This thesis is dedicated to my younger brother, Petrus Nghishidimbwa Mwetulundila whose life never presented any exposure to see the inside of a classroom, I am seeing the inside on your behalf brother. I also dedicate this thesis to my parents, Elizabeth Mengela and Elifas Mwetulundila, you instilled in me discipline to always do my school work. I will forever be grateful to you.

DECLARATIONS

I, Paulus Mwetulundila, hereby declare that this study and a true reflection of my own research, and that this is work, or any part thereof has not been submitted for a degree at any other institution.

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Name of student	Signature	Date
Paulus N. Mwetulundila		30 January 2019

LIST OF ABBREVIATIONS AND ACRONYMS

BWASA	Business Women's Association of South Africa
EEC	Employment Equity Commission
JEG	Job Evaluation Grading
GM	Gender Mainstreaming
ILO	International Labour Organisation
KIH	Katutura Intermediate Hospital
LAC	Legal Assistance Centre
LaRRI	Labour Resource and Research Institute
MGECW	Ministry of Gender Equality and Child Welfare
MoHSS	Ministry of Health and Social Services
MWACW	Ministry of Women Affairs and Child Welfare
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
UN	United Nations
UNAM	University of Namibia
WAD	Women Action for Development
WASCOM	Wage Salary Commission
WCH	Windhoek Central Hospital

LIST OF TABLES

Table 4.1: Promotion by sex	58
Table 4.2: Perceptions on career progression by level of education.....	58
Table 4.3: Promotion status by years of experience.....	60
Table 4.4: Promotion status by level of education.....	61

CHAPTER 1

INTRODUCTION

1.1. Background of the study

For a very long time, women have been viewed as child-bearers and keepers of the home. Their roles have been homebound and have been limited to be active actors in the economic and social spheres unlike their male counterparts. However, with the rise of feminist movements and activists advocating for women participation in activities outside the home particularly in the labour force, the global arena has witnessed a promising flow of women entering the job market. Nevertheless, women's entrance in the workplace has been characterised by various obstacles, some of which women have overcome within the workplace, unfortunately factors such as gender inequality still continues to rear its ugly head.

McIntosh (2010) stressed that generally women in nursing are less successful in their careers in comparison to their male colleagues. Reference is made to Scotland whereby the national statistics reveal that although there are high levels (89.9 percent) of female representation in nursing workforce, 27.6 percent of senior nurse manager positions are held by men. Men represent 10.1 percent of the nursing workforce. Many men who work in women's professions such as nursing experience a glass escalator effect that facilitates their advancement and upward mobility within these fields (Wingfield, 2009). Research findings indicate that subtle aspects of the interactions, norms, and expectations in women's professions push men upward and outward into the higher status, higher paying and more masculine positions within these fields. This phenomenon of barriers that prevent the

ascension of women is complemented by the concept of 'sticky floor'. This concept describes the forces that tend to maintain women at the lowest levels in the organisational pyramid (Still, 1997). The phenomenon has been persistent in many parts of the globe. It is against this background that this study was carried out to determine gender equity and career progression at one of the government institution in Namibia. Particularly, the study aimed at examining the level of gender equity and career progression in the nursing profession. The study also intended to identify social and cultural factors that impede gender equity and career progression at Ministry of Health and Social Services (MoHSS) in Khomas region.

Despite legal frameworks institutionalised by the Namibian government, that is, all people are equal in all aspects, evidence continue to surface that inequalities in terms of gender are pertinent particularly in the workplace. Such inequalities are rooted into historical race and class divide in the division of work and gender roles. Before independence, blacks were denied the means to progress to high levels within the labour market and were largely confined to wage labour at the most basic levels. Excluded from the bulk of managerial, professional and administrative jobs, and with wages being below the poverty level, black Namibians found it difficult to move beyond the confines of poverty. However, there was a hierarchy of poverty: the urban poor were better off than people living peri-urban areas, who in turn were better than people in rural areas. The income differentials between whites and blacks in Namibia before independence far exceeded what could be justified by skill differentials. Even where they did the same job, there were substantial differences in remuneration (World Bank, 1991).

The Namibian government has made advances in ensuring the elimination of many forms of discrimination in formal employment following the adoption of the Affirmative Action Act 29 of 2008 (Employment Equity Commission (EEC), 2015). However, this did not completely resolve gender inequality that had in the past been persistent. This is evidenced by the EEC annual report of 2013-2014 which revealed that women representation in leadership positions has been very minimal in both public and private sectors. As indicated by the EEC report, women make up 45 percent of managerial positions whereas, only 19 percent of women are executive directors (EEC, 2014).

This study emphasis is to understand gender equity and career progression within career path and explored the level of women participation in decision-making in one of the government establishment-the MoHSS in Khomas region.

Women have made great strides in enhancing their educational capacity and ventures into traditional roles long dominated by men in the workplace, however inequality persists. More young women are choosing careers in fields such as engineering and technology. They are also running for political offices, starting their own businesses, and they no longer have to choose between marriage and family or high powered careers as had been the norm. Today's women want it all like their male counterparts (Morgan, 2015). The issue of equal pay is still a hot-button topic in many countries, and women still face gender bias especially in the workforce. Despite the best efforts of companies to promote diversity and equality, women still dominate the lower paying administrative ranks while men continue to dominate at the executive level. This inequality is affecting corporate and institutions performance as women

tend to be less motivated in the lower ranks and middle management before hitting an invisible barrier – the glass ceiling.

According to the Legal Assistant Centre (LAC, 2016), gender inequality exists for many reasons, one being the biological differences between men and women. Women bear children and can breastfeed, and these biological differences can result in strong cultural inequalities such as the concept that women must take all of the responsibilities for childcare even if they are also working. These roles are continuously socialised and normalised through different social institutions particularly in the home. Cultural norms in Namibia also often encourage women to do most or all homemaking chores, as well as to bear the primary burden of care of the ill and elderly family members. These roles are viewed less vital and no significant value is attached. Thus, the study also focused at exploring the structural barriers in terms of social factors such as patriarchy, employment policies and organisational practices that hinder women's career progression.

Furthermore, LAC (2016) stresses that women who have to fulfil their double roles (reproductive and productive) may find it difficult to meet the demands of management-level positions. The constraints of some working environments that do not recognise the need for flexibility when it comes to family responsibilities is another deterrent to women applying for, and retaining, management-level positions. This phenomenon continues globally despite the fact that many countries embarked on various policy re-formulations on gender inequality and deliberations to mainstream gender mainly in the workforce. Njiru (2013) argues that women do not reach authoritative positions with the same ease as their male counterparts with similar positions, backgrounds and qualifications. Consequently, this led to women

alienation in being active players in countries' critical developmental agendas especially on aspects affecting women's lives.

1.2. Statement of the problem

There is a problem of gender equity in many institutions globally. Various literatures on career progression; Njiru (2013), Business Women's Association (BWASA), (2011) and Zimbabwe National Statistics Agency (2016) indicate that women progress at a slow pace compared to men. Namibia is of no exception to this global phenomenon, the country's Premier Sara Kuugongelwa-Amadhila, stated on her speech delivered at the commemoration of women's day that women are still battling to get top jobs, with only 42 percent filling up such positions because of the slow pace at which women are being employed at managerial positions due to a lack of full implementation of national policies (Haidula, 2015). Jauch, Edwards and Cupido (2009) noted that despite the government interventions to address gender disparities, gender inequalities persist. The most common inequalities are the wage gaps between men and women and the sex segregation of jobs, occupations, and skewed hierarchal positions. Echoing similar sentiments, Mufune (2013) points out that results from the Namibia Household Income and Expenditure Survey (NHIES) 2009/10 indicated that more Namibia women were increasingly entering into the labour force because of the post-independence policies. However, women still lag behind in many areas of labour force participation. Moreover, with reference to the escalating statistics on gender disparities, as it has been indicated by the 2013/14 Affirmative Action report, there is an urgent need to accelerate the implementation of the National Gender policy of 2010-2020. This Policy calls for equal women participation in governance and decision making (Ministry of Gender Equality and Child Welfare (MGECW), 2010). In this context, Acker (2009), stresses that the

pattern holds even for women predominant fields, such as nursing or elementary school teaching, in which men move faster and more quickly than women in administrative and leadership positions. This demonstrates that there are definite barriers that hinder women to progress in their careers. Therefore, this study explores the magnitude of women in decision-making and identifies barriers, if any, that hinder women's progression in their career paths at MoHSS.

1.3. Objectives of the study

The overall aim of the study was to investigate gender equity and career progression in the MoHSS. The specific objectives that guided this study were:

1. To understand gender equity within career path in the MoHSS;
2. To explore the level of women participation in decision-making at MoHSS;
3. To explore the structural barriers in terms of social factors such as, employment policies and organisational practices that hinder women's career progression;
4. To assess whether organisational culture and operation of specific public institution (MoHSS) affects women career progression and equal gender participation.

1.4 Significance of the study

It is hoped that the findings of this study would yield vital information on the MoHSS status quo in terms of gender equity and women career progression. The study would also create an understanding on factors that inhibit women partaking decision making designations and career advancement within the MoHSS.

The data presented in this report could also serve as a tool to raise awareness on the importance of gender mainstreaming at all levels at the MoHSS which might be relevant to any other work setting particularly the government establishments. Lastly, the study provided recommendations on how to mitigate challenges in terms of gender equity and career progression at the MoHSS.

1.5. Limitations of the study

The following limiting factors were encountered:

- Due to a dearth of literature in the Namibian context focusing on public institutions particularly on offices, ministries and agencies (OMAs) related to the topic understudy, the researcher relied more on State Owned Enterprises and private firms' documentations as well as on literature from other countries.
- As the researcher conformed not to disrupt the MoHSS daily operations, setting of appointments with respondents was a key challenge. However, arrangements were made to interview the respondents during their free time such as during lunch hours and during their off time.
- There have been an emphasis on policies rather than practices due to a lack of evidence on policy response, yet policies are meant to usher guidance and official protection; it is practices of those entrusted with the policies that enable the workforce to progress in their careers.

1.6. Definition of key concepts

Gender: refers to the attitudes, feelings, and behaviours that a given culture associates with a person's biological sex (NJiru, 2013).

Gender equity: denotes the equivalence in life outcomes for men and women, recognising their different needs and interests, and requiring a redistribution of power and resources (Labour Resource and Research Institute (LaRRI), 2017)).

Gender inequality: social process by which people are treated differently disadvantageously under similar circumstances on the basis of gender.

Career: a person's course or progress through life (or a distinct portion of life). It can also pertain to an occupation or a profession that usually involves special training or formal education and is considered to be a person's lifework (Njiru, 2013).

Career Progression: refers to the upward movement or advancement made by people in a particular job (Njiru, 2013).

Patriarchy: describes the society in which we live today, characterised by current and historic unequal power relations between women and men whereby women are systematically disadvantaged and oppressed.

Affirmative Action: measures designed to ensure that persons in designated groups enjoy equal employment opportunities at all levels of employment and are equitably represented in the workforce of a relevant employer (EEC, 2002).

Sexual Harassment: unwarranted sexual behaviour towards an employee by the employer or a co-worker (LAC, 2016).

Glass Ceiling: Artificial barriers based on attitudinal or organisational bias that prevent qualified individuals from advancing upward in their organisations into management level positions. These barriers reflect discrimination, a deep line of demarcation between those who prosper and those who are left behind (Grout & Sonderegger, 2007).

1.7. Conclusion

This chapter provided an introductory background in terms of gender representation in Namibia's workforce and briefly shed light on the global arena on women partaking in managerial roles. Consideration is also given to the research objectives which sought to understand gender equity and career progression in the MoHSS in Namibia. The statement of the problem, significance of the study and key terms were also discussed.

The next chapter presents the conceptual framework and the review of literature as presented by various scholars and writers.

CHAPTER 2

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1. Introduction

One of the most persistent observations found in literature on gender and management in the workplace is that women continue to face barriers to entering senior and top management positions. This chapter presents a review of related literature on the concept of gender and career progression in workplaces as pursued by various scholars, analysts, researchers and authors to establish what has been discovered, assert or contest their claims and to identify gaps that are yet to be bridged. It started off by outlining the conceptual framework where the researcher based the study analysis. The birth of gender inequity in the Namibian context is also drawn as well as several interventions employed by government locally and internationally in ensuring gender equity in various institutions. The chapter further highlighted the feminists' stance in fighting organisational gender inequities which marked the birth of gender discourse in workplaces globally. Literature is therefore reviewed in relation to the objectives of the study which focused on gender equity and career progression in the MoHSS in Namibia. In doing so, the researcher employed a narrative literature review which summarises different studies from which conclusions may be drawn into a holistic interpretation contributed by the reviewers' own experience, existing theories and models. Narrative literature reviews form a vital part of most empirical articles, theses, and grant proposals, and of course many articles and book chapters are devoted specifically to reviewing the literature on a particular topic (Baumeister, 1997). Topics related to gender equity and career progression were desk reviewed both in hard and soft copies, using gender, equity and career progression as key words from peer reviewed materials, policy briefs, statistical reports, theses and dissertations.

2.2. Theoretical framework

There have been a number of theoretical explanations for the general dearth of women in management positions. These theoretical perspectives are focused on first, with emphasis on the women's life context perspective, which is especially relevant to the current study. Thus, the study is guided by the following theories namely; social role theory, liberal feminist theory, theory of discrimination against women and person-or gender-centred approach.

2.2.1. Social Role Theory

The theory emerged in the 1980s. Social role theory originated as an effort to understand the causes of sex differences and similarities in social behaviour. Its underlying assumption is that men and women are assigned to different roles based on their gender. The social role theory uses more of a structural approach in understanding gender behaviour. The structures that are most important to take cognisance of when examining the effect on gender based behaviour are family, organisations, institutions and communities. It is assumed that these structures have caused men and women to act or behave in a certain way (Eagly, Wood & Diekmann as cited in Eckes & Trautner, 2000).

From the social theory point of view, socialisation influences the society and there will be careers and roles that will be concentrated of more women and others will be concentrated of more men. Mills (2000) posits that although we are first socialised as from a very young age by our parents, into different gender roles, the socialisation process also takes place in society concerning occupations we pursue as men and women. Thus in a profession like nursing which is attached to caring and nurturing, women tend to be more predominant, whilst blue

collar jobs are dominated by more men. Again, if one digs in the profession such as nursing, it is evident that certain roles that require hard labour for instance at the intensive care units, more men are assigned in those roles. This brings in the concept of vertical segregation which exists when men and women both work in the same job categories, but men commonly do the more skilled, responsible or better paid work (Blackburn & Jarman, 1997). In this regard, Juliff, Russel and Bulsara (2016) argued that gender based roles and matters around intimate touch nursing care have been suggested as a reason why men in nursing migrate more towards the technical, rapid assessment areas of emergency and intensive care.

According to the social role theory, it is widely believed that men and women possess certain qualities and traits that predispose them to the type and nature of roles they typically occupy. Behaviour is then modelled after such stereotypes, due to demands placed on them by society. Men are believed to possess masculine traits such as assertiveness which would make them suitable for leadership positions, whereas, women are believed be more nurturing and caring, thus making them suitable for service industry vocations.

2.2.2. Liberal feminist theory

Giddens (2001) as cited in Samkange (2015) defines liberal theory as a feminist theory that believes gender inequality is produced by reduced access for women and girls to civil rights and allocation of social resources such as education and employment. It can be noted in this definition that liberal feminist theory acknowledges the existence of disparities in society that are gender related.

Theoretically, liberal feminism claims that gender differences are not based on biology, therefore women and men are not all that different. If women and men are not different, then they should not be treated differently under the law. Women should have the same rights as men and the same educational and work opportunities which however had never been the case. Thus according to Szapuová (2006), John Stuart Mill - a liberal feminist argues that any gap in intellectual achievement between men and women can be explained by the better education and privileged social position which men enjoy as opposed to women. Szapuová (2006) further argues that Mill can be considered one of the very few exceptions to the androcentric character of Western philosophy, one who stands out from a long tradition that tended more to devalue and marginalise women and subjects concerning relations between the sexes, or to keep silent about them, than to develop philosophical ideas and explanations regarding women's subordination and consider gender issues based on the principle of the equality of women and men. Liberal feminists, on this account, regard the goal of feminism as the achievement of formal equality under the law.

There has been a lobbying for gender equity in different spheres of life since the attainment of Namibia's independence in 1990. Such lobbying has significantly contributed to important legislation that has backed reforms in different areas including women representation in leadership positions. The post-colonial government of Namibia had to abolish different forms of discrimination. The government abolished discrimination based on gender, race, class, religion or any other form of discrimination. In ensuring the abolishment of discrimination on the ground of gender, the Constitution of the Republic of Namibia, Article 10 sub-articles (1) and (2) guarantees the equality of all persons before the law, and prohibits discrimination against any person on the grounds of sex, race, colour, ethnic origin, religion, creed or social or economic status (Constitution of Namibia, 1990). This was further enhanced by the

passing of the Affirmative Action Act 29 of 1998 and the national gender policy of 2010-2020.

The guiding principles of the national gender policy of 2010-2020 are informed by the national and international legal instruments for the promotion of gender equity, which the Namibian government is part and signatory. Specifically, the guiding principles strive to eliminate gender barriers at workplaces in leadership roles.

An examination of the national gender policy 2010-2020 shows that the policy had the following goals: to eliminate all negative economic, social and political policies, cultural and religious practices that impede equality and equity of the sexes; to mainstream gender in all aspects of the development process and; to ensure sustainable equity, equality and empowerment of women and men in Namibia in all spheres of life (MGECW, 2010).

The enactment of such laws and the designing of such policies can be attributed to liberal feminism within the political structures and lobby groups such as the Women's Action Development (WAD). WAD is a Namibian based non-profit making organisation and has been operational since 1994. Although WAD has progressed to empower both women and men on an equal basis, the original purpose of its establishment was, and still is, to work towards the upliftment of the living standards of impoverished rural women in particular, by imparting knowledge and skills that would enable them to effectively run their own income-generating projects, or to find jobs (de Klerk, n,d). However, since its inception, it is imperative to trace the effectiveness and ineffectiveness on the organisation's interventions

targeted at improving the livelihood of rural women which will inform similar current and future programmes.

To this end, one can affirm that the goals of liberal feminism in Namibia are embodied in various legislative frameworks which include; the Affirmative Action Act 29 of 1998 which seeks to improve gender equity in representation for marginalised groups in society including women and people with disabilities (EEC, 2015), and the national gender policy 2010-2020 which placed measures in place to ensure equitable access to economic resources and opportunities, as well as social justice for both women and men (MGECW, 2010).

The activism of liberal feminists focus has been concerned with visible sources of gender discrimination, such as gendered job markets and inequitable wage scales, and with getting women into positions of authority in the professions, government, and cultural institutions. Liberal feminist politics took important weapons of the civil rights movement, anti-discrimination legislation and Affirmative Action and used them to fight gender inequity, especially in the job market where women have been struggling in areas such as career progression into leadership roles within the available legal framework and policies. In Namibia, this is demonstrated within the mining sector which remains the gendered trade, however, the sector is beginning to employ drastic measures to ensure that companies adhere to the stipulations set out in the legal framework advocating for gender parity in all sectors of the economy. The Mining Journal (2018) quotes the former Minister of Mines and Energy, Hon. Obeth Kandjoze who said that “unless companies applying for mining licences employ more women in management positions, they will find it hard to get licences” (p 38).

Affirmative Action aggressively calls for qualified people to redress the gender and ethnic imbalance in workplaces. That means encouraging men to train for jobs such as nursing, teaching, and secretary, and women for fields like engineering, construction, and police work. With a diverse pool of qualified applicants, employers can be legally mandated to hire enough different workers to achieve a reasonable balance in their workforce, and to pay them the same and also give an equal chance to advance in their careers. However, critics have questioned these legal intervention on concept of wheel-barrowing incompetent women into critical positions of employment. According to Holzer and Neumark (1996) Affirmative Action policies have always been controversial, largely because of the allegation that they cause employers (and universities) to prefer less-qualified minorities or females over more qualified males. On this, Affirmative Action Act have clear stipulations; example that suitably qualified persons should be considered for such positions. The Employers' Guidelines to the Affirmative Action Act no. 29 of 1998 states that, "for the purpose of the Act, a suitably qualified person is defined as a person who has the abilities, formal qualifications or relevant experience for a position of employment" (Employment Equity Commission [EEC], 2002 p. 9). Thus, the Act made no provision for any loophole that will lead to the hiring of incompetent employees.

2.2.3. Discrimination against women

The universal theory referring to discrimination against women was theorised by Davis (1961), Ortner (1974), Kottak (2000) and Akpabli-Honu (n.d.). The theory states that women are commonly perceived as being closer to nature due to their physiology and maternal functions. By contrast, men are connected with culture to a larger extent. And since culture is

more valued than nature, women have lower status and men hold high status which eventually promoted patriarchy.

Understanding this perspective under the universal theory referring to discrimination against women justifies women subordination to men in society. In Namibia, this is reflected in the EEC annual report of 2013-2014 which reported that, women representation in leadership positions has been very minimal in both public and private sectors. In that, 45 percent of women held managerial positions, and 19 percent were executive directors (EEC, 2014). Being closer to nature, women should be controlled and manipulated to serve the aims of culture dominated by men and that is why women should occupy lower positions in the hierarchy (Zwiech, 2009). This theory is also justifying the traditional workplace norm of men on top of the hierarchy and women at low level. This tradition was imposed through patriarchal system and normalised through socialisation through different social structures and institutions.

2.2.4. Person- or gender-centred approach

The person-or gender-centred perspective was first promoted by Horner (1972) in her study focusing on low achievement of women in organisations, and later pursued by Hennig and Jardim (1977) in their book on 'Successful women in management'. The gender-centred and organisation structure perspectives are traditionally embraced by researchers to understand why women are underrepresented in top management positions (Fagenson, 1990 as cited in Akpinar-Sposito, 2013).

The gender-centred or person-centred perspective posits that women possess certain skills and abilities, but also a number of traits for example, submissiveness, fear of success, unwillingness to take risks and a failure to develop executive skills which are unsuitable for management. Men, by contrast, possess suitable qualities for managerial positions, such as aggression, forcefulness, competitiveness, self-confidence and independence. These skills are believed to determine different outcomes for males and females in managerial positions.

The basic proposition of this approach is that women have acquired skills through socialisation which clash with managerial role requirements. Another perception is that women have been socialised to prioritise their families and personal lives rather than their careers, which is inappropriate for managerial role requirements (Akpinar-Sposito, 2013).

2.3. Gender inequity; a global concern

Recent literature continues to depict that inequity of opportunity, treatment and outcomes between women and men still persists in global labour market. Achieving gender equity in the workplace remains one of the biggest challenges for governments, social partners and management at institution and enterprise level. Gender-based discrimination often occurs at the recruitment stage on grounds of pregnancy, or potential child bearing and rearing and the gender pay gap remains high across the world (International Labour Office (ILO), 2016). These can be attributed to the inequalities that are eminent in the workplace. Acker (2009) defines inequalities in organisations as systematic disparities between respondents in power and control over goals, resources, and outcomes; in workplace decision-making such as how to organise work; in opportunities for promotion and interesting work; in security in employment and benefits; in pay and other monetary rewards; and in respect and pleasures in

work and work relations. Organisations vary in the degree to which these disparities are present and in how severe they are.

Work settings where inequalities are predominant, cultural factors have also been adversely mentioned especially in African societies where culture is predominantly patriarchal and women value is attached to being homemakers and child bearers, which leave little room for women's career development (Njiru, 2013). This is not far from Amato (2012) conception that the problem arises when women try to balance work and family, and women end up carrying nearly all of the caregiving responsibilities and subsequently coerced to pay less attention to their productive roles.

According to Jacobs (1996), women in the United States now surpass men in terms of educational attainment, however Acker (2009) stresses that women are still scarce in top leadership positions in wealthy industrialised societies in spite of substantial gender equity in education and the entrance of an increasing number in high prestige profession and managerial jobs long dominated by men. She calls this 'the glass ceiling', whereby women seem to move up organisational ladders, but only a few actually make it to the most powerful positions. On the same note, Ali (n.d.) discoursed that the glass ceiling refers to an 'invisible barrier' which inhibits the progression to higher levels of an organisation's hierarchy for women and other disadvantaged minority groups. It is where women are fixed at lower levels of an organisation and there is very little or no opportunity for career advancement. The glass ceiling is +an inevitable result of gender stereotypes which shape beliefs about how each gender should behave. Gender stereotypes also emphasise areas where one sex may be deficient in comparison to the other sex.

Despite women's competence to fulfil the needs of their job and progress further within organisations, they are often disregarded when considered against men. To worsen this, Njiru (2013) notes that the pattern holds even for women predominated fields such as nursing or elementary school teaching, where men move more quickly than women into administrative and leadership positions. The absence of women at the top probably makes work-life more difficult for women further down in the organisational hierarchy. When women fill the top jobs, other women may benefit in some ways. According to the ILO (2016) women's positions in organisational leadership particularly union leadership and their presence on collective bargaining teams has a significant impact on the extent to which the collective bargaining outcomes are gender sensitive. When women occupy high managerial positions, the gender wage gap at lower hierarchical levels tends to be lower than when women are not present at the top. Other manifestations of gender discrimination may also be reduced when women hold managerial positions as women take strong advocacy for their fellows. Thus, breaking the glass ceiling can contribute to more general gender equity goals in workplaces.

2.4. The global origin of gender discourse

According to Ebunoluwa (2009), the struggle for women's rights began in the late eighteenth century that saw different feminist scholars and activists taking centre stage on women's right advocacy. The growth of feminism began in Europe and America when women became conscious of their oppression and took steps to readdress this oppression. Thus, in the last twenty years, gender has become part of the everyday language of social science, largely as a consequence of the feminist movement and the accompanying intellectual efforts to better understand the systematic and widespread subordination of women and their domination by men.

During the 19th century, the emancipation for gender equality became antagonistic. Worth mentioning is Mill's view which is commonly regarded as the most important representative of Enlightenment of liberal feminism. According to Szapuová (2006), Mill's criticism of the social status of women is based on his analysis of the social injustice excluding women from public and civil life, from politics and decision-making. He stresses that this kind of social injustice is one of the chief hindrance to human progress and the moral improvement of humankind. Analysing the consequences of women's subjugation, he points out that such conditions negatively affect not only the lives of women, but of men as well. Men and women alike are harmed by such a situation, and consequently the subjection of women negatively affects the whole society. As a liberal thinker, Mill expresses his strong conviction that the subordination of women, which deprives them of freedom, is an unjust violation of the principle of liberty (Szapuová, 2006). Surely this became Mill's point of departure in arguing for the need to disassemble social and legal relationships that suppress women and establish perfect equality and partnership between the sexes, in both the public and private spheres (Szapuová, 2006).

Since feminists are of the view that male domination is found in virtually all important aspects of life, this male domination is seen as the source of social inequalities and injustice which affect the life of women. Like Mill, other feminists therefore seek to remove all the barriers to equal social, political and economic opportunities for women and object to the notion that a women's worth is determined principally by her gender and that women are inherently inferior, submissive or less intelligent than men. Thus, feminist scholarship is aimed at deconstructing the established main male paradigms and constructing a female perspective which focuses on the female experience (Ebunoluwa, 2009).

Also in pursuance of women's equal right, are the radical feminists whose advocacy emphasise that women should have the complete equality to men. Early radical feminists believed that the root cause of all other inequalities is the oppression of women. Their main assumption is that the society is patriarchal, which is the form of male dominance exercised by society over women. Radical feminists argue that men inflict physical and sexual violence over women through their supremacy which extends beyond the family, as it affects employment condition, distribution of wealth, and provision of opportunities among others. Such supremacy has been accepted as normal by society and it is the philosophy of the theory that this supremacy can be challenged and changed (Samkange, 2015). Therefore, they sought to have a revolution in which they would demolish patriarchy. They wanted to make huge changes however did not wish to work within the legal system to effect changes.

Moreover, prominent in the quest to redress gender inequality, is liberal feminists whom unlike the radical feminist believe that concerns of these women are not focusing specifically on the dominance of men, but more on the devaluation of a woman's work in their home and in their workplace in our societies. Liberal feminists argue that our society holds the ignorant belief that women are, by nature, less intelligent and physically capable than men. However, unlike the radical feminist, liberals are willing to work within the legal system to bring change. Haralambos and Holborn (2008) argued that liberal feminist's views do not radically challenge the existing values and as such they aim for gradual change in the political, economic spheres. They work hard to emphasise the equality of men and women through political and legal reform. To this effect, feminists were and still are significant part of women's history. Feminists have worked to achieve full equality though not yet fully attained. Therefore, feminism is directly related to women's and gender studies in the post-modern era where interventions to reduce gender inequities are witnessed across the globe.

2.5. Gender inequalities in African societies

In Africa, it is argued that the processes that create gender differences and inequities in favour of men are not only found at the household level but are also eminent in the labour market as well as other aspects of our economic, social and public lives. Although variation does exist between countries, women are associated firstly and mainly as caregivers and responsible for meeting the basic needs of the family. These have been women's work and remained unpaid (African Labour Research Network, 2004). The similar conception is discoursed by Njiru (2013) that in African societies where culture is mainly patriarchal, women value is attached to being homemakers and child bearers and leaves little room, if any, for women to have access to the workplace.

There are strong beliefs that jobs outside the home limit women to perform their most important roles of child bearing and home making, thus it was discouraged in the strongest terms. For the few that work, taking up leadership positions in the organisations they work for isn't greeted with much enthusiasm, this suggests that these women neglect their wifely duties (Njiru, 2013). Furthermore, to worsen the gendering of roles, the men in the few career women's lives such as husbands, sons or brothers discourage them in taking up managerial positions as they believe they may become hard heads. This tradition or culture is far more rooted than many people think; women themselves have also been made to believe they are better off in periphery roles than active ones (Njiru, 2013). Traditional institutions such as marriage, family and religion as well as modern ones such as democratic, educational and other public and private institutions collectively reinforce gender inequality in African societies.

Society also gives men the chance to develop other characteristics by giving them access to education, training and experience. Men are seen as being able to focus more on their work because they do not have maternity and childcare responsibilities, which are seen as women's rather than society's responsibilities. Also in denoting the importance of women at the workplace are the Marxist theorists who claim that women comprise a 'reserve army of labour'. They argue that women can enter into paid jobs when there is a shortage of male labour. But they are also expected to leave formal employment, when they are no longer required (Ali, n.d.). All these connotations imply that men are more highly valued, given more responsibilities outside the home and paid more (African Labour Research Network, 2004).

2.6. The birth of gender inequalities in Namibia

Richardson and Robinson (2007) define gender as the learning of culturally and historically specific social roles associated with women or men, and used to describe a person's identity as masculine or feminine. Gender inequality in many societies is an aftermath of patriarchy, which is a social system in which males hold primary power and predominate in roles of political leadership, social privileges and control of property embedded in different cultures. While equity is defined as fairness of treatment for men and women according to their respective needs. This may include equal treatment or treatment that is different but which is considered equivalent in terms of right, benefits, obligations and opportunities (LaRRI, 2017).

In order to understand the origin of gender inequality and the division of labour within the Namibian setting, it is important that we pay a closer look at the history of Namibia from the pre-colonial period up until the post-colonial period. This can shed light on what Jauch, Edwards and Muchena (2011) led to what they termed the trajectory of gender inequality in Namibia in their work titled '*Tearing us apart; inequalities in Southern Africa*'.

Gender inequality in Namibia can be traced back before colonialism took its course when the country's economy was purely agrarian, based on collective control of resources. Clear divisions of labour have been noticed during this period whereby women's roles were to provide primary source of labour and fertility that ensured future labour supply (Jauch et al, 2011). They argue that through society's mutually ownership of significant productive assets, it ensured a fair distribution of wealth within the community. Important necessities such as land and livestock were possessions of the community groups and forbid individual's right to claim ownership to such resources. Further, they pointed out that a clear manifestation of gender inequalities erupted when men began controlling the labour of women, control social surpluses produced by female labour, control women's sexuality and control their fertility.

Although land was a collective possession, the system favoured men whom only had access to land ownership than women. Adult males were beneficiaries of land from the chiefs and controlled over key productive assets (Jauch et al, 2011). According to Jauch et al (2011), this shaped what they termed the trajectory of gender inequalities that is in persistence up until today.

Fuelling to the existing gender inequalities was the introduction of foreign rules imposed during colonialism, especially through migrant labour system. During the colonial era, women's traditional subordination has been retained and entrenched through new forms of oppression. The migrant labour system in particular had detrimental effects on women as it forced them to take over multiple responsibilities that were traditionally performed by men. They had to cope with the burdens of child rearing, attending to subsistence crops and livestock as well as managing of extended households. Male migration for labour increased women's dependency on male remittances and promoted patriarchal authority over women.

2.7. Women's career progression and promotion

For employees climbing the corporate ladder, the distinction between career progression and promotion can be insignificant. However, career progression differs from promotion in several ways. Differences can include salary, authority, job duties and responsibilities and even location or territory. Presumably, all promotions are deemed career progression, yet all instances of career progression aren't promotions. Louie (2014) defined career progression in different folds; to some individuals, career advancement means reaching a top position at a particular company; for others, it could mean gaining experience in multiple professional fields in order to create a unique and versatile role for oneself. Still other ideas of career advancement include an entrepreneur's dreams of success, an author's hopes for publication, and a developer's desire to acquire more complex technical capabilities while on-the-job, which concur with Mizell (2010) argument on professional development which refers to many types of educational experiences related to an individual's work. People in different professions and businesses participate in various professional development to learn and apply new knowledge and skills that will improve their performance on the job. While promotion is

defined by French (1987) as a type of transfer involving reassignment of an employee to a position having higher pay, increased responsibilities, more privileges, increased benefits, and/or greater potential.

Literature has noted that in general it is difficult for women in many work settings to fully participate and progress in the formal labour market due to traditional household roles as mothers and carers and there is a persistent observation found in literature on gender and management in the workplace that women continue to face barriers to entering senior and top management positions. Training, working hours, shift systems, promotion and transfers in the formal sectors are designed in such a way that many women, particularly married women and mothers are either automatically excluded or disadvantaged because of their household responsibilities. As a result of the conflict between demands of formal sector jobs and their household responsibilities, women lose opportunities for promotion and career growth (African Labour Research Network, 2004).

The research study by Kayi (2013) on the progression of women to senior management positions at South African Universities in the Western Cape reported that the higher education sector in South Africa has its own challenges when it comes to representation of women in senior management. According to a survey, which was conducted in 2007, three of the 23 Vice-Chancellors (13 percent) and five of the 23 Registrars (21 percent) are women. Women also comprised 21 percent of the Deputy Vice-Chancellors, while another 21 percent were Executive Directors. Although women constitute over 50 percent of the higher education workforce in South Africa they are still under represented. These statistics reveal

that in a profession, which is dominated by women, they are greatly under-represented in positions of senior management.

Namibia is of no exception to this global phenomenon, as it has been noted by Prime Minister Sara Kuugongelwa-Amadhila, in her speech delivered at the commemoration of women's day (Haidula, 2015). She stated that women are still battling to get top jobs, with only 42 percent filling up such positions because of the slow pace at which women are being employed at managerial positions due to a lack of full implementation of national policies. The government enacted the Affirmative Action (employment) Act 29 of 1998 with the aim to address imbalances in terms of gender, race and disabilities, but the countries still face huge gender disparities for about two decades since the adoption of the Affirmative Action policy.

According to the EEC annual report of 2015, the workforce profile statistics collected from employers' Affirmative Action report did not show a significant improvement in the representations of persons in designated groups (persons from previously disadvantage groups, women and person with disabilities) at decision-making levels. Similarly, on the trade unions representations as posited by LaRRI (2017), trade unions are more male dominated and women representation on the level of the affiliates show that the shop floor representation and the branch executive's structures have more women. However, male dominance is still the norm at the federation level. In the structure of National Union of Namibian Workers (NUNW) and Trade Union Congress of Namibia (TUCNA) more than 80 percent of the positions are held by men.

According to Laniran and Laniran (2017), the United Nations states that women constitute over 49 percent of the world population and have not achieved much equality in any country of the world. Njiru (2013) noted that fewer women reach top management globally compared to men on various capacities; politics, career, or small committee groupings. In the United State of America and United Kingdom for instance where gender is assumed to have been attained, women constitute 40 percent of the entire work force and only 2 percent hold top management positions. She further argues that experts have offered different explanations to these gender variations, the top of the list being women discriminated at the workplaces.

A study carried by McIntosh (2010) in Scotland reveals that the national statistics indicate that female representation in nursing accounts to 89.9 percent of the workforce and 97.4 percent of part-time employees. This representation is not translated into senior positions. It is further reported that 27.5 percent of senior nurse manager positions were held by men who represented only 10.1 percent of the nursing workforce. Furthermore, McIntosh (2010) argued that male nurses are more likely to occupy senior nursing grades. Male representation in the lowest registered nursing grade was only 6.35 percent in comparison to female colleagues but as the grades ascended in seniority, ultimately reaching senior nurse manager posts, men's proportion of occupancy reached 27.5 percent of the available posts. Similarly, the study by Christensen and Knight (2014) reveals that approximately only nine percent of the nursing workforce in New Zealand is male. It is remarkable that in New Zealand male nurses represent a higher percentage of men in the profession than the United States of America, Australia or the United Kingdom.

According to BWASA Women in Leadership Census for 2011, South Africa is progressing far better than many of its global counterparts in women's representation at the director and executive management levels. According to BWASA (2011) women's representation at the executive management level in South Africa is 21.6 percent, compared to the percentages in Australia (8 percent), Canada (17.7 percent). The representation of women at the level of director for 2011 is 15.8 percent for South Africa, 8.4 percent Australia and 14.0 percent Canada (Carrim, 2012). However, although the number of women in leadership positions may have risen, women do not necessarily have greater power to effectively lobby for the fellow women (Moodley, Holt, Leke, & Desvaux, 2016).

The Zimbabwe National Statistics Agency (2016) reported that women's participation in political decision making as full and equal partners with men has not yet been achieved in Zimbabwe. Although women make up about half of the electorate, have attained the right to vote and hold offices in almost all the countries of the world, they continue to be underrepresented as members of national parliaments. The agency further states that there are low levels of representation of women in all the selected public offices. Women constituted about 48 percent of members of the Upper House of parliament and 40 percent among provincial ministers. While in Kenya, Kirai and Mukulu, (n.d.) stated that government statistics show a high number of women in low ranks of the civil service. A status report on women indicates that 84 percent of men take share of senior positions. Similarly, this situation is also prevalent in parastatals where majority of male employees stand at 61 percent. Although women constitute majority of the population, they still constitute a big workforce whose employment is regarded as complementary rather than essential.

2.8. Challenging organisational gender inequity: a quest to close the gender gap

From conception, gender inequality erupted from the household level to community level then eventually landed in the workplace and manifested itself. It became a catalyst of unfair treatment between male and female employees in organisations. This saw the birth of reactionary stances especially from the feminist scholars focusing on gender inequity in organisations. Considering that gender at workplaces became eminent in the late 1960s and early 1970s, feminist scholars criticised conventional organisational as inadequate because it ignores the importance of gender in working life (Acker, 2012). As a result, scholars progressed well on researching gender processes in organisations, created new concepts including “gendered and gendering”, and greatly increased the awareness on how gender inequalities are produced and reproduced.

Messner (2009) defines gendered institution as an institution constructed by gender relations whereby its structures and values (rules, formal organisation, sex composition etc.) reflect a conception of masculinity and femininity. Furthermore, Messner (2009) defined gendering institutions as institutions that help construct the current gender order, which include creating masculine and feminine identities. The notion of theorising gender became more challenging because of intersectionality, the idea that gendered processes do not stand alone but intersect with and are shaped by race and class processes, as well as other forms of inequalities and exclusion that are deeply embedded in different societies (Acker, 2012).

In complementing feminist activists, analysts, scholars and writers, different governments regionally and internationally took bold steps in the fight against gender inequalities through

Acts of parliaments and policies in respective countries as well as treaties and conventions at regional and international levels. Namibia ratified and is a signatory to various treaties and conventions at regional and international levels. One of the strategies is Gender Mainstreaming (GM) which was formally adopted at the 1995 Fourth World Conference on Women in Beijing. GM assumes that women and men are differently affected by policies and its aim integrate such knowledge into all dimensions of decision making that have previously largely excluded women partaking. GM requires that from inception, all policies should be analysed for their gendered impact so they can benefit men and women equally (United Nations (UN), 2002).

The new, more comprehensive post-2015 Sustainable Development Goals (SDGs) recognise the essence of GM. Particularly, relevant is goal 5, which aims to ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life (UN Development Programme, 2015). A major reason why women are still lagging behind socially and economically in most developing countries is because they do not have enough representatives of their own in governmental and political positions to air their views and grievances on their behalf.

Also worth noting is the convention concerning equal remuneration for men and women workers for work of equal value known as the Equal Remuneration Convention of the ILO. This convention's principles aimed at equal remuneration for work of equal value for men and women across the board. States that are signatories may accomplish this through legislation, introduction of a system for wage determination and/or collective bargaining agreements (ILO, 2016).

Further, Agenda 2063 is a strategic framework for the socioeconomic transformation of the continent over the next 50 years. It builds on, and seeks to accelerate the implementation of past and existing continental initiatives for growth and sustainable development. The African woman will be fully empowered in all spheres, with equal social, political and economic right. Africa of 2063 will have full gender parity, with women occupying at least 50 percent of elected public offices at all levels and half of managerial positions in the public and the private sectors. The economic and political glass ceiling that restricted women's progress will have been shattered (African Union Commission, 2015).

At the regional level, the Southern African Development Community (SADC) effected a Protocol on Gender and Development in 2008 which requires that states parties shall endeavour that, by 2015, at least 50 percent of decision-making positions in the public and private sectors are held by women including the use of Affirmative Action measures (SADC, 2013).

In overseeing the outcome of Protocol on Gender and Development, the SADC Gender Protocol Barometer produced by the Southern Africa Gender Protocol Alliance is one document that is aimed at measuring progress in the implementation of the SADC Gender Protocol by the member states. It is updated annually by measuring the success of these commitments at the Member State level. According to the SADC Gender Protocol Barometer, representation of women in parliament within the SADC regions increased from an average of 21 percent in 2005 to 25 percent in 2011. This is in comparison to the 3 percent to 19 percent global average. These numbers are impressive; however, overall, the 2011

average is still only half way to the target of 50 percent women representation by 2015 (SADC, 2013).

2.9. Namibia's interventions to curb gender inequities

There are noted challenges in Namibia relating to gender equity and women's empowerment that remain of a great concern and if not addressed according to Shindondola-Mote, Otoo and Kalusopa (2011) could threaten development achievements made so far. Further, they stress that the government of Namibia has a political and moral commitment to the goal of gender equality, enhancing equity and advancing women through key legal provisions.

As the country's population is growing at a steady pace, it is making it easier for the government to effectively implement its policies. According to the Namibia Statistics Agency (NSA) (2012) report on the population and housing census of 2011, the country's population stands at 2 113 077 which rose from 1 830 330 as reported by the 2001 national census conducted by the National Planning Commission (NPC) (2002). Of the total 2 113 077 Namibian population, 1 091 165 are women. This implies that the country's population is characterised slightly by more women than men (Mufune, 2013). Consequently, according to the country's latest labour force survey report, there are about 990 998 people in the labour force, 502 639 are women which account for 51 percent of women participation in the entire labour force. The figures of female entrants in the labour market look promising but there are numerous structural factors that affect women's working conditions.

This was later fuelled by the fact that shortly after independence, the country inherited laws that undermined women active involvements in the economic realm. Such laws further drove women into a wide underrepresentation in various organs in the decision-making authorities. As a result, gender disparities had widened making it difficult for a number of women to rise and many got trap into the vicious circle of poverty due to a dearth of socio-economic advancement policies specifically targeting women at the time.

The initial stride to advocate for gender matters in Namibia was the Department of Women Affairs (DWA) which was established as gender focal point in the government under the office of the President shortly after independence to play the co-ordinating role in respect of gender subjects (Republic of Namibia, 1995). It was therefore through the DWA that the country ratified the UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1992 that advocates for member states to act swiftly against the discriminatory practices based on gender (Ruppel, 2008). Thus during the mid-1990s, saw the government interventions in addressing gender inequalities that were created during pre-colonial and retained during colonial and post-colonial era (Republic of Namibia, 1995).

The milestone was achieved when the government managed to establish the independent Ministry of Women Affairs and Child Welfare (MWACW). The major roles of MWACW have been to provide services and coordination to the public on concerns of gender, children and development. Its mission is to ensure gender equality and socio-economic development of women and men and the well-being of the children. The Ministry of Women Affairs Child Welfare was later renamed to a more inclusive Ministry of Gender Equality and Child Welfare.

Subsequently, in 1997, the government also adopted the National Gender Policy, which marked an important step toward the attainment of gender equality in the country. The policy provided a framework to guide the implementation of programmes aimed at meeting expectations of the Namibian people, especially women to attain fundamental freedom and to be equal to their male counterparts with regard to participation in all developmental programmes and nation-building efforts (MGECW, 2010).

Amongst other government interventions, was the inception of the EEC and formulations of policies and guidelines to guide the country in gender related matters. The EEC became the custodian of the Affirmative Action Act of 1998 under the Ministry of Labour and Social Welfare (EEC, (2002). This legislation intends to foster fair employment practices with regard to recruitment, selection, appointment, promotion and equitable remuneration of the previously disadvantaged persons. Previously disadvantaged persons include women and person with disabilities referred to as designated group. Such interventions have eased a number of women to enter the work force in various positions and industries that have been the male domain, although not promising particularly into management levels. Like the National Gender Policy, Affirmative Action Act also aimed to close the gaps that were created by past socio-economic, political and cultural inequalities that existed in the pre and post-colonial Namibia.

The government also formulated a national long-term objective called the Vision 2030. The overall goal of Vision 2030 is to improve the quality of life of the people of Namibia to the

level of their counterparts in the developed world by 2030. It entails specific objectives that aim to address the status quo in terms of gender inequity that is persistent in Namibia. The objectives are listed below:

- Women occupy important roles and perform essential functions in society.
- Opportunities for equitable social and economic development and employment creation available for men and women throughout Namibia.
- Minimum standards ensure equitable access of men and women to services.
- Women and men are well represented in the work place at all levels, and in decision-making positions, including the political arena (Sheyavali, 2016).

However, Jauch et al (2009) note that despite all these government interventions to address gender disparities, gender inequalities persist. The most common inequalities are the wage gaps between men and women and the sex segregation of jobs, occupations and skewed hierarchal positions. Echoing the similar sentiments, Mufune (2013) stresses that results from Namibia Household Income and Expenditure Survey 2009/10 (NHIES) indicate that more Namibian women are increasingly entering the labour force due to the post-independence policies. However, women still lag behind in many aspects of labour force participation, one being the smooth penetration into managerial roles both in public and private organisations. As global literature continually depicts that women career advancement is hindered by the glass ceiling even in the fields that they are predominantly found, this study aims to establish if there is a pattern that exists in Namibia. This is because there tend to be a dearth of literature on gender equity and career progression particularly focusing on government institutions.

The analysis of literature on gender and career progression discourse in Namibia placed an over emphasis on policies rather than practices; yet policies are meant to usher guidance and official protection; it is practices of those entrusted with the policies that enable the workforce to progress in their careers. Practices are not adequately explored due to a lack of policies responses evidence. Thus there is a need to assess the effectiveness and ineffectiveness of the practices. The assessment outcome will be an effective tool to clarify problems and identify appropriate interventions or solutions. Once clearly identified the problem arising from the practice, finite resources can be directed towards developing and implementing a feasible and applicable solution.

2.10. Factors affecting women's career progression

Women generally continue to perform primary care-giving to children and dependents while concurrently managing the demands of their workforce participation. Their career development issues, concerns, tasks, and responsibilities, moulded by the work-family pressures they experience, may be distinctly different from those of men. This section looks at various factors affecting the career development of women as literature has depicted.

Gender inequity is particularly prominent in different professions today. Women are concentrated in those occupations that are relatively low within the professional hierarchy. The reasons for disadvantages for women in comparison to men can be described in terms of structural or systematic sexism which are prejudices or discrimination based on ones' gender found within organisational structure. This implies that, structures are designed to either exclude women or discriminate against them. Women are taught at one level to have different

expectations of life while at another level, they learn that they are not equal; a notion that many normalised. While women have made considerable progress towards equity in the workplace, gender obstacles continue to surface in today's work environment which affects their career advancement (Nyiru, 2013).

Another chief hindrance to the advancement of women career is attributed to gender stereotypes in different workplaces. Heilman (2012) defines gender stereotype as the generalisation about the attributes of men and women. According to Njiru (2013) gender stereotype is created as result of the socially approved roles of women and men in in the private or public sphere, at home or in the workplace. In the household, women are typically seen as mother figures, which usually place them into typical classification of being supportive or nurturing. Thus women are anticipated to want to take the role of a mother and take on primary responsibility for household needs. These perceptions affect their presence in the work settings as their platform to progress into leadership designations become minimal due to gender stereotypes.

Moeketsane (2014) argues that married women are more often expected to take on less demanding jobs and that single women are more likely to advance rapidly than their married counterparts. This is due to the belief that single women have less home responsibilities and are able to dedicate more time to work tasks. While having children may reduce advancement opportunities for women for a number of reasons. Firstly, some women may choose to take less work responsibilities once they are mothers. Another reason is that women continue to take on the bulk of household responsibilities and childcare, leaving limited time for career advancement opportunities as the conflict role theory claims. Lastly, the organisations may

mistakenly assume that women with children will have reduced commitment to the organisation and less interest in career advancement opportunities (Moeketsane, 2014).

Chauvinism which is an attitude that the members of your own sex are always better than those of the opposite sex is deeply embedded than many people realise Njiru (2013). This is because men seem to see fellow men as unique and special while their women counterpart are considered weak or inferior in executing in certain portfolios particularly in management.

According to Tharp (2009), the culture of an organisation eminently influences its many decisions and actions. An institution's prevailing ideas, values, attitudes, and beliefs guide the way in which its employees think, feel, and act quite often unconsciously. As culture is learned passively or actively and is transmitted cross-generationally through formal or informal interaction, organisational culture tends to affect women career advancement in organisations that have been predominantly governed without or with less women in leadership positions.

Broadly speaking, compared to men, women face gendered structural barriers constraining their opportunities in the labour market. Much sociological research examined the social processes segregating women into female-dominated occupations and job ladders. But even when women have started entering careers in male dominated fields, structural barriers, often described as glass ceilings, continue to limit their advancement (Cech & Blair-Loy, 2010).

According to Njiru, (2013), the Glass Ceiling Effect is the artificial barrier based on bias that prevents qualified individuals progressing in upper management levels in an organisation. Where the glass ceiling is present, women receive lower paying positions. This has a detrimental effect on the morale and economy of any corporation. Women are the most visible victims of the real glass ceiling due to the deeply ingrained attitudes at the lower levels. They have to be better than the equivalent male colleague to win in the promotion handicap stakes. It's tough to make it to the top, usually requiring higher levels of merit, in order to achieve senior executive status.

This section intends to explore how cultural beliefs and practices are used to enforce the sexual division of labour. Through the process of socialisation, roles are associated to either femininity or masculinity. In a country like Namibia, there are strong traditional and cultural practices which dominate the lives of many men and women. They have to conform to these norms, values and practices in order to be part of their community. According to Lipinge and Lebeau (2005), in the majority of the cultural communities in Namibia, women are usually responsible for household chores and have no decision-making power in the home or in the community. Women are viewed as minors within their community and are under the authority and guidance of men.

Equally, Njiru (2013) argues that culturally, society believed a woman's place was in her home, caring for her husband and children as opposed to the workplace. Valued feminine traits such as humble nature and submissiveness were feared to be lost if women entered the workforce. Women commonly assisted their husbands with maintaining the family or acted as a business partner, although they often received no pay. If they were paid for their work,

women earned less than their male counterparts. Some cultural critics accused working women of being negligent mothers. Women are expected to perform duties as wife and mother, in addition to fulfilling their professional responsibilities. Because women's work and family demands were simultaneous, these demands had a significant impact on women's careers because it reduces their potential of achieving professional status compared to men.

Despite their increasing numbers, women have tended to enter the workforce in lower status, lower paying jobs, and remain clustered in a limited number of conventional careers in recent past. Low paying traditionally female careers, including administrative support, sales, service, nursing, teaching, social work, and clerical jobs, reflected society's persistent attitudes regarding stereotypical occupational roles for males and females (Njiru, 2013).

Finally, the processes of recruitment, hiring and promotion are processes also identified to impede gender equity. Female bodies are appropriate for some jobs; male bodies for other jobs. At the managerial level, recruitment, hiring and promotion processes are informed by images of the successful manager. This image is stereotypically masculine; the successful organisation and the successful leader share many of the same characteristics, such as strength, aggressiveness and competitiveness. Such stereotyping has been documented for over 30 years and continues into the 21st century, constituting a major barrier to women's entry into top level management (Paustian-Underdahl, Walker & Woehr, 2014). Thus, women managers face a gendered double bind: they are both too masculine and assertive or they are too feminine and soft. If women's behaviour seems too assertive and masculine they may be seen as competent but not likeable; if their behaviour is too feminine, they may be seen as likeable but incompetent. Women leaders have to work harder than men at the same

corporate levels to be perceived as equally competent and to receive the same levels of rewards. This stereotyping is often unrecognised, even as it enters into assessments of candidates for hiring or promotion.

2.11. Conclusion

This chapter presented the study conceptual framework and provided a review of literature from scholars and writers related to the subject under study which is 'gender equity and career progression in the MoHSS in Namibia'. The global and gender and the Namibian gender discourse have been outlined as well as various interventions employed toward the realisation of gender equity. Reviewed literature related to the key study objectives were looked at in terms of what other scholars and writers have researched on women's career progression. Various literature shows that many employers' have negative attitudes toward women in the professions and employment in general.

Most employers also hold traditional views about the suitability of men or women for certain jobs. On legal reform and practices affecting women's career progression, literature indicates that because men have traditionally held positions of power, personnel policies and work structures tend to reflect the life experience of men and are often in conflict with the life experience of women. Thus making it difficult for women to break the glass ceiling. Factors affecting women's career progression in workplaces globally have been discussed and reviewed.

The next chapter reviews the research design and method of analysis employed in the study.

CHAPTER 3

METHODOLOGY

3.1. Introduction

This chapter expounds on the research methodology that was employed in carrying out this study. It constitutes the research paradigm, research site, research design, population under consideration, sampling design, research instrument, procedure, data analysis and ethical considerations.

3.2. Research paradigm

The study leaned on a transformative worldview or paradigm as other authors called it. According to Creswell (2014), this position arose during the 1980s and 1990s from individuals who felt that the postpositivist assumptions imposed structural laws and theories that did not fit the marginalised individuals in our society or matters of power and social justice, discrimination and oppression that need to be addressed. It places central importance on the study of lives and experiences of diverse groups that have traditionally been marginalised. Of special interest for these diverse groups is how their lives have been constrained by oppressors and the strategies that they use to resist, and subvert these constraints. In studying these diverse groups, the research focuses on inequities based on gender, race, ethnicity, disability, sexual orientation and socioeconomic class that result in all asymmetric power relationships. Hence, this paradigm is applicable in studying gender equity and career progression which involve women who fall under the marginalised and the oppressed in several aspects within society and at workplace in particular where this study placed its emphasis.

3.3. Research site-MoHSS

The study was conducted at public hospitals, health centre and clinics in Khomas region. These health facilities are; Windhoek Central Hospital (WCH), Katutura Intermediate Hospital (KIH), Robert Mugabe clinic, Wanaheda clinic, Hakahana clinic, Okuryangava clinic, Otjomuise clinic, Khomasdal clinic, Donkerhoek Clinic, Maxwilili Clinic and Katutura Health Centre.

3.4. Research design

The study employed a mixed methods design which involves the collection of both qualitative and quantitative data in response to research questions and hypotheses (Creswell, 2014). Stangor (2011) describes research design as a method used by researchers to collect, analyse and interpret data. Similarly, Durrheim (2006) explains that research design is a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research. The researcher opted for a mixed method for this study as Creswell (2014) commends that mixed methods provide different types of information; open-ended data in case of qualitative and close-ended data in case of quantitative that the study was interested in collecting. Specifically, the researcher used the convergent parallel mixed method design in which a researcher converges or merges quantitative and qualitative data in order to provide a comprehensive analysis of the research problem. This design allows the researcher to collect both forms of data at the same time and then integrates the information in the interpretation of the overall results (Creswell, 2014).

Given that the purpose of this study is to understand gender equity and career progression at the MoHSS, the underpinning approach of this study was the descriptive method. Descriptive research design is concerned with finding out what, where and how of phenomenon. The study chose descriptive research design because the study aimed at exploring and build a profile about factors affecting gender equity and career progression in nursing profession in Khomas region.

A total of twenty three interviews were administered. Twenty two in-depth interviews were conducted with nurses at different levels and one with a human resources director who was selected as key informant from the MoHSS. The study mainly made use of spoken or narrated information by respondents through interviews on subjects pertaining to gender equity and career advancement at the MoHSS.

The qualitative approach underpinning the study is the narrative inquiry, which is an umbrella term that captures personal and human dimensions of experiences over time, and takes account of the relationship between individual experience and cultural context (Etherigton, n.d.). Structured questions in the interview guide were used to collect quantitative information from the eligible respondents.

3.5. Population

Johnson and Christensen (2012) defined population as a large group to which a researcher wants to generalise the sample results. The targeted population of this study included all nurses in Khomas region at all clinics, health centres and hospitals. There are 590 registered

nurses and 587 enrolled nurses in Khomas region, 30 percent of the given population are said to be males. These statistics are provided by MoHSS human resources department. The studied positions constituted enrolled nurse, registered nurse, senior registered nurse, chief registered nurse and control registered nurse. The population was however reduced due to the exclusion of two job categories namely, deputy director and director positions which were included initially at a proposal stage. The researcher deemed this right after interviewing the key informant (director of human resources) who conversed that it is not necessarily a prerequisite that for one to advance to level of deputy director and eventually to a director positions one should have a nursing qualification. However, since the primary objective of MoHSS is on health matters, holding nursing background is essential and enhances the chances for one to advance into those management designations during the screening process.

3.6. Sampling

Runane (2005) suggests that in research it is often difficult to study large groups of people. Hence, often researchers should select a small number of research population. The researcher, therefore, had to select a sampling method that would be representative of the research population. The researcher requested and obtained five different nursing categories from the human resource department of MoHSS from which the research respondents were drawn. These were:

- Enrolled nurse
- Registered nurse
- Senior registered nurse
- Chief registered nurse
- Control registered nurse

Since the population is large and homogenous, the study opted for a purposive sample which is defined by McMillan and Schumacer (2001) as a strategy to choose small groups or individuals likely to be knowledgeable and informative about the phenomenon of interest was used in the study. The researcher conveniently chooses MoHSS staff from different nursing profession as respondents of the study to best answer the research questions. In addition, the nursing profession classifications were further stratified into five strata excluding the deputy director and director grades as initially planned. A purposive sample of twenty two respondents and one key informant from human resources department formed part of this study.

The sample was proportionately distributed in the three strata: enrolled, registered and senior registered, and gender consideration was taken into account during the selection of respondents. This implies that six respondents were drawn from each stratum consisting of four women (70 percent per stratum), two men (30 percent per stratum). To select respondents at all health facilities, the researcher sought permission from the nurses in charge to set appointments for interviews. In this regard, convenience sampling was employed for the nurses who were the most available for the research study. Once nurses agreed to partake in the study, appointments were sought during the time that suit them without jeopardising their work schedule.

For the remaining two strata which are the highest in the nursing hierarchy namely, chief registered nurse and control registered nurse are only found at the two hospitals and each position is occupied by one incumbent. This has considerably reduced the sample size in the two strata, thus the researcher interviewed all the incumbents in both positions at WCH and

KIH whom totalled to only four respondents in the two hospitals instead of twelve respondents as initially anticipated during the proposal stage.

3.7. Research instruments

The study collected primary data through semi-structured interview guides for selected respondents and key informant which were administered on a face-to-face basis. Interview guides were developed based on specific objectives of the study and comprised of both structured and unstructured questions. The tools consisted of two sections. Section A of the guide was designed to capture the demographics of the research respondents, whilst Section B consists of content-based questions designed to record how individual respondents view/feel about gender equity and career progression at MoHSS. Semi-structured tools are resourceful due to their flexibility, supplementary, and probe questions during the course of the interviews.

3.8. Procedure

Approval was issued by the University of Namibia (UNAM) Postgraduate Committee. Thereafter, permission to carry out the study at clinics, health centres and hospitals was sought by the researcher's supervisor from MoHSS research office and office of the Permanent Secretary. Data collection commenced a week later after the authorisation was granted. The researcher had sufficient time to ensure that all the field logistics prior to data collection were in place. The aims of the study as well as the significance of the respondents' participation were entirely explained.

Thereafter, appointments were arranged with eligible respondents to avoid clashes with their operational schedules. Thus, convenient time, date and venues were agreed upon with those who consented to participate in the study. The study collected primary data through interview guides from respondents and key informant. The interview guides were developed based on the specific objectives of the study. They comprised of both structured (close-ended) for demographic information and semi-structured (open-ended) for opinion questions. Therefore, the interview guide was successfully used as prompts during the interviewing sessions and the sequencing and asking of the questions was flexible and used to help focus on possible topics. All interviews lasted about 20-30 minutes.

3.9. Data analysis

Primary data was captured and processed using the Statistical Package for Social Sciences (SPSS) with the aid of a professional statistician. Thereafter, descriptive statistics was used for the purpose of analysis and presentation. In this regard, the researcher used descriptive statistics to interpret the data. The data was presented in the form of tables for ease interpretation.

For the qualitative data collected from in-depth interviews, the study made use of content analysis. Content analysis is a research tool used to determine the presence of certain words or concepts within texts or sets of texts. Researchers quantify and analyse the presence, meanings and relationships of such words and concepts, then make inferences about the messages within the texts, the writer(s), the audience, and even the culture and time of which these are a part (Colorado State University, 2018). Kothari (2004) explains content analysis

as the analysis of the content of documentary and verbal material, and describes it as a qualitative analysis concerning the general important message of the existing documents and measure pervasiveness. The researcher analysed the responses provided by the respondents from in-depth interviews within the context of factors affecting gender equity and career progression of nurses in Khomas region.

3.10. Ethical considerations

The essential purpose of research ethics is to protect the welfare of research respondents. Bloor and Wood (2006) view ethics as guidelines or set for professional practices, which serve to advice and steer researchers as they conduct their work. This study was granted institutional ethics approval and adhered to the tenets of the Declaration of Helsinki. The following were the ethical considerations that the researcher took cognisant of during the data collection process and the analysis of the data collected.

- The researcher obtained an ethical clearance from UNAM Post Graduate Committee to carry out the study at the MoHSS.
- Before data collection began, permission was sought from the MoHSS. A formal written request letter with particulars of the study, copy of the proposal, consent form and research instruments were sent to MoHSS research office.
- Respondents were only approached after MoHSS research office and office of the permanent secretary approved the research study.

- The respondents were all informed that their participation would be completely voluntary and that no incentives would be given to any of them. Furthermore, it was clarified that no one who partook in the study would be advantaged or disadvantaged in any way.
- It was moreover explained to the respondents that participation in the study would pose no risk to them as their responses or interview transcripts would not be shared with anyone they worked with, including their colleagues and immediate superiors. This would prevent victimisation.
- Because data was collected in the form of interviews, respondents were thus known to the researcher. Therefore, they were not anonymous, however they were assured that anonymity would be guaranteed in the report write up.
- Before the commencement of the interviews, all selected respondents were informed of their right to withdraw from the study if they so wish at any point without any penalty.
- All selected respondents were fully briefed on the content and procedure of the study and to ensure participant autonomy and informed consent, a comprehensive participant consent form was provided for those nurses willing to participate by signing prior to the commencement of the interviews. The researcher also signed the consent form in presence of the respondents in certifying adherence to the study conditions.

- Respondents were also assured that the raw data would be kept safe in a locked computer and all questionnaires will be kept in a lockable cabinet which will be only accessible to the researcher and the supervisor before being destroyed in a timeframe of five years.
- The research findings were based on the actual data collected and no fabrication or falsification of any other information.

3.11. Conclusion

This chapter mainly presented the research methodology employed in carrying out this study. The chapter outlined what is entailed in the research design, justified the preferred methodology and its relevance to the research topic under study. The chapter further provided more insights of the population and sampling techniques used the procedures, research instruments, data collection and analysis of findings. Finally, the chapter discussed the research ethical considerations that the researcher adhered to throughout the study as per ethic guidelines.

The next chapter presents the results of the study.

CHAPTER 4

PRESENTATION OF FINDINGS

4.1. Introduction

This chapter presents data collected from the study and provides an analysis on the findings. The chapter also interprets the data on gender equity and factors impeding career progression at the MoHSS. The results are presented in a descriptive format. The interview guide for respondents (Appendix C) comprised of two sections. The first section provided biographical details of the targeted research population whilst the second section is structured to provide narrative accounts. This is aimed to allow the researcher to grasp respondents' working life experiences in order to understand gender equity and career progression at MoHSS. In total, twenty three interviews were administered, twenty two with nurses at different nursing categories and one with the human resource director as a key informant in the study.

4.2. Results

Description of respondents

This section focuses on the demographic information of the respondents. The study collected information on sex, age, marital status, level of education, home language, occupation, number of years worked at the MoHSS, years spent on the current position and years spent on previous positions for those that have been promoted.

All the 23 respondents were successfully interviewed by the researcher giving a response rate of 100 percent. This response rate was achieved after the researcher made several efforts to

re-schedule appointments with the respondents when they could not be interviewed on the initial date and time set for the scheduled interviews due to various impediments.

The study revealed that more than two thirds (68.2 percent) of the respondents in the study were women. More female respondents partook in the study, this is not surprising because the nursing profession is deemed to be a female dominated career. The youngest respondent in the study was 24 years old, and the eldest was 59 years old. More than 60 percent of the respondents reported that they were single whereas 27 percent indicated that they were married and 45 percent of the respondents were widows.

Education is one of the key determinants of several socio-economic aspects. The results shows that 46 percent of participants have diplomas, whilst, 27 percent have certificates. Only 18 percent have bachelor degrees and the remaining 9 percent had obtained master degrees. This implies that MoHSS nursing workforce is comprised of knowledgeable employees. However there is a notable gap in number of nurses with certificates and diplomas although the MoHSS is addressing this challenge by sending more enrolled nurses for studies to obtain diplomas.

Namibia is a multicultural nation with diverse ethnic groups that are inhabitants of the fourteen regions. In this study, majority of the nurses interviewed were Oshiwambo speaking, accounted for 63.6 percent, followed by Damara>Nama (13.6 percent) and Otjiherero (13.6 percent). There were few respondents whose home languages were Rukwangali or Silozi who both accounted for 9.2 percent respectively.

The main objective of the study focuses on career progression at the MoHSS, hence it is vital that the study establishes the number of years that respondents had worked at the MoHSS. The results indicates that 41 percent of the respondents worked for more than 19 years whereas, 32 percent of respondents worked for less than 3 years. A total of 14 percent have indicated that they have been working for 7 to 10 years, while about 9 percent of the respondents were reported to have been at MoHSS for 3-6 years and the remaining 5 percent worked at the MoHSS for 11-14 years.

4.3. Promotion among nurses at MoHSS

French (1987) defined promotion as a type of transfer involving reassignment of an employee to a position having higher pay, increased responsibilities, increased benefits, and/or greater potential. One important aspect impacting one's job perception is one's opportunity for promotion and career advancement. An organisation that focuses on promotions and career advancement instils employees with a sense of value from his or her organisation which motivates them to perform in their respective roles.

Promotion by sex

The following tests were performed to determine the level of promotion between males and females.

Chi-Square Tests			
	p-value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.903 ^a	1	.342
a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 4.09.			

Findings indicate that the p-value between sex and promotion is .903, and the alpha-value was .342, this simply mean that despite more female being promoted, there was no adequate evidence to conclude that there is a significant difference when comes to promotion between male and female nurses.

Table 4.1 illustrates the percentage of the respondents that have been promoted and those that were not promoted. Out of all the females interviewed, 46.7 percent had been promoted, whilst out of all males interviewed, 42.9 percent had been promoted. From these results, one may argue that less male nurses are promoted at MoHSS which may not be essentially factual because this might be relatively proportional to male gender participation in the nursing workforce. Conspicuously, the results of nurses who did not get any promotion encompasses enrolled nurses who are only eligible for promotion after the successful completion of the bridging course to become registered nurses.

Table 4.1: Promotion status by sex (%)

Ever been promoted?	Sex of the respondents	
	Male	Female
Yes	42.9	46.7
No	57.1	53.3

In this section, the researcher also asked the respondents with different qualifications to describe their subjective perceptions of career progression at MoHSS as relatively good, moderate or weak. Table 4.2 presents responses from the 22 respondents with different nursing qualifications as assessed. Most of the respondents hold diplomas and view career progression at the institution as weak (80 percent) while 20 percent view it as moderate and none of the respondents in this category perceived it as good. Second in describing career progression as weak were nurses with bachelor's degrees (75 percent) and 25 percent who perceive promotion at MoHSS as moderate.

Table 4.2: Perceptions on career progression by level of education (%)

How do you rate career progression among nurses?	Certificate	Diploma	Bachelor's degree	Master's degree
Good	33.3	0.0	0.0	13.6
Moderate	50.0	20.0	25.0	27.6
Weak	16.7	80.0	75.0	59.1

Promotion by years

The following tests were performed to assess the association between promotions and years worked.

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.726 ^a	4	.003

a. 10 cells (100.0%) have expected count less than 5. The minimum expected count is .45.

Results indicated that the longer the person remained in the ministry, the higher the chance of being promoted. This was also concluded with chi-square test that revealed a p-value of 15.73 and alpha-value of .003 which is less than .005. Therefore there was sufficient evidence to conclude that significant difference between promotion and years worked in the ministry does exists.

Respondents were asked to state the years they worked at MoHSS to determine whether there is a relationship between years worked and promotion. The results are presented in table 4.3. The results provided an assumption that that there is a correlation between years worked and promotion. This is signified among those who served for more than 10 years showing a high percentage of the promoted nurses. This implies that there is a positive relationship between promotion and years, because as years worked increase, then the likelihood for nurses to get promotion also increases.

Table 4.3: Promotion status by years of experience (%)

Ever been promoted?	Yes/No	Years worked					
		<3 years	4-6 years	7-10 years	11-14 years	15-18 years	19 > years
Enrolled nurse	Yes	0	0	0	0	0	0
	No	22.8	4.5	0	0	0	0
Registered nurse	Yes	0	0	0	0	0	0
	No	4.5	9.1	9.1	0	0	4.5
Senior Registered Nurse	Yes	0	0	4.5	4.5	0	18.3
	No	0	0	0	0	0	0
Chief Registered Nurse	Yes	0	0	0	0	0	9.1
	No	0	0	0	0	0	0
Control Registered Nurse	Yes	0	0	0	0	0	9.1
	No	0	0	0	0	0	0

Promotion by the level of education

The following tests were performed to determine whether promotion is influenced by education.

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.287 ^a	3	.004

a. 7 cells (87.5%) have expected count less than 5. The minimum expected count is .91.

In most instances, the higher the level of education, the higher the chance of being promoted. Similar trend was observed in this study with a p-value of 8.29 and alpha-value of .004 which was less than our alpha-value of .005, hence there was enough evidence to conclude that education level was associated with promotion.

The study also investigated whether qualifications of the respondents is a determinant of promotion. Table 4.4 presents percentage distribution of respondents by promotion and level of qualifications. Fifty percent of diplomas holders were promoted and all respondents with bachelor's degrees and master's degrees have been promoted. It should be noted that the chances of promotion for nurses with certificates are slim. Overall, the results show that the probability of promotion among the nursing profession increases with increasing qualification.

Table 4.4 Promotion status by of level of education (%)

Ever been promoted?	Levels of qualifications			
	Certificates	Diplomas	Bachelor's degrees	Master's degrees
Yes	0.0	50.0	100	100
No	100	50.0	0.0	0.0

4.4. Factors contributing to promotions

For the respondents that have been promoted, they were asked to state what they think have contributed immensely to their promotions. Qualifications appear to be the most significant contributing variable to promotions followed by work experience, skills, hard work, commitment and employees' dedication to their work many respondents have noted. The nursing workforce has experienced a number of nurses pursuing studies and other trainings to advance their educational backgrounds which is argued to be instrumental toward career

advancement. Such trainings include specialising into cardiac, therapy, and midwife, among others. Whilst others reported that dedication to the call has been influential as well to the attainment of the senior position that they hold currently.

4.5. Career progression at MoHSS

Career progression is crucial as it gives the opportunities to employees to grow and learn more in their roles and help them to develop the skills that will enable them to move into higher positions. Career progression is also beneficial to organisations and institutions as it is regarded as the best and most natural way to retain and motivate employees.

Various organisations and institutions have programmes in place aimed to enhance knowledge and skills of their employees. This is necessitated by the need to create a skilled workforce and to improve firm-level service delivery and quality products. Like many other organisations and institutions, the MoHSS has programmes in place aimed to cater for nurses in different fields of care. The study asked respondents to mention some initiatives put in place for professional development that enhance career progression. The following were mentioned by some of the interviewed nurses on the programmes that are available at MoHSS:

- The ministry is trying to assist enrolled nurses to become registered nurses by sending them for study on full remuneration and upon completion of their studies, they become registered nurses.

- There is a programme meant to upgrade in some crucial areas to become a specialist. This can be in areas such as critical care, trauma, emergency and midwifery. However, this is limited due to funds in the fields that are not offered locally because the government have to send nurses to specialise abroad.

This posits the MoHSS' commitment in quest to build a competent workforce by creating platforms for enrolled nurses to become registered nurses. The study also found that MoHSS has identified critical areas to train nurses to become specialists in areas such as critical care, trauma, paediatric, emergency and midwifery as indicated by a male respondent. These trainings are undertaken both at local and international institutions depending on the availability of funding from the government.

In addition, the MoHSS institutionalised other initiatives such as workshops, trainings, conferences, refreshing courses, training for upcoming new programmes, trainings given to new nurses on the job, in-service trainings that equip and increases skills, knowledge and promote capacity building among nurses to become more competent in their roles. In order to realise a full potential career progression, the MoHSS needs to expand its programmes particularly the bridging course for enrolled nurses aspiring to become registered nurses. Respondents echoed a sentiment that the number of enrolled nurses undergoing the bridging course at the moment is very minimal on a yearly basis and needs to be increased. Adjustment is also needed on the other programmes catering for professional development in identified critical areas such as critical care, trauma and emergency. But this is not viable at the moment as the ministry is experiencing budgetary constraints nurses have alluded.

4.6 Family and gender sensitive human resource policies

Family-friendly policies are defined as arrangements designed to support employees faced with balancing the competing demands of work and family (Njiru, 2013). In this study, a total of 95 percent of the respondents have indicated that human resource policies at the MoHSS are family friendly while only 5 percent of the respondents have indicated that the human resource policies are not family friendly. For example, women are offered three months maternity leave. In addition, there is also a provision for breastfeeding mothers to have an extended lunch for an hour to attend to their babies. In the past, there was also what was termed ‘mother-baby friendly corner’, however, due to a restricted availability of spaces at workplace, it was abolished.

Other additional benefits mentioned by respondents adding to the family friendly human resource policies include; sick leave, an annual vacation leave for 25 days, compassionate leave for 10 days, study leave, medical aid and pension that employees are entitled to as per Public Service Commission (PSC) regulations. Like any other government institution, the MoHSS human resource made provisions for housing subsidies for staff members to acquire houses for themselves. Moreover, the key informant stated that, the ministry also considers matters such as; when married couples want to live together and there is a possibility of a cross transfer with another staff member it is as well considered. All of these policies and programmes testify that MoHSS is a compliant to the Labour Act and the Social Security Act.

However, few nurses described the human resources policy as not family friendly due to the following reasons:

- It does not make provision for paternity leave. When one's partner gives birth, the father is not given enough time to support the mother and the baby.
- The ministry does not also offer accommodation to extended family members when the staff member is residing within the ministry's premises.
- There are also no follow ups on health status on staff members on sick leave from the human resource to determine the health condition by asking how they are doing. This demonstrates lack of motivation and support to fellow co-workers.

Representation and participation of women at all decision-making level is a critical goal for gender equity and women's empowerment in Namibia. Namibia has made great progress in promoting women in high positions over the years. However, a lot still required to be done (MGECW, 2010). To achieve this, gender sensitive policies need to be mainstreamed in all organisational and institutional levels to effectively realise gender parity as enshrined in various country's policies and plans such as the National Gender Policy 2010-2020, Harambee Prosperity Plan (HPP), National Development Plan 5 (NDP5) and Vision 2030 as well as international treaties and visions that Namibia is signatory for instance, Agenda 2063 and SDGs.

As the country is geared to achieve gender equity particularly in employment where women lag behind, human resource policies should embrace gender subjects in all its aspects of recruitment, promotion, co-worker relation and work-family relations. The study asked

respondents about their perceptions towards human resource policies on gender sensitivity. The findings revealed that 81 percent of the nurses indicate that human resources management policies are gender sensitive because there are provisions that encourage women to apply for high positions and also provide a trustworthy environment to employees to report any issue affecting them in the workplace. Thus, many respondents maintained that the policies are not discriminatory in any sense, hence both men and women are equally free to report through the right channels on problem and grievances that they might have, this could be sexual harassment etc. This was further affirmed by the key informant who ascertained that MoHSS code of conduct stated it clear that professionalism at work means to adhere to rules that do not disadvantage any gender. In cases where problems such as sexual harassment is reported, the perpetrator is charged with misconduct.

One male registered nurse at KIH asserted that subjects such as sexual harassment which in many instances is perpetrated by men toward women may less likely to occur within the nursing settings because there are fewer men and more women. On the other hand, only 19 percent of the nurses reported to be in disagreement and claimed that the human resource management policies are gender insensitive. However, they could not divulge much on specific matters that they claim to make the policies gender insensitive.

4.7. Proportion of women to men in management at MoHSS

There is a historical gender stereotype attached to the nursing profession that view nursing as a women career. This phenomenon is a global pattern which is prevalent in many countries across the globe. In the study, nurses were asked to give their perception on the level of women into management and all respondents are reported to indicate that there is a high

number of women in managerial roles at MoHSS. This can be attributed to the fact that career is a female domain and the likelihood of women partaking in educational training for career advancement.

On the structural hierarchy of the two hospitals, seven clinics and one health centre in Khomas, the study discovered that both at KIH and WCH, the highest management positions of the control registered nurses are commanded by females. Second in the hierarchy is the chief registered nurse which at KIH, the incumbent is a female whilst at the WCH the position is held by a male. Furthermore, the study discovered that the gender composition of the managers at six clinics and one health centre are held by female registered nurses in exception of Khomasdal clinic which is headed by a male registered nurse.

4.8. Social and cultural factors impeding women's career progression

Women are generally disadvantaged in many situations due to patriarchy and other various historical shaping within different employment setups. The study sought to discover if the following factors; management style, gender inequity, organisational structure, male chauvinism, and sexual harassment affect women career progression. Respondents indicated that there are no many factors affecting women career's progression. However, it was discovered that organisational structure appears to affect career progression of both male and female nurses.

The study also sought to determine the extent to which the human resource management policies and practices at MoHSS affected female employees' career progression. The findings showed that that 38.1 percent of the respondents indicated that human resources policies do

not affect women career progression in any way. Forty-three percent of the respondents indicated that human resource management policies and practices at the MoHSS affect female employees' career progression to a little extent whilst 10 percent accounted for moderate extent and large extent.

It has been a common conception that women subjection to reproductive roles has had a tremendous influence on their exclusion in employment opportunities. Women were denied managerial roles on the basis that they will create a vacuum when they go on maternity and will not fully commit to their roles as they have to attend to family matters on a daily basis. Patriarchy continued unabated and enforced through socialisation and became a norm which is still persistent in many societies today.

Therefore, the study further aimed to discover if there are cultural factors that hinder women's career progression at the MoHSS. Seventy three percent of the respondents indicated that there are no social and cultural factors affecting women career progression. This is because the enacted laws have abolished the discriminatory laws on the basis of gender. Issues such as child birth are no longer regarded as stumbling block as it has been the case in the past whereby men were more favoured over women.

However, 27 percent of the respondents stressed that there are several social and cultural factors that are present in institutions' structures that affect women career advancement. Lack of confidence within women themselves who culturally believed they must have their place in society asserted one of the respondents; women are socialised to believe that women should not grab opportunities, opportunities are for men and a lot of women cannot even

speak in a meeting up to today. It is also noted that for instance when women are attending meetings, not all of them rise their points despite being sent to represent other women. As a result women matters continued unheard and unaddressed because women continue to oppress themselves.

The study further revealed that not all nurses are aspiring to advance in their careers particularly registered nurses due to economic reasons. For example when you are an ordinary registered nurse, you are entitled to work your overtime. This benefit lapses once you are promoted, that is why some nurses do not want to leave this position.

This clearly indicates that there are number of registered nurses who seem not looking forward to advance in their career due to economic reasons. It was revealed that when you are a registered nurse, you are entitled to work overtime, for instance, during public holidays. Most nurses are content with this and do not want to leave this portfolio because once you move up, such benefits lapse. However, few women indicated that family responsibilities such as child bearing, caring of the sick and other reproductive roles are time consuming for women that sometimes necessitate the delay in their career progression compared to their male counterparts when opportunities arise.

4.9. MoHSS structural factors impeding career progression

Despite majority of the respondents indicating that there are no cultural factors affecting career progression at the MoHSS, 63 percent are reported to indicate that organisational structure plays a significant role in harshening employees' career advancement. In 2013, the

MoHSS restructured its workforce hierarchical structure which resulted in the dissolution and merge of various positions. Through this new structure, nurses stated that career progression at the MoHSS becomes very narrow leaving minimal chances for career growth for both male and female nurses.

Here are the three different grading systems employed by the MoHSS:

- Automatic promotion-this implied that once nurses worked for three years, they were eligible for promotion from their respective portfolios. This grading system was abolished in 1998.
- Wage Salary Commission (WASCOM) introduced in 1999.
- Job Evaluation Grading (JEG) came into effect in 2013. This is the current grading system employed by MoHSS and resulted in many positions dissolved and merged.

It was also discovered that there is another structural barrier that was also found to impede career progression, which is; nurses at clinics find it difficult to progress to a position of senior registered nurse. They expressed that it is extremely difficult for them to advance in their career as opportunities for growth are at hospitals where there are senior positions. The primary focus of the two different settings vary as the hospitals deals with curative whereas, clinics deals with primary health care which are preventive measures. As clinics are headed by registered nurses who may have aspirations to advance to senior registered nurses-the position which is only found at the health centres and hospitals, this slims their likelihoods to advance in their careers. This is so because when high positions occurs at the hospitals, the interview questions are usually more on curative measures, a component which is non-existent at the clinics. Consequently, nurses from the clinics have a constricted chance to make it during the screening process.

4.10. Familiarity with the Affirmative Action policy

Affirmative Action is the legislation that intends to foster fair employment practices with regard to recruitment, selection, appointment, promotion, and equitable remuneration of the previously disadvantaged persons. More particularly, previously disadvantaged persons such as women and person with disabilities were referred to as designated group (Employment Equity Commission, 2002). It is an Act of parliament (Act 29 of 1998) that should guide all employers both in private and public institutions on matters pertaining to employment. All the interviewed nurses indicated to be knowledgeable of the Affirmative Action policy, however about 45 percent were not sure if the policy is applied during recruitment and promotions in the ministry. The other 55 percent of the nurses in the study affirmatively responded that the policy is being applied during recruitment and when promotional position arises. They argue that the advertisements usually state that women, people with disabilities and people from previously disadvantaged population are encouraged to apply provided that they meet the requirements for that particular position advertised.

4.11. Improving gender equity and career progression

Respondents were ideally asked to recommend on what should be done by MoHSS to improve women's career progression. The following is a sum up of their recommendations:

- Establishment of the nursing directorate which will address the problem of shortage of nurses, high turn-over rate, job dissatisfaction and concerns such as incentives to retain staff.

- Expand the hierarchical structure so that there are more high positions as opposed to the current narrow hierarchical structure for both male and female nurses to progress especially from the position of the senior registered nurse.
- Introduce the performance based promotion. For example, if a junior staff is doing well, must be promoted because the indicators are showing that he or she can perform.

In summary respondents suggested the following recommendations to be implemented by MoHSS in order to enhance career progression. However, they were not limited to women who appear to be dominant in the nursing workforce, but encompass both genders as there are no much specific factors affecting merely women the study discovered.

Some respondents call for the strengthening of the existing platforms such as workshops and bridging courses which will increase the number of registered nurses from enrolled nurses. Continuous training for nurses in critical areas such as intensive care unit, basic life and advance life support training need also to be strengthen.

As respondents are not happy with the current grading system, some respondents suggested that MoHSS come up with performance based promotion which implies that whoever is performing must be promoted and this may coerce nurses to perform at their utmost. Whilst other respondents calls for the re-introduction of the previous grading structure (WASCOM), however revised to which will accommodate promotions unlike the current one (JEG).

Furthermore, it was also suggested that MoHSS comes up with an official rewarding system for the best performers and long serving nurses to appreciate the efforts and service rendered by employees over the years. In an attempt to reverse the gender gap and address the gender stereotype that nursing is a profession for women, respondents suggested that MoHSS come up with a holistic gender mainstreaming approach that will integrate gender perspective in design and implementation of programmes geared toward gender parity particularly in training institutions to attract more male trainees in the nursing profession. Lastly, some male respondents call for an equitable inclusion of males in senior positions where decisions are made as opposed to the current nursing leadership at MoHSS which they claim is comprised of more female nurses.

4.12. Conclusion

This chapter provided the analysed findings as collected from the respondents. It was established that there is no gender equity at MoHSS and the study found that it is structurally difficult for both male and female nurses to progress in their careers due factors such as institutional structure i.e. the restructuring of the hierarchy introduced by the MoHSS in 2013 and the service gap between hospitals and clinics.

The next chapter provides the discussions based on the study's findings.

CHAPTER 5

DISCUSSION

5.1. Introduction

Gender inequity is a characteristic of most societies, with males on average better positioned in social, economic and political hierarchies. For more than two decades, the goal of reducing gender inequity has held a prominent place in international organisations and in national strategy statements. SDGs, particularly goal 5 as reflected in the UN Development Programme (2015) echoes the global attention to the subject of gender inequality and has been providing the impetus for governments to eliminate gender inequality as reflected in the literature review section. This prompted the researcher to see if this global intervention bears fruitful effects of women in excelling into executive positions in Namibia particularly in the nursing profession.

Hence this chapter focuses on providing a critical discussion on the study's findings. In the following pages, a discussion, guided by the literature and the theoretical basis will provide an interpretation of the data analysis and findings to address the objectives of the study.

5.2. Gender equity in nursing and level of women in management

Gender equity in many institutions continues to be a topical issue on daily basis. In Namibia, industries such as construction, transport and mining continue to have skewed gender participation whereby men are dominant across the structures. While sectors such as agriculture and fishing have no considerable gender disparities as reported by EEC annual

report of 2014-2015 (EEC, 2015). The private health and welfare sector also recorded considerable gender disparities in favour of women. This is so because care work is typically seen as a “feminine” job and often pushed upon women. The health care sector is constituted of 61.9 percent women from racially disadvantaged background and 21.2 percent men from the similar background. Worth noting, 1.46 percent of senior management are held by women in the whole sector while men took 0.92 percent share of managerial roles (EEC, 2015). The private health and welfare sector workforce profile presented by the EEC (2015) add more support to the study findings on the similarities between the private and public health and welfare sectors. Like the private health and welfare sector, the public health sector is comprised of more women across all its structures.

According to Laniran and Laniran (2017), the United Nations states that women constitute over 49 percent of the world population and have not achieved much equality in any country of the world. Gender inequality is widespread in virtually all employment sectors. Statistics shows that women are well represented in business administration enrolment figures, and the rapid expansion of this sector has given them a healthy share of lower and middle-level management positions. Their progress to top executive jobs is however blocked by the glass ceiling (Laniran & Laniran, 2017).

In Kenya, government statistics indicate that majority of women occupy low job groups in the civil service. A status report on women indicates that 84 percent of men take the lion’s share of senior positions. Similar situation is replicated in parastatals where majority of male employees stand at 61 percent. While women constitute majority of the population, they still

constitute a big workforce whose employment is regarded as complementary rather than essential (Kirai & Mukulu, n.d.).

Notably, the gender orientation findings of this study adds support to previous researches that empirically found that female nurses are more in this role of care provision. The analysis on gender equity in nursing profession at the MoHSS reveals two main folds. One fold is on the similarities on several studies carried on gender equity within the nursing profession that it is comprised of more female nurses than males.

The statistics provided by the MoHSS human resource director indicate that there are more female nurses (824) than male nurses (353) in the Khomas region where the study was undertaken. Similarly, the study by Christensen and Knight (2014) reveals that approximately only nine percent of the nursing workforce in New Zealand is male. It is remarkable that in New Zealand male nurses represent a higher percentage of men in the profession than the United States of America, Australia or the United Kingdom.

The high number of women in the health care provision can be attributed to the societal construction of gender roles through socialisation. Though we are first socialised as from a very young age by our parents, into different gender roles, the socialisation process also takes place in society concerning occupation we pursue as men and women (Mills, 2000). Because nursing involves caring and nurturing which are roles performed within the household, it is historically attached to women and more women pursue this profession.

The other fold establishes that the research did not concur with the prevailing conventional belief that in nursing women have in general less successful careers in comparison to their male counterparts. McIntosh (2010) carried out a study in Scotland and found that the national statistics indicate that female representation in nursing accounts to 89.9 percent of the workforce and 97.4 percent of part-time employees. This representation is not translated into senior positions. It is further stated that 27.5 percent of senior nurse manager positions were held by men who represented only 10.1 percent of the nursing workforce. Furthermore, McIntosh (2010) argued that male nurses are more likely to occupy senior nursing grades. Male representation in the lowest registered nursing grade was only 6.35 percent in comparison to female colleagues but as the grades ascended in seniority, ultimately reaching senior nurse manager posts, men's proportion of occupancy reached 27.5 percent of the available posts. Women throughout the grades represented the numerical majority. However, the percentage of women occupying the high posts gradually decreased while the ratio of men relative to the seniority of the position increased.

This study however found the contrary at the MoHSS. Of the two senior positions of control register nurse at the KIH and WCH, women held these positions. The second senior position in the hierarchy is the chief registered nurse which at the KIC is held by a woman whilst at WCH the incumbent is a man. Moreover, at the eight clinics where the study was conducted, only the Khomasdal clinic is headed by a male registered nurse as a nurse in charge. The rest of the six clinics and one health centre are headed by females in the capacity of nurses in charge. This clearly disputed the conventional argument found in literature that men surpass women in terms of career growth in nursing profession, which however this study found otherwise. Moodley et al (2016) however posits that numbers do not equal influence.

Although the number of women in leadership positions may have risen, women do not necessarily have greater power to effectively lobby for the fellow women.

For gender sensitivity, it is argued that the term ‘nurse in charge’ was adopted after the abolition of the term ‘sister in charge’ which was a gender discriminatory term, thus for a more inclusiveness, a gender neutral term was adopted. For instance, the male nurse in charge could not be catered in the old language use that refers to sister in charge. This also helped in reducing stereotypes that emanate from language use.

Practically women had always found it very difficult to lead into management roles and to worsen the matter, this is even prevalent in fields such as elementary and nursing in which women are predominantly located. This has been fuelled by gender role stereotypes emanating from family structures and other social institutions where women have endured male subordination. However, this phenomenon is not well suited in the Namibian context as the study reveals that the nursing profession is a female domain and women are still the ones at the helm of the key positions as initial presented.

This development can be attributed to the fact that women have caught up with men in terms of education, the issue of inequity in education is no more a skewed concern in the current era as have been the worst case during pre-independence and early post-independence in Namibia and many other countries of the world. However the situation has been gradually improving during the mid-post-independence in Namibia and many other countries in the globe during the 1990s and early 2000s. In fact, Jacobs (1996) argues that in the United

States women now actually surpass men in educational attainment, only among PhD recipients do women's representation continue to lag. This phenomenon is beginning to get momentum in many other countries to better position women and bring them on par and possibly surpass their male counterparts in some instances. The study also put weight on Jacobs (1996) argument as it revealed that a lot of women at MoHSS further their studies from the level of diploma to bachelor degree and a few are indicated to have attained master degrees.

Generally, the liberal feminist theory posits that gender inequality is produced by reduced access for women and girls to civil rights and allocation of social resources such as education and employment. This implies that the liberal feminist theory acknowledges the existence of disparities in society that are gender related, but the onus is on the individuals affected to improve their situation (Samkange, 2015). Therefore, women utilisation of study opportunities to overcome barriers in workplaces that previously prevented them from equality, fairness and justice in equal access to resources, employment and leadership positions can be achieved through the legal perspectives as theorised by liberal feminists.

5.3. Career progression and promotion at MoHSS

Career advancement is an integral component in all institutions as it motivates employees to intensify productivity. There are numerous recognised advantages of career development. Providing constructive career development opportunities to employees is one of the most cost-effective ways to achieve retaining of talents, fill internal skills and roles gaps and create positive employer branding. As a result, co-workers advancing in their careers motivate

fellow employees in pursuing the similar routes. Thus many institutions create opportunities for capacity building that eventually enhances chances for career growth. However, despite employees' willingness to pursue routes to career advancement, there are sometimes institutional structural and social barriers that impede career progression in different workplaces.

Nurses indicated that one of the chief hindrances pressuring their career progression is the current hierarchal structure adopted by the ministry. To date, the ministry has already adopted three different grading structures and the current one seems to be receiving major criticisms from the nurses. MoHSS initially employed the automatic promotion grading system. This implied that once a nurse worked for three years, they were all eligible for promotion thus termed 'automatic promotion'. The automatic promotion was later halted, and in 1999 the ministry introduced another grading system called the Wage Salary Commission (WASCOM). The WASCOM has been operational for four years until it was abolished in 2013. The MoHSS then introduced another grading system in 2013, the Job Evaluation Grading (JEG) which is operational to date.

The study found that both male and female nurses are unhappy with job re-grading structure that resulted in the introduction of JEG in April 2013. Under JEG, positions such as Principal, Chief and Control Registered Nurse were merged and regarded as a new Senior Registered Nurse. Respondents thus argued that the new grading system did not indicate how the line of supervision will be maintained, thus created a vacuum in the line of command. Nevertheless, the main concern is the narrow path left for career advancement as more positions are merged

and the existing ones are reduced in numbers making it extremely difficult for both female and male nurses to move up the organisational hierarchal ladder at the MoHSS.

Registered nurses at clinics expressed that it is extremely difficult for them to progress to a position of senior registered nurse, a position which is only found at the health centres and hospital establishments. The mandatory obligations of the two settings vary; the hospitals deal with curative care which is more on curing patients whilst clinics deal with primary health care which are preventive measures against diseases. When opportunities for senior registered nurses occur and registered nurses with the aspirations to advance to senior registered nurses apply at health centres and hospitals, their likelihood for absorption is very minimal. This is so because the screening process focuses more on curative care measures, a component which is non-existent in the clinics mandate. Consequently, nurses from the clinics have a constricted chance to make it during the screening process. Registered nurses at clinics argued that this structural barrier disadvantaged them more compared to those registered nurses that are already working at the health centres and hospitals because they are more likely to perform better in interviews.

The study further reinforced previous research findings on vertical occupational segregation within the nursing career. Blackburn and Jarman (1997) argue that vertical occupational segregation exists when men and women both work in the same job categories, but men commonly do the more skilled, responsible or better paid work. The study also found that there is vertical occupational segregation at the MoHSS, however not necessarily in terms of better pay but possibly in terms of skilled or on more responsible roles. More male nurses are placed in areas where hard labour and intensive skills are required.

According to Juliff et al (2016) gender based roles and matters around intimate touch nursing care have been suggested as a reason why men in nursing migrate more towards the technical, rapid assessment areas of emergency and intensive care. These areas may be perceived as more acceptable or masculine and have a preference for male nurses in these areas. This study reinforces this argument as more male nurses at both the KIH and WCH are said to be located at the intensive care units and theatres.

According to the proponents of the social role theory, the theory attempt in giving reasons and causes of sex differences and similarities in social behaviours. Its underlying assumption is that men and women are assigned to different roles based on their gender. The social role theory uses more of a structural approach in understanding gender behaviour. The structures that are most important to take note of when examining the effect on gender based behaviour are, the family, organisations, institutions and communities.

5.4. Social and cultural factors hindering women's career progression at MoHSS

Previous research suggests that in the past, the problem arises when women try to balance work and family, and women end up carrying nearly all of the caregiving responsibilities and subsequently coerced to pay less attention to their productive roles (Amato, 2012). This is what contributed to women alienation in many societal aspects and also in the workplace settings as have been neglected in leadership roles. However, this is contrary to this study's findings as women stated that their working life is not affected by their reproductive roles. Some women indicated that they have assistance at home. These assistances include maids,

nannies, and cooks among others, who help with their day to day roles as women in their context.

Majority of the interviewed respondents indicated that there are no much social and cultural factors affecting women career progression in Namibia. They stated that their level of education made them liberal and can no longer be confined to be home beings and other aspects that are not conducive for them to advance in their careers. Issues such as child birth are no more regarded as stumbling blocks because after maternity leave women can now hire nannies to take care of their babies and continue with their careers less interrupted as it has been common in the past. Women now have autonomous decision making power in most if not in all spheres of their family lives.

However, only a very few respondents indicated that women still regard family responsibilities such as child bearing, caring of the sick as time consuming for women and may be less advance in comparison to their male counterparts when opportunities such as trainings and study opportunities arises. Women are more independent and there are no more past beliefs such as women were viewed as economic attachment to men and their financial contributions were often seen as supplementary rather than as vital to the household sustenance.

However, a different conception surfaced as 27 percent respondents stressed that there are several social and cultural factors that are present in institutions' structures that affect women career advancement. One is lack of confidence within women themselves that is, women

culturally believed they must know their place in society. Women are socialised to believe that they cannot rise in the presence of men. It is also argued that for instance when women are attending meetings, not all of them rise their points of which some are usually sent to present on topics affecting other fellow women. As a result, women concerns continue unheard and unaddressed because women persistently continue to oppress themselves. This woman attribute is well crafted in the gender-centred or person-centred perspective that theorises that women have certain skills and abilities, but also a number of traits for example, submissiveness, fear of success, unwillingness to take risks and a failure to develop executive skills which are unsuitable for management.

However, there are a number of registered nurses who seem not to look forward to advance in their career due to economic reasons. Some nurses expressed that when you are a registered nurse, you are entitled to benefits such as working overtime, public holidays and night shifts which receives extra remuneration. They expressed that they are content at the position of registered nurses and not willing to leave this portfolio because once you move up the ladder, such benefits lapses.

5.5. Human resource policies

Human resource in many organisations is known for recruitment, retention and promotion of employees. However it entails more than that as it has interests on work-family interface, safeguarding of employees' wellness and promote gender inequity just to mention a few. Respondents were asked to give their views on human resource policy towards family and gender.

Friendly family policies

The study sought to determine the extent to which the human resource management policies and practices at the MoHSS are family friendly in advancing career advancement of the employees. The findings reveal that about 95 percent of the interviewed nurses are reported to have indicated that the human resource policies are family friendly and do not affect career progression in any way or another whilst only a mere 5 percent of nurses have indicated that human resource policies and practices at the MoHSS are family unfriendly.

According to Njiru (2013), family-friendly policies have been defined as arrangements designed to support employees particularly females faced with balancing the competing demands of work and family. The Namibian Constitution committed the government to the goal of enacting legislation to provide benefits for employees (Republic of Namibia, 1995). For example, women are now offered three months maternity leave for delivery and early breastfeeding of their babies. In addition, after return to work, there is also a provision for breastfeeding mothers to have an extended lunch for an hour to attend to their babies. This is argued to be a good legislation as it enables women to have sufficient time in taking care of their babies prior to returning to work. However, there are criticisms in the existing legal framework that working class women feel the need to be addressed as it disadvantages those that are earning a monthly salary of more than ten thousands monthly.

Other additional benefits mentioned by interviewed nurses adding to the family friendly human resource policies include; sick leave applicable to all employees, vacation leave for twenty five days on an annual basis, compassionate leave for ten days, study leave, medical aid fund, death benefit fund and pension fund for retired employees as stipulated by the

Public Service Commission (PSC) regulations. Like any other government institution and other private entities, the MoHSS human resource made provisions for housing subsidies for staff members to acquire houses for their families. All these are argued to testify that MoHSS is safeguarding the wellbeing of its employees and is compliant to the Labour Act and the Social Security Act.

However, some male nurses stated that the human resource policies need to be revisited so that the policy is more inclusive by incorporating paternity leave. They argued that, it is necessary especially in the modern era where the subject of gender equity become an everyday language, and this will avail a platform for married men to give support to their spouses immediately following the birth of a child. Currently, the Namibian Labour Act makes no provision for paternity leave, and few institutions voluntarily offer their employees the option for paternity at present. They further stressed that, if other countries have done it, what is it preventing Namibia from adopting it if the country is signatory to various gender protocols regionally and internationally.

Friendly gender sensitive policies

Namibia is geared at achieving gender equity in all spheres of the country's society. In order to achieve this, gender mainstreaming requires to be mainstreamed in all workplace aspects. Human resource policies should embrace gender themes in all employment settings. Findings from this study revealed that 81 percent of the nurses stated that human resources management policies are gender sensitive as provisions are made to ensure equal partaking of both genders, although it is not that feasible in a more gendered sector like nursing.

Respondents also indicated the openness of the policy which does not restrict them to report any issue affecting them in the workplace to their superiors or to the human resources.

The respondents affirmatively acknowledge that they do know what the Affirmative Action policy entails. However, 45 percent of the respondents are unaware if the policy is practised at the MoHSS. The other 55 percent affirmed that the Act is practised at the MoHSS because when a vacant post is advertised internally or externally, it usually states: ‘women and people with disabilities are encouraged to apply’.

5.6. Initiatives for nursing professional development

According to Mizell (2010), professional development refers to many types of educational experiences related to an individual’s work. Doctors, nurses, lawyers, educators, accountants, engineers, and people in a wide variety of professions and businesses participate in professional development to learn and apply new knowledge and skills that will improve their performance on the job.

Most of the interviewed respondents have reflected on MoHSS’ concerted efforts to strategies and programmes employed to assist nurses’ professional development. Existing initiatives such as workshops, trainings, conferences, refreshing courses, training for upcoming new programmes, training given to new nurses on the job, in-service training equip and enhance skills, knowledge and promote capacity building among nurses to become more competent in their roles. The MoHSS is also committed to uplifting the level of enrolled nurses through the

bridging course by sending them for further studies on full pay to become registered nurses which requires one to work for a minimum of five years in service.

However, nurses stressed that the number of enrolled nurses undergoing the bridging course on a yearly basis needs to be increased from the status quo. This will assist the MoHSS to attain a competent workforce that is knowledgeable in their work related matters. The ministry also has programmes in place although limited whereby nurses are sent to specialise in critical areas such as critical care, trauma, emergency, midwifery and paediatric at local and international institutions. All these programmes are tailor-made to expand the knowledge and expertise of the nurses in their respective fields for an efficient service delivery and to assist them in their career growth. The initiatives for professional development can be beneficial in many ways:

Keep up with industry and technologies changes

The world is not at standstill, as new technologies emerge in field of health care, nurses need to be equipped with new skills that match with the evolving technologies which can be achieved through on-going training to making sure that skills and knowledge are up-to-date. New technology is being developed all the time and so it is not sufficient to run a one-off training session. Regular training needs to take place to ensure that nurses are using all the latest technology comfortably and to its full potential.

Be able to see weaknesses and maintain knowledge and skill

With regular training, the MoHSS managers can easily identify any gaps in the health service delivery and skill gaps within the existing workforce. By identifying these gaps early, there is time to train staff in these required areas so they can fulfil the role effectively. Although one off training may be provided to new starters, or other employees, it's important that training schemes are put in place to help develop skills throughout their job. To retain knowledge, skills need to be practised and refreshed on a regular basis so elements aren't forgotten.

Provide internal promotion opportunities and attract new talents

Employing new staff involves high recruitment costs and hiring fees. However, with on-going training, the existing staff can become more eligible for internal promotion which enhances career progression of both male and female nurses. On-going training, this will not only mean better staff retention, it may also attract better talent for people to work for the MoHSS. Nevertheless, respondents were adamant in opposing the reduction in the components of specific programmes in recent years. This is argued to have a considerable dent in most of the professional development programmes due the decline in funding from national and international donors as well as due to government budgetary constraints. The situation is perceived to have repercussions on the efficient operations of the MoHSS as aspects such as public information through outreach programmes is halted.

5.7. Conclusion

This chapter provided a discussion based on the study's findings. Like many other studies, the study puts weight to the conservative argument that the nursing profession continues to be

a highly feminised career portrayed through the caring nature of the job. However, the study disputed the traditional argument that even though the nursing profession is highly dominated by women, men are favoured by the glass escalator effect and takes over managerial roles whilst women are obstructed by metaphors such as the sticky floor and glass ceiling.

The next chapter provides the study's recommendations and conclusion.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1. Introduction

This study concurred with the conventional belief that nursing profession is a female realm. However, the study disputed the conservative argument which posits that despite women being dominant in the nursing profession, they are often impeded in accessing managerial roles by cultural factors and metaphors such as the sticky floor and the glass ceiling in the workplace. This chapter provides a summarised conclusion as well as recommendations based on the research findings.

6.2. Conclusion

Since Namibia's independence in 1990, the country has focused on redressing past imbalances and amongst others, focused on subject of gender equity. This is at the forefront of the Namibian Constitution, as well as several labour legislations that state that no individual may be discriminated against in terms of gender given gendered sectors at hand such as mining, construction, nursing etc. and the undermining of certain gender at different portfolios particularly at management cadres. Hence this study specifically focused on gender equity and career progression in the MoHSS in Khomas region.

The study lends weight to other previous findings on the perceptions that the nursing profession remains a feminised role and profession with no concerted effort to recruit and retain men into the ranks. Society still holds predominance of conservative belief on gender

specific career. Given that nursing is regarded as a female career, many men opt for other careers.

There has been a feminisation of the nursing career that led to the predominance of female in profession. The study found that to date, nursing in Namibia, like many other countries in the world has not shown equilibrium of the genders. Women remain the large majority of staff, whereas men continue to represent only a very small minority. On the argument of few women making it into management positions, the study found that women hold the reigns at the MoHSS in Khomas region.

Furthermore, the study also concluded that subjects of cultural factors such as patriarchy, child care and other reproductive roles are no more regarded as hampering factors at the current as women are liberated and can challenge men in many spheres within the workplace. What appears to impede the progression of both male and female nurses at the MoHSS is the hierarchical organisational structure employed by the ministry which is argued to be narrow in terms of career growth.

The study further found that the employees are happy with the human resource management policies as they do embrace work-family relationship which makes provisions for employees to attend to personal and family related matters. Employees also commended that the human resource policies are gender sensitive, no discrimination against one gender has been noted, hence the policy allows individuals to report any other matter that is related to gender.

The research findings cannot be generalised to other institutions, however it does provide an insight into the body of knowledge relating to gender issues within work settings. Finally, the study concludes by providing recommendations that MoHSS can employ to address the status quo in terms of gender equity and career progression within the institution.

6.3. Recommendations

The study's findings might foster discussions on ways to improve gender equity and initiatives that will enhance employees' career growth particularly in the gendered organisations and institutions. The study recommends the following:

- Gender equity cannot be achieved overnight. Therefore, the study recommends that the MoHSS and nursing training institutions must develop conscious and deliberate efforts attempting to attract more male students who will enter the nursing profession for example offering study scholarships to male students aspiring to become nurses.
- The recent job restructuring did not leave wider room for career advancement for nurses, thus the MoHSS needs to reconsider its current job structure that will allow nurses to advance in their career and subsequently maintain a satisfied workforce and retention of talents.
- Currently, the hierarchal organisational structure employed by the MoHSS is argued to be narrow in terms of career growth. MoHSS need to reconsider its hierarchal organisational structure that is conducive for career advancement.

- The MoHSS should increase the intake of enrolled nurses undergoing the bridging course to become registered nurse. This in a long run will help the Ministry to develop a competent work force both in preventative and curative health care delivery.

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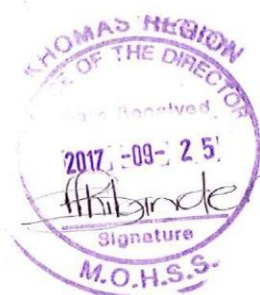
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Appendix A: PS Permission letter to conduct a study at the MoHSS



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services



Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 2032150
Fax: 061 – 222558
Email: shimenghipangelwa71@gmail.com

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3 PM
Enquiries: Mr. J. Nghipangelwa

Date: 20 September 2017

Mr. Paulus Mwetulundila
University of Namibia
Windhoek
Namibia

Dear Mr. Mwetulundila

Re: Gender equity and career progression in the Ministry of health and Social Services in Namibia.

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
 - 3.1 The data to be collected must only be used for academic purposes;
 - 3.2 No other data should be collected other than the data stated in the proposal;
 - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects' should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
 - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
 - 3.5 Preliminary findings to be submitted upon completion of the study;

3.6 Final report to be submitted upon completion of the study;

3.7 Separate permission should be sought from the Ministry of Health and Social Services for the publication of the findings.

Yours sincerely,



Andreas Mwoombola (Dr)
Permanent Secretary



"Health for All"

Appendix B: Respondent's consent form

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM



TITLE OF THE RESEARCH PROJECT: GENDER EQUITY AND CAREER PROGRESSION IN THE MINISTRY OF HEALTH AND SOCIAL SERVICES IN NAMIBIA

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Paulus Mwetulundila

ADDRESS: 1223, Tilda Viljeon street, Goreangab, Windhoek.

CONTACT NUMBER: 0812471247

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask me any question about any part of this project that you do not fully understand. It is very important that you are fully satisfied and clearly understand what this research entails and how you could be involved. In addition, your participation is voluntary and you are free to decline to participate. If you say no, this will not affect you negatively in any way or whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Research Ethics Committee at The University of Namibia and will be conducted according to the ethical guidelines and principles of the International Declaration of Helsinki, South African Guidelines for Good Clinical Practice and Namibian National Research Ethics Guidelines.

This research study is mainly about exploring, and understanding gender equity and career progression in MoHSS in Namibia.

The research will be carried out among staffs with a nursing profession background of MoHSS at clinics, health centers and intermediate hospitals in Khomas region. The total number of respondents will be 42 and human resources management deputy/director as key informant.

The findings of the research will provide information on the status quo in terms of gender equity and women career progression within MoHSS. It will also create an understanding on factors that inhibit women partaking decision-making designations and career advancement within the ministry.

You are invited to participate in this project because you met the respective descriptions of potential informants desired for the study. As the study specifically focused on exploring and understanding gender equity and career progression at MoHSS, six respondents are selected from each job category. The job categories are; enrolled nurses, registered nurses, senior registered nurses, chief registered nurses, control registered nurses, deputy directors and directors to reliably provide relevant information regarding gender patterns and career progression in your career paths over the years you have been working at MoHSS. Furthermore, the director/deputy director of human resources management will be interviewed as the key informant in an in-depth interview in imploring the MoHSS policies and practices in advancing gender equity as aimed by the Affirmative Action Act.

You are urged to provide honest information greatly looked-for by this study.

The interview will last about 20 to 30 minutes.

I will incur all costs involved in the research process. Meaning, no cent will be demanded from you as a result of participating in this study. Moreover, the study has no monetary or material benefits of any kind to participants.

You are reassured that no harm may result from partaking in this study as no physical or psychological experiment or medication will be administered on you.

To ensure secrecy of the collected information, data collection materials used in the project will be stored in a safe place to avoid leakage of information and will be destroyed at least after four years. You are reassured that collected information will only be used for academic

purposes and no one else apart from my University lecturers will have access to them. Furthermore, your right to privacy will be highly guaranteed and when quoted in the thesis which will be available to the public, pseudonyms will be used.

It is your own choice to decide whether there is anyone you want to inform about your participation in this study.

Finally, you can contact my supervisor, Prof. N.Indongo at tel +264 061 2063005 if you have any further queries or encounter any problems.

Otherwise, you can also contact the Research Ethics Committee at +264 061 2063061 if you have any concerns or complaints that I have not been adequately addressed.

You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled: GENDER EQUITY AND CAREER PROGRESSION IN THE MINISTRY OF HEALTH AND SOCIAL SERVICES IN NAMIBIA.

I declare that:

- a) I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- b) I have had a chance to ask questions and all my questions have been adequately answered.
- c) I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- d) I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- e) I may be asked to leave the study before it has finished, or the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2017.

.....

Signature of participant

.....

Signature of witness

Declaration by investigator

I Paulus Mwetulundila declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.

Signed at (*place*) on (*date*) 2017.

.....

Signature of investigator

.....

Signature of witness

Appendix C: Respondent's interview guide

Interview guide for a study titled: **GENDER EQUITY AND CAREER PROGRESSION IN THE MINISTRY OF HEALTH AND SOCIAL SERVICES IN NAMIBIA**

Name of Researcher: Mr. Paulus Mwetulundila

Master of Arts (Gender and Development Studies): University of Namibia

Dear Participant

I am Paulus Mwetulundila, a Master of Arts (Gender and Development Studies) student at the University of Namibia. I am conducting research on gender equity and career progression in the Ministry of Health and Social Services (MoHSS). This research is part of my studies. The aim of the study is to explore and understand gender equity within career path in the MoHSS.

The information collected will be purely for research purposes and will be treated with confidential. Please be assured that the information will not be shared with any person outside this research. There will be use of codes and/or pseudonyms (other names to be allocated to you) in order to ensure that the information you share cannot be linked to you in any way.

You are therefore requested to feel free to answer all the questions as honest as possible and when you need clarifications, I will respond to your requests and concerns with a sincere gratitude.

While I appreciate your participation in this study, I also have to inform you that your participation is voluntary and there are no financial gains on my or your side. You are free to withdraw from the study at any time you feel uncomfortable or are no longer interested to continue.

Now take time to think about your participation.

I am now asking you: Are you willing to participate in this study:

Yes

No

If yes, please sign below this statement.

.....

Signature

Before I start asking you the interview questions, do you have anything you would like to ask?

Respondent number/Code.....

Communication format of interview (face-to-face oral interview)

Language of interview: English

Section A: Demographic information (Tick in the appropriate box)

1. Sex of the respondent

Male	
Female	

2. Age at last birthday

--

3. Marital status

Never married	
Married	
Widowed	
Separated/Divorced	
Others specify.....	

4. Level of education

Secondary education	
Certificate	
Diploma	
Degree	
Master degree	
PhD/Doctoral degree	
Others specify.....	

5. Home language

Damara/Nama	
Otjiherero	
Oshiwambo	
Afrikaans	
Rukwangari	
Silozi	
Others specify.....	

6. Occupation

Enrolled nurse	
Registered nurse	
Senior registered nurse	
Chief registered nurse	
Control registered nurse	
Deputy director	
Director	

7. For how long have you been working in MoHHS?

Less than 3 years	
3-6 years	
7-10 years	
11-14 years	
15-18 years	
19 years and above	

8. For how long have you been in your current position?

Less than 3 years	
3-6 years	
7-10 years	
11-14 years	
15- 18 years	
19 years and above	

9. Have you ever been promoted in MoHSS?

Yes

No

10. If yes, what contributed most to your promotion?

.....

.....

.....

.....

.....

.....

11. For how long have you been at your previous position (**only if have been promoted**)

Less than 3 years	
3-6 years	
7-10 years	
11-14 years	
15-18 years	
19 years and above	

Now that I have captured the demographic information about you, I am now proceeding to questions more specific to gender equity and career progression in the MoHSS in relation to your personal experiences and the institutional policies. Feel free to share your personal experiences when answering the questions.

Section B:

12. How do you rate career progression among health professionals

Good	
Moderate	
Weak	

13. The nursing profession is usually female dominated, what is the proportion of female in MoHSS management?

.....

.....

.....

.....

14. What are some initiatives put in place for professional development? (**List them**)

.....

.....

.....

.....

.....

.....

15. How does management ensure equal participation of both male and female in MoHSS?

.....

.....

.....

.....

16. What procedures are followed in promotions of health professionals from one level to the other?

.....

.....

.....

.....

.....

17. Is Affirmative Action policy practices within MoHSS when it comes to promotion?

.....

.....

.....

18. Are there some restrictions for someone to be considered for promotion?

Yes

No

If yes, what restrictions?

.....

.....

.....

.....

19. Which of the senior positions where more women are more represented than men?

.....

.....

.....

.....

.....

20. Does MoHSS have an awarding system for best performance?

Yes

No

If yes, in what form?

.....

.....

.....

.....

21. From your assessment, who are mostly rewarded?

Men	
Women	

Give reasons for your answer.

.....

.....

.....

.....

22. Are there certain social and cultural factors that hinder women's career progression at MoHSS?

Yes

No

If yes, list them.

.....

.....

.....

.....

.....

.....

.....

.....

23. Are the human resources policies in the MoHSS family friendly?

Yes

(explain).....

.....

.....

No

(explain).....
.....
.....

24. Are human resource management policies gender sensitive?

Yes

No

If yes, motivate.

.....
.....
.....
.....

25. To what extent do the human resources management policies and practices at MoHSS affect female employees' career progression?

Great extent	
Moderate extent	
Little extent	

26. To what extent do balancing work and family responsibilities affect women career progression at MoHSS?

Great extent	
Moderate extent	
Little extent	

27. Below is the list of factors affecting women's career progression in many organisations? **Tick all that apply** to MoHSS.

Management style	
Gender inequality	
Organisational structure	
Sexual harassment	

Chauvinism	
------------	--

28. In your opinion, are there other ways in which the MoHSS affect women's career progression?

Yes

No

If yes, how?

.....

.....

.....

.....

.....

29. What would you recommend to be done by MoHSS to improve career progression of women?.....

.....

.....

.....

We are approaching the end of our interview.

30. Is there anything else you would like to share with me related to what we have discussed and was not touched?

Yes

No

If yes,

.....

.....

.....

.....

.....
.....
Thank you very much for your time and meaningful contributions.

Appendix D: Interview guide for the key informant

Interview guide for a study titled: **GENDER EQUITY AND CAREER PROGRESSION IN THE MINISTRY OF HEALTH AND SOCIAL SERVICES IN NAMIBIA**

Name of Researcher: Mr. Paulus Mwetulundila

Master of Arts (Gender and Development Studies): University of Namibia

Dear Participant

I am Paulus Mwetulundila, a Master of Arts (Gender and Development Studies) student at the University of Namibia. I am conducting research on gender equity and career progression in the Ministry of Health and Social Services (MoHSS). This research is part of my studies. The aim of the study is to explore and understand gender equity within career path in the MoHSS.

The information collected will be purely for research purposes and will be treated with confidential. Please be assured that the information will not be shared with any person outside this research. There will be use of codes and/or pseudonyms (other names to be allocated to you) in order to ensure that the information you share cannot be linked to you in any way.

You are therefore requested to feel free to answer all the questions as honest as possible and when you need clarifications, I will respond to your requests and concerns with a sincere gratitude.

While I appreciate your participation in this study, I also have to inform you that your participation is voluntary and there are no financial gains on my or your side. You are free to withdraw from the study at any time you feel uncomfortable or are no longer interested to continue.

Now take time to think about your participation.

I am now asking you: Are you willing to participate in this study:

Yes

No

If yes, please sign below this statement.

.....

Signature

Before I start asking you the interview questions, do you have anything you would like to ask?

Respondent number/Code.....

Communication format of interview (face-to-face oral interview)

Language of interview: English

Section A: Demographic information (Tick in the appropriate box)

1. Sex of the respondent

Male	
Female	

2. Age at last birthday

--

3. Marital status

Never married	
Married	
Widowed	
Separated/Divorced	
Others specify.....	

4. Level of education

Secondary education	
---------------------	--

Certificate	
Diploma	
Bachelor degree	
Master degree	
PhD/Doctoral degree	
Others specify.....	

5. Occupation

HR Deputy director	
HR Director	

6. For how long have you been in your current position?

Less than 3 years	
4-6 years	
7-10 years	
11-14 years	
15-18 years	
19 years and above	

7. For how long have you been working in MoHHS?

Less than 3 years	
4-6 years	
7-10 years	
11-14 years	
15- 18 years	
19 years and above	

Now that I have captured the demographic information about you, I am now proceeding to questions more specific to gender equity and career progression in the MoHSS in relation to your personal experiences and the institutional policies. Feel free to share your personal experiences when answering the questions.

Section B:

8. How do you rate career progression among health professionals?

Good	
Moderate	
Weak	

9. The nursing profession is usually female dominated, what is the proportion of female in MoHSS management?

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10. What are some initiatives put in place for professional development?

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11. How does management ensure equal participation of both male and female in MoHSS?

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12. What procedures are followed in promotions of health professionals from one level to the other?

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13. Is affirmative Action policy practices within MoHSS when it comes to promotion?

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14. Are there some restrictions for someone to be considered for promotions?

Yes

No

If yes, what restrictions?

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15. Which of the senior positions where more women are represented than men?

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16. Do you have the awarding system for best performance within MoHSS?

Yes

No

If yes, in what form?

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17. From your assessment who are the mostly rewarded?

Male	
Female	

Give reason for your answer

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18. Are the certain social and cultural factors that hinders women's career progression at MoHSS?

Yes

No

If yes, list them.

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19. Are the human resources policies in the MoHSS family friendly?

Yes (explain)

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No (explain)

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20. Are human resource management policies gender sensitive?

Yes

(motivate).....
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No

21. Does the MoHSS put in place some initiatives or programmes to encourage to apply or qualify for decision making positions?

Yes

No

If yes, what programmes or initiatives?

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22. To what extend do the human resources management policies and practices at MoHSS affect female employees' career progression?

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23. To what extent do balancing work and family responsibilities affect women career progression at MoHSS?.....

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24. In your opinion, are there other ways in which the MoHSS institutional culture affect women's career progression?

Yes

No

If yes, how?

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25. What would you recommend to be done by MoHSS to improve career progression of women?.....

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We are approaching the end of our interview.

26. Is there anything else you would like to share with me related to what we have discussed and was not touched?

Yes

No

If yes,

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Thank you very much for your time and meaningful contributions.