The Indonesian Journal of Public Health
Vol 18. No. 2 August 2023
p- ISSN 1829-7005 e- ISSN 2540-8836

Original Research

GENDER SEGREGATION OF HEALTH MANAGERS IN DISTRICT HEALTH OFFICERS IN INDONESIA

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ABSTRACT

Introduction: Women dominate Indonesia's health system but there is no clear evidence how this is represented equally in the decision-making process. Globally, the healthcare system is challenged by gender segregation of health managerial position. **Aims:** This study is to explain the findings regarding patterns of male or female dominance in the particular division of the district health office. **Methods:** This study was an original research discussing gender segregation of male and female dominance as health managers in district health office. We listed the characteristics of health managers in two provinces with different kinship system. These characteristics were then compared with several gender segregation patterns i.e. work area; position requirement; dominant task coordination; workplace; emergency possibility; budget; percentage of the female manager based on matriarchy and patriarchy background. **Result:** Female managers of a matriarchal background dominate in General Secretariat (63.4%). Public Health and Community Empowerment (62.5%) and Healthcare Services (80%). A significant portion of men of a patriarchy background shows that men are dominating in two divisions, Disease Prevention and Control (57.8%) and Health Services (55.3%). The study proved the existence of the dominance of one gender in a specific job. This indicated the existence of gender segregation in the healthcare system. **Conclusion:** Female managers tend to be placed in domestic organization affairs while the male managers are generally responsible for interorganizational affairs, including jobs with high emergency responses.

Keywords: District Health Office, Gender segregation, Matrilineal, Patrilineal

INTRODUCTION

Women represent approximately 70-75% of the global health workforce that dominate the caregiving and nursing profession (Boniol et al., 2019; WHO, 2019). Although women dominate the vast majority of the health workforce, they still tend to belong to a lower position than men who occupy most leadership positions (George, 2007; Shannon et al., 2019; Vong et al., 2019). Women's roles are also less likely to be in managerial, senior, and policymaking than their male counterparts in healthcare systems, whereas non-institutional care is often carried out by women (Exavery et al., 2013). These dynamics present that gender is a critical factor operating in the health workforce (Constance, 2014).

The concept of gender segregation introduced by Gross (1968) refers to the variability in the kinds of jobs men and women handle that is based on supply-side factors such as demand-side factors and personal choice (WHO, 2019). The word *segregation* refers not only to separate different categories based on a demographic characteristic such as race, gender, or class but also forms a basis for bias and discrimination that is a fundamental pathway to social inequalities. Gender segregation is a prevalent form of social inequality and jobs market rigidity that places men and women into work in culturally determined occupational roles

Cite this as: Marwah S, K.M and Putri, N.K, (2023). Gender Segregation of Health Managers in District Health Officers in Indonesia**.** The Indonesian Journal of Public Health, 18(2), 265-275. https://doi.org/10.20473/Ijph.v18i2.2023.265-275

Received 20 January 2021, received in revised form 15 May 2021, Accepted 19 May 2021, Published online: August 2023.Publisher by Universitas Airlangga

dominated by their gender (Newman et al., 2011).

In general, gender segregation, which typically assigns men in technical or managerial jobs and women in caring and nurturing jobs, is an established source of inequality. A report from the International Labor Organization showed that Indonesian women are underrepresented in managerial-oriented positions, e.g., manager & legislator, but they are well represented in clerical, sales, and services positions (Schaner and Das, 2016). Women's underrepresentation in managerial-oriented jobs could reference the "glass ceiling" that reflect attitudes and social norms that restrict highly skilled women's career trajectories.

Indonesia's health system reflects the same challenge of health workforce gender segregation globally. The Indonesian Ministry of Health confirms that women dominated 70.9% of 1,072,598 health workers. Two sub-categories were dominated by men, including medical specialists (60.8%) and biomedical technologist (51.1%), whereas women dominated midwifery (100%) (Efendi, 2019). The increasing proportion of women pursuing midwifery and family practice professions versus men pursuing biomedical technologist professions and medical specialties has primarily resulted in the gender segregation of men and women in healthcare.

Only a limited number of studies discuss about the gender segregation among health workers in Indonesia. In addition, some studies have not adopted gender inequity context in women's take up in managerial or leadership roles. Addressing this gap, this study examines the specific pattern of male or female health managers' dominance in the particular division of district health office.

METHODS

This study was an original research discussing gender segregation of male and female dominance as health managers in the district health office.

Population and Samples

Two provinces were chosen based on their kinship system, matrilineal or patrilineal dominance. West Sumatra province represents a social system with a matriarchal background, whereas East Java represents a social system with a patriarchal background. We then surfed to all official websites of district health offices under those provinces' coordination. Only the district health office shows the officer position's detailed information and name included in the analysis. We obtained eleven districts in East Java (out of 38 districts) and six districts in West Sumatra (out of 19 districts).

Data Collection

We listed the officer's name, title, sex, and district health managers' position by using secondary data from the official websites of district health. We identified the organizational structure of the district health offices to levelling the positions.

Data Analysis

We created a dummy table based on the duties of each position in district health offices. This includes General Secretariat, Public Health and Community Empowerment; Disease Prevention and Control; Healthcare Services and Health Resources. We used this grouping as the basis of the job segregation. We made several comparisons between each duty based on the specific pattern of male or female dominance in the particular district health office division.

We used several comparison dimensions, i.e., work area, position requirement, dominant task coordination, workplace, emergency possibility, budget, percentage of the female manager based on matriarchal and patriarchal background, to describe each duty's power dimension.

According to the Indonesia Ministry of Health's job description, we summarized the job characteristics and compared women managers' percentage in each position. Gender segregation-related job task is predicted by a comparison between the specific pattern of male or female dominance in the particular division of the District Health Office.

Ethical Clearance

This research has obtained approval ethical clearance from the Institute of Health Sciences Bhakti Wiyata Kediri with the number No: 41 / PP2M-KE / I / 2021.This research meets the requirements of the Ethical Guidelines issued by CIOMS (2016), including 1) Social Value, 2) Scientific value, 3) Distribution of Benefits and Burdens, 4) Risk, 5) Referral/Exploitation, 6) Confidentiality and Privacy, and 7) Informed consent.

RESULT

Gender Segregation Related Job Task

The district health office has duties to cover all five district health office tasks, i.e., four divisions of health affairs and one supporting administrative unit (see table 1). The number of female officers, both in the District Health Office with matriarchal or patriarchal background, is dominant with the job tasks' specific pattern.

Table 1. Job Characteristics and the Current Women Representativeness

	General Secretariat	**Public Health and Community Empowerment**	**Disease Prevention and Control**	**Healthcare Services**	**Health Resources**
Duties	Administrative support	Program formulation and implementation	Program formulation and implementation	Program formulation and implementation	Program formulation and implementation
Work areas	All organizational elements at the District Health Office	Family health, community nutrition, environmental health, occupational health, and sports, surveillance and immunization	Prevention and control of communicable and non-communicable diseases including mental health	Primary health care and referral health services including its quality improvements	Pharmacy, medical devices, and household health supplies as well as the human resources
Position requirement	Bachelor degree from any major	Bachelor degree in health science	Bachelor degree in health science	Bachelor degree in health science	Bachelor degree in health science
Dominant task coordination	Internal officers of DHO	External 1. Community 2. Healthcare providers	External 1. Community 2. Healthcare	External Healthcare providers	External 1. Healthcare providers 2. Decision-

	General Secretariat	Public Health and Community Empowerment	Disease Prevention and Control	Healthcare Services	Health Resources
			providers		makers of the district health budget
Workplace	Mostly in the office	Sometimes need to visit villages	Required to visit villages	Required to visit health facilities	Mostly in the office
Emergency possibility	Low	Low	High	Low	Low
Budget	Small to medium	Small to medium	Small to medium	Medium to big	Medium to big
Percentage of the female manager					
Matriarchy	63.4%	62.5%	47.4%	80%	52.5%
Patriarchy	58.10%	52.9%	44.2%	44.7%	57.1%

This section aims to explain this study's findings regarding patterns of male or female dominance in the particular division of the district health office. Female managers in matriarchal backgrounds were dominating in General Secretariat (63.4%), Public Health and Community Empowerment (62.5%), and Healthcare Services (80%). Although women dominate in the three divisions, women have less of the Division of Disease Prevention and Control (47.4%) than their male counterparts. However, a significant portion of men in the patriarchal background shows that men dominate in two divisions: disease Prevention and Control (57.8%) and Healthcare Services (55.3%). It implies that women tend to be assigned less authoritative jobs and converge in emotive work, such as health and human services (Constance, 2014).

Each division has the same duties: compiling and implementing program plans and technical instructions, coordinating and collaborating with other institutions and agencies, supervision and controlling, evaluating and reporting, and doing other tasks assigned by the Head of the District Health according to their duties and functions. Employees' appointment to structural positions and available positions is carried out after meeting the requirements and competency standards to be held through a recruitment and selection process following laws and regulations.

In the General Secretariat, the officers' duties are to support district health office affairs activities. This division has work areas in the organization of all organizational elements in the health office, in which the qualifications and skills required are a bachelor's degree from any major. To organize or integrate different tasks and activities, the secretariat cooperates with an internal team of district health officer that mostly work in the office. The implementation of duties and activities in the General Secretariat shows the possibility of a low emergency. The budget allocated for secretarial

implementation is categorized as a small to medium budget.

The duties of the Public Health and Community Empowerment include the implementation of technical policy formulation in health sectors: family health and community nutrition, promotion and empowerment of public health, environmental health, occupational health, and sports. The minimum requirement in the Public Health and Community Empowerment division is a bachelor of health science. In carrying out their duties and building coordination, officers have to cooperate with the community and health service providers that sometimes need to visit the village. The possibility of an emergency that will be experienced by the officers is in a low category. Budget allocation for the Public Health and Community Empowerment division falls into the small to medium category.

The Disease Prevention and Control division has the duties of implementing the formulation of technical policies in prevention and control of infectious diseases, prevention and control of non-communicable diseases, mental health, and surveillance & immunization. The workforce needed to fulfill the Disease Prevention and Control division is a bachelor of health science. The Disease Prevention and Control division requires field skills and cooperation in relation to the community and health service providers, which requires visiting the village. In addition, it must be able to respond to the possibility of a high emergency in public health. The Disease Prevention and Control division requires a cost allocation which is in the small to a medium category.

The Health Service division has the duties of implementing the formulation of technical policies and implementing the program in primary health services, referral health services, special health services, and traditional health. The positions required to perform the Health Service division tasks and functions are a bachelor's degree in health science. To carry out tasks in the field of health services, the Health Service division coordinates and carries out cooperation in health service providers, which in its implementation requires to visit health facilities. The tendency of the possibility of emergencies in the implementation of the duties and functions of the health service division shows the low category. The allocation of funds to the Health Service division is included in the medium to big category.

Implementing the formulation of technical policies and the implementation of programs in pharmaceuticals, food and beverages, health facilities and devices, as well as human health resources, are all forms of duties of the Health Resources division. The officer needed in the Health Resources division is a bachelor's of health science that mostly works in the office. To manage the national health insurance system regarding the cost of health services for public health insurance participants, The Health Resource division needs to coordinate with healthcare providers and decision-makers of the district health budget. Allocation of funds that must be provided for utilized in the Health Resources division is the medium to big category. The possibility of an emergency in implementing the Health Service division's duties and functions also occurs in the division of health resources, which shows a low category.

DISCUSSION

Even though the job requirement set by the Ministry of Health does not regulate gender exclusivity, there is a particular division dominantly occupied by a male or female officer. Why did it happen?

Gender Stereotypes in the Workplace

A stereotype can be defined as belief about a set of characteristic, behaviors, and attributes of a lot of people

or certain groups that simplify representing a particular type of person (Critchley, Schwarz and Baruah, 2021; Manzi et al., 2021). Based on theory of the Stereotypes Content Models, stereotype is defined as attributes that represent social groups (e.g., men, women and ethnic groups), which include two dimensions; competence and warmth (Fiske et al., 2002). Women represent typically feminine communal characteristics (e.g. warm, caring, nurturing, considerate and friendly) and men represent typically agentic characteristics (dominant, confident, decisive, self-reliant, authoritative and assertive (Critchley, Schwarz and Baruah, 2021).

Male officers always dominate the job task related to disease prevention and control in matriarchal and patriarchal districts. Compared to job tasks in other divisions, the job task on disease prevention control is the most requiring fieldwork and immediate action in an emergency. For illustration, officers in this division should directly visit, observe, and make a brief report to their boss when there is an outbreak. The range of working time in this division is wide, which also requires more immediate action. These two terms, fieldwork and limited time off work, are correlated with the "masculine" term in the workplace. Let us compare with the General Secretariat division, which is dominated by female officers in both district health offices. This division mostly works with domestic affairs of the office. The job task is more clerical due to their task to manage the district health office's administrative workflow. The working time must be more flexible with the limited requirement to visit the villages.

The number of women in top managerial positions in the Public Health and Community Empowerment and the Health Resources divisions both in matriarchal and patriarchal districts are on the rise. This indicates the fact that women are well-educated and are still open to undertaking management roles. The Public Health and Community Empowerment division officers are required to be able to provide guidance, planning of health promotion guidance and control programs, Community-Based Health Programs (UKBM), community nutrition, information systems, and health development research and sometimes need to visit community or villages. The dominance of women in the Public Health and Community Empowerment division is formed from the social construction of gender stereotypes. Women are stereotyped as having communal characteristics and men as more agentic (Bloksgaard, 2011; Brescoll, 2016). Communal characteristics are essentially concerned with the welfare of other individuals, including attributes such as compassionate, kind, sentimental, helpful, and generous, whereas agentic characteristics portray a more self-assured, dominant, and confident tendency, including attributes such as aggressive, ambitious, independent, self-confident, taking charge and being in control (Hentschel, Heilman and Peus, 2019). Agentic characteristics have customarily been adjusted with a leadership role.

Women in the Public Health And Community Empowerment division are increasingly relied on to provide services to the community that functions as a bridge between the health system and society (Kok et al., 2017). They come from the communities they serve and are well-positioned to understand, and work within, cultural and gender norms and power dynamics (Theobald et al., 2015). The roles of women in health promotion consist of relational, structural, and cognitive dimensions. The relational dimension incorporates participation and communication based on shared values. Structural dimensions include social networks, affiliations, and solidarity. The cognitive dimension includes caring, belief, and having a place between family individuals, community individuals, and health promoter (Yuliani et al., 2019).

Stereotypes refer to perception of standard trends of males and females in judgments about men and women. Stereotypes of females and males typically have traits of women as feminine and men as masculine as well as their cultural roles that consider men as providers and women as homemakers (García-Ael, Cuadrado and Molero, 2018). The concepts of the stereotypes of men and women not only are different but tend to be oppositional. Men are seen as lacking what is thought to be most prevalent in women, and women are seen as lacking what is most prevalent in men (Rudman and Phelan, 2008; Heilman, 2012). There are various stereotypes related to the role of women and men in the workforce. Women are still described as incapable of handling multiple functions and tasks that have been handled by men.

Cultural Stigma of Male and Female Role

Gender segregation in the district health office also continued when discussing the portion of budget allocation authorized by the officers in each division. We break down the segregation in the division level into subdivision level to get a clearer description of budget authorization. This breakdown indicates that the segregation also happens based on the budget size authorized by the manager. The allegation toward this segregation is the existence of cultural stigma of gender role in the society. In district health offices with matriarchal background, divisions and subdivisions with significant budget are mostly directed by female managers. Females tend to be placed as a manager in the Healthcare Service division and Healthcare Resources division. Matriarchal society follows matrilineal descent in their inheritance system. In matrilineal, property is transferred from the family line of mother. Females have power to manage the financial business of the family. An Indonesian woman is customary to take care of the family well and being a secondary income-earner. Indonesian women are also perceived as good at possessing control over financial resources and handling financial affairs and frequently within the household (Ramadan*i et al.*, 2017).

The dominance number of women in the Health Service division is not directly positive from gender equality. Their career paths after education and official duties are influenced by social demands, including the size of the gender roles they face in a patriarchal society. Family factors and gender perception roles contribute to women's career paths (Kruijthof *et* al., 1992; Shannon et al., 2019). For many women, decisions about their work location are always subject to vital considerations for getting family approval. Female health workers in Indonesia also receive social assessments in demonstrating their role in household building. This consideration takes precedence over consideration of their salary, career advancement, and their idealism as health workers serving people in need. The priorities for family needs and integrity, values that are deeply believed to be the foundation of Indonesia's communal society, have limited the options for working for women.

The Healthcare Service division is a job with inflexible working hours that are required to visit health facilities. The work schedule set in a way does not allow for adequate family time or dual responsibilities and may cause women to leave the workplace because of "inflexible and highly demanding workplaces" (Carbajal, 2018). In short, women need flexibility in working hours because of their role in their family. In a patriarchal society, housework is still considered the woman's domain. For working women, they shoulder additional responsibility for the workplace as well as at their domestic front. In contrast to female managers in matriarchal society, women have more opportunities to be a leader and decision-maker in their community (Selinaswati,

2019). Matriarchal societies have four levels of social patterns that include the social level, political level economic level, and spiritual-cultural level. At the social level, women in these societies pass down the clan's property, titles and social position based on the maternal line. At the political level, matriarchal societies may gather women and men to discuss domestic matters. The economic level relates to how women in these societies have managed and control resource production. Moreover, the last is the cultural and spiritual level, and societies may consider the world holy and believe that it should be protected and loved (Selinaswati, 2019).

Gender Exclusivity

Male exclusivity in disease prevention and control division has been a barrier for females to be accepted in disease prevention and control division. The fact that the activities such as direct visits, observation, and making a quick report are exclusively the male domain offers no protection from gendered discourses of power (Smith,2019). In line with the women's domain in clerical tasks, allocating funds and managing resources are barriers for men to take on these roles. Men may be viewed as incapable because gender normative stereotypes that define masculinity are antithetical to the concept of handling financial affairs, clerical tasks, and managing resources. Gendered stereotypes about who should enter the district health divisions have led to the belief that men or women cannot fulfill the roles that are traditionally associated with the task of division. Gender exclusivity is often thought of as a problem stemming from a lack of female or male employee roles, but diversity issues can necessitate the need for more male or female workers too. Research has indicated that it is not beneficial when anyone gender dominates a profession. A report found that diversity among staff can boost innovation, and some experts have noted that the creativity sparked by diversity relates to the diversity of thought, experience, and knowledge as much as it does to gender.

Gender Segregation in District Health Division

Sex and gender play an essential role in the health workforce. Sex is a term utilized to allude to the natural and physiological contrasts between men and women, whereas gender is used to allude to men and women's societal roles and expectations (Habib et al., 2020). In the workplace, women and men can have different job assignments and work tasks. The gendered segregation of jobs and tasks are often influenced by societal roles, stereotypes, stigma, and expectations (Quinn and Smith, 2018). The District Health division has driven the emergence of the "masculinized" and "feminized" activities and tasks, materializing in different working conditions and uneven distribution of work environment between men and women officers. Women are over-represented in General Secretariat (63.4%), Public Health and Community Empowerment (62.5%), and Healthcare Services (80%) based on matriarchal background, while men are over-represented in disease prevention and control (57.8%). In contrast to the patriarchal background, men dominate in two divisions: Disease Prevention and Control (57.8%) and Health Services (55.3%). Women are primarily employed in occupations that are characterized by collaborative work (compassionate, kind, sentimental, helpful, and generous), while men are employed characterized as agentic (authority, power, and physical strength and technical skills etc.) (Bloksgaard, 2011; Brescoll, 2016).

The gender segregation in the District Health Office occurs for several reasons. First of all, gender segregation in the District Health Office is a form of the social construction of gender stereotypes. Stereotypes define a social categorization characteristic of culture, and all men and women are expected to fit into these

categories and not break with the ideas of "appropriate" work for women and men. Most jobs and tasks can be characterized as either masculine or feminine by highlighting certain dimensions and labeling them in a certain way (Bloksgaard, 2011). Secondly, labeling and stereotyping results are formed from negative views or stigma about the roles of women and men in society (Link and Phelan, 2001). Gendered stereotypes and cultural stigma of women and men lead to gender exclusivity about who should enter the District Health division.

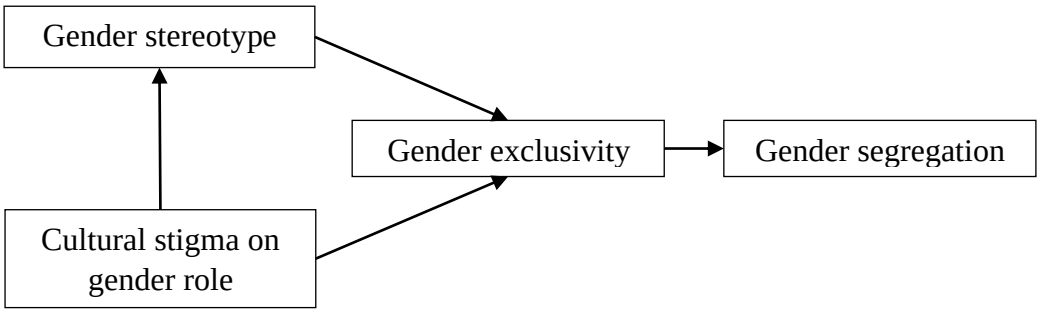

Figure 1. The concept of Gender Segregation

CONCLUSION

The study proved the existence of gender segregation in the healthcare system. The different kinship systems tend to not bring any difference in the gender segregation. The pattern of segregation is likely related to the job description of the position. Female managers tend to be placed in domestic organization affairs while the male managers are generally responsible for interorganizational affairs, including jobs with high emergency responses.

The gender composition in occupation is important for their future attachment. Based on this, it is not beneficial when anyone gender dominates a profession. There is a need for gender diversity among divisions that can boost innovation and creativity sparked by diversity which is related to the diversity of thought, experience, and knowledge as much as it does to gender.

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