OXFORD

Enhancing diversity in public health scholarship: the role of publication mentorship

Dena Javadi [1] and Sameera Hussain [2,*]

[1]World Health Organization
[2]Public Health Agency of Canada, 130 Colonnade Road S, Ottawa, ON K1A 0K9, Canada

*Corresponding author. Public Health Agency of Canada, 130 Colonnade Road S, Ottawa, ON K1A 0K9, Canada. E-mail: sameera.hussain.seraj@gmail.com

Introduction

This Supplement, a collaboration between Health Systems Global (HSG) and the Alliance for Health Policy and Systems Research (AHPSR) and *Health Policy and Planning* (HPP), is the product of a six-month publication mentorship programme aimed at supporting early-career women conducting Health Policy and Systems Research (HPSR) in low- and middle-income countries (LMICs) (AHPSR, 2019). The mentorship programme guided mentees—selected based on a motivation letter and draft abstract—in preparing a high-quality manuscript for a peer-reviewed journal. Topics for submitted papers were restricted to themes identified for the Sixth Global Symposium on Health Systems Research on 'Re-imagining health systems for better health and social justice' (HSR, 2020).

This editorial will discuss the role of programmes such as publication mentorship in mitigating structural barriers in the career advancement of women, racial and ethnic minorities and others experiencing discrimination and bias. It will also highlight the social justice and equity-oriented themes that connect the papers included in the special issue, demonstrating the importance of amplifying voices that are often underrepresented in scholarship and leadership.

Women in academia

It is well-documented that gender, race, ethnicity, socioeconomic status and other combinations of social identities impede women's progress in the health workforce and restrict access to corridors of power (Hankivsky *et al.*, 2014; Newman *et al.*, 2017; Clark *et al.*, 2018; Moyer *et al.*, 2018; George *et al.*, 2019; WHO, 2019; Yount *et al.*, 2020). For example, while women represent 53% of the world's bachelor's and master's degree graduates and 43% of PhD graduates, they represent only 28% of researchers in all fields, suggesting a high rate of attrition in the academic workforce, limiting diversity of perspective and thus scholarship (Tiedeu *et al.*, 2019).

Women's progress in academic medicine and public health is often impeded by structural barriers and gendered institutions (Edmunds *et al.*, 2016; Howe-Walsh and Turnbull, 2016; Stavroula *et al.*, 2017; Yousaf and Schmiede, 2017; Cameron *et al.*, 2019).

Some of the key barriers include gendered stereotypes and bias, imbalanced family and care-taking roles, lack of mentorship and poor organizational support (Edmunds *et al.*, 2016; Corneille *et al.*, 2019; Shreffler *et al.*, 2019). Institutions have begun to implement practices aimed at improving the recruitment, promotion and retention of women and others facing structural barriers. These include institution-wide training in unconscious bias, career development support, childcare services, availability of culturally responsive mentorship, networking opportunities, diversity practices in recruitment and promotion committees and others (Carr *et al.*, 2017).

In academia, high-impact publications continue to serve as a benchmark of productivity, expertise and success. Therefore, gender disparities in the number of publications, especially amongst early- and mid-career researchers, contribute to inequalities in academic placements and promotions (Mueller *et al.*, 2016; Cooper *et al.*, 2019). This is observable in the rates of assistant versus full professorships across gender and race categories, with fewer women holding full professorships as compared with men, and minority women underrepresented at all levels (Patel *et al.*, 2018). An intersectional lens—accounting for interactions across gender, race, ethnicity, disability and other social identities—is required to improve measures designed to empower those facing structural barriers.

Mentorship as part of the solution

Culturally responsive mentorship is a powerful tool in strengthening capacity and enhancing social capital (Sopher *et al.*, 2015; Campos, 2016; Bertrand Jones *et al.*, 2020). It is important to note that mentorship is not a flawless panacea. For example, without formal and informal structures to ensure equity in mentorship programmes, mentorship roles—seen as 'nurturing'—tend to fall disproportionately to women (Campos, 2016). Furthermore, mentoring relationships are strengthened when connected to wider networks creating cultural shifts in homogenous institutions (DeCastro *et al.*, 2013). Mentorship must be viewed as a two-way relationship whereby the perspectives and experiences of the mentee are treated with respect, leading to meaningful dialogue and debate around culturally responsive tools, approaches and methods in conducting and disseminating

---

KEY MESSAGES

- Women and other groups facing structural barriers are underrepresented in research, scholarship and leadership.
- Culturally responsive mentorship can serve as part of a solution in strengthening capacity and enhancing social capital in academic and research settings.
- The increased diversity of perspectives and thought afforded by improved representation strengthens public health scholarship and its contributions to social justice.

---

research. Mentoring arrangements not only strengthen the capacity of mentees in navigating established institutions and protocols, but also bring new thinking and perspectives to mentors, thereby enhancing the adaptive capacity of the scholarship.

Increasing diversity of thought in scholarship

HPSR is a dynamic field focused on strengthening resilient health systems, addressing systemic barriers, enhancing social justice and leaving no one behind. Therefore, all measures that diversify the field and amplify underrepresented voices can help to enrich its scholarship with new perspectives, approaches and methods. In their commentary on 'Supporting early-career mentorship for women in HPSR: a vital input to building the field', Kwamie and Jalaghonia expand on the significance of mentorship for HPSR and provide insight based on lessons learned from the Alliance-HSG publication mentorship programme. They reflect on positive outcomes from the programme, such as professional development opportunities for both mentors and mentees, as well as limitations, such as short timelines and language barriers.

The papers included in this special issue include a wide range of equity-oriented topics affecting health system performance and outcomes. These include intersectoral and systemic barriers and facilitators affecting individual-level behaviours, health system structures affecting equity in service delivery, as well as institutions and policies inhibiting representation and inclusion.

Barriers and facilitators affecting individual behaviours

Tran *et al.* identify links between poor reproductive health outcomes and Intimate Partner Violence (IPV) in Bangladesh, highlighting the role of education and food security in mitigating these outcomes. Luhumyo *et al.* examine IPV prevalence in Western Kenya and its links to prematurity as a perinatal outcome among survivors, also highlighting the role of education and formal employment. Nanyonga *et al.* examine barriers and facilitators for nurses in leadership, demonstrating the importance of organizational culture in enhancing nurses' ability to lead and engage in policy decisions. Faith *et al.* assess utilization of inactivated polio vaccination among caregivers with children in Uganda, identifying a need for social mobilization and outreach to improve vaccination coverage.

Health system structures affecting equitable service delivery

Sunkwa-Mills *et al.* consider the role of peer support in neonatal intensive care units in Ghana, emphasizing a gap in the hospital system partially met by informal support structures. Ekenna *et al.* look at implementation factors in a free maternal and child health

programme in Nigeria, citing corruption, lack of political support and financial barriers as reasons for discontinued access to free care. Omer *et al.* assess effectiveness of nutritional training on health providers' counselling of pregnant women in Ethiopia, finding improved outcomes and better alignment with international recommendations.

Institutions and policies affecting representation and inclusion

Naher *et al.* study community-led transparency and accountability measures to combat health sector corruption in South and South-East Asia, featuring social audits, resource decentralization, e-governance, online transparency platforms and community scorecards as examples of effective strategies. De Moura Pontes *et al.* consider what is needed to achieve Universal Health Coverage in Brazil, with a focus on indigenous populations, stressing the importance of establishing culturally relevant approaches and ensuring inclusion in the formulation and execution of health actions.

Conclusion

The papers featured in this special issue are a product of collaboration and mentoring relationships between early-career researchers and those established in HPSR, and the editorial team at HPP. The range of topics and contexts they cover demonstrates the value of diversity in research and scholarship.

The COVID-19 pandemic has further highlighted disparities in research output experienced by women (Malisch *et al.*, 2020). This is in part due to the unintended consequences of public health measures implemented worldwide, leading to exacerbated disparities in gender roles and caregiving obligations, compounded by the lack of social support systems. Academic institutions, donors and journals all have a role to play in addressing these inequities and enriching global scholarship through creating more inclusive academic and research spaces.

References

AHPSR. 2019. *Call for Mentees: Publication Mentorship for Women in HPSR, AHPSR.* https://www.who.int/alliance-hpsr/callsforproposals/alliancehpsr_callmenteeswomenpub.pdf? ua=1, accessed 26 July 2020.

Bertrand Jones T *et al.* 2020. Thriving in the academy: culturally responsive mentoring for black women's early career success BT. In Crimmins G (ed). *Strategies for Supporting Inclusion and Diversity in the Academy: Higher Education, Aspiration and Inequality*. Cham: Springer International Publishing, 123–40.

Cameron P *et al.* 2019. Women leaders' career advancement in academic medicine: a feminist critical discourse analysis. In: *Handbook on Promoting Social Justice in Education*. 1–25. doi: 10.1007/978-3-319-74078-2_17-1.

Campos M. 2016. Mentoring away the glass ceiling in academia: a cultured critique. *InterActions: UCLA Journal of Education and Information Studies* **12**: 53–2294.

Carr PL, Gunn C, Raj A *et al.* 2017. Recruitment, promotion, and retention of women in academic medicine: how institutions are addressing gender disparities. *Women's Health Issues* **27**: 374–81.

Clark C, Matthew D, Burns V. 2018. Power, privilege and justice: intersectionality as human rights? *The International Journal of Human Rights* **22**: 108–26.

Cooper T, Aharony N, Bar-Ilan J, Rabin Margalioth S. 2019. Women in academia: a bibliometric perspective. In: *Proceedings of the Tenth International Conference on Conceptions of Library and Information Science*. Ljubljana: Information Research.

Corneille M, Lee A, Allen S *et al.* 2019. Barriers to the advancement of women of color faculty in STEM: the need for promoting equity using an intersectional framework. *Equality, Diversity and Inclusion: An International Journal* **38**: 328–48.

DeCastro R, Sambuco D, Ubel PA *et al.* 2013. Mentor networks in academic medicine: moving beyond a dyadic conception of mentoring for junior faculty researchers. *Academic Medicine* **88**: 488–96.

Edmunds LD, Ovseiko PV, Shepperd S *et al.* 2016. Why do women choose or reject careers in academic medicine? A narrative review of empirical evidence. *The Lancet* **388**: 2948–58.

George AS, Amin A, GarcÍa-Moreno C *et al.* 2019. Gender equality and health: laying the foundations for change. *The Lancet* **393**: 2369–71.

Hankivsky O, Grace D, Hunting G *et al.* 2014. An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity. *International Journal for Equity in Health* **13**: 119.

Howe-Walsh L, Turnbull S. 2016. Barriers to women leaders in academia: tales from science and technology. *Studies in Higher Education* **41**: 415–28.

HSR. 2020. *Sixth Global HSR Symposium*, *Health Systems Research*. https://healthsystemsglobal.org/global-symposia/hsr2020/, accessed 26 July 2020.

Malisch JL, Harris BN, Sherrer SM *et al.* 2020. Opinion: in the wake of COVID-19, academia needs new solutions to ensure gender equity. *Proceedings of the National Academy of Sciences* **117**: 15378–81.

Moyer CA, Abedini NC, Youngblood J *et al.* 2018. Advancing women leaders in global health: getting to solutions. *Annals of Global Health* **84**: 743–52.

Mueller CM, Gaudilliere DK, Kin C *et al.* 2016. Gender disparities in scholarly productivity of US academic surgeons. *Journal of Surgical Research* **203**: 28–33.

Newman C, Chama PK, Mugisha M *et al.* 2017. Reasons behind current gender imbalances in senior global health roles and the practice and policy changes that can catalyze organizational change. *Global Health, Epidemiology and Genomics* **2**: e19.

Patel DA *et al.* 2018. Issues confronting women leaders in academia: the quest for equality continues BT. In: Denmark FL and Paludi MA (eds). *Women and Leadership*. Cham: Springer International Publishing, 79–95.

Shreffler MB, Shreffler JR, Murfree JR. 2019. Barriers to advancement of female faculty in higher education: an examination of student evaluations of teaching, work-family conflict and perceived organizational support. *Journal of Higher Education Theory and Practice* **19**: doi: 10.33423/jhetp.v19i8.2673.

Sopher CJ, Adamson BJS, Andrasik MP *et al.* 2015. Enhancing diversity in the public health research workforce: the research and mentorship program for future HIV vaccine scientists. *American Journal of Public Health* **105**: 823–30.

Stavroula K *et al.* 2017. Women leadership barriers in healthcare, academia and business. *Equality, Diversity and Inclusion: An International Journal* **36**: 457–74.

Tiedeu BA, Para-Mallam OJ, Nyambi D. 2019. Driving gender equity in African scientific institutions. *The Lancet* **393**: 504–6.

World Health Organization (WHO). 2019. *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce*, *Human Resources for Health Observer*. https://www.who.int/hrh/resources/health-observer24/en/.

Yount KM, Cheong YF, Miedema SS *et al.* 2020. Gender equality in global health leadership: cross-sectional survey of global health graduates. *Global Public Health* **15**: 852–64.

Yousaf R, Schmiede R. 2017. Barriers to women's representation in academic excellence and positions of power. *Asian Journal of German and European Studies* **2**: 2.