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Social Learning Theory and Gender Representation in Leadership Positions: The Case of the Health Sector in Tanzania

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Abstract: Using the Mbinga council as a case, this study sought to document the influence of the social learning theory on gender representation in leadership positions in the Tanzanian health sector. Interviews, semi-structured questionnaires, and a literature review were used to collect data. The Statistical Package for Social Sciences (SPSS) version 20 was used to analyze quantitative data while content analysis was used to analyze qualitative data. The study revealed that in the Tanzanian health sector, the number of women employees is more than that of men, with most of them holding lower positions, which is directly associated with the socialization of boys and girls during their upbringing. Based on the study findings, the study concludes that, despite Tanzania being a signatory to many gender-related international conventions and having many-gender related laws, policies and programs, the gender gap in leadership positions in the health sector is still wide, caused by, among other things, how males and females were brought up. Therefore, full commitment is needed, starting at the family level, to challenge the patriarchal system in the raising of male and female children. Based on the study findings and conclusion, the study recommends that: (i) the government should raise awareness at the grassroots level of discriminative norms and traditions to discourage them. (ii) multiple actors should collaborate (i.e., the family, schools, organizations, the private sector, non-government organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), the local communities themselves and the state) to ensure gender equality in raising children, which will improve gender representation in administrative leadership positions.

Keywords: *Leadership position, gender, gender equality, health sector, Social Learning Theory, Tanzania.*

1. Background

The social learning theory postulates that individuals' actions in a given situation are based on their beliefs, and individuals learn by observing others (Bandura, 1971). Social learning theorists believe that personality, behavior and the environment influence us and we can learn by observing others (ibid). Gender inequality, especially in leadership and decision-making roles, has remained a challenge in many public and private organizations (UNDP, 2014), with women holding few top leadership positions worldwide (McLay & Brown, 2000; Coleman, 2002; Onsongo, 2005; Moorosi, 2007; Mwebi & Lazaridou, 2008; Thornton, 2013). Gender equality was introduced by the United Nations Charter of 1948 (United Nations, 1948), to which Tanzania is among the signatories, and the constitution of the United Republic of Tanzania insists on the equality and rights of every person (URT, 1977). Apparently, despite the Tanzanian Government being a signatory to several declarations, such as that of the United Nations Charter of 1948, the Beijing Conference in 1995, the Constitution, and the presence of many legal provisions, policies and programs on gender equality, statistics show that women hold few positions in key decision-making platforms in all sectors.

According to Zewde (2010) and Chartejee (2010), national development and poverty alleviation initiatives demand the utilization of the best talents, capabilities, creativity and dedicated efforts of both men and women. The authors further add that utilization of human resources of both genders will facilitate the successful attainment of sound desired ends. These views together show that for leadership to be effective there needs to be gender awareness and the utilization of both male and female human resources for the development of society and the country as a whole. Tanzania is not excluded from the increasing worldwide challenges of gender representation in leadership, as women acquire fewer leadership positions than their male counterparts (Ely, 2011, OECD, 2011, Kauffman, 2011, Davies, 2011, AAUW, 2011, Murphy, 2012, and European Commission, 2012). There is a gap in empirical academic research on gender representation in leadership in the health sector since most research on gender in Tanzania and worldwide has focused on

gender representation in leadership in political positions, private companies and universities (see: Rees 2001, Fiona, 2005, Chatterjee, 2010 and Judeh, 2010). It is against this background, using Mbinga District Council as a case that this study decided to document the influence of the social learning theory on gender representation in leadership positions in the Tanzanian health sector.

2. Literature Review

Definitions of Key-Terms

Gender: This study adopts the UNDP (2010) definition, whereby gender refers to social differences between men and women, which are learned and transferred to the next generation.

Gender Equality: Gender equality is "a stage of human social development where both men and women realize their full potential" (Darity, 2008). According to UNESCO (2000:5), gender equality means that the different behavior, aspirations and needs of women and men are considered, valued and favored equally. USAID (2012:3) contended that gender equality involves working with men and boys, women and girls to bring about a change in attitudes, behaviors, roles and responsibilities at home, in the workplace and in the community. In this study, gender equality refers to the state whereby both men and women enjoy equal rights, responsibilities, opportunities and treatment in all spheres.

Gender Representation: This study views gender representation as the proportion of males and females holding administrative leadership positions, or how males and females are represented in leadership positions in the Tanzanian health sector.

Gender Representation in Leadership Positions: According to Bagihole and White (2012), early studies of leadership and management did not include gender perspectives until the early 1970s. Early studies concentrated on the dichotomy between the 'leadership trait theory' and 'leadership style theory' that tended to reproduce the popular stereotype that males and females acquire different personality traits and leadership styles (ibid). According to Collison & Hearn (1994), a complex relationship between gender and management exists due to the presence of cultural obstacles facing women, such as gender roles hindering women from gaining and developing managerial roles. Ely (2011) also observed that, for at least a quarter of a century, women have been entering professional and managerial ranks at the same rate as men, yet remain dramatically underrepresented at senior levels globally (Lee 2021; Seo et al., 2017; Appelbaum, et al., 2003; Chatterjee, 2010; Judeh, 2010 and Ely, 2011). Recently, it has been reported that women comprise almost 70% of the health and social workforce, but it is estimated that they hold only 25% of senior positions, (WHO, 2021).

3. Research Methods

The subjective, inductive and descriptive case study strategy combining quantitative and qualitative data collection methods (mixed-methods research) was used in this study. The case study was adopted, because it was useful for gaining an in-depth understanding of a phenomenon, processes or events within their real-life organizational setting (Yin, 2003).

Research Strategy: This study adopted subjective interpretive epistemology, which discards the possibility of creating generic laws, as opposed to the positivistic approach (Bain, 1989). Therefore, the findings from this research can only be generalized to other healthcare organizations in a similar context.

Study Population: The targeted population of the study was 1,269 out of 3,436 Mbinga District employees. The unit of analysis for this study was employees on the government service salary scale of grade 'E' and above.

Sample Size: The sample size of this study was 67 respondents, which was thought to be enough and representative. A sample size of 67 respondents gets support from CED (2015), which suggested that 30

people is the minimum acceptable size for representative data. A summary of the study population and sample size is presented in Table 1 below.

Table 1: Sample Size

Government Salary Scale	Population	Sample size
TGS/TGTS/TGHS "E"	715	27
TGS/TGTS/TGHS "F"	486	16
TGS/TGTS/TGHS "G"	42	11
TGS/TGTS/TGHS "H"	6	7
LSSE 1	20	6
Total	**1269**	**67**

Source: (Developed by Researcher based on Mbinga District Council's data on its Employees (2015).

Sampling Methods and Techniques: Stratified simple random and purposive sampling techniques were adopted to select the respondents. In the stratified sampling technique, 1,262 members of the targeted population were divided into two strata (male and female) and a simple random sample was drawn from each stratum to ensure gender representation. Using this method, sixty (60) respondents were obtained. The purposive sampling technique was used to select seven (7) respondents from Mbinga District Hospital to obtain more information on the health sector in the district. Six (6) key informants were interviewed to obtain further data.

Data Collection Instruments: To ensure the validity of the results, both qualitative and quantitative data collection methods were used, whereby self-administered questionnaires, key informant interviews, and documentary reviews were employed.

Data Analysis: The IBM Statistical Package for Social Sciences (SPSS) program version 20 was used to analyze the quantitative data, while the qualitative data was analyzed using the content analysis technique, which involved careful transcription, categorization, coding and filtering to come to a conclusion based on the findings.

Validity and Reliability: Validity was achieved by using both qualitative and quantitative data collection methods. The instruments were pre-tested on a different council before data were actually collected to ensure that the instruments would provide accurate data. Moreover, all the scales used in the questionnaire were checked for internal consistency (reliability) through Cronbach's alpha coefficient. Cronbach's alpha 'tests if scales measure the same underlying constructs' whereby an alpha of 0.7 or above indicates that a scale is considered reliable (Pallant, 2001:85). In this study, the calculated questionnaire had a reliability statistic (Cronbach's alpha) of 0.77, indicating its internal consistency.

Ethical Considerations: This study followed all the procedures for carrying out the research, including obtaining formal permission from the relevant authorities and the informed consent of the respondents, whose anonymity was ensured by not revealing their names and identity. Honesty and openness were maintained by the researcher while explaining the objectives.

4. Results and Discussion

General Characteristics of the Respondents: The results (Table 2) show that having a gender balance was considered when obtaining the sample and therefore it comprised 51% of male and 49% of female respondents. The results show that most respondents 57% were aged between 35 and 44, 37.3% of the respondents were aged between 45-54, 7.5% of respondents were aged between 20-34, and only 4.5% were aged 55 and over. This implies that the respondents of the study had been exposed enough to gender-related inequality in the work environment and the society they came from. Almost half 47.8% of the respondents had a Bachelor Degree, 29.6% had a Diploma, 10.4% had a Master's Degree, 5.9% had a Postgraduate

Diploma and the remaining 4.5% of the respondents had a certificate. This implies that the respondents had better levels of education and so they could significantly contribute their views on gender issues. Most of the respondents 83.5% were married, 7.5% were single, 4.5% were separated/divorced, and the remaining 4.5% of the respondents were widows.

Table 2: General Characteristics of the Respondents

Characteristics	Frequency(n=67)	Percent (%)
Sex		
Male	34	50.7
Female	30	49.3
Total	**67**	**100**
Education Level		
Certificate	3	4.5
Diploma	18	26.9
Advanced Diploma	3	4.5
Bachelor Degree	32	47.8
Postgraduate Diploma	4	5.9
Master's Degree	7	10.4
Total	**67**	100
Age of Respondent		
20-34 years	5	7.5
35-44 years	34	50.7
45-54 years	25	37.3
55 and over	3	4.5
Total	**67**	100
Marital Status		
Single	5	7.5
Married	56	83.5
Divorced/Separated	3	4.5
Widowed	3	4.5
Total	**67**	100

Source: Research Data 2015.

Gender Representation in the Health Sector: The findings reveal that the majority of health workers in Tanzania were women. This was confirmed by the interview with a key informant, who explained that: *"the majority of health workers in Tanzania are women, although they are concentrated in lower positions, especially nursing, while men predominate professional posts like medical doctors, clinical officers and dental experts, to mention a few"* ***(Ministry Representative-4)***. Empirical evidence from Mbinga District Council also shows that the majority of health workers were women, whereby in 2019 there were 302 employees, of whom only 79 (26.2%) were men and 223 (73.8%) were women. However, the majority of women were medical attendants, enrolled nurses and assistant nursing officers, as indicated in Table 3 below.

Table 3: Gender Distribution by Health Occupation/Cadre in Mbinga District Council

S/N	Profession	Male	%	Female	%	Total
1	Medical Specialists/Consultants	0	0	0	0	**0**
2	Medical Doctors	1	100	0	0	**1**
3	Assistant Medical Officers	5	71.4	2	28.6	**7**
4	Clinical Officers	11	57.9	8	42.1	**19**
5	Assistant Clinical Officers	2	50	2	50	**4**
6	Nursing officers	0	0	1	100	**1**
7	Assistant Nursing Officers	19	45.2	23	54.8	**42**
8	Enrolled Nurses	8	11.8	60	88.2	**68**
9	Technologists	7	53.8	6	46.2	**13**
10	Assistant Technologists	8	36.4	14	63.6	**22**
11	Health Secretaries	0	0	1	100	**1**
12	Environmental Health officers	3	75	1	25	**4**
13	MCHA	0	0	2	100	**2**
14	Medical Attendants	16	13.6	102	86.4	**118**
TOTAL		**79**	**26.2**	**223**	**73.8**	**302**

Source: Research Data 2015.

One could argue that such a gender disparity in leadership positions is probable in rural districts such as Mbinga, but statistics from Ilala Municipal Council in 2015 revealed that among the 175 health sector employees who were new (employed in 2015), 126 (72%) were women and only 49 (28%) were men, with most professional posts being occupied by men. For example, among the eight (8) medical doctors employed only three (3) were women. The findings concur with URT (2013) findings that the majority of health workers in Tanzania were women, who were confined to nursing positions, while men dominated all the professional positions. The report further stipulated that in 2013 there were 64,449 health workers, of whom 42,861 were women (66.5%) and 21,588 (33.5%) were men. Most of these female employees were clinical officers, as indicated in Table 4 below.

Table 4: Gender Distribution by Position

S/N	Position	Male	%	Female	%	Total
1	Medical Specialists/Consultants	261	75.4	85	24.6	**346**
2	Medical Doctors	835	73.6	300	26.4	**1135**
3	Assistant Medical Officers	1215	69.8	526	30.2	**1741**
4	Chemists	33	100	0	0	**33**
5	Assistant chemists	6	100	0	0	**6**
6	Pharmacists	233	68.7	106	31.3	**339**
7	Clinical Officers	3840	64.5	2110	35.5	**5950**
8	Assistant Clinical Officers	752	68.6	344	31.4	**1096**
9	Physiotherapists	78	66.1	40	33.9	**118**
10	Dental Therapists	64	65.8	123	34.2	**187**
11	Assistant Dental Officers	121	71.6	48	28.4	**169**
12	Health Laboratory Scientist3	56	68.3	26	31.7	**82**
13	Technologists	3881	84.7	699	15.3	**4580**
14	Assistant Technologists	698	50.9	674	49.1	**1372**
15	Health Secretaries	184	58	133	42	**317**
16	Environmental Health officers	566	60.9	363	39.1	**929**
17	Assistant Environmental Health officers	771	69	347	31	**1118**

18	Other Professionals	1862	48.1	2010	51.9	**3874**
19	Health Laboratory Assistants	75	48.1	81	51.9	**156**
20	Health Recorders	41	35.3	75	64.7	**116**
21	Assistant Nursing Officers	747	17.6	3501	82.4	4248
22	Nursing officers	422	17.2	2,034	82.8	2456
23	Nurses and midwives	1569	11.1	12,527	88.9	14096
24	Medical Attendants	3,829	19.5	15,837	80.5	19666
25	Support Staff	831	28.2	2117	71.8	2946
TOTAL		**21,588**	**33.50%**	**42,861**	**66.5**	**64,449**

Source: Developed from URT (2013) Human Resources for Health: Country Profile 2012/2013.pp 16-18.

The Influence of the Social Learning Theory on Gender Representation in the Tanzanian Health Sector: The results (Table 5) show that almost 81% of the respondents agreed with the view that socialization in Tanzania is less likely to influence females to do well in higher education and pursue leadership positions, and so it has an influence on the existing gender gap in leadership positions in the health sector and public service as a whole. These results are in line with those of Hora (2014) and Kariuki (2006), who indicated that Africa is largely a male-controlled society, causing male-dominated socio-cultural attitudes to prevail, resulting in the belief that leadership is a man's field, which therefore leads to the presence of more male leaders and fewer role models for young women and girls. Similarly, Han, *et al.* (2012) added that family background influences the choice of educating boys and girls and their achievements since parents and caregivers are regarded as role models for the children and therefore whatever happens in the family is taken as normal behavior by the children. Attane (2012) and Ogunsanya (2007) pointed out that discrimination and the social positioning of women during their childhood have resulted in their limited experience of leadership.

Table 5: The Influence of Socialization on the Existing Gender Gap in Leadership Positions

Views	Responses in Percentage				
	1	2	3	4	5
Socialization in Tanzania is less likely to influence female individuals to do well in higher education and pursue leadership positions	1.5	4.5	8.9	59.7	20.9
Some parents in Tanzania prefer to educate boys rather than girls	1.5	4.5	11.9	67.2	14.9
The gender gap in leadership positions stems from the belief about gender roles, which encourages households to spend less on girls' schooling or women's training	0	3	11.9	43.3	41.8

Question: Please indicate your views regarding the listed perceptions of socialization in Tanzania. **Key**: 1 for strongly disagree, 2 for disagree, 3 for Neutral, 4 for Agree and 5 for Strongly Agree.

More Emphasis on Men in Education and Leadership Positions: The results (Table 5) show that most of the respondents 82.% were of the view that some parents in Tanzania prefer to educate boys rather than girls, 12% of the respondents neither agreed nor disagreed with the statement and the remaining 6% disagreed. The results obtained from semi-structured interviews also show that the practice of educating children by gender is apparently declining in urban areas as opposed to rural areas. The interviewees indicated that there are some individuals and societies which emphasize enrolling boys and girls in primary school as it is compulsory by law. It was also found that men attained a higher level of education than women, whereby 53% of the respondents with an advanced diploma and above were men. This implies that fewer girls than boys go on to higher levels of education. The situation is worse in mathematics and science as only a few women manage to study these subjects. Below are some of the findings from the semi-structured interviews.

"Women with higher education in certain fields are few, for example in the health department most medical doctors are men and even in some sections like X-ray here in Mbinga we only have men. Women are not coming forward for these kinds of jobs, as some are afraid of doing them, believing they are very tough, some fear the responsibility, while others don't want to be blamed by service recipients or top management" **ID-5: (Informal Discussant).** *"It is historically believed that women are weak, resulting in some parents discouraging them from studying some subjects, including science. That's why in some sections there are very few women."* **H-9: (Head of department/Unit)**. This research further found that although families enroll both boys and girls, more emphasis is put on boys achieving better academic performance than girls. Below are some of the findings. *"Although there has been much improvement, societies still put more emphasis on male children than female children. I have a neighbor who has two sons and two daughters, but you can see that the husband is having higher dreams for their sons than their daughters. Most of the time you can hear him saying "I want my sons to be very good and famous doctors, but if my girl's become nurses that is enough". Imagine these words coming from an educated man having an educated wife who can at least fight for her girls, but what will happen when only the father is educated or the couple is uneducated?"* ***H-6:*** **(Head of department/Unit).** *"Some parents still think that educating a girl child is investing for other families (future husband's family). Some other society members are shocked when they see women leaders.*

To them, being in a leadership position is a male responsibility and it is shameful for men to be headed by women. People like this can never invest in their female children or even support them when they show an interest in holding leadership positions". **LN-1: (Local NGO representative).** Unequal treatment during upbringing was also reported by Zacharia (2014), who found out that there was unequal access to education by boys and girls in Korogwe District caused by various factors, including early pregnancies and bad socio-cultural practices, such as early and forced marriages. Baidya et al., (2000) assert that the most harmful method of discrimination against girls was the denial of the right and opportunities to education. With a similar view, ILO (2001); Njogu and Orchardson-Mazrui (2005); UN (2010); & Mensah, et al. (2014) reported that the gender gap is rooted in social norms and traditions, as well as the belief that the role of women is to look after the household and boys have greater prospects for formal employment, which has contributed to the denial of girls' right to education. According to ADF (2008), most girls in poor rural areas of Tanzania and Uganda were prepared for motherhood rather than for further studies, an attitude that has been influenced by poverty and socio-cultural norms. According to the UN (2010), the number of girls enrolled, especially in secondary schools, has increased at a much slower rate and is widening in some areas, especially in Sub-Sahara Africa, South and West Asia and the Arab States, despite several efforts being made to narrow the gender gap in education.

Based on the United Republic of Tanzania, Education and Training Policy (2014:58), many girls in Tanzania have been left behind at various levels of education. For example, in 2012/13, girls outperformed boys at the primary school level, where girls comprised 50.4% and boys 49.6%. As they went higher, boys outperformed girls at the lower secondary level, where boys comprised 53% and girls 47%. At the higher secondary level, boys comprised 68% and girls 32%. At the level of vocational education and training, 54.5% of males performed better than 45.5% of females. As regards technical education, 54.5% of males outperformed 45.5% of females, whereas in higher learning institutions/universities males comprised 65% and females 35%. This shows that the 1:1 ratio is only seen at the primary school level which, as pointed out earlier, could have been because enrolment at the primary school level was compulsory by law, whereas the number of girls decreases at an increasing rate as the level of education rises. According to the United Republic of Tanzania, (2014) the ratio of males and females entering higher education stood at 1:2. Although the number of students admitted to higher education increased from 37,667 (25,061 males and 12,606 females) in 2005 to 162,250 (105,381 males and 57,129 females) in 2013, the gender gap is still very high. For instance, a comparison of the number of admissions in 2005 with that of 2013 shows that there was only a slight increase in the percentage of females admitted from 33.5% in 2005 to 35% in 2013, meaning that the number of females admitted increased by only 1.5% in eight (8) years (URT, 2014).

The Belief about Gender Roles: The results (Table 5) also indicate that 85.1% of the respondents strongly agreed and agreed that the gender gap in leadership positions stems from the belief about gender roles, which encourages households to spend less on girls' schooling or women's training. Evidence collected from

the semi-structured interviews shows that the existence of the patriarchal system in Tanzania not only affects education and leadership issues but also the whole process of upbringing due to its emphasis on the unequal treatment of boys and girls. It was further noted that, although the situation is improving, non-elites and rigid individuals regard boys and girls as different creatures with different roles, and so girls are limited in some important constituents while growing up, and in the long run when they grow up, they tend to perceive that being leaders is men's role. Below are some of the findings. *Many families do not bring up their children equally although it differs among elites and non-elites. Some elites are now treating their children equally while non-elites and rigid individuals still regard their children as unequal creatures with different roles"* **MR-2: (Ministry Representative).** *"Unequal treatment when bringing up our children is obvious in Tanzania.*

In many households, you will find girls are busy with household activities while boys are relaxing and studying. When our children observe this, it affects their perception and even their future career" **NN-2: (National NGO representative).** *"The truth is even when you try to bring up your children equally or favor female children, people, especially in rural areas, will look at you with negativity"* **LN-2: (Local NGO representative).** Hora (2014) and Kariuki (2006) indicated that Africa is largely a male-controlled society, and so the prevalence of the male-dominated socio-cultural attitude that leadership is a man's field results in the presence of many male leaders and only a few role models for young women and girls. Similarly, Han, et al. (2012) added that family backgrounds influence the choice of educating boys and girls and their achievements since parents and caregivers are regarded as role models for the children, and so whatever happens in the family is regarded as normal behavior by children. Atane (2012) and Ogunsanya (2007) pointed out that discrimination and social positioning of women during their childhood have resulted in their limited experience of becoming leaders.

5. Conclusion and Recommendations

Based on the findings, it is concluded that the way individuals are brought up in Tanzania has something to do with the existing gender gap in leadership positions in the health sector and other sectors in Tanzania, which is attributed to the unequal treatment of boys and girls while they are being brought up, the preference for educating boys rather than girls and the belief about gender roles. Based on this conclusion, the government's current efforts to improve gender representation in leadership positions need to go beyond the formulation of many policies and legal provisions, initiating gender-related programs and being a signatory to international treaties.

Recommendations and Policy Implications

Recommendations: Based on the study findings and conclusion, the study recommends that: (i) the government should raise awareness at the grassroots level of discriminative norms and traditions to discourage them. (ii) Multiple actors (i.e., the family, schools, organizations, the private sector, NGOs, FBOs, CBOs, the local communities themselves and the state) should collaborate to ensure gender equality and improve gender representation in administrative leadership positions.

Policy Implications: The study pinpointed two areas for policy and practice. The first is including men in the whole process of achieving gender equality. It is only when men are involved and act without bias that positive results in terms of gender equality can be realized. Second, since it was revealed that education is a significant attribute for holding administrative leadership positions, female children should be encouraged and supported to study hard at higher education levels and ignore the perception that there are fields specifically for men and women to have qualified members from both sexes in all fields.

Author's Contribution: The findings of this study supplement the existing literature and provide a further understanding of gender representation, specifically in leadership positions in the health sector in Tanzania where women employees are the majority. The study findings support the social learning theory, whereby the majority of the respondents (81%) indicated that socialization in Tanzania is less likely to influence female individuals to do well in higher education and pursue leadership positions. The recommendations made in the study can be used for future analysis and research in related studies.

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