

Beyond the numbers: Women in STEM professions and artisanal occupations in South Africa

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National policy frameworks had to focus on BOTH gender and race

- *White Paper for the Transformation of the Health System in South Africa* (DoH, 1997)
 - main driver for rectifying the racial, gender and regional disparities in the South African health system.
- Apprenticeship was deeply gendered and racialised, and firmly dominated by white males.
 - After 1994, skills training policies in South Africa focused on creating an institutional environment to facilitate expanded investment in E&T - learnerships.

Great improvements in access

- More women medical doctors
 - Women form the majority of enrolment in SA medical schools
 - Women form the majority of graduations in SA medical schools
- More women in artisanal occupations
 - Higher rates of women's enrolment
 - Higher rates of completion of artisanal programmes
 - Higher rates of trade test completion

BUT remaining barriers

- Women in medicine
 - Loss during child-bearing periods
 - Predominance in so called soft specialisms
 - Types of participation subject to informal discrimination
 - *Gendered substructure in the SA medical profession, some elements commonly linked to attrition (2012)*
- Women in artisanal occupations
 - Nature of entry into training influenced by gender
 - Predominance in certain trades and sectors
 - Types of training more likely to have female participation
 - Men still vastly outnumber women
 - *Propensity for successful transitions into the labour market is impacted by gender (2012)*

Numbers suggest success, but true access?

- Reconceptualisation of the values that constitute the norm in the workplace is not only timely, but necessary for true gender equality
 - “the liberation of women in society, on an intellectual, personal and emotional level, requires much more than only the revision of structural arrangements in the workplace: it demands a reconceptualisation of work, the self and family” (Pillay, 2007).
- Are we doing this?