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

  - 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?