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PROGRAM NAME: WOMANITY – WOMEN IN UNITY

GUEST NAME: PROFESSOR LAETITIA RISPEL - SOUTH AFRICAN RESEARCH CHAIR – RESEARCH ON THE HEALTH WORKFORCE FOR EQUITY AND QUALITY

SPEAKER	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity– Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Joining us on the line today from the UK for our series on Women in Healthcare and Medicine is Professor Laetitia Rispel who holds a South African Research Chair entitled Research on the Health Workforce for Equity and Quality; she is a Professor of Public Health at the University of the Witwatersrand in Johannesburg South Africa; she is both the former Head of the Wits School of Public Health and a former Head of the Gauteng Provincial Government Department of Health; she is also a past President of the World Federation of Public Health Associations. Welcome to the show Prof Rispel!
PROFESSOR RISPEL	Good day Dr Amaleya and thank you for having me on the programme.
DR. MALKA	As we kick-in, the last couple of years of living through a global pandemic has put health in the spotlight as well as inequalities of different systems across the world, whether it is access to COVID-19 vaccinations or overstretched healthcare workers who are operating in under-resourced facilities. The World Health Organisations constitution describes health as "A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" and it goes on to say that "The enjoyment of a highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". Good public health systems are crucial to societies and you have spent your career within the public health sector. When I look at your CV going back to 1982, a very tumultuous period in South Africa with the struggle against apartheid, you graduated with a BSC in Nursing, please tell us what prompted you to get into the health sector?
PROFESSOR RISPEL	I need to give you a bit of context. I was born in the small town of Upington in the rural Northern Cape region of South Africa at the height of apartheid. I was in high school during the 1976 Soweto Uprising and it was a period of great political repression in South Africa. I loved mathematics and science and I excelled throughout my school career and my science teachers who interestingly were first generation graduates from the University of the Western Cape told me about this place called the university and they encouraged me to apply. So I really wanted to go to university and I wanted to study mathematics and science, but there was no money or means to send me to university and I got the message quite loud and clear. One day while I was in standard nine, which is now grade eleven, I was at a rubbish dump and I picked up a tattered pamphlet about the University of Cape Town, what got me interested was that the description of the BSC Nursing Programme noted that successful students stayed at residence, they got a bursary that covered accommodation, tuition and a living allowance and I thought this was a wonderful opportunity to continue with some of my favourite science

	<p>subjects and go to university with all expenses paid and no need to trouble anyone else. So it was serendipity that kind of got me to that rubbish dump on that day. I applied to UCT but because of apartheid I also had to apply for a ministerial permit to study there and I had to prove that the course was not offered at the University of the Western Cape, which at the time was designed for or designated for people like me, hence my decision to do nursing was because it provided me with an opportunity to go to university, have my fees paid and earn a small stipend, which I ended up sharing with my family in Upington.</p>
DR. MALKA	<p>That is a wonderful story of serendipity, where these elements come into our life, cross our paths and have such an impact on the choices that we make going ahead. Can you tell us, what have been some of the key milestones in your career so far?</p>
PROFESSOR RISPEL	<p>So my first job was at the Red Cross Memorial Children’s Hospital in Cape Town in the Cardiac Intensive Care Unit, once I graduated. All the children admitted had congenital anomalies of the cardiovascular system. I enjoyed working with the children and their families because when you work with children inevitably you also work with families and I felt I was making a difference by providing compassionate and comprehensive care, although it was a very highly specialised and high pressured environment. Red Cross Hospital also exposed me to the inequalities and the contradictions of South African Society, you know, at the time black children died of malnutrition and lack of vaccination, yet the Red Cross was providing these highly specialised surgeries to correct complex health conditions of children who came from as far afield as Romania, Mauritius, etcetera. While I was there I met friends and colleagues who encouraged me to join progressive anti-apartheid organisations, they also exposed me to critical literature about the injustices, inequalities and discrimination, not just in South Africa. Some bit of history was while I was working at Red Cross, the United Democratic Front was formed in August 1983, which as you know was one of the most important formations of the anti-apartheid struggle, some of my friends were detained during that period. I learned about the forces and the factors that shaped my experiences as a frontline health worker, but also the multiple layers of oppression experienced, especially by black nurses. I knew that I couldn’t remain in the trenches of healthcare delivery but that I needed to find a way of changing these broader issues, so that opportunity came when I was told about a job as a researcher at the Centre for Health Policy, which is at Wits University in Johannesburg. The centre is a health systems research unit; it was set up in 1987 to explore the nature and content of post apartheid health policies. My job there enabled me to combine both research into post apartheid health system and to join anti-apartheid health organisations and of course you know helped me to shape health policies in a post apartheid South Africa. Subsequently I joined the Gauteng Provincial Government and now I am at Wits in a National Research Foundation Chair.</p>
DR. MALKA	<p>Often when we’ve had conversations with various people across the spectrum, when we think about the apartheid struggle it is very much from a political point of view, but it goes so much deeper when you talk about for instances, the impact on healthcare, the necessity to change policies into a health system in a post apartheid environment, that it really had its tentacles into absolutely everything.</p>
PROFESSOR	<p>Yes of course, you know, despite getting into UCT, one of things was that</p>

RISPEL	I was unable to stay in the university residences because all of those were in white areas, so the other young nursing students stayed in a residence which was just at the back of Groote Schuur Hospital, so they literally could roll out of bed in the morning and attend lectures. In contrast, you know, I stayed at the nursing college in Athlone and so I had to travel, I would get into the bus that was arranged for nurses working at Groote Schuur Hospital, but that meant that I had to get up at six o'clock in the morning in order to be in time for lectures at half past eight, so you know it was both personal, but of course at the time also the hospital had two separate sides for black people and a different side for white people, so certainly it was very real.
DR. MALKA	Racial discrimination and segregation is certainly part of the South African context and landscape we are obviously moving away from and having just had our 28 th democratic celebration of Freedom Day recently, but staying for a moment on aspects of discrimination; can you tell us what types of gender challenges you've experienced throughout your career as you've progressed your career ladder?
PROFESSOR RISPEL	So I think the first one was that, you know, my sense is that if I were a boy child my family would have found money to send me to university in the late 1970s, so I overcame the first challenge of gender discrimination by single-handedly applying to university and funding my own undergraduate studies. When I started working in the Gauteng Department of Health in 1996, which was a new democratic department, we had executive management meetings which started at seven thirty on a Monday morning, I had two small children under the age of six at the time; in order to get in time for the meeting I had to leave home before seven o'clock, which was too early to drop my son at nursery school. No-one questioned the start of the meetings and I was too scared to say anything, so it meant that every Monday morning my son would not go to nursery school and would stay with our housekeeper. At the time the Gauteng Department of Health was also in the throws of restructuring, so these restructuring meetings would often finish quite late and I had to make alternative arrangements, either to pay a penalty if I was late to pick up my son or make alternative arrangements and you can imagine the sort of anxiety for a five-year-old to be the last child to be picked up. So one day I got angry and I walked out of a meeting before it finished and I said to people I don't have a wife to pick up my son and subsequently I also asked that the executive management meeting should start on a different day of the week and later. So I found my voice, you know, initially, but it was by no means easy to challenge the new leadership in the health department and of course they had to deal with challenges of both sexism and racism from the old Transvaal provincial government that actually remained in the new Gauteng Department of Health.
DR. MALKA	When you raised your voice, because those are practical issues that I am sure many, many women experience still today; did that have an effect on changing the starting times of meetings, moving things to different days?
PROFESSOR RISPEL	Yes, yes, you know, certainly we then moved the meeting to a different day and we started an hour later, which of course was a whole lot easier because it meant I could drop my son and get to the meeting well in time, you know, because there was no reason for it to start at seven thirty except of kind of how it affects women and especially women with small children, it just didn't cross their minds and that is why now I try to, with my own postgraduate students, you know, and certainly where I

	<p>have been in a leadership position, to be very conscious about the multiple roles of women and these competing struggles that we also have and to try and say how is it that I can kind of like accommodate them but also get them not to feel guilty about their multiple roles, whether it is as a partner or as a young mother or whatever the case might be.</p>
DR. MALKA	<p>And how do you think women who enter the health sector, because of experiencing these types of challenges and competition between what happens at home, competition between what happens at work, that there may be potential to actually exit the system instead of sticking with it; what do you think can be done help ease their journey and keep them in the system?</p>
PROFESSOR RISPEL	<p>Well there is now, as you probably know, there is now a kind of like a move for gender transformative policies, you know, especially gender transformative social policies that actively ask how does this policy affect men and women, you know, what is it that we can do actively to challenge stereotype, societal norms that kind of prescribe certain activities or roles for men and women, how do we make sure that more women are in leadership positions and kind of to be conscious about those ones, but I think it is still, although all of us talk about gender and the importance of gender and certainly South Africa has very progressive laws, it is really at the level at implementation where we need to make a difference, you know, creating more enabling working environments. It's the big issue around safe working environments, you know, safe and secure working environments, it's around the lack of childcare facilities which create a whole lot of problems of affordability, of personal dilemmas for women, but I think programmes like yours begin to kind of challenge those norms and stereotypes and I think we need more, but I think we need to have almost like a conscious effort to analyse all policies and say is this a gender transformative policy, you know, will this policy actually help us to achieve equality between men and women.</p>
	AD BREAK
DR. MALKA	<p>Today we're talking to Professor Laetitia Rispel who holds a South African Research Chair. We would love to receive your comments on Twitter: @WomanityTalk.</p>
DR. MALKA	<p>I'd like to talk a little bit more about your research areas; I know that your core interests are in human resources for health as well as its intersection with the performance of the health system and other social determinants of health. As I mentioned in the introduction, you hold a South African Research Chair entitled Research on the Health Workforce of Equity and Quality. Health professionals are central, they are at the core of health systems, ensuring that health and wellbeing of communities and entire nations; please can you tell us about some of the focal points of your research chair?</p>
PROFESSOR RISPEL	<p>So I have three core areas of focus, the first one is broadly called the Dynamics of the Health Labour Market. So in this we're particularly interested in issues of the long-term career choices and job location decisions of health professionals. It means in terms of career choices do the people stay in the careers or the health profession in which they graduated, you know, so do nurses remain in nursing, physiotherapists, clinical associates, you name it. Job location decisions are important because it is issues around do the health professionals work in cities or do they go to the rural areas, do they stay in South Africa or do they go abroad, do they work part-time or full-time, do they work in highly specialised areas or do they work in community based care, because these issues obviously are important for health planning and we are also</p>

	<p>interested in the factors that influence these decisions. So that is the one broad area, the second one is just the performance of the health workforce, so issues of absenteeism, the provision of quality of care, a phenomenon that is called multiple job holding which is when people work concurrently in both the public and private health sector, you know, it is also called moonlighting and then third area is around the leadership management and governance and here we are interested in the quality of management at the health facility level and how that influences both patient care and quality of care as well as the kind of health workforce outcomes, you talked earlier about whether we are able to retain people.</p>
DR. MALKA	<p>And thinking about all of those different dynamics, those are issues that I would imagine most countries grapple with; do you have any collaborative research projects that you're working across countries in the continent?</p>
PROFESSOR RISPEL	<p>So the COVID pandemic has thrown a spanner in the works a bit, a few years ago I served on the Herbal Medicine and Public Health Institute of the College of Medicine in Malawi and we did a collaborative project with the University of Ghana, where we looked at the importance of regulation and the role of regulators, you know, particularly nursing councils. We published the paper last year; certainly the perceptions of the Ghana Nursing and Midwifery Council are much better compared to the South African Nursing Council.</p>
DR. MALKA	<p>Earlier we spoke about gender transformation policies and the impact they have on trying to reduce inequalities and make opportunities and working environments more conducive for women and to attain a level of equality; are there any aspects currently in the design of public health systems that you think disadvantage women and if so how do you think that these can be overcome?</p>
PROFESSOR RISPEL	<p>Sure, so I think that public health systems remain largely gender blind, but of course we also need to recognise that there are socio-economic gradients. So for a poor woman of reproductive age we utilise health services extensively, there are issues of responsiveness, you know, how they are treated, issues of quality of care and whether they really have a say or an opportunity for making decisions about the care they receive, but the reality is that poor women often do not have the choice of a healthcare provider, so they bear the brunt of rude overworked health workers and so those who are better off are able to kind of use private practitioners and so they have a better deal. I think there is little emphasis on the health needs of older women, even though these numbers are increasing in Africa and of course women's life expectancy exceeds that of men. So we talked earlier about gender transformative approaches and I think it is again, you know the irony is that throughout the world, probably more than 70% of health workers are women, yet when we look at the kind of the design of health systems, it doesn't take account both of women as utilisers of health services but also women as providers of health services and it is kind of a chicken and egg situation because I think those two issues have to be addressed in tandem, we have to deal with the poor working conditions, the kind of lack of security, you know violence and harassment often that women health workers face and my sense is if you take care of the women health workers, they are more likely to be kinder and take care of the women that they serve.</p>
DR. MALKA	<p>I am also thinking about the way that infrastructure is set up; we talked about having childcare facilities, those facilities could be shared equally between providers as well as patients. There's aspects of transport, I mean I hear</p>

	countless stories of women who have had to literally take the day off of work to go and take their children to be inoculated and wait in queues that last the entire day for one jab; those socio-economic factors really play a major role in decision making and impact people's lives, unnecessarily I would say.
PROFESSOR RISPEL	Yes and of course those are worse in rural areas or under-served areas, you know, health services are structured often around the kind of needs of health workers, you know, to go off at a certain time and so its around how do we get services out to people, especially like immunisation services and how do you also perhaps on some days of the week that you have facilities that stay open later than four or five o'clock in the afternoon so that working parents can attend, but how do we also get men to take a greater role in the care of children so that it is not always women that actually have to go out and wait with their children in a long queue. Again it comes back to how do we have a gender transformative approach to social services in general, you know, in healthcare delivery in particular.
DR. MALKA	And it is not just at a formal policy level but it goes down into root society and changing cultural norms.
PROFESSOR RISPEL	Yes, yes, you have said it.
DR. MALKA	Turning towards more of a personal perspective; you earned your PhD, your master in medicine, your BSc in medical sciences with an emphasis on epidemiology and biostatistics, you have a postgraduate diploma in economic principles; an extensive set of qualifications. Please tell us what role you would say education has played in your life?
PROFESSOR RISPEL	My late grandmother always said that no-one can take education away from you and I think it's a mantra that remains true to this day. For me personally education allowed me to break the mould or perhaps more appropriately the yoke of poverty, of deprivation, racism and sexism and it created so many opportunities, such as my current fellowship at Oxford University. It is has also allowed me to make a difference to the lives of others, so I think education has been the single most important enabler in my life.
DR. MALKA	What would your message be to younger women who are potentially unsure of pursuing their education, they may have an attractive job prospect currently and that is pressing on their mind more than advancing their education?
PROFESSOR RISPEL	My message to them would be education is revolutionary and one of the most important vehicles for both personal and community change. I would say explore further education, grab opportunities with both hands, you owe it to yourself.
	AD BREAK
DR. MALKA	Today we're talking to Professor Laetitia Rispel who holds a South African Research Chair. We would love to receive your comments on Twitter: @WomanityTalk.
DR. MALKA	Earlier we chatted very briefly about women in leadership and as a gender based programme we constantly focus on the importance of building female leadership. You've had successes across the private sector, the public sector as well as within the academic environment; can you tell us what types of leadership strategies you've applied which have been most effective?
PROFESSOR RISPEL	I would say listening and having a consultative approach, you know, we're often so busy talking that we underestimate the power of deep listening. So I find that asking people about themselves, about their work, their ideas and insights and then often summarising what I take

	<p>from them as tremendous power for mutual learning and transformation, so that's the first strategy. The second one I would say is to build relationships and networks, it's both a leadership strategy but it is also a very useful coping or survival strategy as a woman leader, regardless of your age and then the third strategy I would say is to be practice reflexivity. In difficult work and life situations, especially when you face racial and/or gender discrimination, it is very easy to think that the problem is with you. So many years ago when I worked in the Gauteng Department of Health, I started to keep a journal, it was quite erratic at first but then it became institutionalised. I find it's both liberating and therapeutic because it allows me to reflect on my own behaviours, my own actions and it's also a way of telling your own story, of writing about difficulties, but also your own personal achievements, to write about unexpected kindness and positive and new experiences.</p>
DR. MALKA	On that note of journals, do you ever foresee this as becoming a memoir?
PROFESSOR RISPEL	I don't know, at the moment it is just a practice, maybe one day, you know, I will think whether, I have never really thought that there would be something worthwhile to write about my own, you know, to put in a book, but one should never say never, maybe you've planted a seed today and I will think about it.
DR. MALKA	Wise words, never say never. If you had a crystal ball and I know it's a bit of a big ask, but what do you think we need to do or one thing that you would like to change to benefit women optimally in the future?
PROFESSOR RISPEL	I think the single most important thing is for us to create more egalitarian societies. The huge inequalities, socio-economic inequalities and power imbalances fuel the structural and systemic violence that women and children experience, so I think that is important for us all to advocate for and to work towards. The second thing I think it's around leadership, we need to go beyond statistics and I think if I had my way I would make sure that all people in leadership positions should be obliged to attend a critical diversity course, reflect on their own privileges, their own biases and their blind spots, of course it's not to say that statistics are not important, but I think that personal reflection and transformation is often important. I also think we need to implement enabling legislation, you know, as you know in South Africa we've got probably among the best laws in the world but there is often a disjuncture between the law and how it gets translated into policy and how it gets implemented and again I would say we need to make a conscious effort to design and implement gender transformative social policies. I will give you a very practical example; I think if we looked at some of the COVID policies through a gender lens, to say what does it mean especially for poor women, we would have designed them very differently, you know, we made it unduly onerous for people to get the R350, which was a lifeline, you know and I think that is shameful. In the short-term I think the safety and security cluster must be capacitated through adequate staff numbers, education of policemen in gender and in diversity, there must be ongoing public awareness campaigns that begin to change the opinions and gender stereotypes and your programme which you conceptualised should become the norm, you know, there should be a whole lot more to also profile the achievements and the struggles of women and those men who really try to make a difference.
DR. MALKA	Prof Rispel one question that I ask all my guests on this show is about the factors that they consider have contributed to their success. Some people

	<p> speak about hard work, others talk about discipline, faith, a particular person in their life; please can you tell us what you consider to have been some of the factors that have contributed to your success?</p>
<p>PROFESSOR RISPEL</p>	<p>Yes, yes, so the first one and I mean they are not in order of priority, is the value of family, of extended family and community. So as I said to you I grew up in a small town where we knew every neighbour, where people would show up at mealtimes and whatever food was available would be shared, so during holidays, you know, university holidays when I visited, the neighbours would be offended if I didn't go personally to their homes to greet them, to announce that I was there and also again visit to say goodbye, which of course was quite a time-consuming exercise, but it meant that they shared in my achievements and they contributed kindness, abundant love and sometimes home-made goods, you know, like fig jam or dried fruit. Many years later I discovered that I experienced the true meaning of Ubuntu, which is that a person is a person because of other people. My teachers were role models, probably the best role models, they took a keen interest in my progress, they encouraged me to do my best and they made me believe that I could do anything if I put my mind to it and if I worked towards it, you know, I mean during COVID I called a number of people to say thank you to them for the role that they played in my life; one of those people is my high school mathematics teacher and I thanked him for being, because you know it was easy during those times to kind of think this is only a girl, I am not going to invest in her, but he actually encouraged me to kind of like really spread my wings, you know, so teachers as role models, that is important and then just a couple of other things which you've mentioned already, you know, hard work and discipline, certainly those things certainly helped. At home I had to contribute once I did school work, I had to contribute to household chores, which ranged from cleaning to watering the garden and then discipline, especially to study towards exams and I still use some of those principles now, you know, when I plan sort of big projects or big tasks that need to be done.</p>
<p>DR. MALKA</p>	<p>You talked about your high school teacher being an important role model in your life; can you tell us about some of the female role models or influences that have contributed to you?</p>
<p>PROFESSOR RISPEL</p>	<p>Yes, yes, my mother and grandmother, neither of them had any high school education, so although we were from a poor township, I never went hungry or without the necessities for school. They passionately believed in education and that is probably the greatest gift that they could give me and then I have wonderful women friends who continue to inspire and encourage me and I am grateful to them for their love and generosity.</p>
<p>DR. MALKA</p>	<p>We've talked about your achievements in your career and as you've made it, for what of a better word, but can you tell us about some of those pivotal moments as you were growing up that you also consider to have shaped and pathed your journey?</p>
<p>PROFESSOR RISPEL</p>	<p>I would say there have been moments almost in each of the different careers that I have followed, where at the Red Cross Children's Hospital, sort of an awareness of the injustices and that I was just a small player in a big pond and of course with kind of like a history of injustice and discrimination. I think the kind of coming to Johannesburg was probably one of the most significant things that I did, you know, ironically my grandmother who was still alive at the time when I went to Johannesburg, was very worried because there were all these stories</p>

	<p>about Johannesburg as a large city. Other things, working in the Democratic Health Department in the early stages, soon after transition and it was just both a wonderful opportunity to shape transformation but I think it was also like a learning laboratory of change, you know, and my time back at Wits has been wonderful and certainly another good decision was to kind of step back from management roles and to focus on my chair and the research that I am doing.</p>
DR. MALKA	<p>You have led a very fulfilling career and made an impact in the various spaces that you have occupied. As we close out today's conversation, please can you use our platform to share a message of motivation or inspiration for girls and women on the continent who are listening to us?</p>
PROFESSOR RISPEL	<p>Yes, yes, thank you. Firstly I would say follow your dreams, always try to do your best, celebrate your achievements and recognise your own power to make a difference. The second pearl of wisdom is I would say take care of yourself and be kind to yourself, it is a necessity, not a luxury. My third message would be find your voice and speak truth to power, especially when there is injustice or discrimination. I also want to encourage young women to cultivate a support network, find yourself a network or someone that will look out for your wellbeing and build a support network where there is of like-minded learners, of students, of young parents and/or members of the extended family and lastly I want to say we need to accept that tradeoffs are inevitable because we are human and I would say that young African girls and women are beautiful. So my final message would be learn to appreciate the small things in life and try and live each day to the fullest.</p>
DR. MALKA	<p>Those are wonderfully practical points of advice which have been some of your lived experiences, so thank you very much for sharing them and thank you for joining us today on the programme.</p>
PROFESSOR RISPEL	<p>Thank you again for the opportunity.</p>
DR. MALKA	<p>PROGRAMME END</p>