

Perception of students of Health careers on the incorporation of the gender perspective in undergraduate training at the Faculty of Medicine, University of Chile.

Sandra Ampuero LL.¹[0000-0002-1504-0078], Denisse Quijada¹, Carolina Cartens¹, Claudia Cornejo¹, Pamela Eguiguren¹, Jael Quiroz¹, Jame Rebolledo¹

¹ Mesa de trabajo por una educación no sexista-DIGEN Salud, Facultad de Medicina, Universidad de Chile, Independencia 1027, 8380453, Santiago, Chile.
sampuero@u.uchile.cl

Abstract. Non-sexist education is part of Gender Equality, and an important axis in university teaching. In 2020, the Directorate of Gender Equality of the Faculty of Medicine, University of Chile, created a working group for a non-sexist education. This Committee developed and applied an online survey to undergraduate students of the faculty (2021). The objective was to know the perception and experiences on the incorporation of the gender perspective in their education and the extent of knowledge of institutional policies on the subject. We obtained 365 (73.2% female gender) responses out of 4272; most of them know the Sexual Harassment Policy but not the other policies; in the teaching-learning process, a deficit of the gender approach in teaching practices (sexist language, use of stereotypes, etc.), the need for teacher training and an increase in courses that address these issues are revealed. The current revision of the graduate profiles and curricular adjustment in the faculty should clearly consider these aspects.

Key words: gender, diagnostic, health education

1 Introduction

The United Nations Educational, Scientific and Cultural Organization (UNESCO) outlines the importance of education systems in achieving gender equality (UNESCO, 2019, p. 10-11). In 2020, the Directorate of Gender Equality (DIGEN)-Health formed a "Working Group for a non-sexist education" with representatives of the Faculty of Medicine, University of Chile, to contribute to the construction of a non-sexist curriculum with a gender perspective, and to influence the training of students. In 2021, the Working Group conducted the "Survey on Gender in Undergraduate University Teaching", to know the perception and experiences of students on the incorporation of the gender perspective in their training and knowledge of institutional policies in this regard.

2 Theoretical Framework

The University of Chile has implemented actions in this area such as the development of the "Policy to Prevent Sexual Harassment" (Gender Equal Opportunity Office, 2017) -which aims to eradicate sexual harassment and reduce gender-based violence at the University through a program to prevent these behaviors and attend to the affected persons-, "Social Co-responsibility in Care Policy" (Directorate of Gender Equality, 2017)-with the purpose of developing measures and actions that allow balancing student and family life- "Instructive for the Use of Social Name -Mara Rita" (University of Chile, 2018)-university decree that allows trans and non-binary people to use their social name in records, documents and verbal and written communications for internal purposes, in curricular, extracurricular and work areas- and the creation of the "Gender Equality Directorate" (University of Chile, 2018b). In addition, the "Educational Model 2021" includes "Gender equality and non-discrimination" as a guiding principle (University of Chile, 2021).

3 Methods

A quantitative, observational, cross-sectional study was conducted. The universe corresponded to undergraduate students of the eight careers of the Faculty of Medicine enrolled in the year 2021 (4272).

Data were collected from June to November (2021) through an online survey using a Google form. Characterization questions, Likert-type and open-ended questions were used.

4 Results

We obtained 365 responses whose distribution by career and gender is shown in Table 1. 16.2% enrolled between the years 2013 to 2017 and 83.8% between 2018 to 2021.

The responses on knowledge of institutional policies and teaching practices are shown in Tables 2 and 3 respectively.

Table 1: Distribution of responses by race and gender

Carrer	Gender they identify with			Total n (%)
	Female	Male	Non-Binary or other	
Nursing	35	6		41 (11.2)
Speech Therapist	21	1		22 (6)
Kinesiology	24	19		43 (11.8)
Medicine	51	34	4	89 (24.4)
Nutrition and Dietetics	26	4	3	33 (9)
Obstetrics	63	5	4	72 (19.7)
Medical Technology	14	9		23 (6.3)
Occupational Therapy	30	12		42 (11.5)
Total (%)	264 (72.3)	90 (24.7)	11 (3)	365 (100)

Table 2: Extent of knowledge and application of institutional policies

	A	B	C	D
Policy on:	n (%)	n (%)	n (%)	n (%)
Sexual Harassment	45 (12.3)	7 (1.9)	223 (61.1)	90 (24.7)
Co-responsibility	12 (3.3)	5 (1.4)	72 (19.7)	276 (75.6)
Mara Rita Instructive	51 (14)	14 (3.8)	141 (38.6)	159 (43.6)

A: I have read it; B: I can explain it; C: I know it exists; D: I do not know it

Most of the student body is aware of the Sexual Harassment Policy; however, their explanation and knowledge of the other policies is minimal.

In educational practices, the perception of equal treatment in both teaching and practical activities stands out, but a high percentage do not use or rarely use non-sexist written and oral language and there is no incorporation of female references as main texts.

Regarding the incorporation of gender and sexual diversity issues in explicit training contents, 44.1% consider that "no" or "few courses" have not included the necessary adjustments to build friendly, safe, and sexist-free clinical environments.

Table 3: Educational practices in the classroom from a gender perspective

Educational practices	1	2	3	4	5
Use of sexist language in written media	7.9%	24.9%	47.5%	38.4%	9%
Use of sexist language in oral media	9.0%	27.1%	54.2%	35.0%	2.3%
Equal treatment in teaching activities	58.8%	52%	14.7%	2.3%	0.0%
Equal treatment in practical activities	52%	49.7%	21.5%	3.4%	1.1%
Reproduction of gender stereotypes in class contents	5.7%	29.4%	30.5%	30.5%	31.6%
Bibliography listing mainly male references	21.5%	48.6%	37.3%	12.4%	7.9%

1: Always; 2: Many times; 3: Sometimes; 4: Very few times; 5: Never.

5 Discussion

The results of this survey show that the students perceive a lack of gender focus in the teaching-learning process during their training, considering certain teaching actions and a deficit in the contents of courses that incorporate gender issues.

The new generations entering health careers have a greater awareness on this issue which urges to generate changes and incorporate them at the curricular level; especially in the current process of curricular adjustment and revision of the graduate profiles that the School of Medicine is undertaking.

6 Conclusions

It is essential to incorporate gender perspective into the curricula of health careers, as well as to promote respect and empathy for the training of professionals in the area and not to continue reproducing sexist attitudes either as a teacher, student, or health professional.

Regarding sexist practices in education, most of the students have a critical view in the different areas in which sexism is manifested in training, such as in written and oral communications, in equal treatment in classes and laboratories, in the use of stereotypes in classes and in course bibliographies, all of which show the need to review the teaching actions, programs and topics of the courses and to generate instances of teacher training to improve the teaching-learning process, avoiding gender biases that impact on the training of the graduates.

Concrete actions should be incorporated in the training of teachers and in the dissemination of institutional policies at the student level that are already implemented at the University.

7 Limitations y Future Research

In 2020 and 2021, virtual teaching was carried out, which may alter the perception of sexist teaching practices, also a low number of responses were obtained.

In the future, it is expected to conduct a new survey during face-to-face teaching and continue to raise awareness on this issue in the university community, incorporating new variables that allow a better understanding of the phenomenon in question.

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