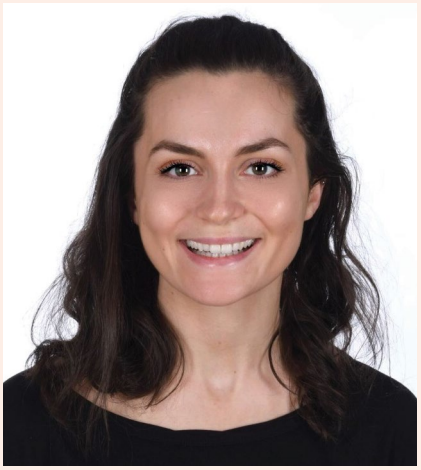
SDG COLUMN

Gender equity in dentistry in relation to the UN SDG 5



Claudia Heggie

Continuing with our cover series on the UN's Sustainable Development Goals (SDGs), we reach SDG 5: Gender Equality. In this issue's cover, we have attempted to illustrate the aspiration of achieving gender inclusivity and equality, symbolised by the middle inclusive table. The homogenous circles in the background are intended to represent echo chambers in which, if made up entirely or predominantly of one gender, the same information and opinions are perpetuated and reinforced without rebuttal. **Claudia Heggie**,[1] **Sarah L. McKernon**[2] and **Laura Gartshore**[3] discuss the implications of this, and how crucial representation is to achieving gender equity.

The 2030 Agenda for Sustainable Development was adopted by United Nations (UN) member states in 2015. This laid out a blueprint of 17 interlinked Sustainable Development Goals (SDGs) aiming for 'peace and prosperity for people and the planet, now and into the future'.[1] SDG 5 pertains to gender equality across the globe, in developed and developing countries, and consists of nine primary targets.[2] These targets include: ending discrimination, exploitation and violence against girls and women; provision of social protection policies; promotion of shared responsibility in the household; and universal access to technology and reproductive and economic rights. More broadly, these targets aim to adopt and strengthen policies to promote gender equality and empowerment of women and girls at all levels. The UN produces an annual global progress report in achieving these SDGs. In 2023, they reported that at current rates, only 15% of these goals were on track to be achieved by 2030.[3] Indeed, at current rates, it would take 300 years to end child marriage and 286 years to abolish discriminatory laws.

Within this SDG, target 5.5 aims to 'ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.'[2] Again, globally, we are failing to meet this target. Without change, it would take an estimated 140 years for women to be represented equally in positions of power and leadership in the workplace – two further generations of women – and 47 years to achieve equal representation in national governments.[3]

The World Health Organisation defines gender as a collection of social constructed characteristics, and as such this varies over time and between societies.[4] Gender is hierarchical and gender discrimination intersects with other multiple personal characteristics such as race, age, disability, socio-economic status, and sexual orientation.[4,5] Women are a diverse group, and this intersectionality results in unique experiences of discrimination. It should be noted that research and initiatives relating to gender equity often rely on self-reporting of gender within the gender binary and assumptions of heteronormativity,[6] while a spectrum of gender identities and expressions exist.[7] Additionally, equality and diversity data reporting often requires opt-in from employees and members of organisations.

As of 2022, 76% (n = 1,391,820) of healthcare professionals working in the NHS in England identified as female.[8] This proportion has remained stable since 2009.[9] There has been narrowing of the gender divide in recent years, but the majority of senior leadership positions within the NHS are still held by men. NHS Digital 2018 data reported 37% of all senior roles to be held by women, and 36% of all consultant roles. In comparison, three-quarters of band 1 roles, the lowest paid group of roles, were held by women.[9] The representation of women in senior roles intersects with ethnicity; in 2018, 41% of white senior managers were women compared to 30% of those of Asian or British Asian ethnicity.[9] This differential representation contributes to the gender pay gap, which sees women across NHS England being paid 14.7% less by mean average than their male colleagues. This represents an improvement from a mean average 18.2% in 2018–19, but the median average has stalled at 14.0% since 2021.[10] Globally, at current rates, it is predicted to take 132 years to reach full gender pay parity.[11]

There has been a keen focus on gender equality in medicine in recent years,[6] with key recommendations to increase the presence of women in medical academia, leadership and management.[12] A number of initiatives have been created to support women in gender parity including: the Athena SWAN charter within higher education, Women In Surgery (WinS) initiatives, leadership development programmes, and networks and prizes to support women.[13,14,15]

In the context of dentistry, there has been a recent wealth of research into gender equity. In the year 2022, 52% of all dentists registered with the General Dental Council (GDC) self-reported to be female.[16] Female representation in the dental profession is likely to continue to increase over time; at undergraduate level, 67% of the 2021–2022 dental school intake identified as female.[17] Despite this, women continue to be under-represented in positions of power and leadership within dentistry. At academic conferences, our article published in the *BDJ* in 2021 found gender of invited speakers to UK dental conferences to be imbalanced in nearly

[1]Academic Clinical Fellow & Specialty Trainee in Paediatric Dentistry, University of Leeds, UK; [2]Senior Lecturer & Honorary Consultant in Oral Surgery, University of Liverpool, UK; [3]Senior Lecturer & Honorary Consultant in Paediatric Dentistry, University of Liverpool, UK.

80% of conferences in 2018 and 2019.[18] Similarly, women are globally under-represented on journal editorial boards, with 82% of dental journal chief editors reported as male in a 2022 cross-sectional study.[19] Concerningly, this is an area in which dentistry is lagging behind medicine, with significantly fewer female chief editors of dental journals compared to medical journals.[20]

In leadership, the European Commission states that balanced boards should consist of at least 40% women.[5,21] The 'Balance the Dental Boards Group', formed in 2019, found that just over half of UK dental boards met this standard in 2020 (52%, n = 14).[22] However, following dissemination of these findings, and other relevant gender equity research in this area, in 2022 this figure had increased to 70% (n = 19).[23]

Such gender inequity in UK dental leadership presents a problem; organisations with gender parity at senior levels have been shown to have better performance, productivity, innovation and may better understand their stakeholders.[24,25] But some argue that justifying gender equity as a business case detracts from the values of diversity, inclusion and respect.[25] In a profession where over half of registrants self-report as female, is it right, just or fair to have such gender disparity in positions of power and leadership?

In addition to unconscious bias, under-representation of women may be affected by a lack of interventions supporting career pathways, particularly at key transitional points such as motherhood.[24] The compounding effect of a lack of progressive social policies may also contribute, such as paid parental leave, lack of free childcare and traditional gender roles in unpaid domestic work. But if you can't see it, you can't be it. Female dentists require access to role models, networking, formal leadership training, and organisational and social policies that support gender equity in order to progress as dental leaders and to work towards attaining SDG 5.5.[26,27] ■

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