Common gender-related barriers to vaccination

- Caregivers may lack information and awareness on the benefits of vaccination
- Division of labour in the household may detract from fathers’ involvement with childcare duties, including vaccination
- Low socio-economic status of caregivers or lack of women’s access to household funds may limit means to afford indirect costs of vaccination
- Religious practices or cultural values may prevent female caregivers from seeking immunisation services from male health workers
- Travelling long distances to health clinics may deter women, particularly younger mothers, from bringing children for immunisation due to safety and mobility issues
- Long wait times at clinics and immunisation sites only open during working hours may conflict with caregivers working in income-generating activities
- Negative attitudes of some health service providers may discourage caregivers from return visits to complete immunisation schedule
Health system strengthening

Gavi provides health system strengthening (HSS) funding to help countries address barriers to immunisation, including those related to gender. As part of this effort, Gavi-supported countries are encouraged to analyse and understand how coverage varies by sex, income and geographic location to help identify reasons for low immunisation coverage in certain groups.

Efforts to better understand gender-related barriers and activities are crucial to find solutions to these often subtle but important obstacles, which may prevent both boys and girls from being immunised. For example, in settings where it is considered inappropriate for a woman or girl to see a male vaccinator or health worker, countries can receive Gavi support to help ensure that female health workers are trained and available to provide immunisation services to women and children.

Over the longer term, civil society organisations, especially those working urgently on gender equality and women’s empowerment, are crucial partners in tailoring gender sensitive and gender transformative programmes to the local context for maximum efficacy and sustainability.

Gender-specific prevention

Girls, boys, women and men have different health needs that change over time. Preventing gender-specific health issues should begin in childhood. For example, Gavi supports two vaccines that particularly benefit female health: human papilloma virus (HPV) and rubella vaccines.

HPV is the main cause of cervical cancer. Over 85% of deaths from cervical cancer occur in developing countries, where women often lack access to screening and treatment. Vaccinating adolescent girls before they are exposed to the virus can prevent up to 90% of all cervical cancer cases. By 2020, approximately 40 million girls in Gavi-supported countries are expected to have been immunised with HPV vaccine.

Rubella can cause serious malformations and disabilities in babies (including deafness, blindness and heart defects) if their mothers are infected during the first three months of pregnancy. Gavi helps countries introduce the combined measles-rubella vaccine for all children, to fight this devastating but preventable disease.

INVOLVING MEN TO IMPROVE VACCINATION COVERAGE

Too often, the burden of child health falls solely on the shoulders of female caretakers. Yet they may not share equally in the power or resources necessary to protect children from life-threatening diseases.

Both females and males have an equally important role to play in ensuring children’s access to vaccination. One father in northern Nigeria has taken this role to heart – becoming an advocate for immunisation in his community.

Growing up in the farming village of Unguwar Daji, Yusuf Ibrahim believed rumours that vaccines were a plot to control Muslims. But when his daughter Saratu nearly died of pneumonia, he began to talk through his beliefs with physicians at the local hospital.

They explained that vaccines were there simply to preserve life. Yusuf understood that if Saratu had been given the right vaccination, she would have been spared her ordeal.

A decade later, the father of four has become an avid advocate for immunisation. He goes door to door in his village, explaining to families why vaccines are so important.

“If a man’s wife has just given birth, I go and speak to them and tell them why the child needs to have a vaccine. And they believe me because we are from the same village, and they see that all of my children have been vaccinated.”

Yusuf Ibrahim, Nigeria