

## A quick guide to inform understanding of gender-related barriers to immunisation: learning from research

This guidance note talks of gender-related barriers. These are **different from sex-discrepancies** in immunisation coverage which is the difference in vaccine coverage between girls and boys.

The participation of both mothers and fathers in childcare is associated with better health and developmental outcomes for children, including access to immunisation. However, the burden of childcare duties tends to fall disproportionately on women.

Due to a number of socio-cultural and economic factors, women often have limited access to available social services including health services. For example, when women have not been able to obtain education, lack decision-making power, are economically dependent, or are unable to move freely outside their homes, there is greater probability that they will not take their children to get vaccinated. **These are gender-related barriers** - the obstacles for access and use of health services that are related to deep rooted social and cultural norms about men's and women's roles in households and societies.

### How can Gavi help?

The first critical step is understanding and detailing the relevant gender-related barriers. Gavi funds equity assessments through the Partners Engagement Framework (PEF) that aim to identify these subtle yet deep rooted important obstacles, which may prevent both boys and girls from being immunised. Once barriers are understood, health system strengthening funding can be used to help countries address these gendered barriers to immunisation.

The following are examples of interventions to overcome gender-related barriers. **Many** of these interventions can be supported through Gavi Health Systems Strengthening (HSS) support. Please contact your Gavi Senior Country Manager (SCM) to discuss if an intervention can be funded with Gavi support

### Examples of gender related barriers and possible interventions to tackle them

Barrier	Intervention Governments may consider <sup>1</sup>
<b>Education</b>	
<ul style="list-style-type: none"> <li>• Low education levels of women is associated with lower immunisation coverage of children. Mothers with secondary level education or higher tend to have more knowledge of health and vaccination.</li> <li>• Increasing women's access and enrolment in education, while targeting less-educated women with health-specific education programmes can enhance their</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct <b>research</b> to understand the prevailing gender norms, influencing factors and possible intervention entry points in local contexts.</li> <li>• Implement <b>awareness raising activities on vaccination</b> through tailored, context specific and engaging media content that targets both mothers and fathers. Communication content and approach should be developed for educated and less-educated groups.</li> </ul>

<sup>1</sup> Many of these interventions can be implemented with Gavi support. Please contact your Gavi SCM to see which intervention can be implemented with Gavi funding.

Barrier	Intervention Governments may consider <sup>1</sup>
<p>contribution to household level decision-making resulting in higher immunisation coverage for children.</p> <ul style="list-style-type: none"> <li>Lack of mobile phone ownership/access by some caregivers makes information sharing harder.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Create and improve <b>information resource centres</b> where both fathers and mothers can find information they may wish to have on vaccination.</li> <li>Deploy <b>community mobilisers</b> to areas with low immunisation rates to encourage vaccination uptake. Facilitate health service providers' capacity to engage in two way dialogues with community members, which not only transmit health information, but also respond to people's concerns and fears on immunisation.</li> </ul>
<b>Economic</b>	
<ul style="list-style-type: none"> <li>Mothers with limited access to household funds are likely to have <b>less</b> influence in household decision making such as access and utilisation of health and immunisation services.</li> <li>Working mothers who are the primary caretakers of children have limited ability to seek vaccination for their children as opening hours of clinics may conflict with the mothers' work hours.</li> </ul>	<ul style="list-style-type: none"> <li>Emphasize in informational campaigns the <b>cost-free vaccinations</b> available.</li> <li>Institute <b>longer immunisation centre hours</b> for working parents. Offer health centre appointments at the same time for multiple children in a family.</li> </ul>
<b>Socio Cultural</b>	
<ul style="list-style-type: none"> <li>The religion, culture, racial or ethnic hierarchy, caste or marital status of parents affect whether a child will be vaccinated e.g. in some societies, cultural barriers may prevent female caregivers from seeking immunisation services from male health workers.</li> </ul>	<ul style="list-style-type: none"> <li>Employ both <b>female and male health workers</b>, as well as minorities, to enhance service acceptance and uptake.</li> <li>Ensure ethnic minorities can receive immunisation information in a <b>language</b> they can understand, which is communicated in accordance with their beliefs.</li> <li>Recruit <b>influential people</b> (politicians, educators, religious leaders, media personalities, family physicians or community health workers) to advocate for the immunisation of children.</li> <li>Target <b>mothers and fathers</b> in communication campaigns, for example use male role models that show fathers with babies</li> </ul>
<b>Accessibility of Health Service Facilities</b>	
<ul style="list-style-type: none"> <li>Geographic distance of health clinics can deter women, particularly younger mothers, from bringing their children for immunisation due to the lack of safety and mobility that ensue in travelling long distances.</li> </ul>	<ul style="list-style-type: none"> <li><b>Targeted policies for hard to reach geographic areas</b>, to bring immunisation and health services closer to children and their caregivers. This can be through collaboration with community clinics, community health workers, and CSOs. In areas with low</li> </ul>

Barrier	Intervention Governments may consider <sup>1</sup>
<ul style="list-style-type: none"> <li>Reaching far off health centres for repeat visits in order to complete the immunisation schedule can also lead to lost wages as a result of absence from work.</li> <li></li> </ul>	<p>immunisation rates construct health facilities or deploy <b>mobile vaccination centres</b> or introduce house to house vaccination.</p> <ul style="list-style-type: none"> <li>Establish mutually reinforcing policies between health and infrastructure development bodies to provide <b>safe transportation</b> to health service facilities to address safety concerns particularly for younger mothers.</li> <li>Ensure that immunisation centres have <b>adequate human resources</b> to schedule and deliver predictable services of acceptable quality.</li> </ul>
<b>Approaches of Health Service Providers</b>	
<ul style="list-style-type: none"> <li>Attitude, respect, language or ethnicity of health service providers can either facilitate communication with caregivers or can create a distance in interactions.</li> <li>Judgemental approaches or disrespect of care giver's time from health service providers can dissuade mothers (or fathers) from returning to vaccinate their children.</li> </ul>	<ul style="list-style-type: none"> <li>Provide <b>gender and diversity sensitive training</b> for vaccination workers. Train health care workers to be: (a) respectful and responsive to the diverse health beliefs, practices, and cultural and linguistic needs of women and men; (b) effective communicators, especially to address vaccine hesitancy and to respond to reports of serious adverse events following immunization, in order to maintain trust and allay fears.</li> <li>Take measures to overcome under-staffed and over-crowded centres that lead to large waiting times for caregivers.</li> </ul>