

GENDER AND IMMUNISATION

Social and cultural norms, and the unequal status of women in many societies, can reduce the chances of children being vaccinated, by preventing their caregivers from accessing immunisation services.

Gavi, the Vaccine Alliance works with countries to address gender-related barriers faced by caregivers, health workers and adolescents to ensure equitable access to vaccines and primary health services.



Gender-related barriers can impede access to and delivery of immunisation and other health services. Due to gender norms, it is often women's responsibility to bring children for vaccination; yet women in lower-income countries often face gender-related barriers to doing so, including: time constraints due to high workload; limited funds for transport; and lack of access to information on disease prevention. In many countries, vaccinators are predominantly women, and they may face barriers in delivering vaccine services due to gender norms, unsafe working conditions, poor or irregular pay, and heavy workload. The United Nations' Gender Development Index confirms that countries with a high level of gender equality have higher immunisation coverage.

At the global level, there is no significant difference in immunisation coverage for boys and girls. Yet in some countries and communities, gender discrimination means that boys have greater access to vaccines than do girls. In others, the opposite is true – girls have greater access. In support of its gender policy, Gavi works with countries to address gender-related barriers, and ensure all children of all genders have equal access to vaccines.

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 women caregivers from seeking immunisation services from men 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

OUR APPROACH

Health system strengthening

Gavi provides support through the Equity Accelerator Fund (EAF) and 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 children of all genders from being immunised.

For example, in settings where it is considered inappropriate for a woman or girl to see a man vaccinator or health worker, countries can receive Gavi support to help ensure that women health workers are trained and available to provide immunisation services to women and children.

Gender-specific prevention

Different genders 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 papillomavirus (HPV) and rubella vaccines.

HPV is the main cause of cervical cancer. In 2020, over 179,000 deaths from cervical cancer occurred in lower-income 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 2025, approximately 86 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



“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

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

Caregivers of all genders 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.