Addressing Gender Inequities to Improve Immunization Coverage for Zero-Dose Children

AN ADVOCACY BRIEF

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Introduction

Immunization is one of the most successful health interventions in history, averting an estimated 97 million deaths between 2000 and 2030[1]. Despite substantial progress in global vaccine coverage made in the past two decades, the COVID-19 pandemic has reversed this positive trend. Immunization coverage in low- and middle-income countries (LMICs) has dropped due to pandemic-related lockdowns and associated measures. Three years into the pandemic, health systems still face significant challenges in providing essential health services. As a result, 2021 marked "the largest sustained decline in childhood vaccinations in approximately 30 years"[2]. The impacts of the pandemic and recovery efforts are gender-differentiated, exacerbating existing gender-based inequities in global health[3]. If the world is serious about closing equity gaps, and to achieve the goal of "leaving no one behind", we must prioritize approaches that are gender-responsive and transformative. Thus, identifying and addressing gender-related barriers to immunization are among the main objectives of Gavi's Equity Goal for the 2021-2025 strategic period[4] as part of the Alliance's intensified focus on reaching zero-dose children and missed communities. Zero-dose children are those who have not received the first dose of a diphtheria, pertussis, and tetanus (DPT) containing vaccine. They are often found clustered in vulnerable and marginalized communities that face multiple deprivations and inequities, including gender-related barriers. As such they are an effective proxy for identifying underserved communities that have been systematically left behind.

KEY DEFINITIONS

Gender is about the roles, norms and behaviors that society considers appropriate for women, men, girls, boys, and those with diverse gender identities[6].

Gender equity is the process of being fair to women, men, and those with diverse gender identities. It recognizes that individuals of different gender identities have different needs, power and access to resources, which should be identified and addressed to rectify the imbalance. Addressing gender equity leads to equality[6].

Gender equality is the absence of discrimination based on a person's sex or gender identity. It means ensuring that the same opportunity is accessible to each person such as access to and control of social, economic and political resources, including protection under the law (e.g., health services, education and voting rights)[6].

Gender-related barriers to immunization for children may be particularly prevalent in settings with high rates of zero-dose children, and these intersectional dimensions may extend from health systems down to individual-level knowledge and beliefs about immunization. To reach the Immunization Agenda 2030 (IA2030) target of reducing the number of zero-dose children by 25% by 2025 and by 50% by 2030[5], it is necessary to address the many ways in which gender interacts with and influences the access, uptake, and delivery of vaccines. Gender inequality can weaken maternal health and harm children through many direct and indirect pathways. For example, many women do not have the autonomy or independence to travel to healthcare sites on their own. Even those that have physical access to vaccines may lack the power to make their own medical decisions or have limited information about vaccines, their benefits, and their safety. The gendered needs of caregivers should be at the heart of immunization service delivery. Primary caregivers, particularly women, must have the autonomy to make informed decisions about their child's medical care in order to accomplish better child health outcomes. Likewise, men's participation in childcare and as influencers in broader societal networks is also important to increase demand for immunization services. To leave no one behind, even the most marginalized individuals and communities, gender-related barriers must be accounted for throughout the entire vaccine distribution process.

Gender Inequity and Immunization

"Gender-related barriers, including harmful gender norms, unequal distribution of power and resources, and limited decision-making and mobility for women, are increasingly recognized as persistent obstacles to improving immunization coverage, as well as key correlates of inequality in immunization[7]."

In most settings, boys and girls have the same likelihood of being vaccinated at the national level, although disparities may exist at sub-national levels or within specific populations or geographies[8]. However, the importance of addressing the role of gender in immunization equity goes beyond comparisons of immunization coverage between genders.

For example, research shows that across countries, factors associated with gender – such as maternal education and women's access to healthcare services – can be powerful determinants for the uptake of child immunization services[9]. Likewise, gender inequities in immunization are present across contexts, in both urban and rural settings as well as in areas affected by conflict and fragility[8]. Women experiencing gender-based violence (GBV) may be less likely to utilize health services to avoid having to disclose violence to someone outside of the household[6]. Further, living among conflict or being displaced can worsen existing violence or contribute to new violence against women. Proactively strengthening social determinants that contribute to gender equality is therefore critical to remove gender-related barriers to immunization and ensure equitable immunization coverage, as countries with higher gender inequality have a significantly higher prevalence of zero-dose children[10].

Gender-related Barriers to Immunization

There are several potential barriers to immunization, beginning at the point that a parent decides whether or not to vaccinate their child and continuing through the actual process of accessing a vaccine[11] (see figure below). A parent may not be aware of the importance of immunization

GENDER-RELATED BARRIERS TO IMMUNIZATION

A society's gender norms may limit women and girls from fully accessing health services

Parents may prioritize boys' health needs over girls' due to gender preference

Sociocultural or gender norms may prohibit women from traveling alone to health facilities

Women are often unable to access the financial resources needed to obtain health services

Providers' attitudes toward women or a lack of female providers may discourage women from receiving health services

Women often have lower education and literacy levels, which limits their access to health information

Fathers may not be expected to participate in caregiving or healthcare decisions due to traditional gender roles

Gender discrimination and threats to their safety make it difficult for women to enter or remain in the healthcare workforce

Adapted from UNICEF Regional Office for South Asia, 2019[11]

or may lack knowledge of how to access immunization services, there might be fear about the effectiveness and safety of vaccines, they may have mistrust toward policy makers or health workers, or there may be logistical barriers to physically accessing vaccines (e.g., lack of transportation, long lines, availability of vaccines).

All family members can potentially experience these barriers, but they are often compounded by a society's gender norms or roles. These gender-related barriers can exist at several levels, from the family setting all the way to the health system environment.

Addressing these Barriers

There are many promising approaches to address these gender-related barriers at the individual, community, and health system levels. Adopting these types of strategies will be critical to improve immunization coverage for under-immunized and zero-dose children.

1. Engage boys and men in child health and immunization

Encouraging men to participate in decisions about their child's health can help to reshape gender roles and eventually lead to increased immunization rates. This can be accomplished through communication campaigns and other outreach efforts to target those typically left out of immunization decisions. For example, an immunization campaign in Liberia created radio messages specifically aimed at encouraging fathers to get their children vaccinated[12]. They found that when fathers had a better understanding of the benefits of vaccines, mothers had an easier time getting their children immunized and more access to financial resources needed to travel to health facilities.

2. Strengthen health literacy for caregivers

Increasing access to education for women and other caregivers can help to empower women and improve immunization rates among zero-dose children, but it may be especially important to focus on improving health literacy. Research suggests that health literacy is associated with increased immunization coverage independently of education level[13]. Importantly, health literacy is also more modifiable than education level, especially in low-resource settings, and can be improved informally through educational interventions[8]. A program in Yemen hosted several informational sessions targeting mothers to teach them about the importance of immunization and other healthcare services for child health through observational learning[12].

3. Make immunization services more accessible to women

There are several adjustments that can be made to immunization programs to make them more accessible to mothers and other female caregivers. Immunization services could be offered within the community to address the limited mobility experienced by many women in marginalized communities[11]. In addition to removing the physical barriers to immunization, this approach also raises awareness about the importance of vaccines and creates a new social norm, which will inspire other mothers to get their children vaccinated. Steps should also be taken to create safe spaces for mothers to bring their children for immunization services. This can include offering a vaccination site that is restricted to women as well as ensuring that there is an adequate number of female health workers to make mothers feel more comfortable seeking care[12].

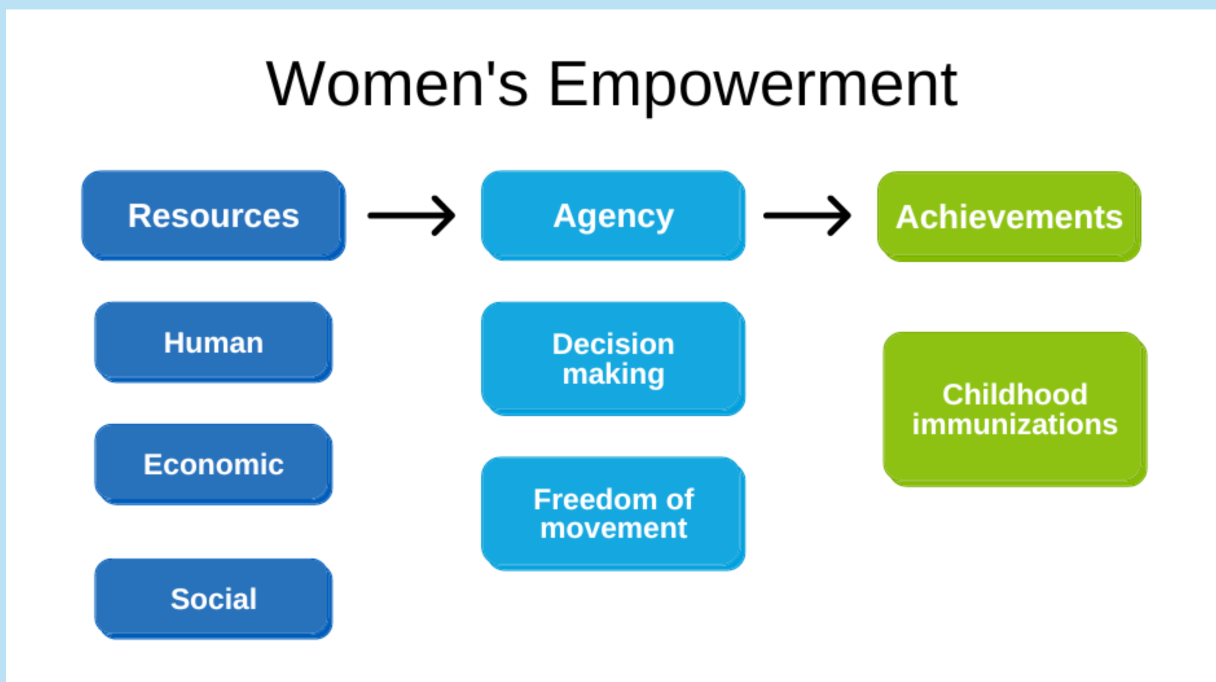
Recommendations

In order to address gender inequities in immunization coverage and protect zero-dose children against preventable diseases, a gender-responsive approach must be integrated by all stakeholders at all levels[6]. This means that all phases of an immunization intervention should be either gender-specific (targeting either men or women) or gender-transformative (actively addressing gender inequities). Many of the following recommendations have been adapted from "Why Gender Matters: Immunization Agenda 2030", which outlines how gender equality strategies can be utilized to accomplish IA2030 goals[6].

A gender-responsive approach should begin at the earliest planning stages of an intervention. As the specific gender-related barriers experienced by women vary across different contexts, it is crucial to understand how gender impacts immunization coverage in a particular setting. This is especially true for mothers of zero-dose children and other women in marginalized communities, where

THE IMPORTANCE OF WOMEN'S EMPOWERMENT

Women's agency, particularly the ability to make informed decisions on important household matters, is a driving factor of child immunization[14]. Research has shown that countries where women are more empowered tended to have lower zero-dose prevalence; at the individual level, children whose mothers are less empowered are more likely to be zero-dose children[15]. Additionally, mothers with at least a primary level of education are significantly more likely to vaccinate their children than mothers with no formal education[16]. Therefore, investing in programs and policies that empower women, such as providing equitable access to education, can be an effective strategy to increase immunization rates. The figure below illustrates how women acquiring enabling resources leads to increased agency, which in turn results in achievements like increased child immunization coverage.



Adapted from Thorpe et al., 2016[14]

gender interacts with factors like poverty and education to further contribute to immunization inequities. Importantly, data aggregated at the national level often fails to accurately capture the nuanced experiences of women in different settings, and so context-specific data should be collected when possible. This gender lens should extend throughout data collection activities, with all data being disaggregated by sex and other relevant factors, the inclusion of gender-sensitive indicators (e.g., the percentage of mothers who can make vaccine decisions for their children), and efforts to encourage women to meaningfully participate in data collection.

Women must be included in discussions and decisions regarding the design and implementation of immunization programs, which will help to ensure that these programs account for gender-related barriers whenever possible. An especially important consideration may be the communication channels and messages used to promote immunization. For example, women can offer insight into the types of channels through which they prefer to receive health information and which sources they trust. The health literacy of women in a particular community must also be accounted for, and any communication materials should be carefully chosen to avoid perpetuating gender stereotypes, such as emphasizing the role of men as decision-makers.

At the health systems level, there are several structural changes that can be made to encourage female participation in the health workforce, which will in turn encourage women to immunize their children. Policies and procedures should be implemented to protect the physical safety of health workers and to prevent discrimination and sexual harassment against female workers, as well as to ensure equal pay. Additionally, health workers of all genders should be trained on the specific needs of women and girls to facilitate the delivery of high-quality, professional care.

Finally, it is crucial that there is political commitment at the highest levels to improve gender equality and promote women's empowerment. Efforts should be made to ensure women are given opportunities to participate in decision-making about immunization priorities, and leaders of all genders should be encouraged to publicly advocate for policies that address gender inequities. Any strategies to increase gender equity should include a framework to measure progress and ensure that stakeholders are being held accountable for their commitment to gender equality. Although addressing gender inequities in immunization will require significant cross-sectoral collaboration and cooperation, this type of approach has the potential to significantly improve immunization coverage among zero-dose and under-immunized children in those communities typically left behind.

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