

WHY GENDER MATTERS FOR IMMUNIZATION



SECOND WEBINAR SERIES



**WHY
GENDER
MATTERS**

WHY GENDER MATTERS for IMMUNIZATION: **SECOND** WEBINAR SERIES

IA2030 envisions a world where **everyone, everywhere, at every age**, fully benefits from vaccines to improve health and well-being. However, immunization programmes will only succeed in expanding **coverage and equity** when gender roles, norms and relations are understood, analyzed and accounted for as part of service planning and delivery.

Building upon the [first webinar series](#) organized in 2023, this second series of webinars aims to further **improve awareness and understanding** of how **gender-related barriers** impact immunization. The series will focus on **examples and best practices** of **gender-responsive programming** to improve coverage and equity from around the world.

[Webinar 1:](#)

Gender responsive actions to improve the quality, accessibility and availability of services

Thurs 7 March 2024
15h-16h CET

[Webinar 2:](#)

Empower and collaborate with civil society and change agents to overcome gender barriers

Thurs 4 April 2024
15h-16h CET

[Webinar 3:](#)

Advance gender equality and improve coverage through integrated services and collaboration across sectors

Thurs 16 May 2024
15h-16h CET

[Webinar 4:](#)

Apply a gender lens to research and innovation

Thurs 6 June 2024
15h-16h CET

[Webinar 5:](#)

Implement gender-responsive immunization services in emergency settings

Thurs 11 July 2024
15h-16h CET



Gender-responsive approaches to increasing immunization coverage



Integrate services and collaborate across sectors

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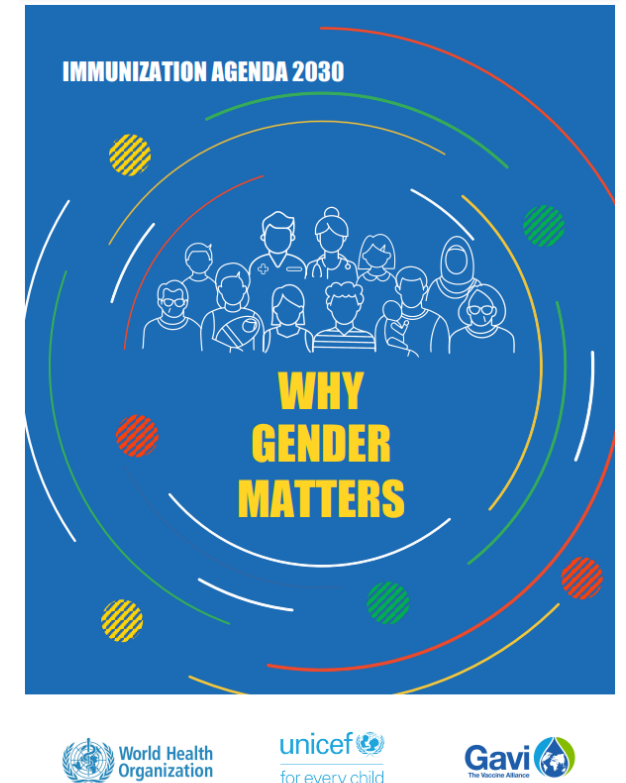
Dr. Shukhrat Rakhimjanov

Health Manager, UNICEF Lao PDR

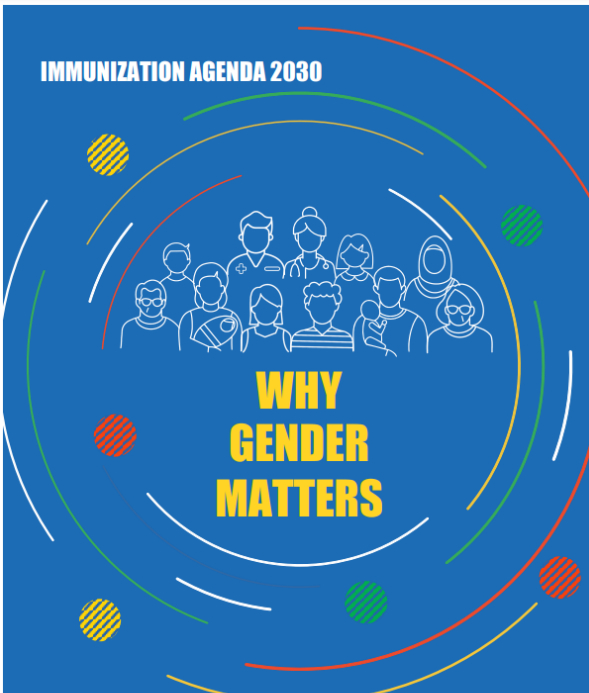
Why gender matters for immunization?

Gender impacts immunization both on the demand side, through people's health seeking behaviours, and **the supply side** through provision of health services.

To increase immunization coverage it is necessary to **understand and address** the many ways in which **gender interacts** with additional **socioeconomic, geographic and cultural factors** to influence access, uptake and delivery of vaccines.



Gender-responsive approaches to increasing immunization coverage



- ✓ Invest in gender data and analysis
- ✓ Make community engagement and social mobilization gender-responsive and transformative
- ✓ Engage with men to transform gender norms
- ✓ Empower and collaborate with civil society and change agents
- ✓ Implement gender-responsive actions for the health workforce
- ✓ Improve the quality, accessibility and availability of services



➔ **Integrate services and collaborate across sectors**

○ Implement gender-responsive immunization services in emergency settings

○ Apply a gender lens to research and innovation

Integrate services and collaborate across sectors

- ✓ Establishing linkages with other health and non-health interventions can **improve immunization coverage** throughout the life course and **advance gender equality**.
- ✓ Immunization programmes can be **strong entry points** to increase access to other primary health-care services and education while **transforming harmful gender norms and roles**.
- ✓ **Partnerships** with other health programmes (e.g. HIV/AIDS, malaria, nutrition, etc.) can also contribute to decreasing maternal mortality and morbidity rates; advance reproductive health and rights as well as access to education.



Credit: UNICEF Nigeria/2022

▶▶▶ Action List ◀◀◀

INTEGRATION



Develop partnerships beyond the health sector to integrate life-course immunization information into government educational curricula; community and state-level women's empowerment programmes; men's groups; income-generating activities; religious institutions; protection, education and nutrition interventions; the private sector and others. *[Gender-transformative]*



Integrate immunization with other health, education, social protection or other service programmes that communities/women trust and fully participate to address gender-related barriers and maximize opportunities for vaccination (e.g., combine HPV vaccinations with a tetanus booster dose; partner with HIV, malaria, WASH, nutrition programmes, sexual and reproductive health; and maternal and child health services). *[Gender-specific]*



Support GBV referral pathways and train immunization workers to refer clients to existing medical, legal and psychosocial support service for GBV survivors. *[Gender-specific]*



Support and link with birth registration/civil registration and vital statistics systems through immunization services – with HepB (hepatitis B) and BCG (bacillus Calmette–Guérin) (vaccines given at time of birth) – to ensure both boy and girl births are officially recorded. *[Gender-sensitive]*



Promote changes in legislation or in immunization policy to extend the target age range beyond early childhood, to permit catch-up vaccination for all vulnerable groups, which include boys and men in some contexts. *[Gender-specific]*



Carry out implementation and social and behavioural research for evidence on effective delivery of integrated, coordinated packages of vaccination services which respond to the different needs of women, girls, boys and men. *[Gender-specific]*

Collaboration across sectors: Lessons from a Parenting Programme led by the Lao Women's Union

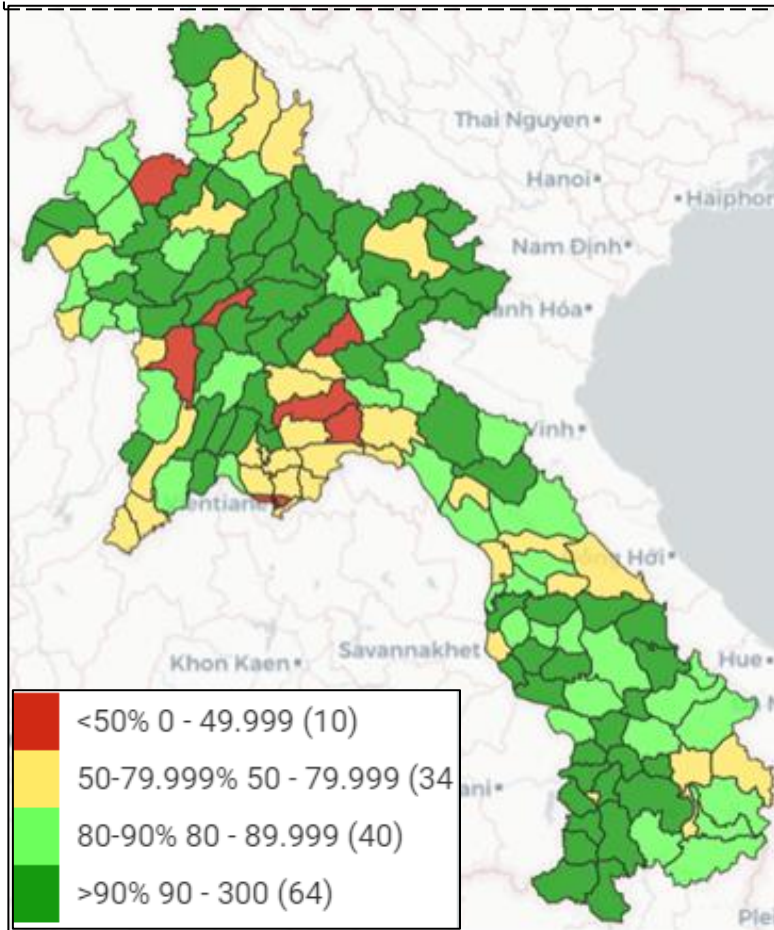
"Why Gender Matters to Immunization" webinar series
May 2024

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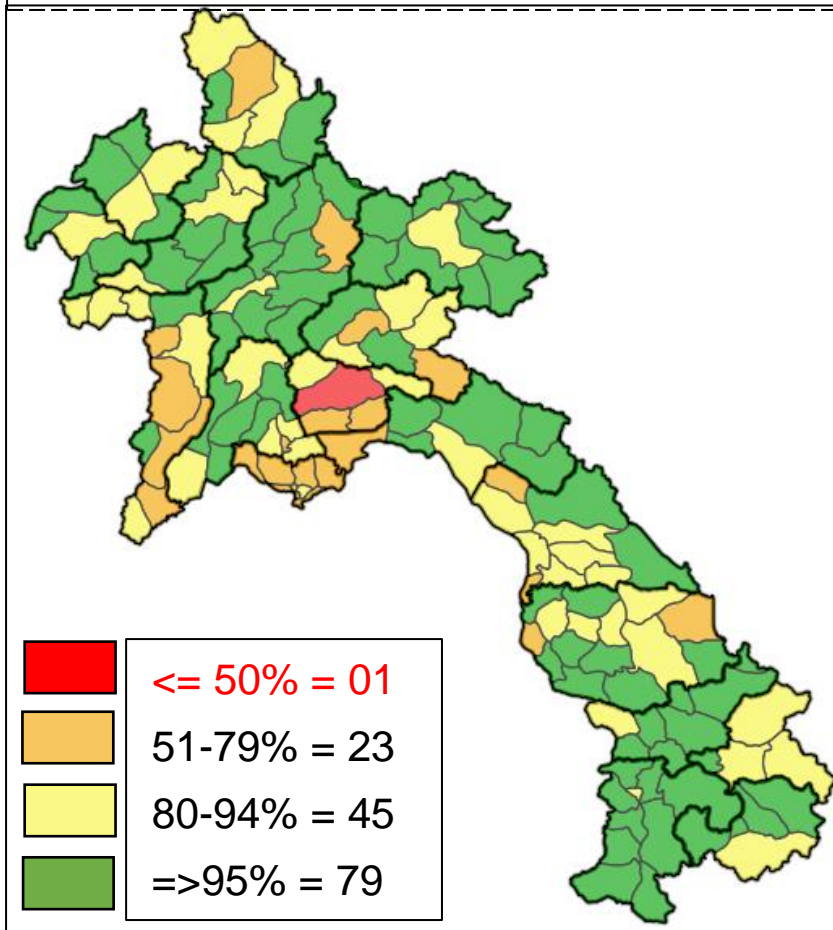


Immunization overview: Coverage of Penta3, 2021-2023

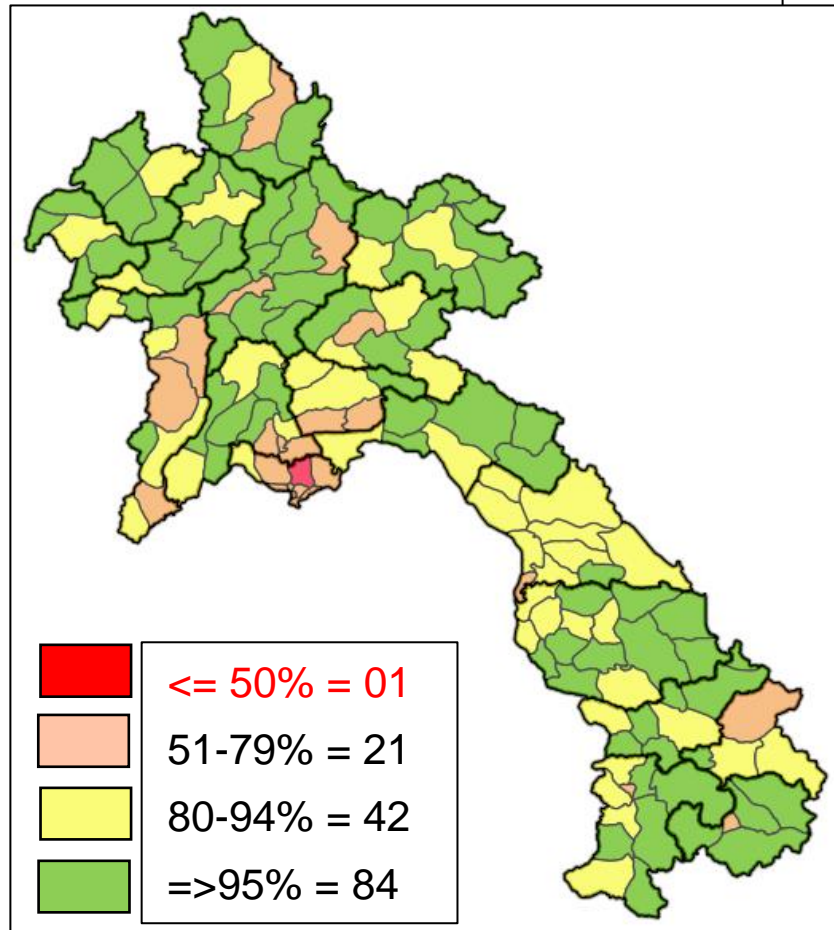
2021



2022



2023



Social context

- Diverse population with over 50 ethnic groups.
- Constitutional equal rights for women but not fully practiced due to norms & customs
- High rates of **child marriage** and **adolescent pregnancy**:
 - 31% of girls are married before age 18
 - 17% give birth before age 18
- 18% of girls/young women and 14% of boys/young men (15-24 years old) are **illiterate**
- 58% of adolescents of upper secondary school age are **out of school**. More girls than boys are out-of-school.
- Women are primary caregivers of children, but men are decision makers. Men considered head of households.



Many parents are adolescents and/or

Parenting Programme: overview

Objectives of the initiative:

- ◆ Support rather than instruct parents. Go beyond instruction in a behaviour or attitude to explain why it is beneficial.
- ◆ Provide parents with the knowledge and tools that enable nurturing care.

Three pillars of the contents:

- ◆ **CARE:** Maternal and newborn health, Sexual and reproductive health, Illness management, Child development, Mother's nutrition, Breastfeeding, Child's nutrition, Sanitation and hygiene, Education, and Immunization;
- ◆ **PROTECTION:** Father's involvement, Birth registration, Positive discipline, Preventing violence, Children with disability, and Preventing child marriage;
- ◆ **COMMUNICATION:** Nurturing bonds and Early stimulation

“It takes a whole village to raise a healthy child.”



Parenting Programme: background

Why?

Early childhood matters

Significant gaps & high
disparities

What?

Love and Care for Every Child (LCEC) initiative

To influence and transform parenting practices and opportunities for children under 6 years by building on positive parenting practices within families.

Foundation

Findings from desk review and rapid field assessment of parenting practices in Lao PDR

Existing initiatives in early childhood development in Lao PDR (e.g. My Village)

Parenting Programme: current programme

Who?

Development & Guidance

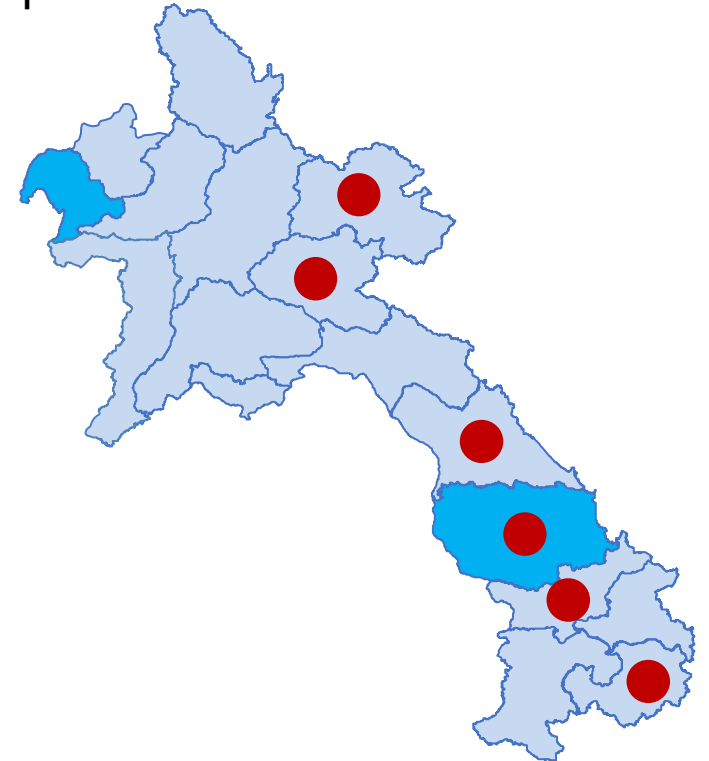
- LWU
- MoH (CIEH, Maternal & Child Health Centre)
- UNICEF
- MoES
- LFND
- LPDA

Local Implementation

- LWU
- Village Health Committee + health workers + health volunteers
- Village Education Development Committee + pre-primary teachers
- LFND

Where?

14 districts across 6 provinces in Lao PDR: Xiengkhaung, Huaphan, Khammouan, Savannakhet, Saravan, and Attapue



Parenting Programme: communication landscape

Approach Support rather than instruct.

3 pillars for key messages

CARE

PROTECT

COMMUNICATE

Channels

Interpersonal
Communication

Group Discussion

Community-Level
Engagement

Mass and Mobile
Digital Media

Tools for each channel

Instruction guide

Flipchart

Videos/audio recordings

Storybook

Videos/ audio
recordings

Posters

My Village series

Social media
package + Text
and voice
messages

Communication materials



The Instruction Guide books



LCEC videos



Health and care messages



Communication messages



Protection messages

Some gender-related barriers to immunization

“We conduct health education sessions when we go to villages for immunization. When we go to a village, women need to ask for permission to come to the session. If the husband does not allow, she cannot come.”
Health centre staff, Bokeo Province, Lao PDR

Household dynamics

- Most influencing people in communities are men and they believe that men should make the final decisions in all matters.
- Women lack access to and control over resources and mobility: financial, transport, mobile phone, driving license.
- Father blames the mother if the child gets a fever after vaccination (normal side effect)

Information sessions in communities

- Men not able to attend information sessions because they are working in the fields during the day.
- Men tend to dominate the conversation during community sessions.



Parenting Programme: Lessons Learned - Gender

Engaging the Community

- Bring the community together by:
 - **Sharing good examples.** When husbands see a good example on how father involvement is beneficial to the children, they tend to follow.
 - **Engaging community leaders.** During the community dialogue in some ethnic groups, it's advisable to involve village leaders initially. In other areas, it may be more appropriate for the women to initiate conversations.
 - **Working with women groups** (in this case, the LWU).
- When conducting home visits, ensure that both parents are present, if possible. It's crucial that husbands understand the importance of co-support.
- Content need to include **gender-related topics**: understanding gender roles, supporting all children, and ensuring access to health services and education for all children, regardless of gender; child marriage; domestic violence.

Implementation evaluation

Implementation of evaluations to monitor the behavioral change progress. During each of the five sessions, village committees collect data on various aspects, including:

- The number of women and men participating,
- Questions related to fathers' participation, such as:
 - "Have you accompanied your wife to antenatal care (ANC)?"
 - "Who is supporting the household chores while your wife is pregnant?"
 - "Has the couple discussed how to ensure good nutrition for both mother and child?"

Parenting Programme: Lessons Learned - Gender

Social and Behavioral Change Evaluation

Gender Roles and Stereotypes:

- Do participants agree that men and women should share household chores equally?
- Do participants believe boys and girls should have equal opportunities in education?

Education and Career:

- Are there differences in the educational aspirations of boys and girls?
- Do participants believe boys and girls should have equal career opportunities?

Health and Nutrition:

- How often do participants ensure both boys and girls receive necessary healthcare?

Child Marriage:

- Do participants understand its impact on girls and boys?

Parenting and Childcare:

- How involved are fathers in childcare compared to mothers?
- How do participants view the roles of parents in raising children?

Decision-Making:

- How often do women participate in household decisions?
- Should decision-making be shared equally between partners?

Access to Services:

- Are there barriers to accessing services based on gender?
- Do participants believe boys and girls should have equal access to community resources?







Gender analysis of immunization

Countries: Laos, Philippines, Indonesia and Mongolia

Objective: understand the gender-related barriers that impact immunization, namely:

- childhood routine vaccinations
- COVID-19 vaccinations
- HPV vaccinations

Methods: Mixed method approach with 35 KIIs, 36 FGD and 299 surveys

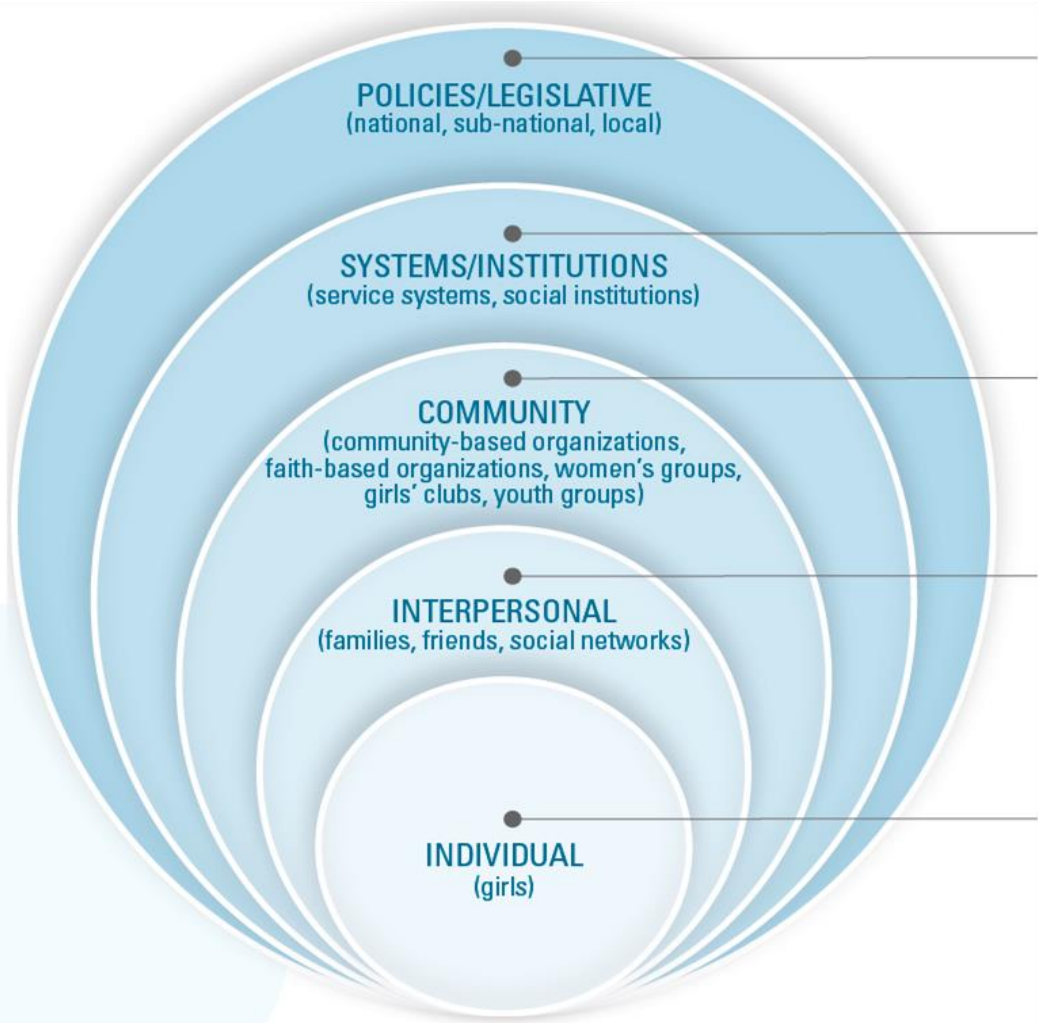
Geographic area: 3 Provinces per country with different profiles:

- rural and urban areas,
- distinct ethnic groups,
- communities that have health facilities vs. outreach vs. mobile services

Intersectionality

Findings: will be available in July 2024.

Gender analysis of immunization



System/service delivery:

- What are the specific needs of female workers that do outreach and mobile services?
- Do health providers know how to provide information that is understandable to the different target groups?

Community dynamics:

- What are gender and social norms influencing vaccine uptake and access, and how do they differ among ethnic groups?
- What is the role of village leaders, ethnic group leaders and religious leaders and other influencers?

Individual and household:

- What are caregivers' roles in childcare?
- Who makes the decision regarding vaccination?
- What are costs and domestic burdens for caregivers to access vaccination? Who makes the decision in resource allocations?
- How do men, women, adolescent girls and boys access health/immunization information?

Moving forward

Based on the findings of the gender analysis:


- **Capacity-building:** Train key Government counterparts and mass organizations at national and sub-national levels
- **Gender-responsiveness:** Develop strategies to address each of the gender-related barriers identified and the different needs of women, men, boys and girls
- **Gender transformation:** Develop strategies to further transform discriminatory gender norms and empower women and girls
- Strengthen the **M&E framework** to track changes in gender-related barriers and gender norms transformation





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THANK YOU!

A group of people, including a woman in a white headwrap and a child, gathered around a small object, possibly a medical device, in an outdoor setting. The image is overlaid with a semi-transparent dark grey filter.

ZERO DOSE PROGRAM

APOSTOLIC WOMEN EMPOWERMENT TRUST

AWET is a Non-Governmental Registered organisation, established in 2016, mandated to advance the rights of Adolescents and women issues and mainstreaming of gender in Apostolic Church activities.

AWET is fully cognisant and works with diverse Apostolic churches who have different beliefs, norms, values and perceptions on key social issues such as Child Marriage, Education, HIV/AIDS, Maternal Newborn Child Health (MNCH), Gender Based Violence (GBV) and Adolescents Sexual Reproductive Health and Rights.

www.awet.org.zw





Religion

Over 85% of Zimbabweans (74% of men and 93% of women) of adult Zimbabweans age 15-49 identify themselves as Christians;

Apostolic Sect constitutes majority of Christian population at 38% followed by Pentecostal (21.1), Protestant (16.8%), Roman Catholic (8.4%),

Other Christian (8.4%), the remaining population (7.3%) in the 15-49 age profess other religions (traditional, Muslim, none and other).

Apostolic Statistics

The Apostolic movement comprises hundreds of Apostolic members, and has an estimated population of +6million members which is 38% of the Zimbabwean population. The majority of the Apostolics live in the rural areas and are estimated to be 73% of the +6 million. The Apostolic women make up 64% of the +6million with a majority of women aged between 20 and 29 years, being the marrying and child bearing age.

Doctrine and Practices

- Polygamous marriages.**
- Believe more in spiritual healing.**
- Pray outside where there is no or little water and sanitation.**
- Diverse beliefs. norms and perceptions.**



Ultra-conservative groups

- **Strict religious doctrine and practices. Social practices undermine gender equality. Young girls married and pledged to older men in polygamous marriages expose to risks of HIV/AIDS, poverty, and undermines educational and socio economic opportunities.**

Semi-conservative groups

- **Moderate and relatively flexible religious doctrine allow members to use modern healthcare services but emphasize that members seek spiritual counsel from church as a priority rather putting their “faith” in modern medical services.**





AWET intends to change the perceptions of how women are viewed as we believe that domination comes as a result of a patriarchy which is a failed entity of socialisation. Therefore, it is important to empower the woman who will in turn socialise the child in a way that enables them to grow up viewing and giving women the respect they deserve.

ZERO DOSE PROGRAM

AWET, complementing government efforts through the Ministry of Health and Childcare by mobilizing the hesitant communities to uptake health services.

AWET in partnership with UNICEF and Ministry of Health and Child Care conducted a Zero Dose program in four provinces namely Matabeleland North, Matabeleland South, Midlands and Masvingo working in 11 districts namely, Nkayi, Tsholothso, Mangwe, Beitbridge, Gweru, Zvishavane, Mberengwa, Gokwe South, Chiredzi, Mwenezi, Masvingo.

The program focused mainly on childhood Immunization with specific emphasis on zero dose communities. The vaccines which were given were measles, polio and any under 5 vaccines.

The program tackled issues of harmful social norms that hinder communities from accessing health services through a tailored interventions e.g. dialogues

Primary targets were the Apostolic communities especially the ultra-conservative who usually constitutes the large number of people who do not get their children vaccinated due to religious beliefs.

Objectives

Goal : To enhance communities, resilience on handling emergency situations and multi hazard response through strengthening community ward level structures.

Objectives

- To prevent morbidity, mortality and disability related to vaccine preventable diseases.
- To create awareness on the importance of vaccination and promote vaccine uptake among key groups and communities.
- To improve hygiene practices of people in order to prevent diarrheal diseases
- To put up structures (care groups) in the community to enhance child protection issues including vaccination
- To build capacities of local community volunteers on responding to emergencies and create demand for vaccination



Program Approaches

Mentor Mothers are capacitated on Social Behaviour Change in (Mwenezi District) on immunization to be spearheading the program withing the districts – Training was conducted by MOHCC (Health Promotion Unit), UNICEF SBC, AWET Public Health for three days.

Mentor mothers and Integrated services

AWET Mentor mothers play a pivotal role in zero dose Apostolic communities by providing support, guidance, and education to ensure the health and well-being of mothers and their children.

- 1. Mentor mothers serve as role models and sources of practical advice for other mothers in the community. They share their own experiences and knowledge to help other Apostolic women navigate the challenges of motherhood, such as prenatal care, breastfeeding, and childcare practices. The
- 2. Mentor Mothers are selected from the Zero dose community. Those who had vaccinated their children are the ones who are considered as they would have become champions on health uptake.
- 3. Mentor mothers help to create awareness about the importance of healthcare practices such as vaccinations, Antenatal Care (ANC), Sexual Reproductive Health and Rights (SRHR), Maternal, New-born and Child Health (MNCH), HIV and AIDS, Hygiene, Education and Nutrition. They work with community members to identify barriers to behaviour change and develop strategies to overcome them.



Mentor mothers and Immunization

AWET Mentor mothers play a crucial role in supporting mothers and their children on immunization.

Due to poor health seeking behaviour of the ZERO dose community on immunization the mentor mothers support, guidance, and educate to ensure the health and well-being of children.

- 1. Mentor mothers support expecting mothers on educating them on the importance of vaccinating. They prepare the mother before the child is born on the vaccines up until 5 years.
- 2. Mentor mothers support mothers when a child is born until they reach 5 years. They help mothers to remember all the vaccines a child requires. They encourage uptake of any EPI that would be administered in their community. If there any challenges, they refer to the nearest hospital for intervention.



Mentor mother and Antenatal care (ANC)



- Mentor mothers support pregnant women in accessing necessary care and pre/ post-natal health information.
- They play a key role in bridging the gap, closing a gulf between health facilities and Apostolic communities, helping to increase awareness and uptake of antenatal care services.
- Mentor mothers share their own experiences with ANC, educate women about the importance of regular check-ups, address concerns and myths, and provide emotional support throughout the pregnancy journey.
- Their involvement has been proven to improve maternal and child health outcomes and contribute to the overall well-being of apostolic women and their families.
- By working closely with health workers, mentor mothers create a supportive network that promotes positive health behaviours and empowers apostolic women to make informed choices for a healthy pregnancy and birth.

Mentor mothers and Sexual Reproductive Health (SRH)



- Mentor mothers play a crucial role in promoting sexual and reproductive health among younger apostolic women and apostolic girls. They provide education and guidance on topics such as contraception, pregnancy prevention, safe sex practices, and STI prevention.
- Mentor mothers serve as role models and provide emotional support for women and girls navigating their sexual and reproductive health needs. This helps improve overall sexual and reproductive health outcomes for apostolic women and girls.
- They provide information on the benefits and risks of different methods and help women make informed choices that align with their reproductive goals.

Mentor mothers and Maternal, Newborn, and Child Health (MNCH)

- Mentor mothers play a crucial role in promoting maternal, new-born, and child health in communities. They serve as a source of guidance, support, and education for pregnant women, new mothers, and families with young children. To prevent fistula and pre-eclampsia in expecting mothers.
- They provide education on maternal and child health topics, such as prenatal care, safe delivery practices, breastfeeding, nutrition, and child development. They can also help women navigate the healthcare system, access necessary services, and understand how to care for themselves and their children.



Mentor mother and Nutrition, exclusive breastfeeding

- Mentor mothers provides education on the importance of a balanced diet, the benefits of breastfeeding, and the dangers of malnutrition.
- Through their mentorship and support, mentor mothers play a critical role in promoting nutrition for young mothers and their children, setting them on a path to a healthy and thriving future.





Mentor mothers and HIV and AIDS

- Mentor mothers play a crucial role in promoting HIV testing, starting treatment early, remain on HIV treatment, monitor viral load, screen for STI's, TB and cancer (including cervical cancer).
- Practicing safe sex using condoms is paramount in reducing reinfections.



Mentor mother trainings



Awareness raising



Social Mobilization for vaccination and growth monitoring

IMMUNIZATION AGENDA 2030



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Q and A

All materials and recordings from this and previous webinars available here: <https://www.technet-21.org/en/hot-topics-items/429-programme-management/15449-gender-and-immunization>

For more info, visit:

<https://www.who.int/teams/immunization-vaccines-and-biologicals/gender>