

WEBINAR SERIES



WHY GENDER MATTERS

IMMUNIZATION AGENDA 2030



WHY GENDER MATTERS for IMMUNIZATION: 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.

This webinar series aims to **improve awareness and understanding** of how **gender-related barriers** impact immunization and to showcase examples of **gender-responsive programming** to improve coverage and equity.

[Webinar 1: Thurs 8 June 2023 15h-16h](#)

Why Gender Matters for Immunization – overview

[Webinar 2: Thurs 22 June 2023 15h-16h](#)

Understanding gender-related barriers to immunization: importance of gender data and analysis

[Webinar 3: Thurs 6 July 2023 15h-16h](#)

Gender responsive approaches 1 – Gender responsive actions for the health workforce

[Webinar 4: Thurs 13 July 2023 15h-16h](#)

Gender responsive approaches 2 – Make community engagement and social mobilization gender responsive and transformative

[Webinar 5: Thurs 20 July 2023 15h-16h](#)

Gender responsive approaches 3 – Engaging with men and promoting a family approach to transform gender norms



Why does gender matter for immunization?



Stephanie Shendale

Technical Officer
WHO/IVB

shendales@who.int

Shoubo Jalal

Senior Gender Specialist
UNICEF

sjalal@unicef.org

Jean Munro

Senior Manager, Gender
Gavi

jmunro@gavi.org

Outline

1. Why does gender matter for immunization?
2. Understanding gender-related barriers that impact immunization
3. Gender analysis and sources of data
4. Gender responsive approaches
5. Resources



Disentangling Sex and Gender

Sex

Biological characteristic

- Biological attributes
- Physical and physiological features
- Generally assigned at birth based on the appearance of external anatomy/genitalia



Gender

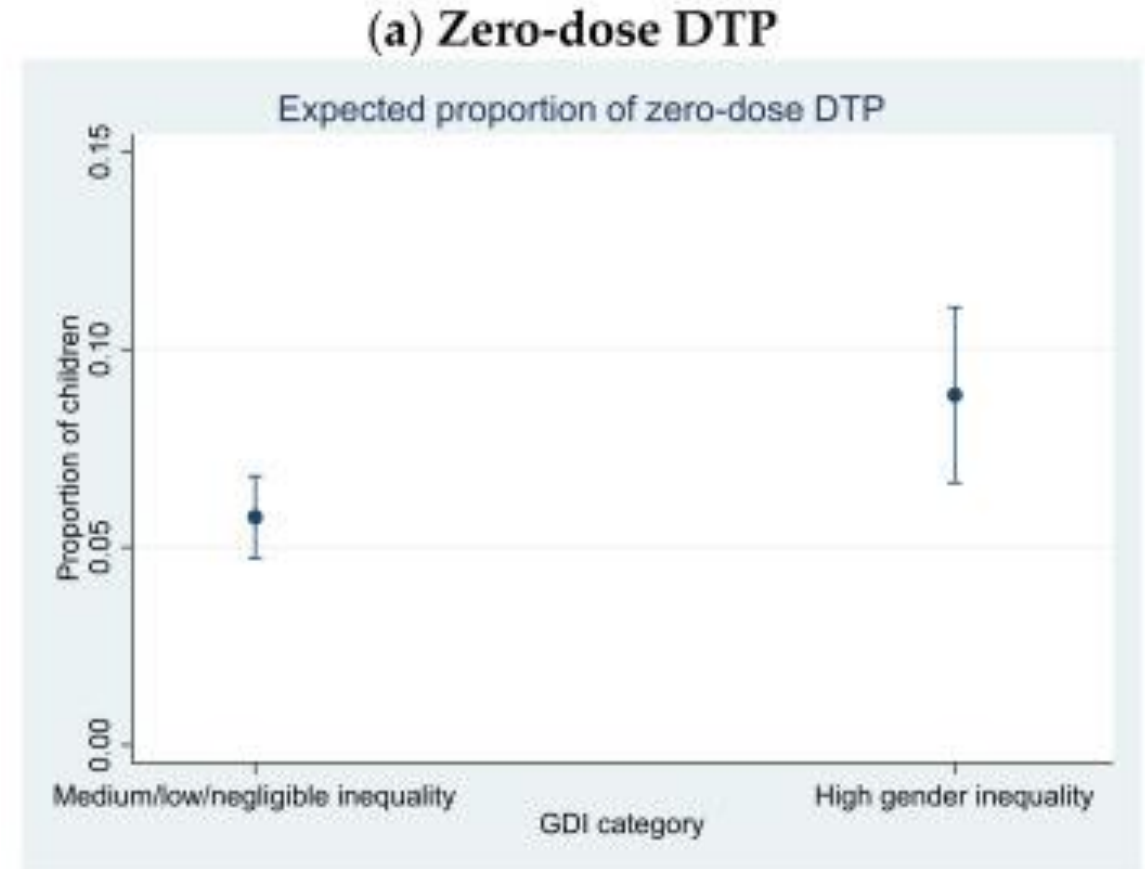
Social construct

- Norms, roles and relations
- Varies from society to society and evolves
- Hierarchical and often reflects unequal relations of power



Sex disaggregated immunization coverage data

- Global studies have not found major sex-based discrepancies in immunization coverage
- However, discrepancies can be found when data is further disaggregated at the regional/district level or by other variables (urban vs rural, religion, etc.)
- There is an association between childhood immunization uptake and **gender inequality**



Not ONLY an issue of coverage difference between girls and boys

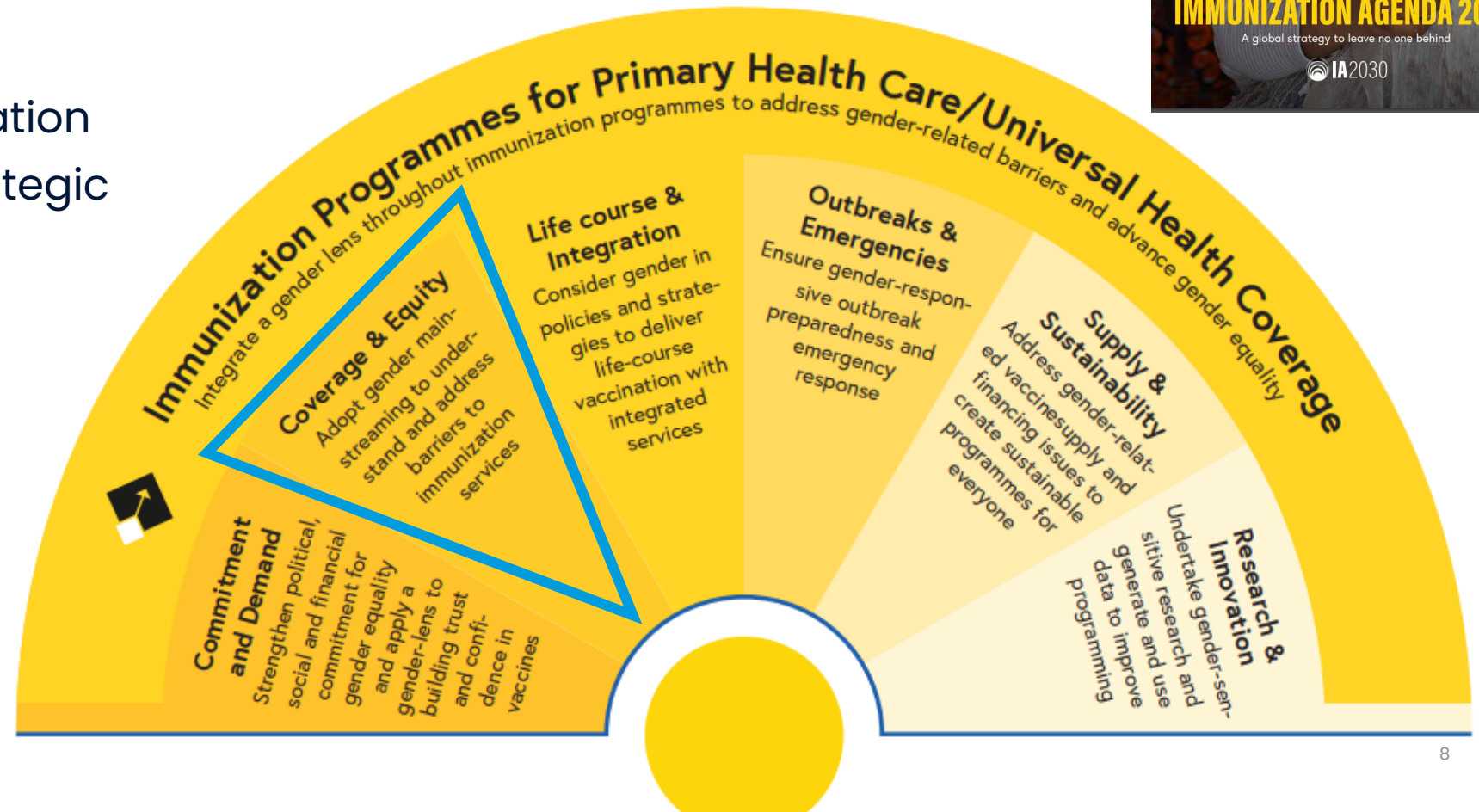


- ✓ It is about recognizing and responding to the **equity and gender-related barriers** to **access and uptake** of vaccines, particularly to reach zero-dose children and missed communities
- ✓ it is about **higher** coverage for **everyone**

The *Immunization Agenda 2030* commits to addressing gender-related barriers to immunization and advancing gender equality

- Gender is an important cross-cutting consideration for all seven IA2030 strategic priorities
- It is at the heart of **SP3 Coverage and equity**

www.immunizationagenda2030.org/



Immunization Agenda 2030: core principles

How is gender reflected in the IA2030 core principles?



People-focused

Responding to the different needs of people of all genders



Country-owned

Driving progress through country gender equality commitments



Partnership-based

Aligning efforts to maximize impact for gender equality



Data-guided

Promoting evidence-based decision-making informed by sex-disaggregated data and gender analysis

What is gender mainstreaming?

Gender mainstreaming is NOT the goal itself but rather a **process and a strategy** to reach gender equality.

This means **assessing the implications** for women and men of **any planned action**, including legislation, policies or programmes, in **all areas and at all levels**.

Seven principles of gender mainstreaming:



Gender-related barriers

- operate at **multiple levels**, from the individual and the household to the community and health systems
- are underpinned by **power relations**, leading to different opportunities, limitations, challenges, needs and vulnerabilities, especially for women and girls
- affect both **supply and demand dimensions** of immunization



Understanding gender-related barriers to immunization



Understanding gender related barriers to immunization

Gender barriers can be context specific and wide-ranging

For example...



Poor quality services and negative health provider attitudes



Low education level and health literacy



Limited autonomy in decision-making and household dynamics



Lack of access and control over resources and mobility



High prevalence of gender-based violence and harmful practices

Poor quality services and negative health provider attitudes



Disrespectful treatment towards women *and* men, often fuelled by **poor working conditions** for HWs

Lack of access to **female health care providers**

Disabilities (physical and cognitive) compound gender barriers

Low education level and health literacy



Children of **younger mothers without education**, especially those belonging to poor households, are **less likely** to have access to health services



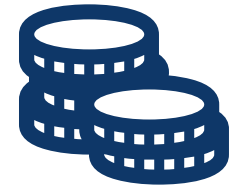
Limited autonomy in decision-making and household dynamics



Mothers may be limited in their **bargaining power** in both the **gendered** (with the male head) and **generational** (with elderly women) **power dynamics** of the household



Lack of access and control over resources and mobility

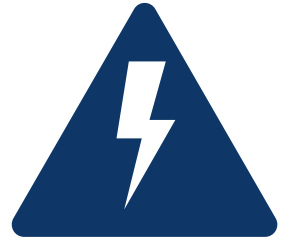


Women's restricted access to and control over **financial resources** makes it less likely that their children are immunized.

Transport – a hidden cost and security issue

Time is also a resource and an opportunity cost which can create barriers for immunization

High prevalence of gender-based violence and harmful practices



Disclosure fears can prevent women accessing services

Child marriage, a form of GBV, also has a direct impact on girls' and women's access to and utilization of health services, including immunization

Son preference, rooted in gender inequality, has also been found to decrease the likelihood of girls receiving vaccinations in some settings



Gender analysis and sources of data



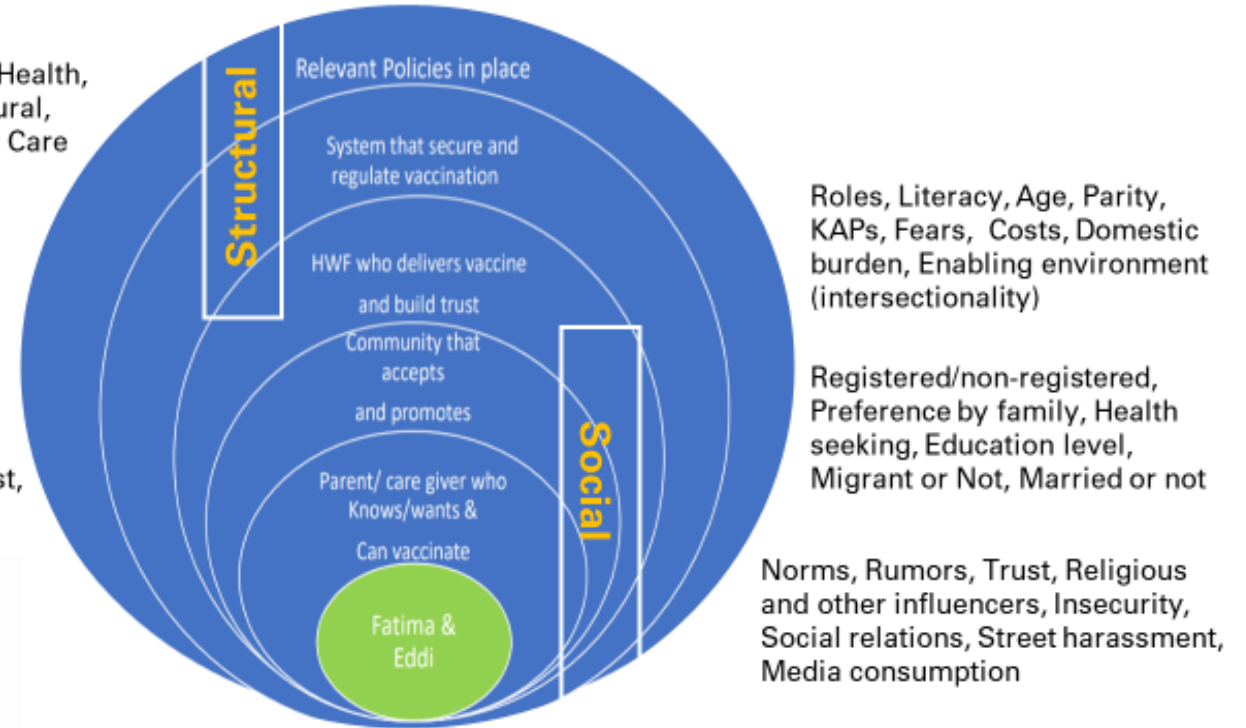
Gender analysis framework

Understanding Gender Barriers to Immunization

National Development, Health, Financing, Insurance, Rural, Social Protection, Labor Care Policies & Strategies

Available, Affordable, Accessible, Human-Centered and Needs-based Care, Feedback channels

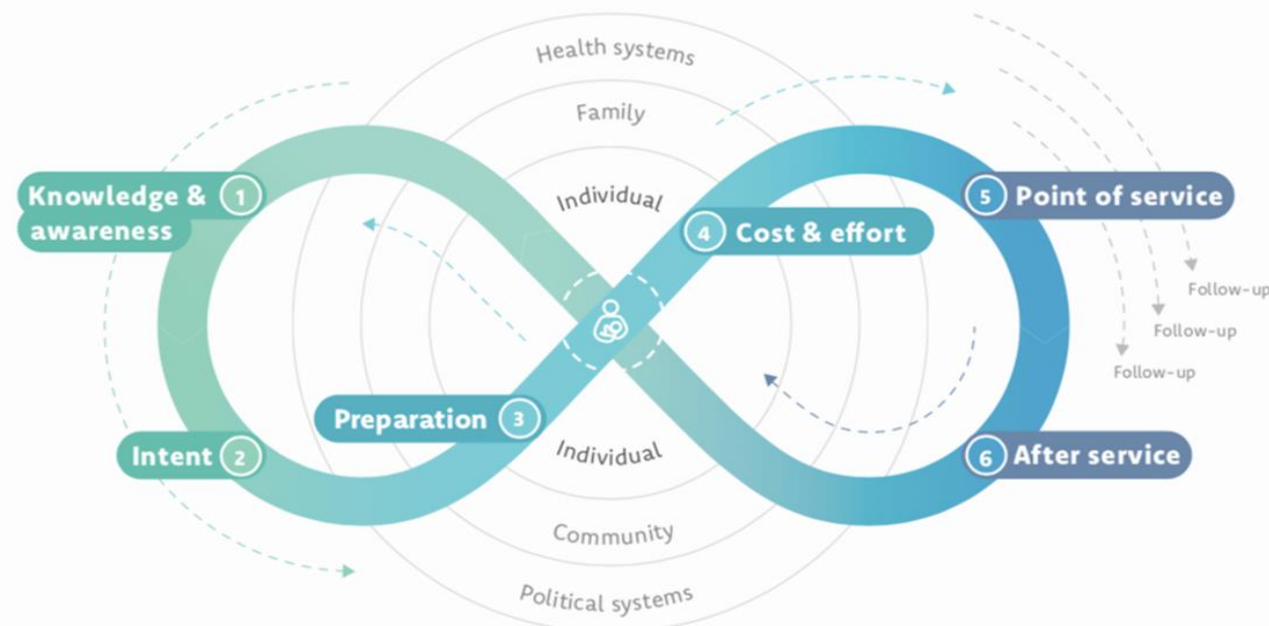
Nondiscriminatory, Respectful, Quality, Trust, Workload, Motivated



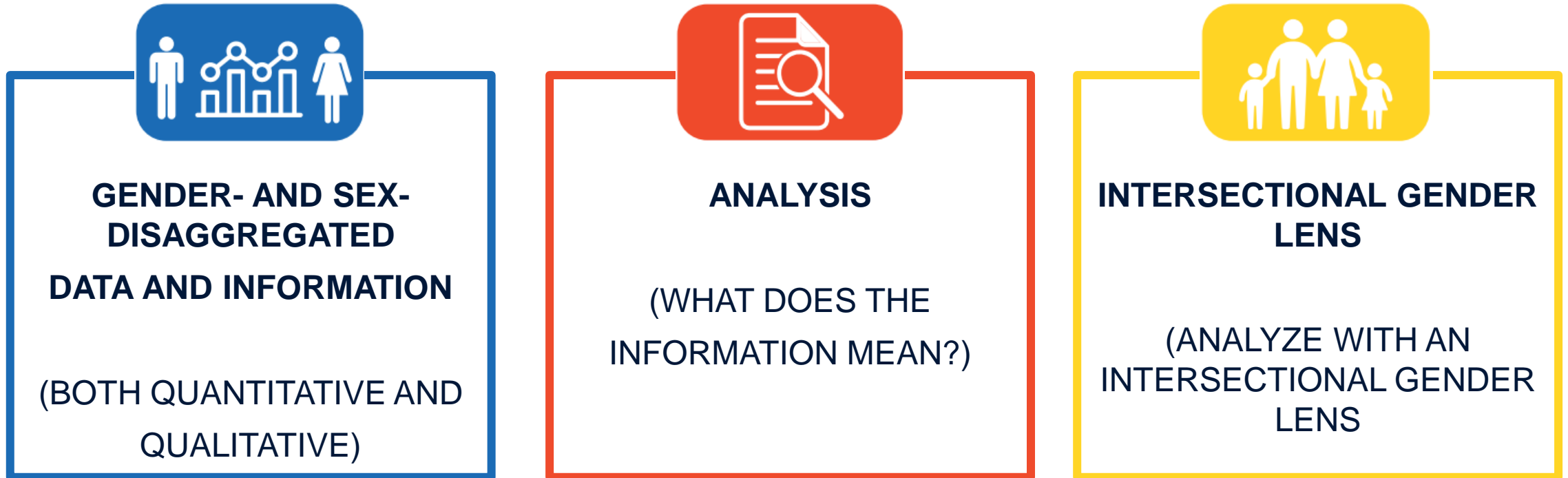
Roles, Literacy, Age, Parity, KAPs, Fears, Costs, Domestic burden, Enabling environment (intersectionality)

Registered/non-registered, Preference by family, Health seeking, Education level, Migrant or Not, Married or not

Norms, Rumors, Trust, Religious and other influencers, Insecurity, Social relations, Street harassment, Media consumption



A gender analysis consists of three basic components:



An effective gender analysis will also consider additional factors such as **age, ethnicity, race, disability, gender identity, geographic location and socioeconomic background.**

Is there a gender dimension?

There is no gender gap at national level, but subnational or population specific gender barriers identified



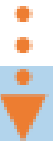
Tailored gender transformative measures and interventions

There is no gender gap at both national and subnational level; no gender barriers identified



Gender responsive approaches; no harm

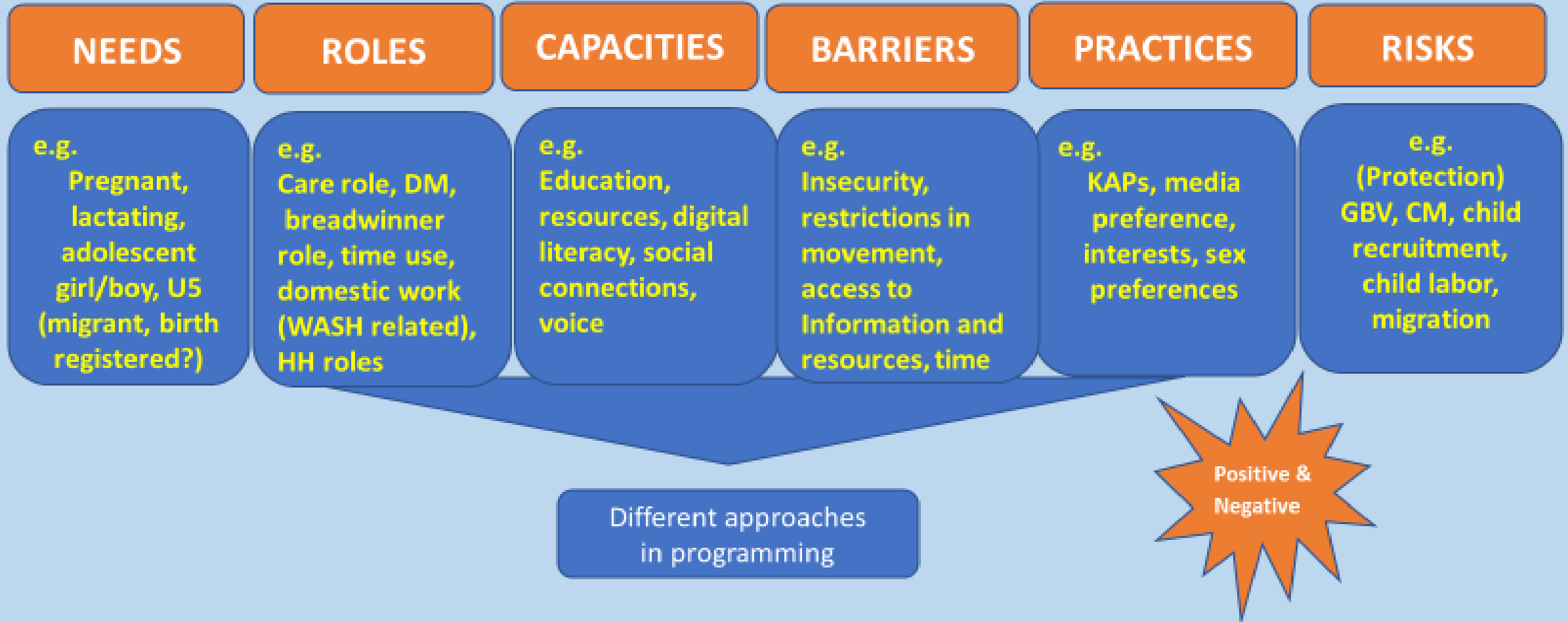
Not known, no evidence



Gender analysis as part of broader health and immunization analysis or stand-alone

Gender dimensions and implications for programmes

There can be differences in....





Potential sources for gender-related data

- Statistical databases and global indicators (national, UN Women, UNFPA, World Bank, etc.)
- Existing reports, publications, studies on gender (UN, government, NGO, etc.)
- Other departments or ministries (e.g. Ministry of Gender?)
- Recent household surveys (DHS, MICS)
- Other immunization-related surveys and studies (KAP studies, BeSD, C&E assessments, etc.)
- Service provision assessments (SARA, etc)
- Focus group discussions
- Key informant interviews
- Rapid needs assessments/surveys (developed for purpose)
- Public opinion polls (gender norms/attitudes)
- Social listening/observation



Gender-responsive approaches to increasing immunization coverage



Immunization interventions should, at a minimum, be gender-responsive

GENDER-RESPONSIVE

Gender-unequal (harmful)

Perpetuates gender inequalities, **reinforces** stereotypes, privileges men over women (or vice versa).

Gender-blind

Ignores gender roles, norms and relations and the differences in opportunities and resource allocation

Gender-sensitive

Shows an **awareness** of gender roles, norms and relations, **not necessarily addressing** inequality generated by them

Gender-specific

Intentionally targets a specific group of women or men for a specific purpose; but doesn't **challenge gender roles and norms**.

Gender-transformative

Addresses the causes of gender inequality, **transforms harmful** gender roles, norms and relations, **promotes gender equality**.

Examples of gender-responsive intervention design – barriers and solutions

Women have limited mobility, time, and control over resources

- ✓ Bring vaccines to places and events that women visit
- ✓ Consider extended/flexible vaccination hours
- ✓ Provision of multiple services at same point

Gender dynamics in decision making

- ✓ Supporting men/fathers as vaccine advocates
- ✓ Promote male engagement child-care and joint decision-making

Cultural preference for female healthcare workers

- ✓ Increase number of female vaccinators
- ✓ Set up a hotline for questions dedicated to women*
- ✓ Provide “women only” vaccination sites*

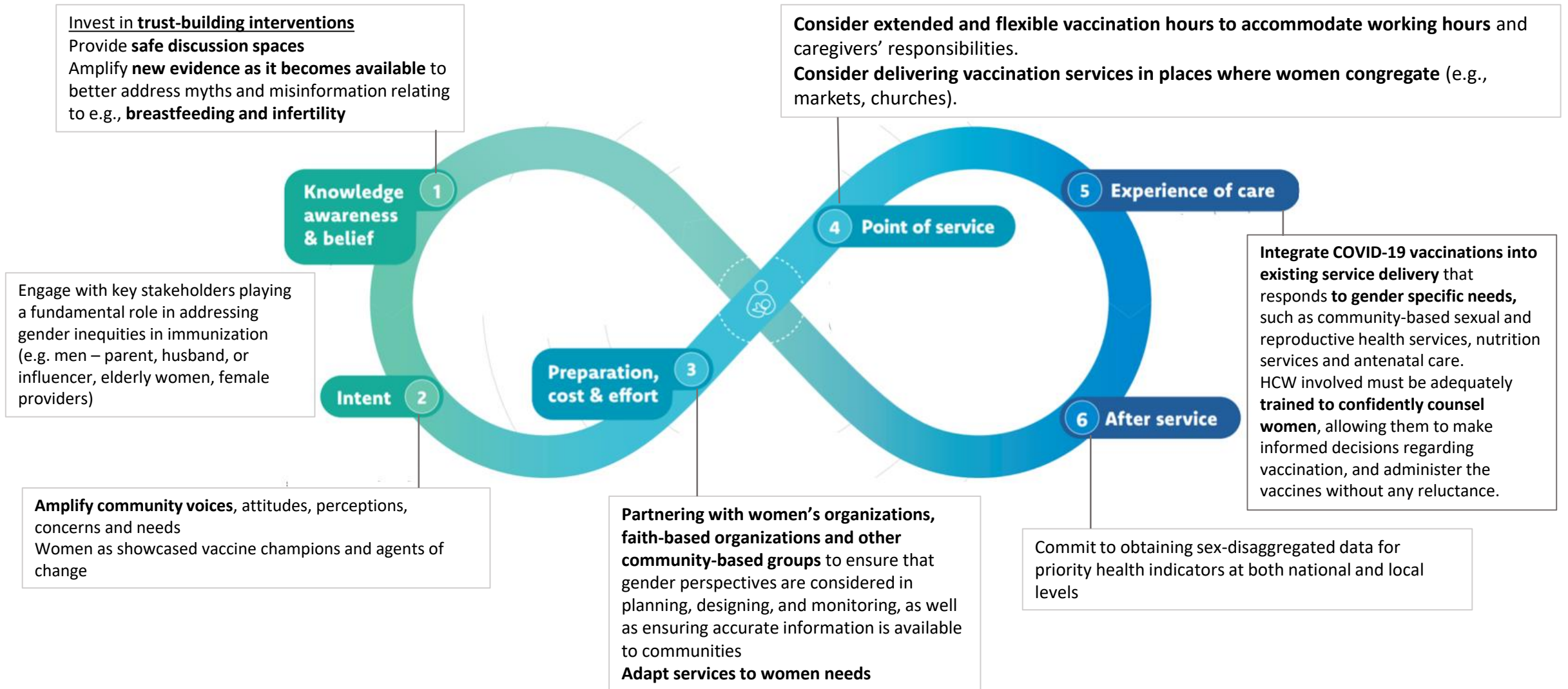
Negative service experience/health worker attitudes

- ✓ Provide gender- and diversity-sensitive training for health workers
- ✓ Hold special clinics for young mothers
- ✓ Ensure ethnic minorities can receive services and information in a language they can understand

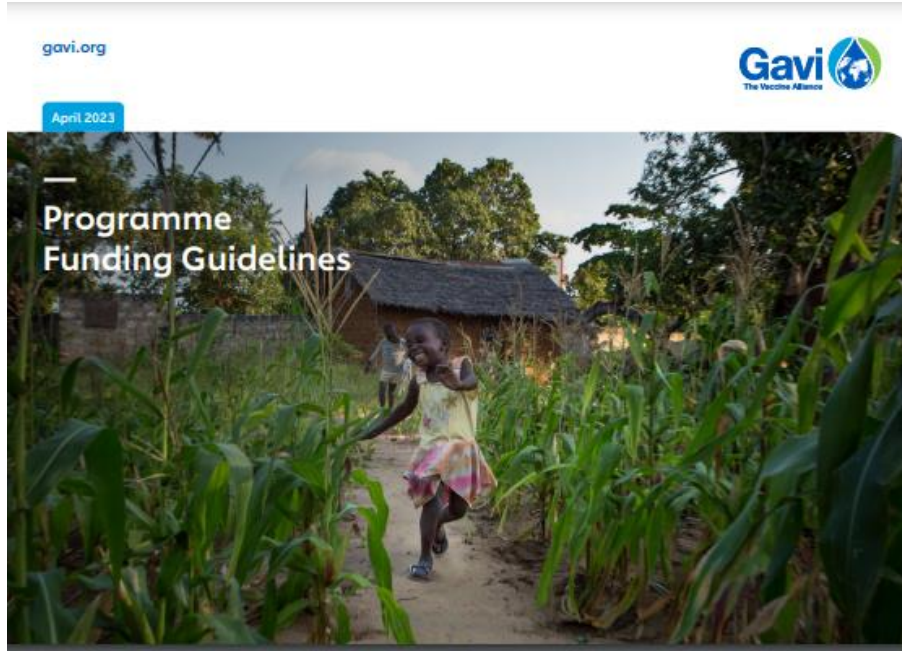
Poor working conditions/gender discrimination for female health workers

- ✓ Increase representation of women in managerial and decision-making positions
- ✓ Include safety considerations and protections in design of outreach programmes

Programmatic recommendations



Integrating gender in grant applications - Expectations



Programme Funding Guidelines



Gavi's 5.0 strategy promotes gender responsive programming by focusing on **identifying and addressing underlying gender-related barriers** faced by **caregivers**, **adolescents**, and **health-workers**.



Applications need to include **gender-responsive or transformative approaches** that would address gender-related barriers identified and used in design and implementation of campaign vaccination strategies, EAF, HSS, and TCA



It encourages and advocates for **women's full and equal participation in decision-making** related to **health programmes and wellbeing**.

Barriers and approaches to achieve IA2030 gender equality goals

This logic table explores gender barriers and relevant approaches to removing these barriers across different socio-ecological levels of household, community, health facility and laws & policies

Both gender-related barriers and gender-responsive approaches are covered in more detail later in this presentation



In Summary: Why address gender equality in immunization programming?

6 benefits of gender integration to health



Empower women towards gender equal society

Increasing women's participation in immunization and health systems at all levels provides them with greater social and economic opportunities to improve their status and influence within their communities.



Increase Immunization coverage

Gender equality for women and maternal empowerment increase women's decision-making power and access to resources for their children.



Reach hard-to-reach clients

Due to sociocultural and gender norms in some communities, only female vaccinators and social mobilizers can access households, interact with mothers, and deliver vaccines to children. These providers give caregivers critical information to build trust for vaccines and encourage immunization uptake.



Improve overall health outcomes

Female vaccinators not merely vaccinate, but also educate women in many areas in health, nutrition and WASH. Educating adolescents on HPV also increases girls' awareness and decision-making to access health services.



Enhance social accountability

People-led, bottom-up and demand-driven initiatives can make an important contribution in enhancing accountability for the universal right to health and equity.



Accelerate progress to achieve Sustainable Development Goals (SDGs)

Progress on SDG 5 (women's empowerment and gender equality) is directly linked with SDG 3 (better health and well-being). Effective gender-responsive programming in immunization and health sector can contribute to progress towards gender equality and positive health outcomes.

Resources



IMMUNIZATION AGENDA 2030

WHY GENDER MATTERS

WHY GENDER MATTERS: IA2030

NEW!

- Aims to improve **awareness and understanding** of how gender-related barriers can affect immunization programme performance
- Provides practical **“how to” concepts, tools and methods, and actions** that can be used to effectively integrate a gender perspective into immunization programmes
- Includes **metrics to identify gender-related barriers to immunization**
- Links to other **resources and tools** for gender-responsive programming

For more information and resources for gender and immunization



- **WHO IVB landing page on Gender and Immunization** <https://www.who.int/teams/immunization-vaccines-and-biologicals/gender>



- **UNICEF – Gender Equality** <https://www.unicef.org/gender-equality>
- **Immunization, Gender and Equity** <https://www.ige.health/>



- **Gavi – Gender and Immunisation** <https://www.gavi.org/our-alliance/strategy/gender-and-immunisation>

Videos on Gender and Immunization

- ✓ Understanding gender-related barriers to immunization
<https://watch.immunizationacademy.com/en/videos/885>
- ✓ Using sex-disaggregated and gender-related data for program improvement
<https://watch.immunizationacademy.com/en/videos/884>
- ✓ Reaching women with the COVID-19 vaccine
<https://watch.immunizationacademy.com/en/videos/883>

All videos are available in English and French

