

# 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](#)

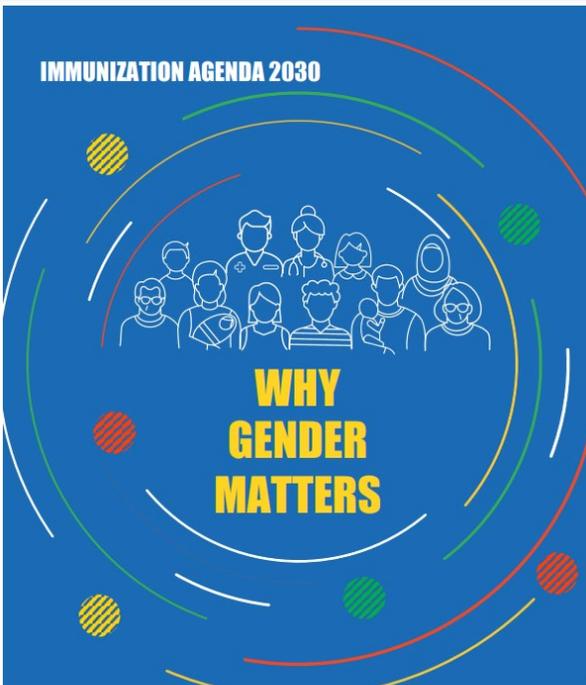
Gender responsive approaches 2 – Make community engagement and social mobilization gender responsive and transformative

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

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



# 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



# Gender-responsive approaches to increasing immunization coverage



## Engaging with men and promoting a family approach to transform gender norms

### Speaker 1

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### Speaker 2

**ARLOTTI-PARISH Elizabeth**

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### Speaker 3

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Sr. Director- Social Projects,  
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# Outline

- Recap: *Engaging with men to transform gender norms*
  - *Men's engagement in child health and immunization: A review of the evidence*
  - *From provider to protector. Rethinking the father's role in child health in India. Example from Safal Shuruuat*
  - *Q&A and Discussion*
- 



# Immunization interventions should, at a minimum, be gender-specific

## GENDER-RESPONSIVE

### Gender-unequal

**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; **no remedial action** developed.

### 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**.

# Engaging with men and promoting a family approach to transform gender norms

- **Vaccination programmes rarely target men or fathers** with information or messaging.
- By only targeting women, **vaccination interventions misses the opportunity to emphasize men's role as co-parents, with shared caregiving responsibility and joint decision-making.**
- In many places, the **health system does not adequately recognize fathers' role in children's immunization** nor does it actively employ a gender-transformative approach to immunization.
- **Immunization programmes that reach out to men** have been shown to lead to **improve rates of immunization.**



Photo Credit: GAVI

# Engaging with men and promoting a family approach to transform gender norms

## Engaging with men. Action List



- ✓ **Target both men and women** as caregivers in all immunization-related outreach and messaging.
- ✓ **Integrate themes such as gender equality, equal parenting and household decision-making, and men's equal share of childcare and other domestic responsibilities, in all health promotion messaging** (including home visits) and include in education curricula.

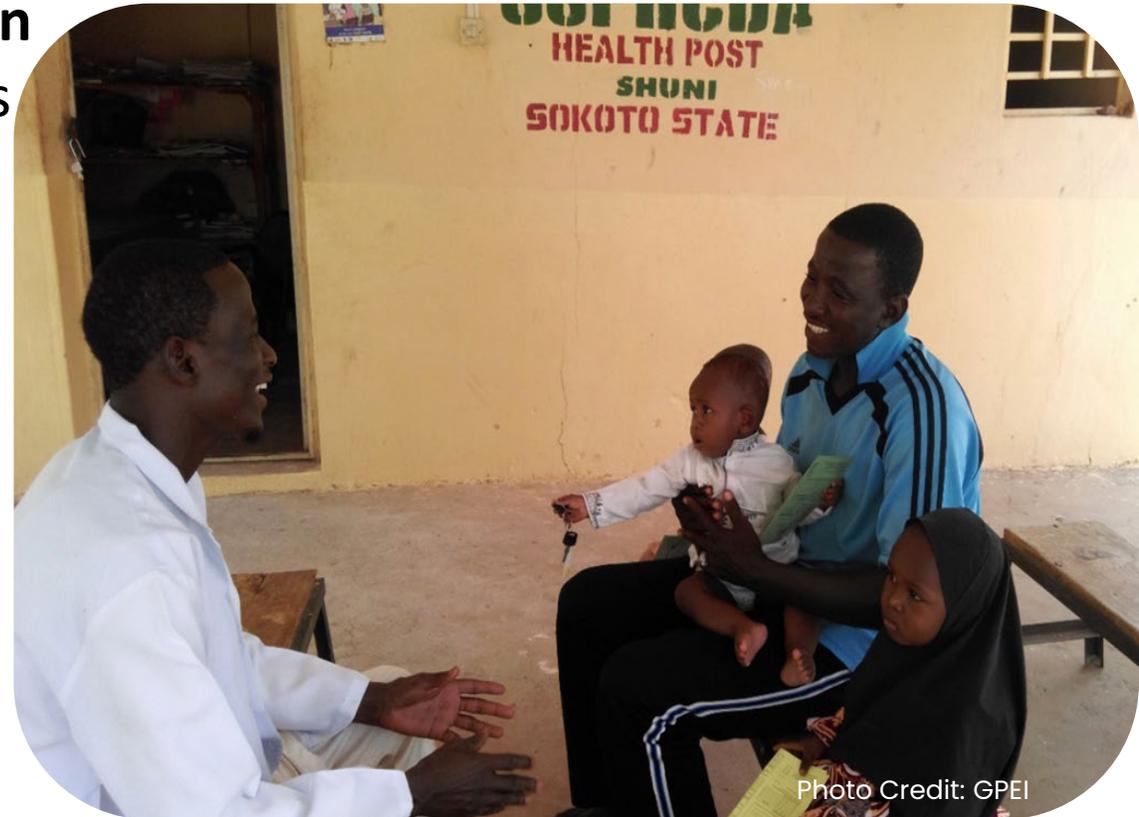


Photo Credit: UNICEF

# Engaging with men and promoting a family approach to transform gender norms

## Engaging with men. Action List

- ✓ **Train health personnel to positively encourage men in prenatal consultations** and primary health clinics to take part in children's health and strengthen positive attitudes towards men visiting health centres with their children.
- ✓ **Engage men's associations and groups** as well as traditional/cultural/religious leaders on immunization-related communication.
- ✓ Use **male influencers** to model gender equality behaviours.



**THANK YOU**

**MERCI**



# Men's engagement in child health and immunization: A review of the evidence

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## Project overview

- **Title:** Demand, Communities, and Gender: Engaging men as caregivers and supporting successful parenting towards improved immunization outcomes and equitable health services” (“Men’s engagement in immunization”)
- **Donor:** Gavi
- **Implementer:** Jhpiego, in collaboration with ministries of health and other stakeholders
- **Location:** Pakistan, Togo, global
- **Timeline:** February 1, 2023 – December 31, 2024



# Evidence review guiding questions

1. What current **challenges and opportunities** exist for engaging men in caregiving, addressing men's questions and concerns related to childhood immunization, and strengthening men's role in influencing immunization uptake?
2. What are the effective and promising **men's engagement interventions** that can be integrated into child health and immunization programs and services?
3. What are the effective and promising **gender transformative interventions** that have the potential to be integrated into child health programs and services?



# Evidence review methodology

## Literature review (2,3)

- 20 peer-reviewed publications on child health/immunization
- 8 studies in 5 documents from grey literature on child health/immunization
- Studies were drawn from 19 LMICs across Asia (8), Africa (10) and South America (1)

## Online survey (1, 2, 3)

- 33 respondents from Africa, Asia, Europe, Latin America/Caribbean, and North America

## Key Informant Interviews (1, 2, 3)

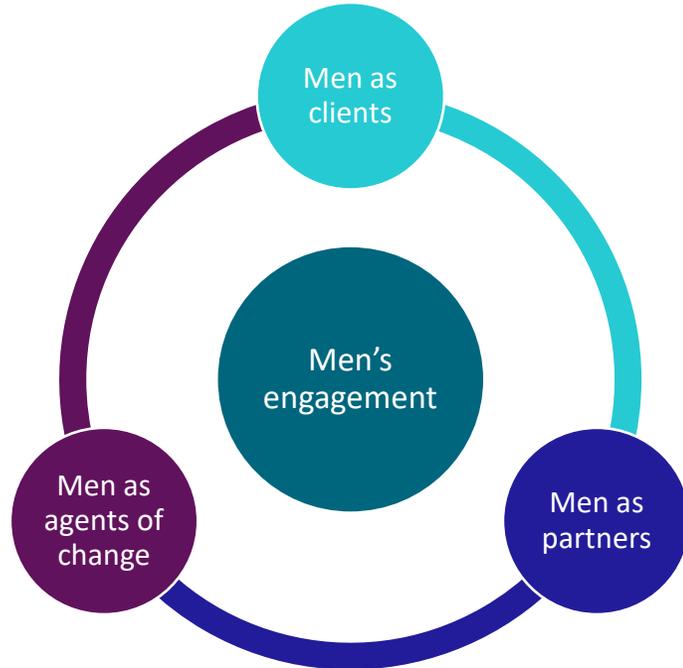
- 15 interviews conducted with global and regional experts
- 3 conducted with national experts in Togo
- 3 conducted with national experts in Pakistan

## Focus group discussions (1)

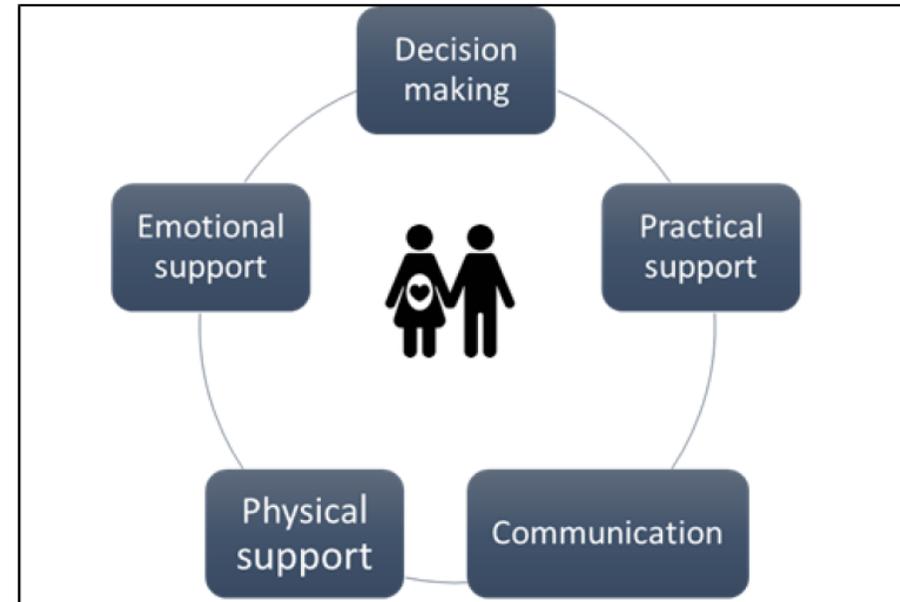
- Togo: 6 FGDs conducted; 1 each with women caregivers, men caregivers, and immunization service providers in 2 districts
- Pakistan: 3 FGDs conducted, 1 each with women caregivers, men caregivers, and immunization service providers

# Guiding frameworks: men's engagement

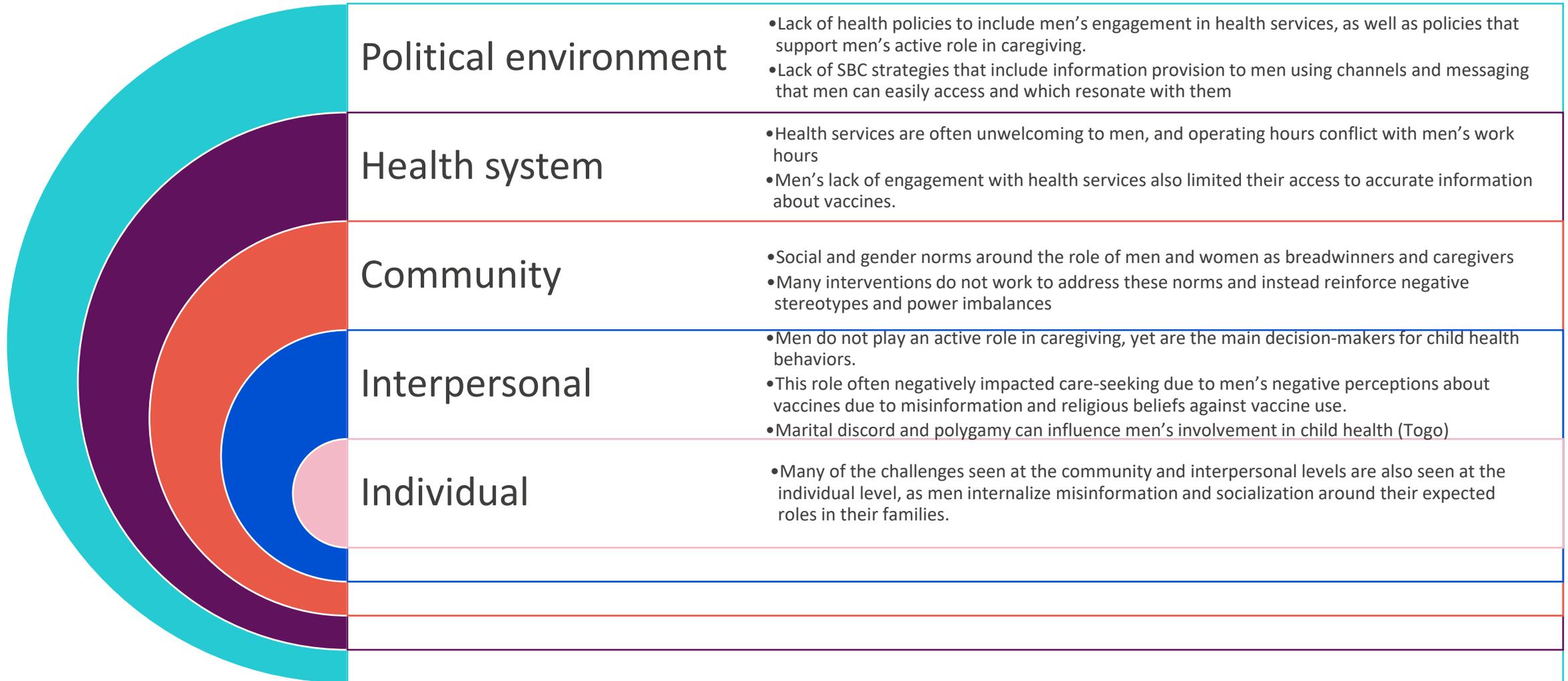
IGWG definition of men's engagement

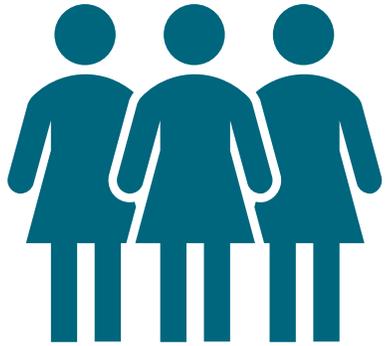


Galle et al.'s global framework for assessing male involvement in maternal health



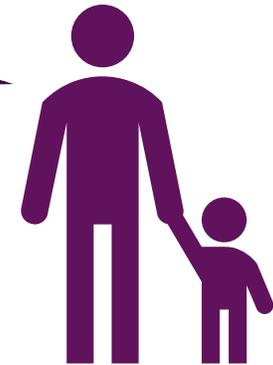
# Question 1: Challenges



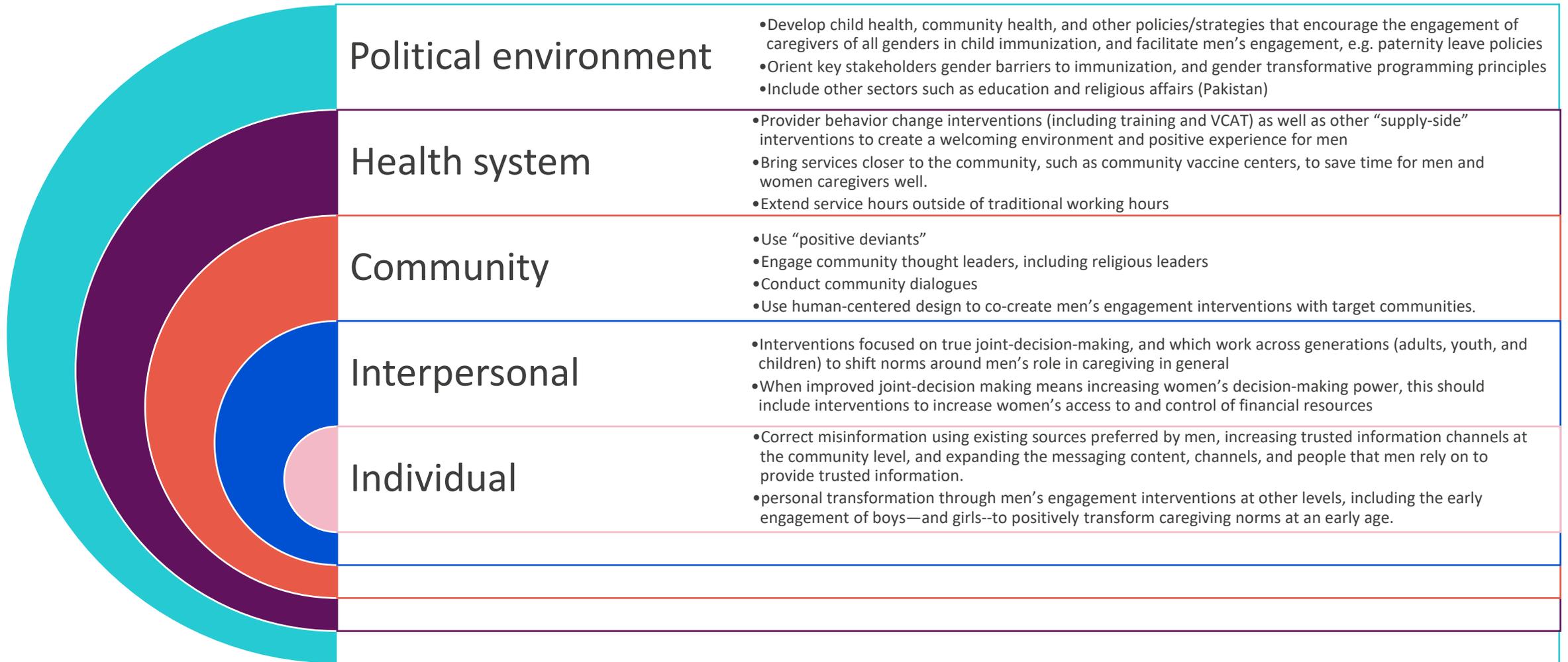


*To prevent the baby from being vaccinated, he [the father] could outright forbid his wife to vaccinate the child. He could also ask her to do a number of household chores on the day of the vaccination appointment, taking up all the mother's time and preventing her from going to the health center.*

*It all depends on household harmony. A disagreement in the home can affect the children, all the while forgetting that it's the child's life that's at stake.*



# Question 1: Opportunities



## Question 2: Effective and promising men's engagement interventions

SEM level/Intervention approach	Child health	Father behavior/knowledge
 <b>Political/Advocacy and education on men's engagement</b>		✓
 <b>Community/Nurturing positive community norms and practices for men's involvement</b>	✓	
 <b>Community/Engaging community stakeholders to promote men's involvement in child health</b>	✓	✓

SEM level/Intervention approach		Child health	Father behavior/knowledge
	Interpersonal/Fostering couple's communication and cooperation	✓	
	Interpersonal/Couples' education	✓	✓
	Individual/Individual communication	✓	✓
	Individual/Group communication	✓	✓
	Individual/Practical training		✓

# Question 3: Effective and promising gender transformative interventions

## Nasreen et al., 2012 (Bangladesh) Interventions



Implemented safe birth planning in the presence of husband and other family members.



Recruited MNCH committees consisting of local elites and influencers (e.g., schoolteacher, religious leader, village doctor). Imams and village doctors were oriented to improve men's involvement in child health.



## Health outcomes

↑ initiation of breastfeeding within 1 hour of birth

↑ colostrum feeding



## Gender transformative outcomes

↑ joint decision-making at post-natal care (non-significant result)

**Garcia et al., 2022 (Kenya)  
Interventions**



Responsive parenting interventions consisted of sessions for mothers, fathers, and couples.

Father-only sessions included content on respectful communication between spouses, resolving conflicts, father involvement in childcare and household tasks, and interpersonal support between spouses.



**Health outcomes**

↑ child development

**Gender transformative outcomes**

↑ joint decision-making  
(non-significant result)

**Father's interpersonal support to mother**  
associated with improved child development.

**Shared decision making**  
positively associated with child development

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# Expert contributions of gender transformative health interventions



**Bandebareho/Program P\* (Interpersonal):** Participatory small group sessions with men and couples with critical reflection and dialogue on issues of gender and power, gender roles, and couple dynamics



**Couple Connect (Interpersonal):** Couples education workshop on couple dynamics and financial management



**Safal Shuruuat [Successful Beginnings] (Interpersonal):** technology-supported couples education on handwashing and vaccinations, with messaging co-created by fathers



**Alive and Thrive\* (Interpersonal/Individual):** Counseled pregnant women, husbands, and family members on nutrition and child health. Husbands-only forums were also conducted to provide educational content and encourage partner support



**Husbands' schools (Individual):** Train “model husbands” on leadership, advocacy, negotiation techniques, and RH information. These model husbands then facilitate sensitizations for men on RH and women’s and men’s engagement.



***Papas Champions [Champion Fathers]* (Individual):** Train “Champion Fathers” to provide door-to-door health education about childhood vaccines, participate in radio discussions about vaccines, and facilitate discussions with community leaders.

# Spotlight: *Bandebareho*

## Intervention

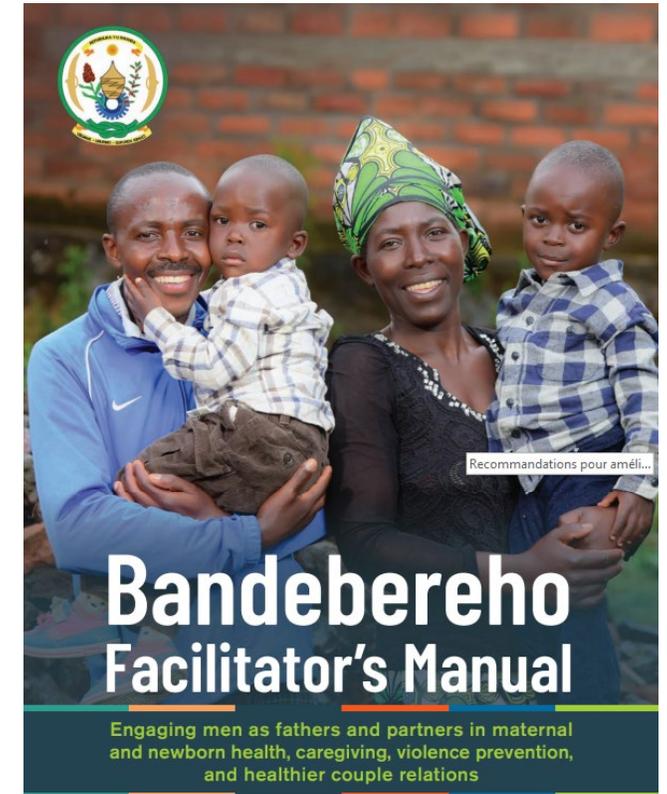
- 9 participatory meetings with trained facilitators for men, and 8 for men and their wives/partners
- Topics include: critical reflection and dialogue on gender and power; fatherhood; communication; decision-making and healthy relationships; gender-based violence; child health; early childhood development; men's engagement in RMNCAH

## Health Outcomes

- ↑ ANC attendance by women
- ↑ FP use for women and men
- ↓ physical punishment of children by women and men

## Gender Transformative Results

- ↓ intimate partner violence (physical and sexual)
- ↑ support from male partners during pregnancy
- ↑ men's participation in child care and household work
- ↓ dominance by men in household decision-making
- ↑ men's accompaniment to ANC



PROMUNDO **Bandebereho**



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# Measurement questions

- What should we measure to understand men's engagement in immunization?
- How can these measurements be scaled and sustained?



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# Sample indicators by men's engagement dimension

- **Physical support:** % of fathers participating in immunization activities (cMYP)
- **Practical support:** Proportion of time spent on unpaid domestic chores and care work, by sex, age, and location (SDG 5.4.1)
- **Emotional support:** In the last six months, how often has your husband/partner provided emotional support by listening to your concerns and showing interest in what you have to say, so you could vaccinate your youngest baby or child? (USAID MOMENTUM)
- **Decision-making:** Women's participation in household decision-making (DHS)
- **Communication:** % of women who report they communicate and share their opinion with their husband or partner about MNCH/FP/RH topics (USAID MOMENTUM)
  
- We should also think about “process indicators” to measure progress, e.g. changes in men's knowledge, changes in satisfaction of men as clients



# Conclusions

- Men play an important role in immunization uptake as **primary household decision-makers**.
- Evidence from other health areas shows that men's engagement can improve health outcomes and **demonstrate gender transformative outcomes**.
- Most men's engagement interventions having achieved both health and gender transformative outcomes include **Interpersonal** and **Community interventions**.
- Two promising individual-level interventions (*Papas Champions*, *Husbands' Schools*) focused on engaging **men as partners** and as **agents of change**. Engaging men as agents of change can also address “**supply side**” issues around men's comfort with the health system.



# From provider to protector:

## Rethinking the father's role in child health in India

*Example from Safal Shuruaat*

# India loses a child every two minutes to diarrhoea or pneumonia

yet simple interventions such as handwashing and immunization can help reverse this trend

Source: IndiaSpend & PNEUMONIA & DIARRHEA PROGRESS REPORT. 2017





# Public Private Partnership Programme Goal

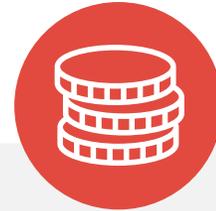
Increasing demand for immunization and improve handwashing with soap at key occasions to help prevent diarrhoea and pneumonia in children under five in Uttar Pradesh, India.



# Gender related barriers identified during the formative stage



**Misinformation** / lack of role models leads to myths on immunization



Financial freedom is key yet **no joint financial planning** / no autonomy



**Limited interspousal communication** / little common decision making on child health related topics



Poor access / exposure to information as a couple / **limited father engagement in “female domains”** such as child health

# Human centered design workshop: co-designing solutions with fathers

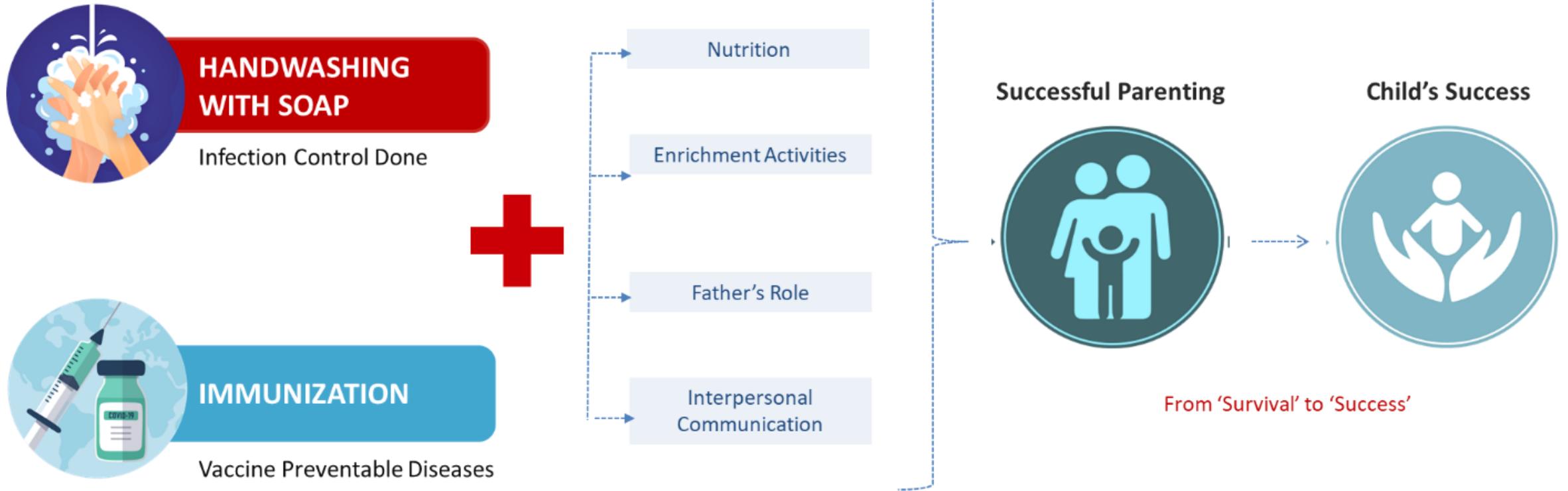
Helping fathers see  
themselves from being  
**providers to  
protectors / hero**

Recognizing the universal aspiration: **healthy and successful children uplift the family status**

Healthy practices and prevention of disease are a means of **saving money**

Identified cues on **easy-to-do actions** for fathers and mothers, collaboratively

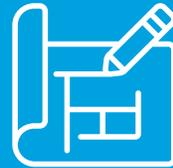
# Safal Shuruuat “Successful Beginnings” Programme Design



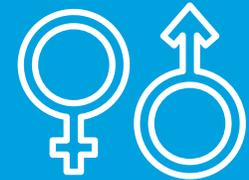
# Gender-responsive solutions & tools



Created a **'Successful parenting' platform** (importance of interspousal communication, planning together for child's future, shared responsibility)



Used tools and collaterals such as show cards, videos, games, demos, and habit formation tools, etc. **for raising awareness, addressing barriers, & reminding**



**Team of male-female duo** as behavior change agents, to drive trust and allow fathers and mothers to each have counterparts



Helped **fathers see themselves as 'Hero' i.e., protector** and not merely providers by highlighting their role in the successful upbringing of a child and addressing existing perspectives on gender roles



**Leveraged digital media** to address time / work constraints and ensure better reach through engaging edutainment content

# Male & Female Facilitator duos for joint couple engagement



Team of male-female duo as behavior change agents, equally equipped & responsible, handholding parents through the journey.

# Father specific communication strategies

A specially curated fathers-only session with physical and digital communication assets that resonate with them, generate curiosity and foster learning



# Edutainment and gamification to engage fathers

Introduction of a customized mental accounting-based digital game to highlight the financial impact of ill health/ poor parenting behaviors vs good health/good parenting behaviors

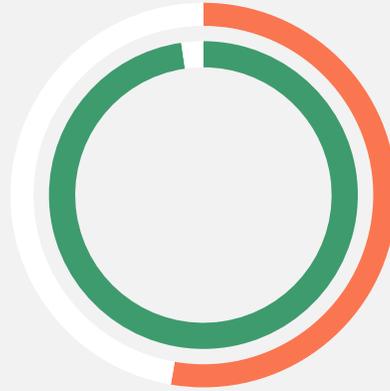
Hero Father Quiz to foster healthy competition. The game was successful in encouraging responsibility towards childcare and had high appeal and likeability in the audience.



# Co-parenting understanding increased



Increased participation in good parenting practices was reported by fathers themselves in the intervention areas



52.7% → 97.7%

Better understanding of inter-spousal communication among parents as critical childcare practice



26.5% → 14.4%

Decrease in parents who perceive that fathers should take care of child only when the mother is busy

# Interspousal communication improved



Significant increase in recognition of interspousal communication and timely immunization as critical aspects of parenting observed in the intervention area (CSO model)



16.7%



43.9%

Talking to spouse regarding childcare and child's future



22.9%



48.4%

Ensuring the child's timely immunization



# Overall programme impact

- Five-fold increase in handwashing with soap at critical occasions
- 30% increase in uptake of rotavirus and measles vaccines among children under 2
- 3.8 million people reached in 5 years
- An award-winning campaign in Uttar Pradesh, now being replicated in other countries, including Indonesia



# Thank you

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**Archana Choudhary, Group M**  
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**WHY  
GENDER  
MATTERS**

# 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/gende>

