



RESEARCH ARTICLE

INFANT IMMUNIZATION - GENDER INEQUITY

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ABSTRACT

The objective of this paper is to find out factors that might potentially explain the gender inequity in immunization and helps us understand factors associated with high immunization inequity. Methods- For this article, I consulted journals (online), WHO and UNICEF India Website for factors associated with gender inequity in immunization and strategies to deal with it.

Key words: immunization, children, inequity.

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INTRODUCTION

Vaccines are the most effective and safe public health interventions available to prevent serious diseases and death. Childhood immunization is cost-effective child survival interventions for prevention of avoidable sickness, disability, and reduction of infant and childhood mortality. Immunization benefits have strong effects on health, life expectancy, social and financial development at both communities and countrywide. Although some improvement has taken place in the past, the country still accounts for a large number of children who are not immunized and some of the barriers are the shortage of staff and management of vaccines, which results in excessive wasting of vaccines. According to UNICEF India, “girls receive fewer immunizations than boys and higher birth order infants have lower vaccination coverage”. In India, gender inequities in immunization coverage are prevalent and focused on the influence of son preference varied with time, regions and sibling compositions. Girls were found to have significantly lower immunization coverage than boys and more vulnerable because of inequities in access to immunization coverage (Corsi *et al.*, 2009). Gender is a social construct, which refers to socially ascribed gender role, behaviours, activities, position in a society and is often associated with a lower social status of women, and in differential health outcomes for girls as compared to men (Merten *et al.*, 2015). Girls born in India are at higher risk of ill- death as compared to boys and are less likely to access healthcare services and less likely to receive immunization services (Prusty & Kumar, 2014). Gender disparity is found in all states of India. As children usually gain access to healthcare through mother, gendered barriers affect children as well.

The gender discrimination values the social status of men over women is often rooted in patriarchal society.

Possible Factors Associated with Gender Inequity Are-

- uneducated women
- least educated husbands
- poor households
- younger age
- male dominated households
- rural area
- households without radio/tv
- women/men who do not receive cash for work/travel
- distant primary healthcare centres
- women who need to ask for permission to get healthcare in the family

Table 1. Factors associated with gender inequity

Health System: Women with limited access to healthcare and healthcare provider’s behavior towards women (e.g. disrespect of women due to social status, humiliation at facility), antenatal and child healthcare, women’s fear of not following the scheduled vaccination, distance of healthcare organization affects access to vaccination in children.

Politics: Manipulation by local leaders through rumors, government policies and priorities, health programs fails to focus on the constraints women face in accessing and utilizing the healthcare services.

Education level: Uneducated women, low literacy level of men and family, lack of knowledge on importance of vaccines, communication gap regarding health messages, health decision-making ability of a mother depends on other family

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Table 2. Stakeholder Analysis

Stakeholders	Title/Role	Expectation	Interest	Influence	Involvement	Impact
Government	Decision makers	H	H	H	H	H
Health professionals	Caregivers	H	M	H	M	H
Researchers	Knowledge providers	H	H	H	M	M
Schools	Academics	M	M TO L	M	M	M
Community	Recipient	L	M	M TO L	L	L
Ngo	Facilitator	H	M	M	H	M

(H- high, M- medium, L- low)

members, family blames women for their child's health, number of children in the family, domestic tasks, domestic violence leads to emotional distress are significant barriers to completing scheduled child vaccination.

Poverty: Poverty may cause social exclusion and further disconnecting social networks which may result in lack of information of mothers to take children for immunization. In rural India, women's access to health services, transportation, finances, information are controlled by their husbands.

Stakeholders Analysis

Strategies

- Access to healthcare, comprises of affordability, availability, accommodation, accessibility and acceptability of health services, should have a strong focus on health system factors as health is a human right.
- Qualitative research using sex disaggregated data can be used to identify gender related barriers as research method helps to explain these issues and public health interventions in local setting.
- Within short term, stress should be on enhancing knowledge or information of local community health workers to reduce the consequences of low educational level and poverty on immunization coverage found at regional wise and also facilitating socially and culturally accessibility to healthcare services to rural and marginalized people.
- In vaccination programs, emphasis should be given to gender-based issues at the point of service delivery like healthcare provider's behaviour, costs, or availability of services which contributes in low coverage of vaccination services.

- Use of vaccine information and communication through medium like radio/tv which increases vaccination coverage to allow local health beliefs and views as these messages can easily be acceptable and understandable to the people. Nukkad natak (street drama) and information campaigns can play a role in changing perception related to gender bias in society especially in mothers, fathers, families and communities for betterment of their child's health.
- To get vaccination in children further exploration on the barriers of women's decision-making autonomy is particularly in vaccine related issue is needed. Public health programs must investigate causes for gender discrimination and accordingly provide appropriate solutions for increasing access to vaccination coverage for children.

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