

Gender and Vaccination: Hypothesis Guide

	Hypothesis	Core Article by Precedence
Individual	<p>1 Intersections of varying levels and dimensions of inequity/deprivation with gender make health services less accessible and create disparities in vaccination outcomes.</p>	<p>19. Multiple Deprivations and Maternal Care in India Mohanty (2012)</p> <p>16. Gender Differentials in Preventive Health Care: Incidences and Determinants among Pakistani Children Masud (2012)</p>
	<p>2 Demographic segments of the population of women and girls, such as those in lower wealth quintiles or specific religions, are more at risk for both low vaccination and health care utilization rates depending on the region in which they reside.</p>	<p>28. Maternal factors contributing to under-five mortality at birth order 1 to 5 in India: a comprehensive multivariate study Singh, Tripathi (2013)</p> <p>27. Predictors of Vaccination in India for Children Aged 12-36 Months Shrivastwa, et al. (2015)</p>
	<p>3 Additional support and encouragement to very young mothers and older mothers (e.g. below 20 years and above 30 years) and families with large numbers of children could increase vaccination knowledge and outcomes.</p>	<p>28. Maternal factors contributing to under-five mortality at birth order 1 to 5 in India: a comprehensive multivariate study Singh, Tripathi (2013)</p> <p>23. Factors underlying inadequate parents' awareness regarding pediatrics immunization: findings of cross-sectional study in Mosul- Iraq Al-lala, et al. (2013)</p>



	Hypothesis	Core Article by Precedence
Interpersonal	<p>1 In communities where there is a larger degree of inequality in households in decision-making and resource allocation, educating men about the importance of family health care enhances communication between partners and can promote health of pregnant mothers and child vaccination outcomes.</p>	<p>36. Engaging Men and Boys in RMNCH PROMUNDO, UNFPA, WHO (2013)</p> <p>35. Role of men in promoting the uptake of HPV vaccinations: focus groups’ finding from a developing country Wong (2010)</p>
	<p>2 Men can provide an accommodating environment for women and children to receive services, for example, in areas where women’s movement is restricted.</p>	<p>15. Gender Determinants of Vaccination Status in Children: Evidence from a Meta- Ethnographic Systematic Review Merten, et al. (2015)</p> <p>35. Role of men in promoting the uptake of HPV vaccinations: focus groups’ finding from a developing country Wong (2010)</p> <p>36. Engaging Men and Boys in RMNCH PROMUNDO, UNFPA, WHO (2013)</p>
	<p>3 Gender of health workers can be a valuable driver for health-seeking behaviors and child health.</p>	<p>7. Why children are not vaccinated: a review of the grey literature Favin, et al. (2012)</p> <p>33. Effectiveness of a training intervention on immunization to increase knowledge of primary healthcare workers and vaccination coverage rates Uskun, et al. (2015)</p>



	Hypothesis	Core Article by Precedence
Community	<p>1 Campaigns that dispel concerns around safety and efficacy of specific vaccinations and that engage men can impact child health and vaccination outcomes.</p>	<p>35. Role of men in promoting the uptake of HPV vaccinations: focus groups' finding from a developing country Wong (2010)</p> <p>36. Engaging Men and Boys in RMNCH PROMUNDO, UNFPA, WHO (2013)</p>
	<p>2 Community norms on gender roles in a family's health can have an impact on health knowledge and vaccination coverage.</p>	<p>15. Gender Determinants of Vaccination Status in Children: Evidence from a Meta- Ethnographic Systematic Review Merten, et al. (2015)</p> <p>7. Why children are not vaccinated: a review of the grey literature Favin, et al. (2012)</p>
	<p>3 Relationship-building between people and community health workers can lead to increased agency among women and improved vaccination outcomes.</p>	<p>1. Socio-economic determinants of child immunization in rural Ethiopia Abebaw (2013)</p> <p>33. Effectiveness of a training intervention on immunization to increase knowledge of primary healthcare workers and vaccination coverage rates Uskun, et al. (2015)</p>



	Hypothesis	Core Article by Precedence
Structural	<p>1 Where women are primarily responsible for child well being and vaccine delivery relies on the health system, barriers to healthcare access associated with compounding factors of restrictive gender norms and low socioeconomic status must be addressed in order to increase coverage.</p>	<p>15. Gender Determinants of Vaccination Status in Children: Evidence from a Meta- Ethnographic Systematic Review Merten, et al. (2015)</p> <p>19. Multiple Deprivations and Maternal Care in India Mohanty (2012)</p>
	<p>2 Access to media can enable increased immunization knowledge, attitudes and practices among parents.</p>	<p>36. Knowledge, attitude and practice survey on immunization service delivery in Guangxi and Gansu, China Zhang, et al. (1999)</p> <p>23. Factors underlying inadequate parents' awareness regarding pediatrics immunization: findings of cross-sectional study in Mosul- Iraq Al-lela, et al. (2013)</p>
	<p>3 Addressing structural drivers (e.g. transportation, finance, education, employment/livelihoods, legal norms, GBV*) for gender inequity may improve vaccination outcomes.</p>	<p>STRIVE: Tackling the Structural Drivers of HIV http://strive.lshtm.ac.uk/</p> <p>15. Gender Determinants of Vaccination Status in Children: Evidence from a Meta- Ethnographic Systematic Review Merten, et al. (2015)</p>



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Health Systems	<p>1 Training and workshops on communication, gender sensitization, and sexual harassment for all health care system workers (including providers, staff, administrators, and leadership) could improve vaccination outcomes and quality of care.</p>	<p>21. Integration of gender-transformative interventions into health professional education reform for the 21st century: implications of an expert review Newman (2016)</p> <p>33. Effectiveness of a training intervention on immunization to increase knowledge of primary healthcare workers and vaccination coverage rates Uskun, et al. (2015)</p>
	<p>2 Policies that promote gender equity in health system hiring, promotion, and organizational leadership could indirectly have a positive impact on immunization service delivery.</p>	<p>21. Integration of gender-transformative interventions into health professional education reform for the 21st century: implications of an expert review Newman, et al. (2016)</p>
	<p>3 Expansion of gender-equitable human resources could improve vaccination coverage.</p>	<p>1. Socio-economic determinants of child immunization in rural Ethiopia Degnet Abebaw (2013)</p> <p>4. Action Monitoring for Equity and Gender in Health Bhuiya, et al. (2008)</p> <p>22. The long walk to universal health coverage: patterns of inequities in the use of primary healthcare services in Enugu, Southeast Nigeria Okoronkwo, at al. (2014)</p>



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