

POLICY BRIEF

Reaching Zero-Dose Children and Missed Communities in Indonesia through Gender-Responsive Immunization Programmes



I. INTRODUCTION

When we don't vaccinate children, we risk their lives and health – as well as our societies' growth and development¹. Immunization is vital for public health, saving 2 to 3 million children's lives annually.² However, from 2019 to 2021, over 67 million children missed vaccinations, marking the largest decline in three decades due to the COVID-19 pandemic.³ Prioritizing immunization is essential for protecting future generations.

The situation is critical, with 14.5 million children worldwide still unvaccinated in 2023,⁴ despite ongoing recovery efforts. The pandemic phase officially ended in May 2023. In Indonesia, the challenge remains significant, with an estimated 662,000 zero-dose children at this time—representing 5 per cent of the global total—demanding urgent action.⁵

To combat the decline in immunization rates due to COVID-19, the Indonesian government is ramping up its efforts through a series of impactful initiatives. Key among these is the National School Immunization Programme (BIAS), focused on protecting primary school children.⁶ Additionally, the launch of the National Child Immunization Monthly Programme (BIAN) in 2022 directly addresses the vaccination delays caused by the pandemic.⁷ The government is also embracing technology by digitizing immunization data with the Aplikasi Sehat Indonesia Ku (ASIK), thereby streamlining data management and enhancing efficiency.⁸ Looking ahead, Indonesia's National Immunization Strategy for Inclusive Immunization will be implemented from 2025 to 2029,⁹ solidifying the government's commitment to public health. According to Indonesia's Ministry of Health, these efforts are bearing fruit, with immunization coverage reaching an impressive 94.6% in 2022, exceeding the national target of 94.1%.¹⁰ Yet, we cannot afford to be complacent; outbreaks of vaccine-preventable diseases remain a concern, particularly in areas with lower vaccination rates.^{11 12} This ongoing challenge necessitates renewed attention and resources to ensure every child is protected.

The pandemic and recovery have affected men and women in different ways, worsening global health inequities.¹³ Gender influences immunization through its impact on both supply and demand factors. To improve vaccine access and uptake, it's crucial to consider gender alongside socioeconomic, geographic, and cultural factors. This ensures that strategies effectively reach zero-dose children and underserved communities.

Global frameworks have been established to encourage countries to tackle gender-related barriers to immunization and improve coverage rates. The core principles of the Immunization Agenda 2030 incorporate a gender equality lens, underscoring the need for gender considerations in all seven strategic priorities.¹⁴ This commitment is further reinforced in the UNICEF Roadmap for strategic, gender-responsive, and transformative approaches to immunization Programmes.¹⁵ This roadmap embodies a strong global commitment to dismantling gender-related barriers that hinder equitable access to immunization for every boy and girl.

Consequently, it is imperative for Indonesia's health system, workforce, and policymakers to address these gender-related barriers within the communities they serve. Implementing a gender-responsive immunization policy is not merely advisable; it is essential for reducing the number of zero-dose children and missed communities in Indonesia.

II. WHY GENDER MATTERS FOR IMMUNIZATION

Gender equality is essential for the health and well-being of populations. As a standalone Sustainable Development Goal (SDG), it contributes to public health and reflects societal progress. Achieving Universal Health Coverage (UHC) and Primary Health Care (PHC) relies on gender equality and equity, which significantly influence health outcomes.¹⁶ To ensure UHC, we must confront gender inequality within the health sector and recognize the systemic factors shaping disparities. Gender norms and power dynamics affect who becomes ill and who receives care.¹⁷ Addressing these dynamics is crucial for promoting health equity, especially in immunization Programmes. It's vital to look beyond vaccination rates for boys and girls; gender shapes access to healthcare, interacting with socio-economic, geographic, and cultural factors like age, race, religion, education, wealth, and disability. To effectively increase immunization coverage and meet community needs, we must understand and address the gender-related barriers affecting both the demand for and the supply of immunization services. By doing so, we can reach zero-dose children and underserved populations, creating a healthier future for everyone.

Indonesia's gender equality status.

A recent global study emphasizes that the status of gender inequality at the national level significantly affects childhood immunization coverage.¹⁸ Gender norms, roles, relationships, and inequalities impact health outcomes worldwide. Indonesia's current gender inequality index is 0.459, which reflects notable gaps.¹⁹ The country ranks 109th out of 193 nations based on three dimensions of gender inequality: reproductive health, empowerment (encompassing education and leadership), and labor force participation.²⁰

Additionally, Indonesia's gender and social norms index stands at 99.65%, highlighting a strong societal attitude toward traditional roles for women. This index assesses four key dimensions: political, educational, economic, and physical integrity.²¹ Notably, only 0.35% of Indonesians exhibit no bias against gender equality.²²

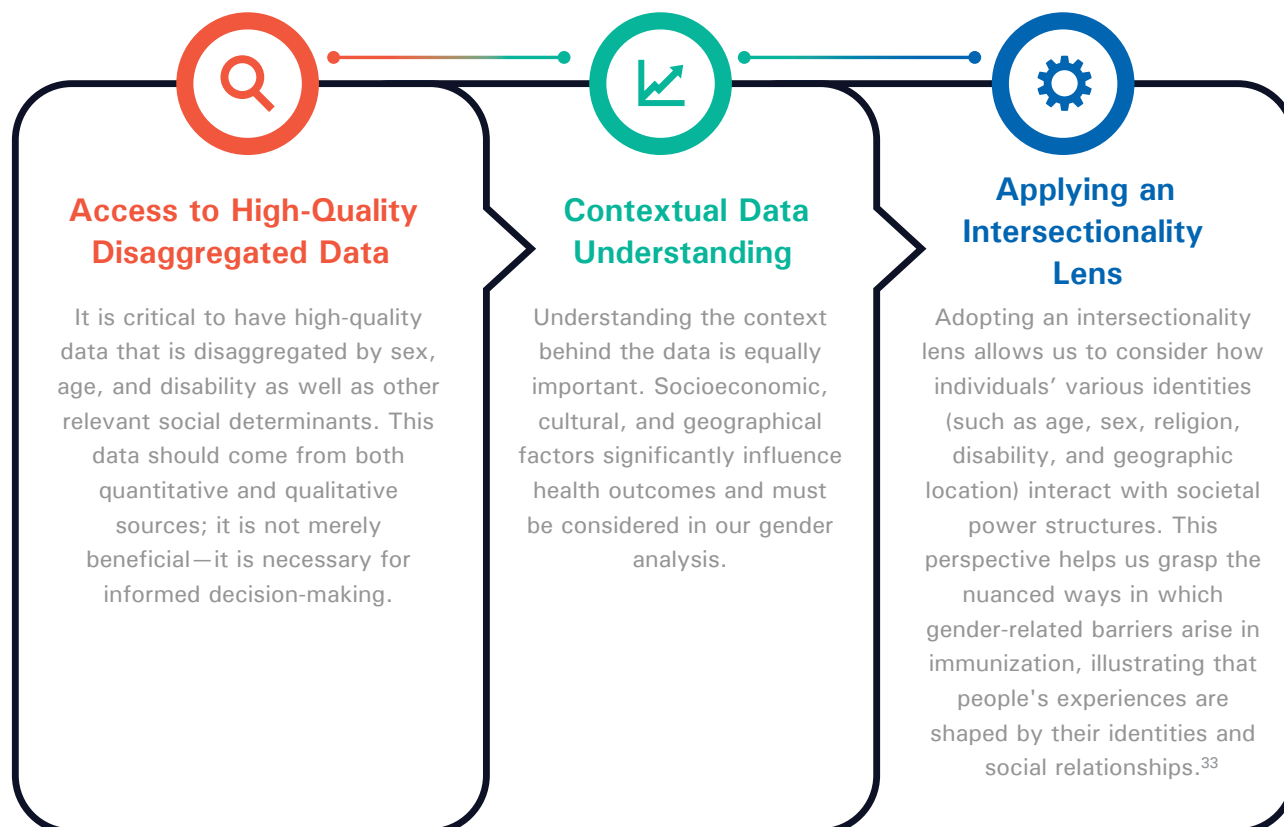
Societal norms and cultural practices based on gender differences and power dynamics can negatively reinforce inequality and increase the likelihood of violence against women.²³ Gender-based violence (GBV) and harmful practices are significant barriers to achieving effective immunization coverage.²⁴ GBV severely limits women's ability to access health services for themselves and their children, as the fear of disclosing violence often prevents them from seeking help outside their homes.²⁵ According to the Indonesian Survey on Women's Life Experience/Violence Against Women Survey, a troubling 26.2% of women aged 15 to 64 have experienced violence at some point in their lives.²⁶ Although this statistic improved from the previous survey five years ago, which reported 33.4%,²⁷ it is still alarming that one in four women and girls in Indonesia has endured physical, sexual, or psychological violence.²⁸ The complexities of GBV impact not only individuals but also household dynamics, community attitudes, and societal norms.

Child marriage, a harmful form of gender-based violence (GBV), severely restricts girls' access to essential health services, including immunization. Although Indonesia has made some progress in reducing child marriage rates from 10.35% in 2020 to 6.92% in 2023,²⁹ significant challenges remain due to entrenched gender inequality and social norms barriers. This practice limits girls' and women's ability to make informed health decisions and is associated with lower education levels among mothers, which impacts childhood immunization rates.^{30 31 32} To improve health outcomes, we must eliminate GBV, including child marriage, and invest in girls' and women's education. These steps are vital for enhancing immunization coverage and fostering a healthier future.

Addressing gender-related barriers is key to improving immunization coverage.

Government officials, health policymakers, advocates for gender equality, and public health professionals must unite to confront gender-related barriers decisively. It is imperative that we address these issues at every level, from individuals to national policies.

To identify gender-related barriers in immunization, we focus on three key components:



Moreover, governments need to commit to investing in comprehensive gendered data, ensuring it is disaggregated and analyzed across multiple intersecting factors. Such data collection should be used to monitor progress, highlight gaps, and improve programme performance and decision-making at every level. By prioritizing these actions, we can create a more equitable and effective immunization landscape that benefits everyone.

Tackling gender-barriers from the national to the sub-national level is vital for achieving universal immunization and ensuring that every child receives the care they deserve. A recent UNICEF study titled *"Gender analysis for routine immunization, HPV and COVID-19 vaccination in Indonesia"*, sheds light on the specific challenges faced within Indonesia. The study focused on provinces with low immunization rates: Aceh, West Kalimantan, and East Java. It employed a mixed-methods approach, featuring quantitative surveys of 425 females and 229 males, and qualitative interviews with 40 key informants (31 Females and 9 males), all framed within a socio-ecological model. The study highlights critical barriers that hinder efforts to overcome gender-related obstacles, especially in reaching zero-dose children and underserved communities. By addressing these gender-related barriers (as outlined in the below table), we can make significant strides towards enhancing immunization coverage and leaving no child behind.

Table: Gender-related barriers and their impacts on immunization as identified in UNICEF's study: "Gender analysis for routine immunization, HPV and COVID-19 vaccination in Indonesia".

Areas of gender- related barriers	IMPACT ON DEMAND SIDE
Personal & Household Level	
<p>Women have limited autonomy in decision-making in the household.</p>	<ul style="list-style-type: none"> • Mothers frequently lack the authority to make critical decisions about their child's health, including immunizations, as these choices often fall to their husbands or in-laws. • Fathers typically maintain traditional gender roles, viewing themselves as the primary decision-makers regarding children's health, while women are confined to caregiving and household tasks. This dynamic hampers a mother's ability to ensure her child receives essential immunizations. Empowering mothers in health decisions is vital for improving child health outcomes.
<p>Limited access to and control over resources and mobility.</p>	<ul style="list-style-type: none"> • Many women struggle to find the funds to immunize their children, often depending on their husbands for support. However, some husbands undervalue immunization and are influenced by religious leaders who oppose them based on religious beliefs. This mindset jeopardizes children's health and underscores the need for better education on the importance of immunization.
<p>Low education and health literacy impact immunization communication and individuals' information preferences.</p>	<ul style="list-style-type: none"> • Women with low education levels struggle to understand immunization messages, revealing shortcomings in health workers' communication and mothers' ability to retain complex information about adverse events following immunization (AEFI) and immunization schedules.
<p>Son preference.</p>	<ul style="list-style-type: none"> • Traditional families prioritize boys' health over girls because they will become income earners, head of his own family in the future, and carry on family names.
Community Level	
<p>Lack of infrastructure to health facility, including low security level for women.</p>	<ul style="list-style-type: none"> • Women cannot walk alone without a male companion in many areas and/or there is often a lack of road infrastructure to the health services (particularly in the remote areas).
<p>Cultural and social norms belief on women and girls' reproductive health.</p>	<ul style="list-style-type: none"> • HPV vaccine is the most gendered immunization, as it relates to reproductive health and sexually transmitted diseases. The misinformation around HPV is that the vaccine will impact girls' fertility and increase perceptions of their sexual promiscuity, leading to stigma. Additionally, boys tease girls, making negative judgments about their need for HPV immunization. These factors contribute to parental reluctance to consent to the HPV vaccine for their daughters and increase girls' hesitancy to get vaccinated.

Areas of gender- related barriers	IMPACT ON SUPPLY SIDE
System Level	
Lack of disaggregated data by sex, age, and disability.	<ul style="list-style-type: none"> • Many relevant sources of immunization data do not include disaggregation by sex, age and disability, significantly limiting our ability to analyze gender disparities and related intersectional issues. Without this data, the most vulnerable and marginalized groups risk being overlooked, preventing them from receiving the targeted support and intervention they need.
Frontline health workers rarely participate in planning and policymaking.	<ul style="list-style-type: none"> • Most frontline health workers are women, yet they are frequently excluded from planning and policymaking. Their insights are crucial in addressing field-based, evidence-driven challenges.
Poor service quality and negative health attitudes are linked to inadequate capacity building.	<ul style="list-style-type: none"> • Inadequate care and unprofessional behavior among health workers, due to insufficient training and lack of awareness regarding immunization, gender dynamics, and social factors in healthcare, can undermine trust. Investing in capacity building for frontline workers is crucial to ensuring patient-centered care, particularly for women. • Posyandu cadres are primarily female volunteers and play a crucial role in community health. However, they often face challenges such as delayed remuneration and limited opportunities for capacity building. These challenges affect their understanding of immunization and the effectiveness of the messaging they communicate to caregivers.
Service Level	
Gender based violence and security concerns.	<ul style="list-style-type: none"> • Female health workers reportedly face safety risks, including sexual harassment at work. Fear of reputational damage and retaliation discourages them from reporting incidents. • Female health workers and posyandu cadres need male companions when they have to reach remote areas for safety reasons.

III. RECOMMENDATIONS FOR THE GOVERNMENT OF INDONESIA TO ADDRESS BARRIERS TO IMMUNIZATION

To overcome gender-related barriers in immunization, a unified effort from multi-sectoral stakeholders, led by the government at all levels, is essential. A gender-responsive approach should be integrated from the planning stages, focusing on responding to the specific challenges faced by women. The following recommendations are crucial for improving immunization coverage, reaching zero-dose children, and serving underserved communities in Indonesia.

SUPPLY-SIDE

- **Conduct regular data collection on health, disaggregated by sex, age, and disability.** This data is essential for effective health analysis and inclusive service delivery. For example, incorporating disaggregated data by sex, age, and disability in the current ASIK (Aplikasi Sehat Indonesiaku) digital immunization records can enhance our understanding and responsiveness to diverse needs.
- **Implement a gender-responsive policy** that promotes cross-governmental collaboration and engagement with religious leaders. This strategy should directly address gender inequalities in healthcare, including immunization access.
- **Adopt a gender-responsive budgeting policy** for health and immunization. A gender-responsive budgeting policy promotes gender equality by aligning financial decisions with health priorities. It identifies structural inequalities, ensures fair resource distribution, and improves government accountability in healthcare services.
- **Enhance the professionalism and inclusivity of frontline health workers and posyandu cadres** by implementing robust, **family-friendly workplace policies.** It is imperative to provide targeted training on medical knowledge and the Prevention of Sexual Abuse and Harassment (PSEAH). Health facilities must actively cultivate a non-discriminatory culture and enforce clear reporting procedures for incidents of sexual abuse and harassment (SEAH) affecting both employees and clients.
- **Strengthen feedback mechanisms for health services using disaggregated data on sex, age, and disability.** This system will empower health workers to identify and address gender-related barriers, improving access to health and immunization services for all.
- **Establish a women's empowerment programme for ibu PKK and Posyandu Cadres on gender-related health issues, including immunization,** to enhance their advocacy for improved services and increased funding.



DEMAND SIDE

Gender-responsive and disability-inclusive public health education is essential for increasing demand for health services and raising awareness for health services.

- Fathers should be included in health and immunization Programmes. **Engaging men, alongside empowering women**, is key to these initiatives. Programmes organized by Ibu PKK and need to be supported by state officials at all levels to ensure an inclusive approach.
- **Education campaigns** must address gender-related myths about immunization. For example, on breastfeeding and the false belief that it serves as sufficient 'natural' immunization, without undermining the essential benefit of breastfeeding. Involving health workers, community leaders, and religious figures will help promote important health practices while respecting cultural norms.
- Implementing **gender-responsive communication strategies** is essential for addressing gender-related barriers in health. Health messages should be tailored to different audiences, considering gender norms, cultural sensitivities, and accessibility. Utilizing diverse communication channels—such as social media, community dialogues, and religious gatherings—can ensure inclusive outreach. **Engaging trusted figures**, including religious leaders, community influencers, and female role models, will help promote accurate health information and encourage both men and women to actively participate in immunization and healthcare decisions. **Standardizing these messages across all health departments in Indonesia will enhance consistency and effectiveness.**

ENDNOTES

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