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Strengthening Immunization for Children: **Tackling Gender Barriers and Promoting Parenting Alliance**

Defining the problem and opportunity for impact

Gender can influence implementation efforts and outcomes through patterns of individual and collective decision-making, access to and control over resources for service use, quality of health care delivery and biases in service provision (Feletto and Sharkey, 2019). Women are typically assigned the role of primary caregivers in the family, yet they are often not empowered to fulfil this role. They are tied to a gendered division of labour that leaves them with little time or opportunity for seeking health care. Furthermore, their lower status in the household and community limits their ability to influence and enact decisions about their own and their child's health. Gender and security concerns can restrict women's mobility in public, thereby hindering their access to immunization services. Considering that resource allocation (such as time and transport), conflicting priorities (such as livelihood insecurity and subsistence versus preventive interventions like vaccination), and safety concerns are mediated and negotiated within the family and community sphere, where fathers wield critical influence, it appears short-sighted to sideline fathers in child health and immunization programmes.

Child and family services have traditionally placed a greater emphasis on engaging mothers rather than both parents, yet low rates of father involvement in these services potentially diminishes the effectiveness of interventions targeted towards children and families (Baran and Sawrikar, 2022).

A nascent yet significant collection of studies underscores the critical role fathers play in child well-being, highlighting the importance of including fathers in preventive interventions aimed at promoting child development and health – a shift supported by both research and practice (Panter-Brick et al, 2014). For instance, results from the International Men and Gender Equality Survey (IMAGES), conducted by UN Women and Promundo in Egypt, Lebanon, Morocco, and Palestine, reveal encouraging trends regarding fatherhood. The survey suggests that fatherhood may provide a pathway for engaging men in the region more positively, equitably, and in non-violent ways in their children's lives (El Feki et al., 2017). Furthermore, it is recommended to include fathers in communication and outreach, and engage them in more equitable outcomes for the entire family.

The rationale for greater recognition and support of the role of fathers in children's health raises the question of how to make immunization a compelling choice for both mothers and fathers as co-parents. In the Middle East and North Africa (MENA) region, there is an increasing emphasis on promoting positive parenting programmes to generate demand for immunization and address service barriers in zero-dose communities. This includes actively engaging fathers and supporting parenting alliances (UNICEF, 2023, 2018).

To increase immunization coverage and in particular to sustainably reach the unreached, it is necessary to understand and address the many ways in which gender impacts immunization both on the demand side, through people's health seeking behavior, and the supply side provision of health services (box 1).

BOX 1

GENDER-RELATED BARRIERS TO IMMUNIZATION

Demand side (health seeking behaviours)

- The different social roles assigned to women and men affect the degree to which women have access to and control over decision-making related to their health and their children's health.
- In low-resourced and emergency settings, a mother needs to raise the necessary resources, or mobilize the necessary means of transport to take the child to vaccination. Yet, women tend to have poorer access to, and control over resources within households and communities.
- Women's responsibility for 'reproductive' work and livelihood activities poses heavy demands on their time and may constrain service use.
- Female mobility in public may be restricted by gender norms, as well as safety and security concerns.
- Women's lower literacy levels and access to health information can lead to lower motivation to vaccinate their child.
- Community perceptions may discourage fathers from participating in what are traditionally viewed as "maternal" duties, leading to limited father engagement in children's healthcare decisions. (Fathers may feel that involvement in child health is not their role, which limits their participation.)
- Fathers may lack awareness about the importance of immunization, schedules, and the risks of not vaccinating children. Gendered education and outreach, which often target mothers, may not sufficiently engage fathers.

Supply side (provision of services)

- Poor quality of health services, including supply stock-out, negative treatment by providers, for example, may discourage women from attending the services.
- In areas where sociocultural and/or religious norms and practices restrict women's mobility and social and physical contact between men and women, women may not seek care for themselves or even for their children unless they have access to a female provider.
- Female providers and vaccinators can face gender biases and discrimination, leading to high turnover and limited provision of health services and a location with adequate privacy and confidentiality.

Challenge statements: how fathers are under-represented and overlooked by child and family services

Historically, the systems that serve families were not intended to involve men. Addressing this history of exclusion requires first recognizing what hinders fathers' engagement across child and family services (this section), and then taking measured steps to redesign these systems to support fathers (next sections).

DEMAND SIDE (HEALTH SEEKING BEHAVIOURS):

- Cultural views of fatherhood and family roles, as well as co-parent's expectations around shaping parenting tasks plays a significant part in shaping the quality and quantity of father engagement with their children and their commitment to coparenting (Ball et al., 2007). UN Women reports that while there have been positive shifts in views towards women's paid work and participation in the public sphere, perspectives on the role of men and masculinity have remained largely unchanged in the MENA region. The International Men and Gender Equality Survey (IMAGES) conducted in MENA region found that a significant proportion of men across these countries hold traditional views regarding gender roles, with two-thirds to more than three-quarters of men supporting the notion that a woman's most important role is to care for the household.
- The structure of social benefits such as provision of parenting leave, play a significant part in shaping father involvement in preventive interventions to promote child development and health, including vaccination (Baran and Sawrikar, 2022; UN Women, 2023). All countries in the MENA region have introduced some form of paternity leave, varying from a narrow focus on specific sectors like the military and security forces in Lebanon to recently initiated paternity leave policies applicable solely to public sector employees in Morocco, Palestine, and Jordan. Despite the differences in scope, these recent initiatives are important and require concerted follow-up to ensure effective implementation (UN Women, 2023).

BOX 2

Father's involvement affects several dimensions considered to be indicators of, or contributory to, child health :

An ecological conceptualization of the determinants of health focuses attention on an array of domains where men are most likely to have significant agency or face significant obstacles that influence the conditions for health and wellbeing of all family members (Ball et al., 2007).

SUPPLY SIDE (PROVISION OF SERVICES):

- Child and family services have traditionally targeted women caregivers rather than both parents. This approach positions mothers as gatekeepers, which could unintentionally impact fathers' access to information and therefore their engagement with services (Baran and Sawrikar, 2022).
- Inflexible and inadequate timing and location of programme delivery can be deterrents to fathers, and to working parents in general (Panter-Brick et al., 2024).
- The maternal focus of Information Education and Communication (IEC) strategies may result in a lack of clarity or information as to whether fathers are welcome or expected to attend immunization sessions (Baran and Sawrikar, 2022).
- Gender biases among service providers, which result in their low expectations of fathers, downplaying of paternal roles, and perpetuation of stereotypes portraying fathers as less competent and involved caregivers, impact the quality of interaction with fathers presenting to services (ib). A report on gender-related barriers to immunization in Egypt, Iraq, Sudan, Syria and Yemen shows that in many settings, it is uncommon for men to accompany children for vaccination (UNICEF, 2023). As a result, they may face ridiculed, leading to reluctance to return. In other instances, the preferential treatment they receive reinforce gender stereotypes. A vaccinator interviewed by UNICEF in Sudan shared that fathers bringing children for vaccination are frequently prioritized due to the perception that they are less adept at "handling children for long hours or managing crying babies" (ib).
- The lack of dedicated policies, guidelines, and practice framework related to father inclusion - including availability of training – results in limited assistance for service providers and affect their capacity and confidence to work with fathers (Baran and Sawrikar, 2022).

WHAT WE KNOW TODAY

THE ECOLOGY OF THE CHILD

Conceptual and empirical frameworks that are sensitive to the role of fathers in children's health need to encompass the ways in which fathers shape the social circumstances or the quality of the environment - both within and outside the family - in which children grow and develop (Ball et al., 2007). These circumstances affect children's health trajectories across the life span. The involvement of fathers has the potential to impact the child's survival, health, and development, as well as the child's emerging capacity to become an effective parent for the next generation (Panter-Brick et al, 2014). Additionally, studies indicate that fathers' engagement with various child and family services has the capacity to enhance quality of fathering (Baran and Sawrikar, 2024).

POSITIVE PARENTING PROGRAMMES

In MENA, parenting programmes have typically focused on early child development, the prevention of violence against children, adolescent development and participation, and the promotion of gender equality . While these programmes vary in their approaches, they share a common goal: to improve the lives of children. Their overarching strategy involves influencing parents' attitudes, knowledge, and/or behavior to positively impact children's lives. Further, initiatives have been developed to support positive coparenting, taking this as a leverage point for building family-level resilience and enhancing child outcomes (UNICEF, 2018).

IMMUNIZATION AND POSITIVE PARENTING PROGRAMMING: A SYNERGETIC INVESTMENT

In recognition of the impact of parental practices on a child's life trajectory, UNICEF country offices in the MENA region are increasingly exploring the potential that positive parenting interventions may offer for their programming. Two countries are outlined below.

- "Gender is not just about women," say key informants in countries. It is about addressing structural constraints that shape everyday behaviour. Positive parenting programmes hold the potential to shift gender roles by empowering women through improvement in knowledge, decision-making and economic gains, while working with men to ensure acceptability and engage them as allies in women's empowerment.
- "The constant factor in the life of a child is their parents," key informant in country says. Shaping both mothers' and fathers' normative values related to vaccines and vaccination can lay the foundation for a lifetime of health-enhancing behaviours for themselves and their children. This can create a virtuous cycle of acceptance, understanding the importance of vaccination, and ultimately utilization. This is especially relevant, as to maximize health benefits and return on investments, health systems need to deliver immunization services to school children, adolescents, pregnant mothers, and vulnerable adults – aligning to a lifecycle approach to delivery.
- Multi-sectoral : positive parenting programmes engage a wide array of actors across different sectors. This cross-sectoral capacity can be leveraged for greater impact of immunization programmes. This is particularly relevant in the context of HPV vaccination, as its effective delivery requires coordination between the Ministry of Health, the Ministry of Education, the adolescent health platform, and the national cancer prevention and control programme, among others.
- A key informant in country emphasized the pivotal role of immunization in facilitating ground-level initiatives, especially in humanitarian settings where life-saving interventions are given utmost priority. In this view, immunization, along with the platforms and methodologies used for vaccine delivery, can act as a catalyst for integrating new areas of intervention that align with broader child health and development needs, including responsible co-parenting.

AT A GLANCE...

EGYPT

Two key drivers of change are transforming the landscape of child well-being across the life cycle: positive parenting and girls' empowerment. These initiatives are interconnected, targeting parents on one hand and boys and girls on the other, to be or grow to become co-responsible parents.

Informed by formative research conducted in 2020, the positive parenting programme targets households benefiting from the Ministry of Social Solidarity's cash transfer programme, which currently supports 5 million households. Upon the birth of a child, families are approached through the Early Childhood Development (ECD) 1000 days awareness package, which includes immunization awareness. Initially pilot-tested in four governorates, the programme saw an official launch in 2022, backed by a ministerial decree establishing a National Committee for Positive Parenting. This inter-ministerial committee, chaired by the Minister of Social Solidarity and including 15 entities such as the Ministry of Health, the Ministry of Education, the Ministry of Youth, and the National Council for Childhood and Motherhood, is now scaling up the programme nationally.

A National Strategy integrating gender and immunization components - pending final endorsement - has been developed across five areas for positive parenting: caregiver support, health and nutrition, positive discipline, learning development skills, and parenting children with disabilities. This strategy spans different age groups: early childhood (<5 years), middle childhood (<12 years), and adolescence (<18 years).

Fathers' engagement is a critical aspect, with 10,000 men participating in grassroots support groups discussing child well-being and caregiving, challenging traditional and social expectations of fatherhood.

Integrating positive parenting and girls' empowerment creates a comprehensive approach that addresses the needs of children and families across the life cycle. This holistic social change strategy fosters an environment where both genders are equally engaged, promoting sustainable change for the entire community.

YEMEN

This country exemplifies an approach to fathers' inclusion and engagement that emphasizes alignment with cultural values and recognition of structural constraints shaping everyday behaviour.

Sustainable behavioural change within families in unlikely if only one parent, be it mother or father, is the sole focus of demand generation or IEC interventions. Although not framed as parenting programmes, efforts in this country target both mothers and fathers to overcome gender-related barriers to immunization through the following community-based initiatives.

Mothers to Mothers Groups: Mothers gather twice a month in key locations for group discussions, providing a peer support network to share knowledge and experiences on topics such as immunization, breastfeeding, and child-rearing practices.

Father Networks: Recognizing men's crucial role in family health utilization, these networks engage men on issues where they have influence. For example, men are primary decision-makers for immunization and are required to accompany women as Mahram to health facilities. By addressing barriers that necessitate men's involvement, these networks encourage shared responsibility for child health.

Partnerships with Religious Leaders: Collaborating with influential religious leaders engage men effectively. Mosques, where men regularly gather, provide an excellent platform to disseminate health messages. This ensures fathers understand the importance of immunization and their role in supporting their families.

Information, Education, and Communication (IEC) Strategies: Tailored IEC strategies address the specific needs of men and women. For women, the focus is on awareness about schedules and access; for men, the emphasis is on motivating them to support their families in accessing health services.

The protracted emergency in the country has fostered adaptable structures that respond to the current context. The country is shifting from a primary focus on life-saving interventions, such as immunization, to using immunization as a catalyst for integrating a long-term vision addressing broader issues in child health and development. These include challenges such as child marriage, school dropouts, and promoting girls' education.

PROMISING APPROACHES

Research shows that engaging fathers in programmatic interventions yields direct benefits for children, fathers themselves, and their partners, making it a vital element in fostering thriving families and communities (Baran and Sawrikar, 2024). Additionally, introducing changes in the way maternal and child health services involve fathers can serve as a catalyst for transforming societal views on fathers' parenting role (ib).

This brief offers a conceptual rationale for policies and programmes that promote diverse forms of fathers' engagement, emphasizing their role as supportive allies for maternal and child health and well-being. This section explores potential approaches to practice intentional inclusion of fathers and mothers in a parenting alliance for positive child health interventions. In addition there could be outreach to locations and activities for reaching fathers directly, for example, particularity where the father is the one receiving the birth certificate, as this is an early entry point to engage fathers.

While a comprehensive review of the evidence supporting these approaches is beyond the scope of this brief, it is worth acknowledging the fragmented nature of the literature on father engagement and the lack of cohesive synthesis. As highlighted by Panter-Brick et al. (2024), there is a significant gap in systematically evaluating the global evidence base on fathers' impact on child well-being outcomes via the interventions involving them. Hence, the next phase should prioritize testing and evaluation of these strategies in countries where they are implemented or may be introduced – ensuring the use of robust methodologies that go beyond merely assessing process indicators.

ADDRESS THE FAMILY AS A SYSTEM

- Address both parents in child health interventions.
- Educate fathers on available child health services and involve them in co-designing these services.
- Understand and address the parenting needs of the most vulnerable and hard-to-reach groups to ensure that intervention content and delivery modalities meet their needs and preferences.
- Develop specific tools and content relevant to hard-to-reach groups, such as promoting psychosocial support for parents in conflict and displacement contexts. Recognize that men themselves may have social support needs requiring referrals to external mechanisms.
- Capture and disseminate information on the role of men in childcare.
- Support caregivers from disadvantaged families, such as single-parent households or families with members who have disabilities.

MAKE FATHERS VISIBLE

- Ensure that brochures, posters, materials, and messages are not biased towards mothers in their wording or branding. For example, refer to "mothers and fathers" rather to only mothers or the more generic "parents", which might be misinterpreted as targeting mothers only.
- Communicate the importance of fathers' engagement as co-parents. Explicitly state that fathers are welcome and encouraged to attend immunization sessions.
- Use father testimonials to empower fathers to be strong advocates for the services available for children and families.
- Conduct outreach activities to raise community awareness of the role of fathers in supporting children and families.

CREATE FAMILY-FRIENDLY SERVICES

- Provide vaccination sessions at times and places that are suitable for working parents, including fathers.
- Conduct outreach in places where men typically gather.
- Strengthen the capacity and confidence of service providers to actively engage fathers, including demonstrating welcoming attitudes and respectful communication.
- Display positive messages in facilities that reflect and reinforce the importance of fathers.
- Implement training programmes to support father involvement, partnership and engagement. Parenting programmes can provide a platform to train healthcare workers in this area.
- Intentionally examine programme or organization's policies and structures to assess readiness to engage fathers as partners.
- Offer top-down guidance on father engagement to give staff the necessary structure and strategies to involve fathers at specific stages.

BUILD TRUST AND DEVELOP PARTNERSHIPS WITH FATHERS

- Actively seek feedback from fathers through formal and informal mechanisms about their experience of the service to i) build rapport, and ii) gain a better understanding of fathers' needs for more effective and inclusive service provision.
- Ask fathers for feedback on the difficulties they face in navigating the service and request their suggestions for solutions.
- Monitor fathers' participation in the service to identify attendance patterns and modify aspects of the service accordingly.
- Conduct implementation research to explore barriers to father-inclusive practices in services and identify practical solutions.
- Engage multi-sector partners in discussions on how to better empower fathers for the benefit of themselves, their families, and their communities.

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This Parenting Brief was produced by Marta Feletto while on gender equality consultancy assignment at UNICEF MENARO with Maha Muna (Regional Gender Advisor) and Nayfeh Al Omoush (Gender Specialist). Social & Behavior Change colleagues, Salah Al Hanafy (Egypt Country Office) and Dennis Chimenya (Yemen Country Offices) supported the case studies. Shoubo Jalal (HQ Senior Gender Advisor) provided valuable global input.

United Nations Children's Fund (UNICEF)
Regional Office for the Middle East and North Africa
15 Abdel Qader Al-Abed Street
P. O. Box 1551 | Amman 11821 Jordan

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