MULTIPLE FACTORS LED TO INCREASED UPTAKE AMONGST WOMEN

In South Sudan, vaccine uptake increased dramatically amongst women between September 2021 and February 2022. A combination of psychological, social and practical factors led to this increase.



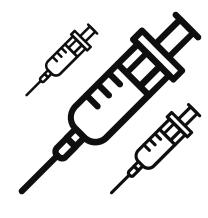
Partners shared accurate information about vaccines through women's preferred channels.



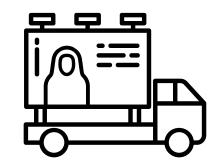
Women who had been vaccinated shared positive stories about their experiences.



Trusted community leaders, health workers and volunteers were trained to share vaccine information with communities.



Vaccine supply improved and vaccines were made available at more locations, making it easier for women to access them.



Mobile outreach teams targeted women.



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PSYCHOLOGICAL DRIVERS OF VACCINATION

Partners identified and targeted the psychological drivers of vaccination.



Risk perception of COVID-19:

Most people are not very concerned about COVID-19 due to low testing rates, low reported death rates, mild symptoms and more visible daily challenges.



Vaccine confidence:

Women and men fear that COVID-19 vaccines will affect female fertility and do not think the vaccine is effective.



Knowledge and awareness:

Many women are less informed about vaccines than men, due to lower literacy rates and less access to information and technologies.



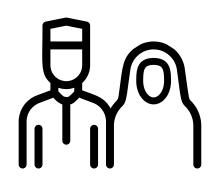
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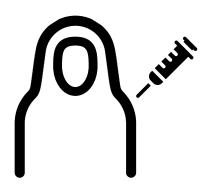
SOCIAL DRIVERS OF VACCINATION

Several social and cultural factors influence vaccine uptake.



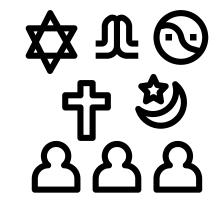
Gender norms and power relations:

In some parts of South Sudan, women require approval from their husbands to get vaccinated.



Vaccination norms:

Women want to see other women getting vaccinated so they can be assured that it is safe.



Cultural and religious beliefs:

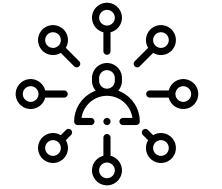
Certain beliefs and practices can affect decisions about vaccines.



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Social influence:

Women's decisions about vaccination may be influenced by trusted role models such as local leaders, religious leaders, traditional healers, family elders, health or humanitarian workers.

PRACTICAL DRIVERS OF VACCINATION

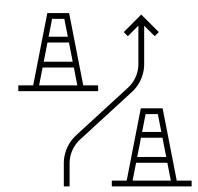
Organisations working in the health sector have advocated for improved access to vaccines for women.



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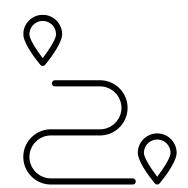
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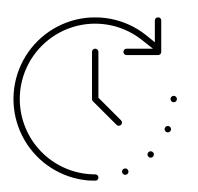
Roll-out challenges:

A challenging context meant that the vaccine roll-out began slowly and many women could not access vaccines, especially in rural areas.



Access to vaccination sites:

At first, vaccines were only available at three hospitals. Many women could not travel the long distances due to lack of roads and transport.



Time constraints and competing priorities:

Vaccines can be a low priority for busy women with many daily duties.



Security:

Ongoing insecurity and inter-communal violence can restrict access to vaccination sites.

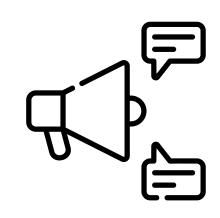


Access to information:

Women are less likely than men to access information via social media and phones and may not be able to read text-based information about vaccines.

EVIDENCE FOR IMPROVED PROGRAMMING

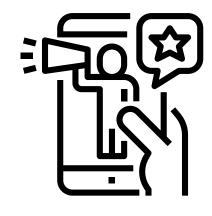
Qualitative and quantitative data that are disaggregated by gender are vital to understand barriers and inform interventions.



Partners should continue to communicate using the channels preferred by and accessible to women, including face-to-face discussion, radio and megaphones.



Men need to be engaged too, as they often influence women's decisions.



It is essential to identify trusted and influential local partners, including female influencers, and work with them to share information with women and men.



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Vaccination services should be available at convenient locations and times for women and their families, such as mobile sites at churches, mosques, or markets.