

Appendix 1: Additional data on findings from IGBA

The data from the IGBA highlights significant disparities in vaccine uptake:

- ❖ Awareness: men demonstrated greater general awareness about the importance and locations of immunisation services compared to women. However, women were more likely to be informed about their children's specific vaccination status.
- ❖ Misinformation: negative beliefs and misinformation about vaccines were prevalent, particularly among nomadic, rural, internally displaced populations, and illiterate women. Rumours about vaccines causing infertility, diseases, and even death significantly impacted vaccine uptake.
- ❖ Decision-making: 57% of women expressed they did not want their children to receive vaccinations, compared to 25% of men. Additionally, male caregivers typically held the final decision-making authority on vaccination, significantly restricting female autonomy in healthcare choices.
- ❖ Accessibility: transportation and security concerns disproportionately impacted female caregivers, leading to increased vaccine hesitancy. Caregivers of disabled children faced additional stigma and mobility barriers, limiting their ability to access immunisation services.

References

9. Castle N, Kunwar S, Khanal L, et al. Using the Journey to Health and Immunization (JTHI) Framework to Engage Stakeholders in Identifying Behavioral and Social Drivers of Routine Immunization in Nepal. *Vaccines* 2023; 11:1709.
10. Reproduced from Somali Federal Ministry of Health, *Reproductive, Maternal, Newborn, Child and Adolescent Health in Somalia: A strategy for social and behaviour change, 2023-2027*. Available online: [xxxxxxxxxxxxxxxxxxxxxx](https://doi.org/10.21037/jphe-24-109)

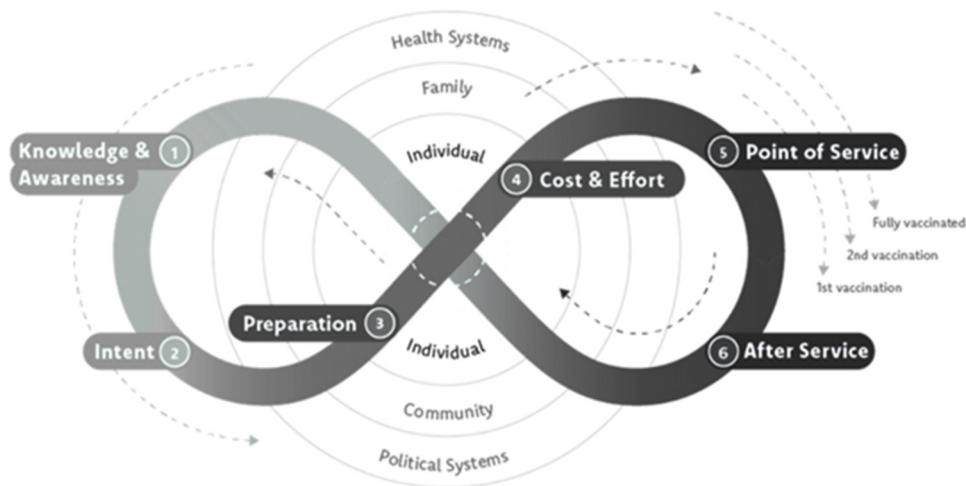


Figure S1 JTHI framework (8). The JTHI framework helps to identify the decision-making process to vaccination and the social and behavioural outcomes that affect uptake of immunisation, or continuity based on awareness level, intent to vaccinate, preparation, cost, and effort, point of service, experience of care, and after services. The JTHI framework has been tested in low-income settings and draws from the SEM, enabling a view of immunisation barriers from the individual to the household, community, health workers, and policy (9). JTHI, Journey to Health and Immunisation; SEM, Socio-Ecological Model.



Figure S2 Life stages approach for Somalia (10).