

Gender Gaps in COVID-19 Vaccines

October 2021

COVID-19 vaccinations are quickly becoming a story of inequality. Gender inequality is a critical part of this story. In 16 countries where CARE has data, women are less likely to be vaccinated, and less likely to feel vaccines are safe.

There are massive local and global gaps in who can get vaccinated. Only 1.9% of people in low-income countries are vaccinated, and 79% of vaccinations have been in wealth countries. Tragically, wealth and geography are just two factors that skew access to vaccines. Another is gender. In many low and middle-income countries, women are less likely to get COVID-19 vaccines than men are. This compounds gender inequality women are already facing in health and decision-making.

Health Workers at Risk

Women make up 70% of health workers worldwide, and they are most likely to be in patient care roles that expose them to COVID. In the initial rollout of their vaccines where countries prioritize essential health workers, women should be more than half of people who receive vaccines. This is rarely the case.

Women Vaccinated in [Asia Pacific](#)

Region-wide: 46%

India: 37%

Timor Leste: 33%



A woman in Malawi vaccinates a young man

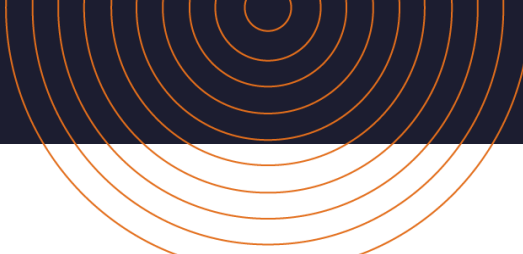
Gaps in vaccination

While in some parts of [wealthier countries](#), women are more likely than men to get vaccines, in lower and middle-income countries, women are less likely to get vaccines.

Recent research in [Asia Pacific](#) shows that women represent only 46% of people in the region who have gotten vaccinated. In Bangladesh, women are 48% of the people vaccinated. In India, it is 37%, and in Timor Leste, the number is a shocking 33%.

In [Iraq](#), CARE surveyed people in two governates, and found that 14% of men are vaccinated, but only 9% of women. In Turkey, 8% of men and only 6% of women CARE surveyed had gotten vaccinated.

In [South Sudan](#), women represent 70% of the people who test positive for COVID, but only 26% of the people getting vaccinated.



Women are less free to leave their homes

Women have to overcome many obstacles to get vaccinated. Women have a harder time getting to vaccination centers. Even before COVID-19, many women had to ask permission from men to go to a health clinic or access health CARE. They also had less money and less access to transportation.

COVID-19 makes that worse. [CARE's research](#) shows that 41% of women (and only 32% of men) report that COVID-19 reduces their mobility.

In [Iraq](#), 55% of women and 42% of men would have to travel more than 30 minutes to get a vaccine. In [Haiti](#), 26% of women (compared to 34% of men) would be willing to travel a long distance to get a vaccine.

Women struggle to access health services

38% of women are also saying that lack of access to health services is one of their biggest challenges in COVID-19.

Women get less information

In [Iraq](#), 64% of men and 52% of women know where they could get a vaccine. 50% of men and only 30% of women know how to register for a vaccine.

Low trust in Vaccines

Not only are women less likely to be able to access vaccines, but they are also less likely to believe vaccines are safe. 46% of Syrian women in Turkey (compared to 41% of men) are willing to get vaccines

In one health district [Malawi](#), women are 4 times less likely to trust the vaccine (10%) than men (40%) due to fears regarding infertility and population control.

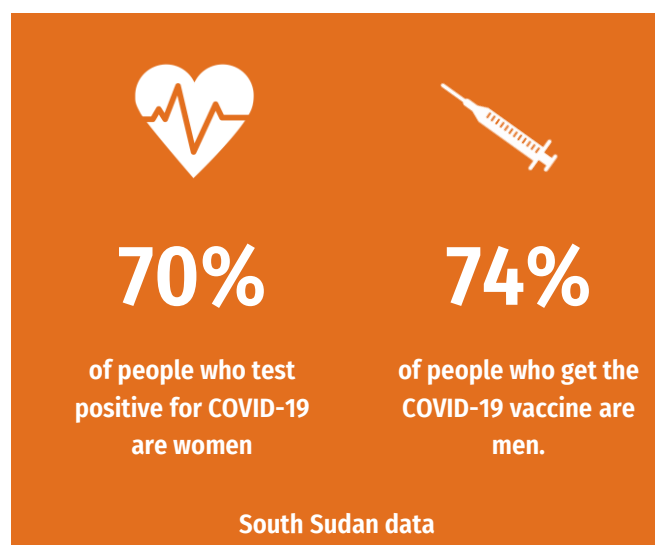
Only 36% of women (compared to 42% of men) in [Haiti](#) would be willing to get the vaccine.



Data Gaps

Very few countries are consistently tracking gaps between men and women in COVID-19 vaccines, masking major inequalities. In the 11 countries in [Asia Pacific](#) included in the COVID-19 Sex-Disaggregated Data Tracker, only India and Bangladesh are consistently reporting sex-disaggregated data on COVID-19 vaccinations.

None of the major global datasets for tracking COVID-19 vaccinations publish sex-disaggregated findings. In the US, only [38 states publish](#) sex-disaggregated data.



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