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Vaccination as an example of unequal access to health care and medicalization of women's health

Nina Monteiro

ACES Aveiro Norte, UCSP Vale de Cambra, Vale de Cambra, Portugal

Corresponding author: Miss Nina Monteiro, ACES Aveiro Norte, UCSP Vale De Cambra, Porto, Portugal. E-mail: nina_monteiro@netcabo.pt

Background & Aim: Existing biological differences between men and women lead to differences in health determinants and the need to create strategies to improve women's health. There are specific requirements relating to women's health that arise from biological differences, but also from unequal gender relations. Ubiquitous embedded in social structures, as well as standardized by institutions and everyday experience, structural violence against women is often invisible to our eyes and its effects considered normal. The understanding how gender differences affects women's access to health care matters to create strategies in order to minimize these outcomes. Vaccination, a fundamental strategy to improve global health, is an example how gender inequality can underpin unequal access to health care. This poster aims to provide background knowledge about the relation between gender inequality and distinctions based on gender regarding health care access and over medicalization.

Method: Following a review of the most recent literature and guidelines on vaccination and women's health, this poster will discuss how gender inequalities play a role in vaccination programs' access but also in medicalization of women, especially when pregnant.

Results: The immunizations' politicization manipulates women through fear regarding the health of the newborn. These pressures throw women into authoritarian family planning strategies and immunization programs instead of a constructive engagement from patients, doctors and health police makers. Several studies indicate that children of less educated and poorer women are less likely to be successfully vaccinated. This reality is most evident in developing countries and highly patriarchal societies. Not getting proper vaccination becomes normative as the woman herself accepts this fact as her 'failure', perpetuating the low status and their subordinate position in society.

Conclusions: Health providers should be aware of the different variables concerning women vaccination, so they could minimize lack in access and excessive medicalization of women's health.