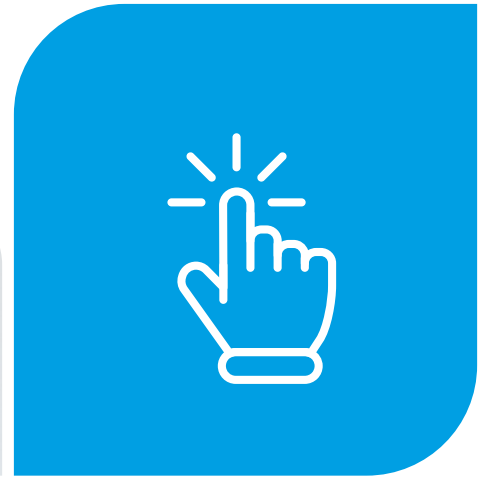


Vaccinating a child during an emergency is more important than EVER

Exploring barriers to routine immunization among refugee mothers from Ukraine and healthcare providers in Poland



This report was prepared by UNICEF Refugee Response Office in Poland in collaboration with Institute of Mother and Child Foundation, Yale School of Medicine and European Centre for Disease Prevention and Control.

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We are grateful to our partners at the Institute of Mother and Child Foundation, Yale School of Medicine, and the European Centre for Disease Prevention and Control (ECDC) for their vital contributions to this study. The support from Triangle has significantly enhanced our analysis and findings.

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We recognize the collaborative effort that has gone into this project and the shared commitment to improving the health and well-being of refugee children. It is our collective dedication that will propel us toward meaningful action based on the evidence gathered through this study.

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Acronyms

BDM	Behavioral Drivers Model
KII	Key Informant Interview
FGD	Focus Group Discussion
RCT	Randomized Controlled Trial
SBC	Social and Behavior Change
BeSD	The Behavioral and Social Drivers of Vaccination



Background

Since the outbreak of war in Ukraine in February 2022, a humanitarian crisis of significant scale has unfolded, driving millions of Ukrainians to seek refuge abroad. Poland has become a primary destination for these refugees, hosting over 1.6 million individuals who have registered for Temporary Protection¹, predominantly women and children, who have fled the violence and instability in their homeland. This mass displacement has precipitated a range of public health challenges, notably in ensuring adequate healthcare access and maintaining routine immunization rates among the refugee population.

Refugees, particularly children, are at heightened risk of contracting infectious diseases, a vulnerability exacerbated by difficulties in accessing healthcare services and the low vaccination rates that characterized Ukraine even before the conflict. In response to these challenges, citizens from Ukraine have been afforded access to the healthcare system in Poland on an equal footing with Polish nationals, including eligibility for free preventive vaccinations. Recognizing the importance of early immunization, the Poland's Ministry of Health (MoH) has actively advocated for the vaccination of children at the earliest opportunity. This policy reflects a broader commitment to public health and the integration of refugees into the healthcare system, ensuring that they receive necessary immunizations against preventable diseases.

Historically, low vaccination rates have been a significant issue in Ukraine, leading to outbreaks of diseases such as polio² and measles in recent years. Although there has been improvement in vaccination rates, trust in vaccines remains a critical concern, particularly among the refugee population from Ukraine in Poland. This backdrop sets the stage for our study, which aims to explore the reasons behind low vaccination rates among refugee mothers from

Ukraine and to identify effective communication strategies that could encourage them to vaccinate their children. By understanding and addressing the barriers to immunization, the study seeks to contribute to improving vaccination rates among refugee children from Ukraine in Poland, thereby safeguarding their health and well-being.

In partnership with the Poland's government and in coordination with other United Nations agencies, UNICEF Refugee Response Office in Poland has spearheaded a series of interventions through the national health systems to support the health response to the ongoing humanitarian crisis. These efforts are focused on meeting the needs of children in Poland, where UNICEF works closely with the Ministry of Health, municipalities, and civil society organizations (CSOs) to ensure that refugees have access to basic health services, including vaccination. This collaboration underlines the importance of a concerted and comprehensive approach to public health in times of crisis, highlighting the critical role of vaccination in preventing disease outbreaks among vulnerable populations.

Decisions about immunisation are shaped by a variety of influences. The Behavioral and Social Drivers of Vaccination (BeSD)³ framework points out that both cognitive and emotional elements, alongside social dynamics, play crucial roles in motivating individuals towards vaccination. Moreover, how messages about vaccination are presented can significantly affect a person's willingness to vaccinate. This additional layer emphasizes the power of message framing in shaping vaccination intentions. As vaccination uptake among refugee children from Ukraine in Poland are reportedly suboptimal, our study aimed to understand the determinants to get a child vaccinated in Poland among refugee mothers from Ukraine and to explore the potential barriers faced by healthcare providers.

¹Ukraine Emergency - UNHCR Poland Factsheet (01 May 2023) - Poland | ReliefWeb

²Order of the Ministry of Health of Ukraine dated 30.12.2021 No. 2922 "On approval of the Plan of measures to respond to an outbreak of circulating vaccine-related poliovirus type 2"

³World Health Organization, Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake. 2022: Geneva.

Key Findings

on Enablers and Barriers to Routine Immunization Among Refugees from Ukraine from the perspective of caregivers from Ukraine in Poland and Poland's health workers.

Understanding the Vaccination Process in Poland:

37% of mothers from Ukraine who took part in the survey do not know how to get their child vaccinated in Poland.

"Look, in Ukraine, my doctor called me for free vaccinations... but here, I have no one to consult. It's very difficult." Caregiver from Ukraine

Language Barrier:

46% of mothers (participants of the research) from Ukraine in Poland emphasized the importance of information in their own language and almost one in five participants had issues with understanding or translating vaccine records.

"They [health workers] don't even want to read the translator from the phone. They demand that we speak their language." Caregiver from Ukraine

Trust in Healthcare:

75% of caregivers who participated in the study expressed "mostly trust" or "fully trust" in healthcare providers.

"The doctors here are very professional; I trust them with my child's health." Caregiver from Ukraine

Information Sources:

Most trusted sources of vaccine information for mothers in Ukraine are: Official health institutes (74%), Doctors (56%) as well as other parents from Ukraine in Poland (16%) and Social Media (7%).

"Well, nowadays life is more 'on the phone', I think that social networks, especially Telegram and... I don't know, 99% of people use Instagram, so I think it's the most convenient." Caregiver from Ukraine

Vaccination Delays and Perceptions:

More than one fifth of the respondents mentioned concerns about the safety and side effects of vaccines as reasons for choosing not to vaccinate their children, while 14% preferred to wait until they returned to Ukraine to vaccinate their children. However, the most common reason for not vaccinating their children was insufficient knowledge about how to get vaccinated in Poland and the requirements for doing so.

"I have a feeling that these vaccinations were not so important for them, there in Ukraine. It was rather that there was a doctor, who ordered, vaccinated, sometimes a little later. Polish moms are diligent about this." health worker in Poland.

Methodology

This report summarizes the findings from a mixed-methods research approach designed to understand the factors influencing routine immunization among refugee children from Ukraine in Poland. Below, we explain the research methodology in detail.

QUALITATIVE RESEARCH METHODOLOGY:

Qualitative-routine immunization					
Type	Target group	Gender	Location	Number	Total
FGD	Ukrainian caregivers whose children benefitted from routine immunization in Poland	Mixed	Warszawa	8 per group	6 FGD (48 interviewees)
			Wrocław		
			Kraków		
	Ukrainian caregivers whose children did not benefit from routine immunization in Poland despite attempts		Warszawa		
			Wrocław		
			Kraków		
KII	Medical staff involved in the routine immunization of (Ukrainian) children	Warszawa	Individual	18 KII (18 interviewees)	
		Piotrków Trybunalski			
		Kielce			
		Poddębice			

Key Informant Interviews (KIIs):

Interviews were conducted in July/August 2023 with healthcare professionals in Warsaw, Wrocław, Kielce, Piotrków Trybunalski, Poddębice to gain expert insights into the healthcare system's readiness, challenges, and responses to the needs of refugees from Ukraine. These interviews allowed us to explore the nuanced understanding that health workers possess regarding the practical and psychological barriers to immunization.

Focus Group Discussions (FGDs):

FGDs, which were conducted in July/August 2023 in Warsaw, Kraków and Wrocław, brought together caregivers of refugee children from Ukraine to discuss their experiences, beliefs, and attitudes toward immunization. These discussions were instrumental in revealing the social dynamics and cultural perceptions that influence healthcare behaviors. The interactive nature of FGDs fostered an environment of shared stories and collective problem-solving.

Both KIIs and FGDs provided rich qualitative data that helped to illustrate the complexities of navigating the healthcare system as a refugee in Poland. These methodologies allowed for deep engagement with participants, offering the flexibility to probe further into specific responses and to explore the subtleties of individual and group behaviors.

Online Survey and Randomized Controlled Experiment:

The quantitative aspect comprised an online survey alongside a randomized controlled experiment. This approach tested the effectiveness of various pro-vaccine messages to increase vaccination intentions and to click on vaccine scheduling link among the participants.

Sampling and Recruitment:

Participants for the study were mothers from Ukraine residing in Poland with at least one child under the age of 7. 1910 participants have completed the survey. Recruitment was executed in July 2023 by a market research company (Rating Group) using targeted advertising on social media and outreach via major mobile service providers in Ukraine.

Informed Consent and Language Accessibility:

In accordance with ethical research practices, informed consent was obtained from all participants. To ensure comprehension and comfort, the survey and study information were available in both Ukrainian and Russian.

Randomization and Intervention:

After a series of initial questions, participants were randomized into one of the four groups to receive varied pro-vaccine messaging. These messages were crafted based on insights from previous surveys and were designed to address trust in the Poland's healthcare system, access to health services, and risk aversion (highlighting consequences of not vaccinating/delaying the vaccination).

By integrating these qualitative and quantitative methodologies, this report offers a multi-faceted perspective on the behavioral and social challenges associated with routine immunization among refugees from Ukraine. The findings from this robust methodological approach provide evidence-based recommendations for improving vaccination uptake in this population.



Qualitative Research Findings

To understand the barriers and facilitators affecting routine immunization among refugee children from Ukraine in Poland, the research team employed the Behavioural Drivers Model (BDM)⁴ to guide in-depth conversations with health workers and caregivers. Key Informant Interviews (KIIs) with health workers provided professional perspectives on the healthcare system's readiness and response, while Focus

Group Discussions (FGDs) with caregivers revealed personal experiences and perceptions. By engaging with these two critical stakeholder groups, we aimed to garner a holistic view of the immunization landscape—capturing the nuances of behavioral drivers that influence healthcare decisions within this displaced community.

PSYCHOLOGICAL FACTORS

Our discussions were centered around identifying psychological factors that influence immunization behaviors. These factors are vital as they shape individual motivations and biases regarding health decisions.

During conversations with health workers and caregivers, we found several important reasons that explain why getting children vaccinated can be hard for refugee families from Ukraine

in Poland. These findings show us that people's decisions about vaccines are influenced by their feelings, the people around them, and the situation they are in.

It is clear we need to think carefully about how we offer healthcare to these families. The approach must consider their emotional needs, cultural background, and practical challenges they face every day.

Psychology

COGNITIVE BIASES	The information my brain is willing to consider
INTEREST	What I want; how appealing change is
ATTITUDE	My opinion about a behaviour; how I feel about it
SELF-EFFICACY	What I think I can do
INTENT	What I plan on doing; what I am ready for
LIMITED RATIONALITY	The reasons why I don't do what I should
PERSONAL CHARACTERISTICS	Who I am

⁴https://www.unicef.org/mena/media/5586/file/The_Behavioural_Drivers_Model_0.pdf%20.pdf

Cognitive Biases Regarding Immunization

Cognitive biases present a complex challenge, influencing perceptions of the healthcare system and immunization processes. Concerns, misinformation, and its impact on vaccination decisions were recurrent themes.

"Mothers from Ukraine were afraid to vaccinate their children. I explained that they cannot function without it. There were questions: "Will there be no complications?" or "Is it safe?" Nurse from Poland

"Vaccination is such a personal thing... each person has different views." Caregiver from Ukraine

Limited Rationality

People often have to make health decisions without having all the information they need or being able to understand it fully. This "limited rationality" means that caregivers might delay or avoid vaccinations because the healthcare system is new to them, or because myths about vaccines make them unsure what to believe.

"Parents come with their children... sometimes they're confused by the different information they get." Health Worker from Poland

"Sometimes it's just too much to figure out. I hear so many things about vaccines, I don't know what's right." Caregiver from Ukraine



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Interest and Motivation to Vaccinate

Despite existing biases, there is an observable interest in vaccination, particularly driven by the desire for protection against disease and compliance with Poland's public health mandates.

"In my community, there are no big problems persuading patients to get vaccinated... We explain to them that in Poland there is an obligation to vaccinate." Health Worker from Poland

"Leaflets with the vaccination calendar work well... if prepared in Ukrainian, it could help." Health Worker from Poland

SOCIOLOGICAL FACTORS

Sociological elements, especially social influence, and cultural biases, significantly impact the decision-making process for immunization.

Sociology

SOCIAL INFLUENCE	How others affect what I think, feel and do
COMMUNITY DYNAMIC	The group’s collective capacity to change
META-NORMS	What defines and maintains the stratification, roles and power in a society
CONTEXT	The context in which I live

Social Influence in the Immunization Process

Caregivers rely heavily on their social networks for information and support regarding vaccination, with word of mouth serving as a powerful conduit for spreading beliefs and practices.

"From what they say, the children of some sister or neighbor were not vaccinated in Ukraine and they are doing well. The children there were unvaccinated, everything is fine, so what was the point?" Nurse from Poland

"I found out from my friend... since my child also has to go to school and there are deadlines for vaccination, I found out." Caregiver from Ukraine

"I recommended it. When the topic of vaccination came up, and some mom asked me for my opinion or experience, I recommended it. I told them about my experience, that at first, I didn't want to vaccinate my daughter (...) I told them about my experience, how the procedure went, how the child reacted to all these vaccinations, or my children in general." Caregiver from Ukraine



Cultural Bias

Experiences of discrimination, whether perceived or real, were brought to light, revealing the cultural tensions that can arise within the healthcare environment.

"Some patients began to come and demand because they are Ukrainians, refugees, and they deserve it." Health worker from Poland

"Ukrainians are treated like this: first Poles, and then Ukrainians in this way." Caregiver from Ukraine

ENVIRONMENTAL FACTORS

The structure and governance of medical facilities directly affect the availability and accessibility of routine immunization services for children from Ukraine.

Environment

COMMUNICATION ENVIRONMENT

The information and opinions I can be exposed to

EMERGING ALTERNATIVES

Those who don't think or behave like the majority; new things out there

GOVERNING ENTITIES

How institutions influence what I do

STRUCTURAL BARRIERS

Concrete things that prevent me from acting

CONTEXT

The context in which I live

Communication Environment and Governing Entities: Medical Facilities Providing Routine Immunization

Variations in the availability of services, the readiness of facilities, and the communication methods employed by governing entities all play pivotal roles in shaping access to immunization. In Poland, a significant number of mothers from Ukraine and healthcare providers experienced difficulties due to language barriers. They struggled with filling out forms, documentations, understanding medical advice, and communicating their needs and procedures.



"The consultant should be Ukrainian speaking, so that they can help." Caregiver from Ukraine

"So I was told that if you don't know how to speak, then take an interpreter with you, because I can't understand you, and that was the end of the appointment. He said to take an interpreter with you, and I said: can I call him on the phone? She said, "No, you have to bring someone who will translate" Caregiver from Ukraine

"We were provided with information about vaccinations - the Ukrainian calendar and the Polish calendar, but one was written in Polish and the other in Ukrainian. I don't know if it's the same. I hand this out to patients, but I have no idea what it says. I would prefer to know what I am giving so that there is a translation at the bottom or a link where the translation is." Polish Healthcare provider

"Unfortunately, doctors don't have time for visits. This all takes time and understanding. First, from the Ukrainian patient, and here the language barrier is a hindrance." Healthcare provider from Poland

Structural barriers (documentation and logistics):

There are many complexities surrounding documentation and logistics, which significantly impede access to immunization services for refugee children from Ukraine in Poland. Insights from healthcare professionals highlight the marked differences in healthcare systems and procedural nuances that create hurdles for families seeking vaccinations.



“I said that you first need to sign up or call. In Ukraine it looks like you have your own doctor. They say to come with a child in, say, a month for the next dose. You come to one doctor; you do not have to register at the reception. Just come on the day the doctor specified.” Nurse from Poland

“This is also a logistical problem. It happened that they come for vaccination and the next vaccination was in 3 weeks, but there are no more dates (available) because the doctor did not warn them in advance to reserve the date.” Healthcare provider from Poland

“They have very thick books and copying everything is not very easy. Not every nurse wants to check and prescribe. Sometimes I don’t have access to my computer. It is important to reproduce these books in Polish. However, I don’t know what organization would prescribe them”. Nurse from Poland

In gathering and examining the thoughts and experiences shared during our interviews and discussions, we have identified a variety of reasons that affect whether refugees from Ukraine in Poland choose to vaccinate their children. These reasons range from personal beliefs and feelings to the influence of friends and family, and even to how easy or difficult it is to get information and access medical services.

This research highlights how important it is for healthcare providers to truly understand and consider these different reasons. Providing healthcare that considers the unique situations and needs of refugees from Ukraine can help more children get vaccinated.

The Behavioral Drivers Model has been instrumental in framing these factors, allowing us to pinpoint precise areas for intervention. These include enhancing trust in the healthcare system, leveraging social networks for positive influence, mitigating cultural biases, optimizing the functionality of healthcare environments

to be more inclusive and accessible as well as providing support to both healthcare providers as well as to caregivers from Ukraine.

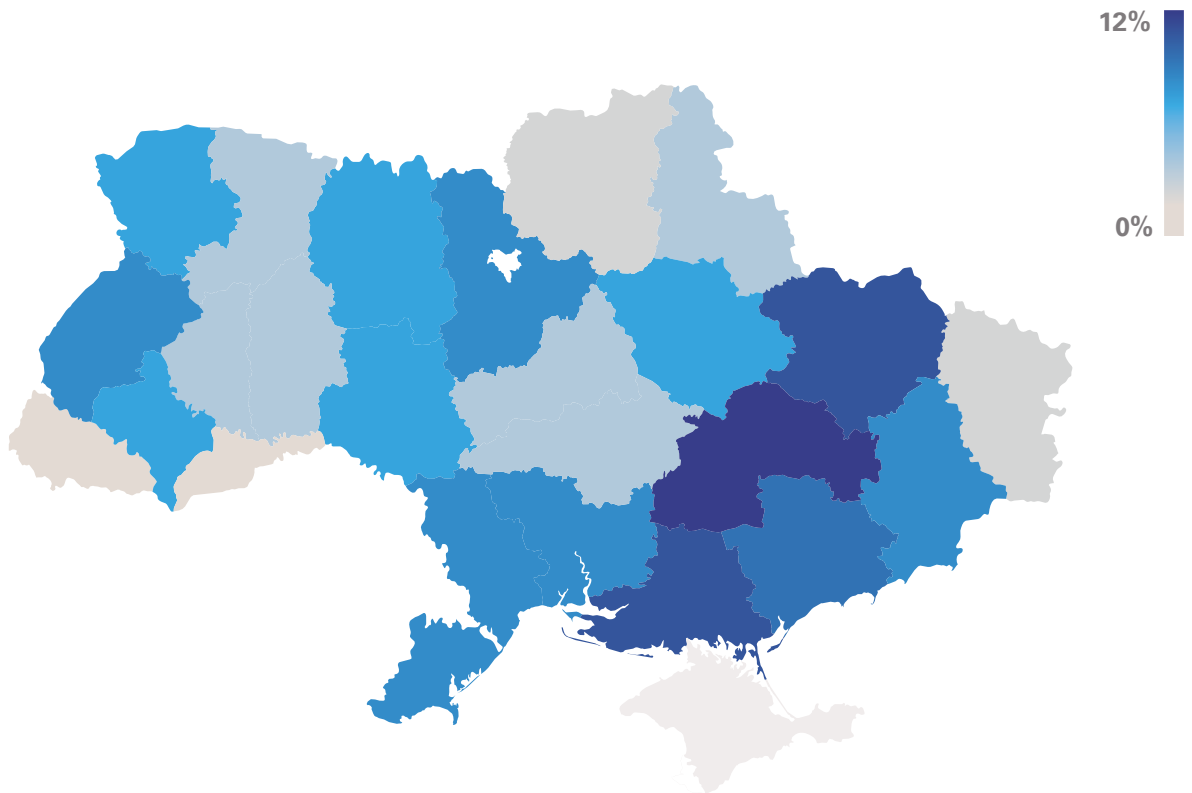
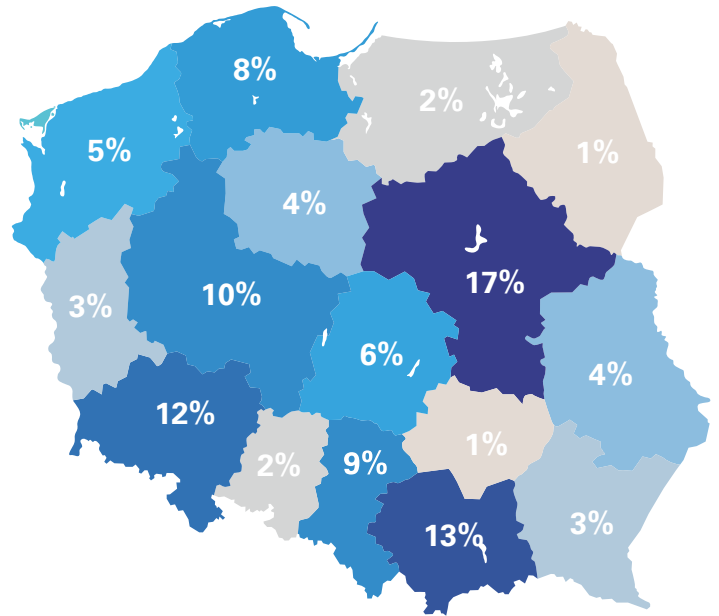
Our findings indicate that for many caregivers, the decision to vaccinate is not taken lightly but is weighed against a backdrop of past experiences, social narratives, and the current realities of living as a refugee. Health workers, on the other hand, balance the need to deliver care with the realities of cultural sensitivities and systemic constraints.

By highlighting these psychological, sociological, and environmental factors, the aim is to contribute to a more empathetic and effective healthcare system that not only meets the needs of refugees from Ukraine in Poland, but also supports their integration into a new public health paradigm. This report thus sets the stage for informed policymaking and the development of tailored interventions that can elevate routine immunization rates among one of the most vulnerable segments of the population in Poland.

Quantitative Research Findings

UNICEF’s team opted for a mixed-methods approach, integrating not only qualitative interviews to gain a deeper understanding of the barriers to and enablers of vaccination, but also conducting quantitative research. This quantitative aspect was chosen to yield statistically significant data, facilitating the identification of widespread healthcare access issues, vaccination rates, and the primary obstacles to healthcare services within the refugee population.

UNICEF’s dedicated efforts to understand and support the healthcare needs of refugee from Ukraine families extend to every corner of Poland. The maps presented provide a snapshot of where mothers from Ukraine, participants of the study, have settled across Poland and where they originated from within Ukraine. This geographic information is critical for tailoring health interventions to reach diverse communities effectively.





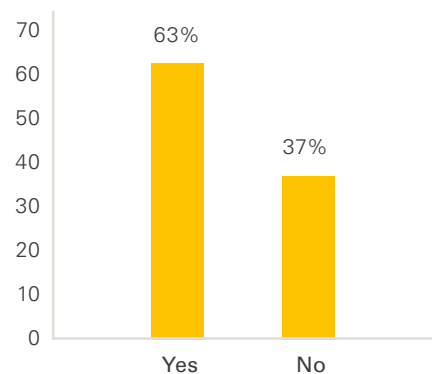
The quantitative component, conducted by the UNICEF Refugee Response Office in Poland in collaboration with the Institute of Mother and Child Foundation, Yale School of Medicine, and the European Centre for Disease Prevention and Control (ECDC), aimed to identify barriers to routine immunization among refugee mothers from Ukraine in Poland and test the effectiveness of different pro-vaccine messages.

This section elaborates on the key findings from the survey, offering a closer look at the main topics, challenges, and enablers:

Navigating a New Healthcare Landscape

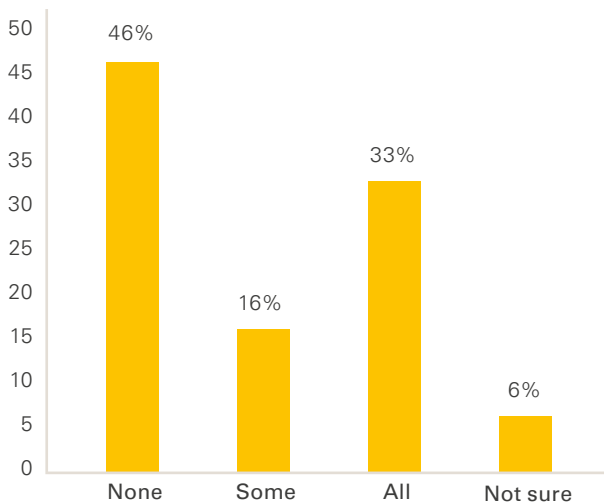
The journey of refugee mothers from Ukraine in Poland is marked by resilience amidst uncertainty. Faced with the daunting task of navigating a foreign healthcare system, these mothers are driven by the primary concern of ensuring their children's health and well-being in a new country. The survey reveals that a significant number of these mothers are grappling with fundamental questions about routine immunization—where to go, what is required, and how to communicate their needs effectively.

Do you know how to get your child vaccinated in Poland?



Graph 1: Mothers' Awareness on How to Vaccinate Their Children

Poland has a schedule of vaccines for children. As far as you know, has your child received none, some, or all of these vaccines?



Graph2: Vaccination Uptake According to Polish Schedule

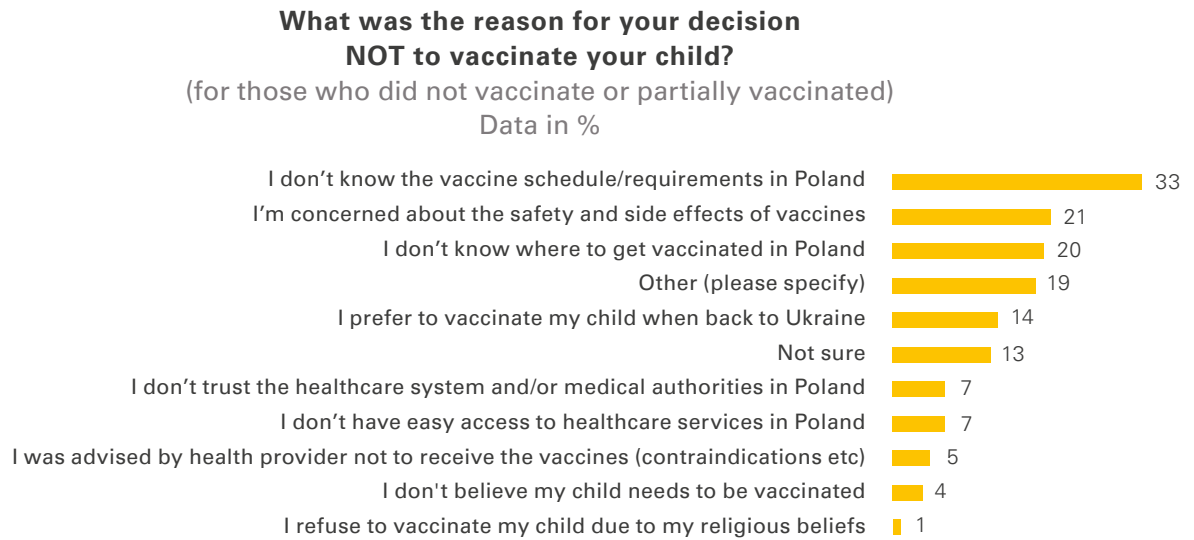
Vaccination According to the Polish Schedule

The survey found that a significant portion of the mothers (46%) reported that their children had received none of the vaccines on the schedule, indicating a substantial gap in routine immunization coverage among the refugee population. The reasons behind this gap are multifaceted, ranging from informational barriers to difficulties in navigating the health system.

Reasons for Decision Against Vaccination

The mothers who chose not to vaccinate or only partially vaccinate their children cited several reasons for their decision. The most prevalent reason was not knowing the vaccine schedule or requirements in Poland (33%), followed by concerns about vaccine safety and side effects (21%), and uncertainty about where to get vaccinated in Poland (20%).

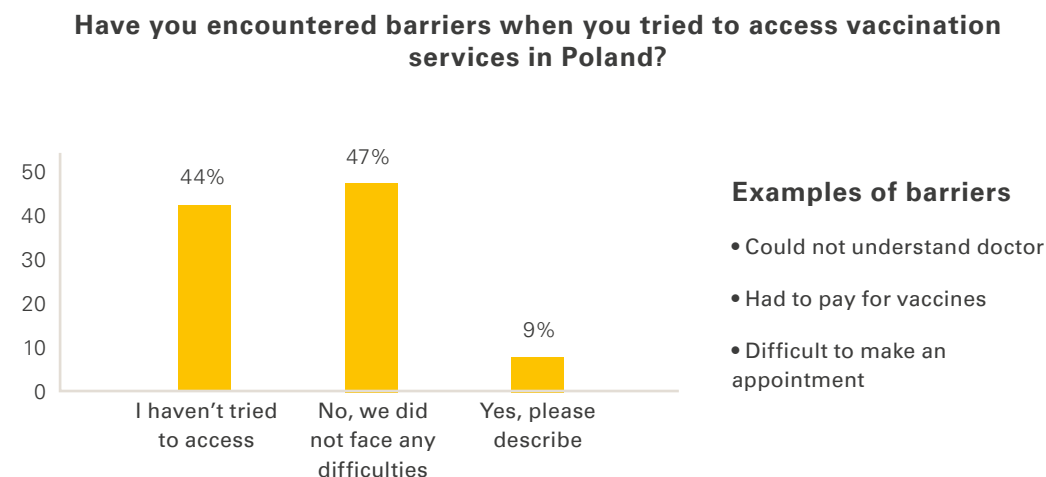
Additionally, 14% of mothers who participated in the survey claim that they prefer to vaccinate their children when they are back in Ukraine.



Graph 3: Reasons for decisions against vaccination

Barriers to Vaccination

While nearly half of survey respondents did not face difficulty accessing vaccination services (47%), refugee mothers from Ukraine in Poland did identify several significant barriers that hinder their ability to access routine immunizations for their children. Their primary challenges included difficulties in understanding healthcare professionals due to language differences, unexpected costs associated with vaccines, and complications in scheduling appointments. These obstacles highlight the practical struggles faced daily by these families as they seek to navigate a healthcare system far from home.

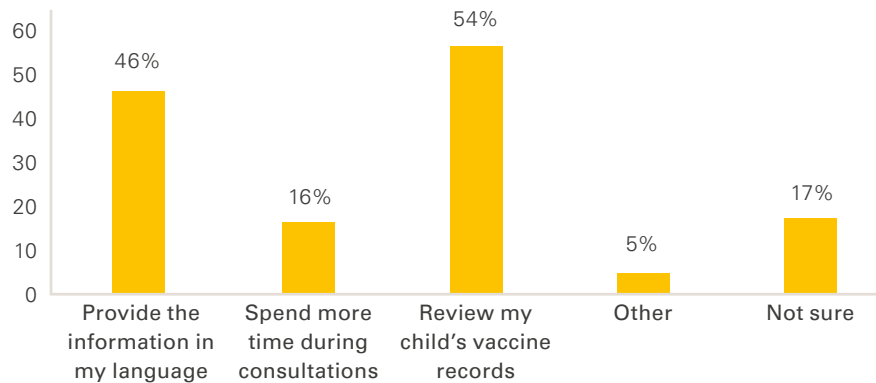


Graph 4: Encountered Barriers to Vaccination Services

Addressing concerns linked to vaccination in Poland

The survey also delved into what vaccine providers could do better to address concerns. The mothers suggested that vaccine providers should offer more information in their language and spend more time during consultations to review their children's vaccine records.

What should vaccine providers do to better address concerns?
(up to 2 answers)



Graph 5: Addressing Concerns and Suggestions for Providers

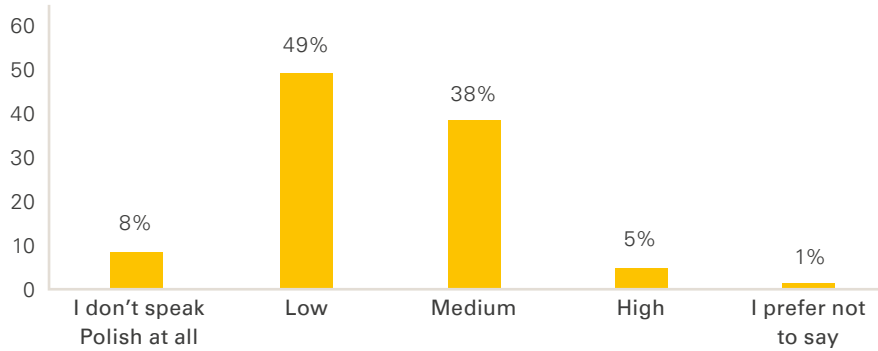
"Make consultations more accessible and understandable - where to go to the doctor. Without long waiting and bureaucracy. Also, in native language"



Language barriers

While some mothers report a medium level of proficiency, a large percentage rate their Polish language skill as low, and a small proportion do not speak Polish at all. This indicates a potential communication gap that could affect their capacity to fully understand medical advice, the importance of routine immunizations, and how to manage their children’s health needs in Poland.

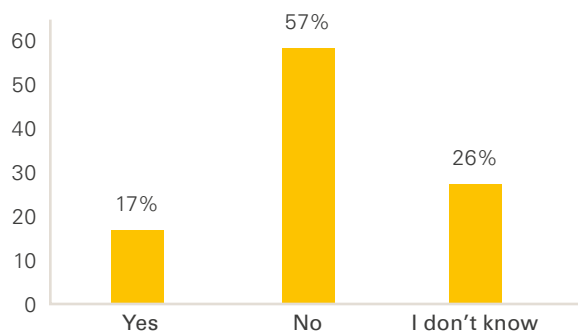
How would you assess your level of Polish language proficiency?



Graph 6: Polish Language Proficiency

Language barriers compound the challenges faced by these families, with almost one in five mothers struggling to understand or translate vaccination records — a critical step in ensuring their children’s vaccination schedule aligns with Poland’s healthcare requirements.

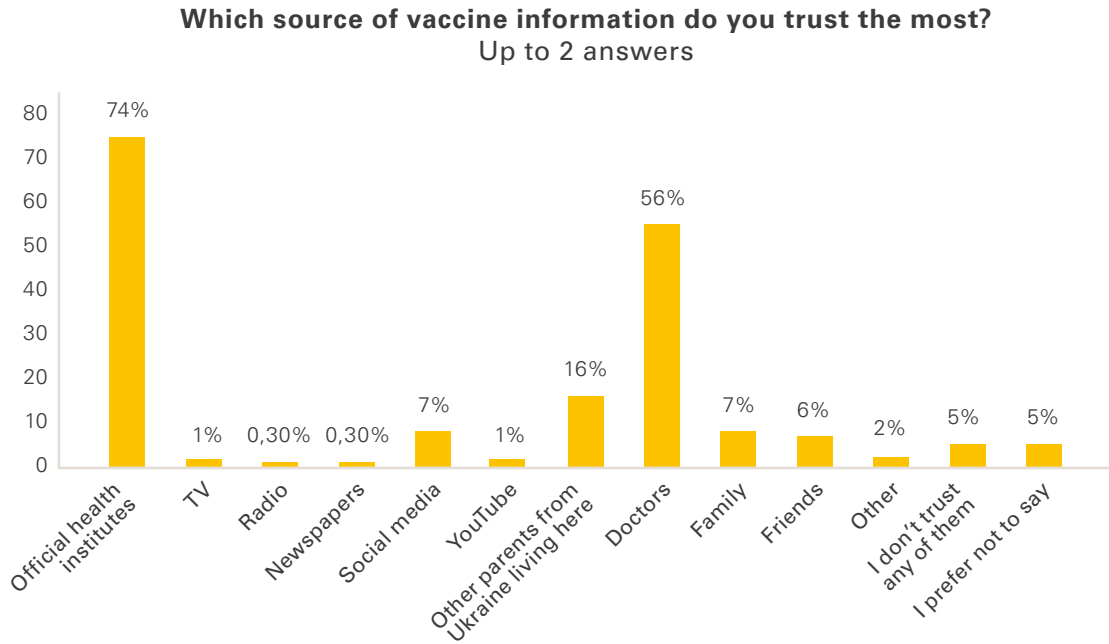
Did you have any issues with understanding or translating your vaccine records?



Graph 7: Challenges with Vaccination Records Translation

Preferred Sources of Information: The Role of Authority and Community

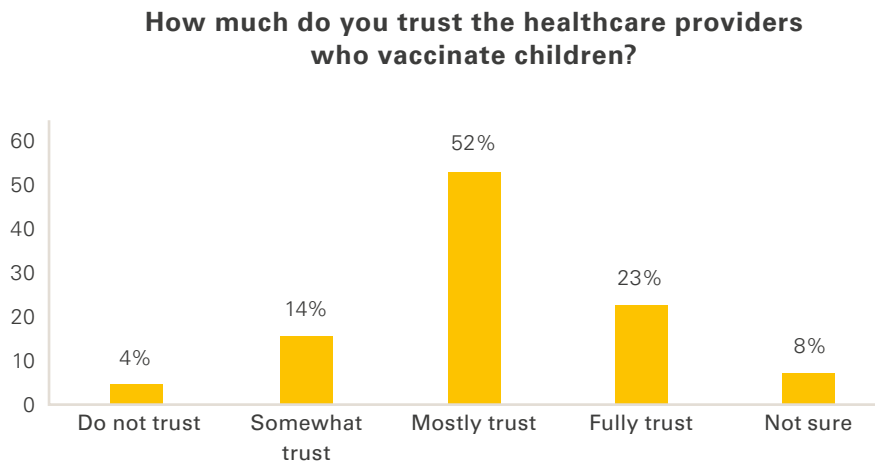
When it comes to where mothers get their information, the survey sheds light on the trusted voices and channels. Official health institutes and doctors rank high, pointing to a reliance on authoritative sources for reliable health information. Yet, the influence of community—other parents from Ukraine living in Poland, family, friends as well as social media—cannot be overlooked, revealing a layered approach to information-seeking that combines official guidance with peer support.



Graph 8: Trusted Sources of Vaccine Information

Trust Amidst Uncertainty

In the face of these challenges, the trust that mothers from Ukraine place in healthcare providers emerges as a beacon of hope. The survey highlights that the vast majority of mothers trust the healthcare professionals who vaccinate their children, underlining the pivotal role these providers play not just in administering vaccines but in guiding and supporting refugee families through their healthcare journey.



Graph 9: Levels of Trust in Healthcare Providers

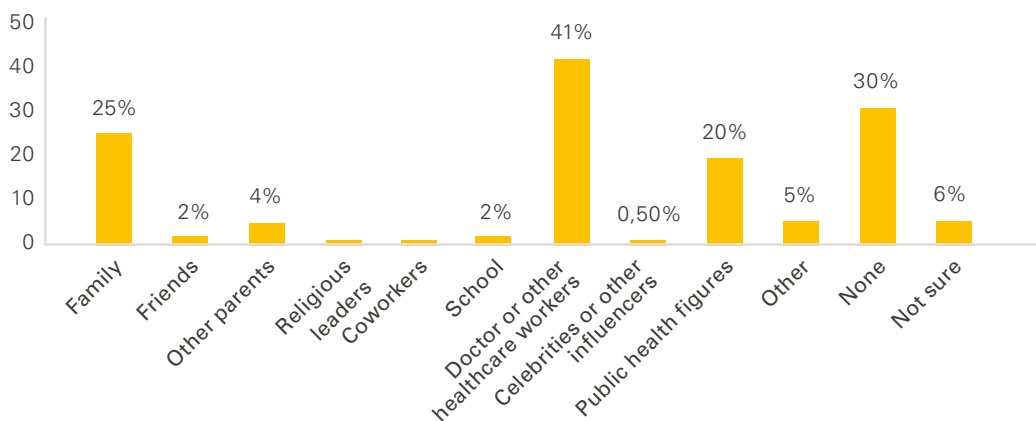


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Influence on Vaccination Decision and Addressing Concerns

When asked about the greatest influence on their decision to vaccinate their child, mothers reported a variety of factors, with doctors or other healthcare workers having the greatest influence. Family members are the next most influential at 25%, followed by 'None', suggesting that 30% of the respondents believe not to be influenced by any external opinions.

Which of the following has the greatest influence on your decision on whether to vaccinate your child, or NOT?
Multiple answers



Graph 10: Influences on Vaccination Decision

Experiment: Testing different Behavioral Interventions

Upon finishing the initial series of questions, participants were evenly distributed in a randomized manner (1:1:1:1 ratio) into four distinct groups. Within these groups, three unique messaging frames were evaluated to determine their influence on the participants' intention to vaccinate and their engagement with an appointment scheduling tool (forth was the control group).

TRUST:

Schedule routine vaccinations for your children while you are in Poland! Protect their health and shield them from vaccine-preventable diseases.

Polish health system has a strong immunization program, that has been successful in preventing serious diseases in children using the highest quality vaccines.

Click below and make an appointment to get your child vaccinated.

CLICK

ACCESS:

Schedule routine vaccinations for your children while you are in Poland! Protect their health and shield them from preventable diseases.

Getting your child vaccinated in Poland is easy and convenient.

Click below and make an appointment to get your child vaccinated.

CLICK

(RISK AVERSION) HIGHLIGHTING VULNERABLE SITUATION:

Schedule routine vaccinations for your children while you are in Poland! Protect their health and shield them from preventable diseases.

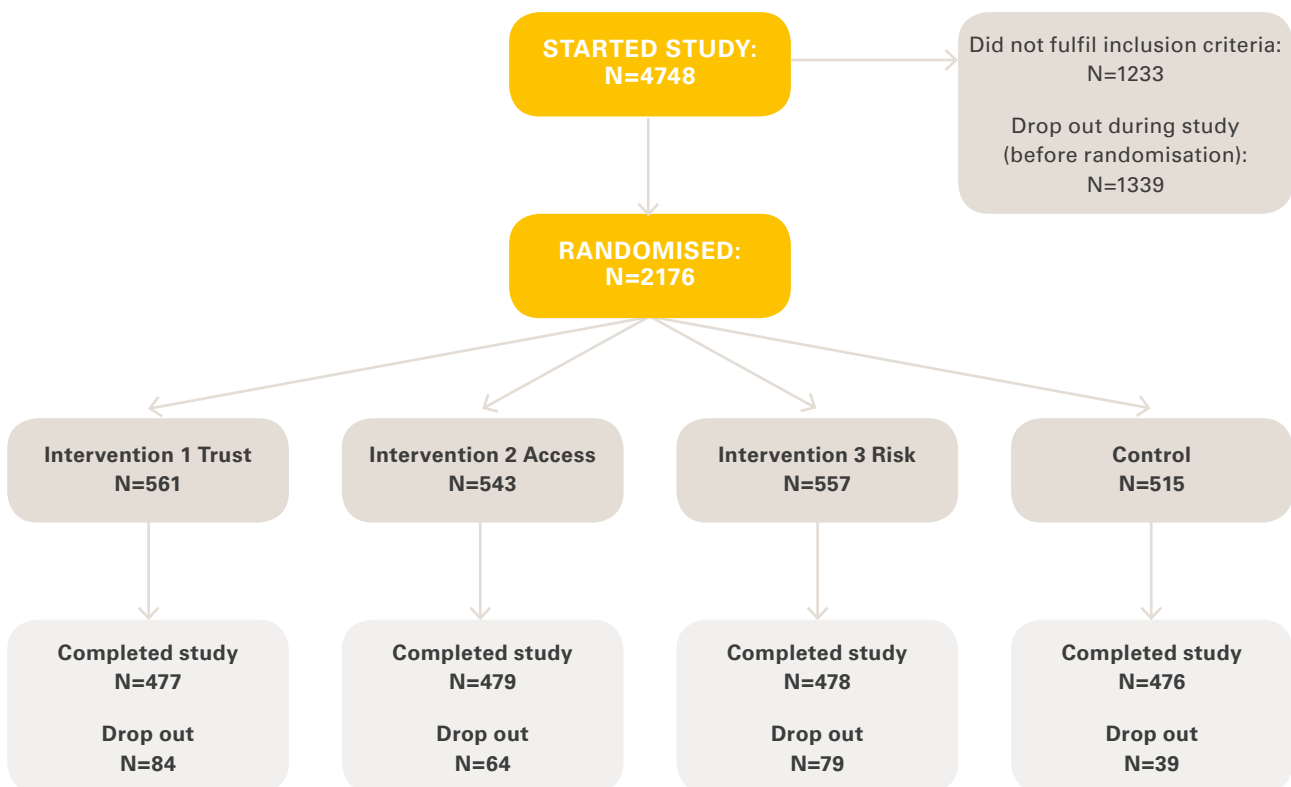
Vaccinating your child during emergency is more important than ever as your child might be more vulnerable for infections.

Click below and make an appointment to get your child vaccinated.

CLICK

In our effort to encourage vaccination among the children of refugees from Ukraine, we conducted an experiment to see which type of pro-vaccine message would be most compelling to their mothers. The experiment's goal was to determine whether these messages could increase the mothers' intentions to vaccinate their children and the actual follow-through of scheduling vaccinations.

MOTHERS PARTICIPATING IN THE STUDY WERE RANDOMLY ASSIGNED TO ONE OF FOUR GROUPS, EACH RECEIVING A DISTINCT MESSAGE:



The messaging was crafted using data from an earlier survey with refugee mothers from Ukraine in Poland, which revealed a considerable level of trust in Poland's health workers alongside reported challenges in accessing health services within the country. Each of the intervention messages began identically, with an opening sentence prompting mothers to immunize their children in Poland. This was followed by a sentence with the targeted message under examination, which either highlighted confidence in the Poland's healthcare system, emphasized the accessibility of vaccinations, or underscored the importance of immunization to mitigate risks while in a vulnerable state.

FINDINGS

The experiment revealed that the message targeting Risk Aversion (highlighting vulnerable situation) resonated the most significantly with mothers. We found that in the groups receiving the risk aversion intervention, 31% of participants clicked on the link to schedule a vaccination. This compares to 25% in the control group, which didn't receive the intervention. This means that the intervention increased the likelihood of clicking the link and scheduling a vaccination by 53% compared to those who did not receive the intervention.

Those who received this message showed a notable increase in their intention to vaccinate and were more likely to click on a link to schedule vaccination appointments. This suggests that emphasizing the heightened risk of disease during emergencies and the vulnerability of children was a strong motivator for taking immediate vaccination action.

The messages emphasizing Trust in the Poland's healthcare system to vaccinations, while effective in reinforcing the importance of vaccination, did not significantly change mothers' immediate intentions to vaccinate or the click-through rate for scheduling.

CONCLUSION

When it comes to healthcare decisions, the way information is presented can make a significant difference. In our study, the mothers who participated were diverse in their experiences and needs, but they shared a common priority: the health of their children. Through the experiment, we observed how nuanced messaging could tap into their concerns and motivate action.

The conclusion we draw from this experiment extends beyond the data. It's about understanding human behavior—what compels us to act and how we respond to different forms of persuasion in times of uncertainty. The findings from our study are a testament to the strength and resilience of these mothers, who are determined to do the best for their children under challenging circumstances.

In practical terms, our experiment suggests that health communication strategies, particularly in crisis or emergency situations, should prioritize messages that align with the distinct protective needs of families. Campaigns should aim to

strike a chord with the emotional realities of parents, reminding them that even when the world feels unsafe, taking steps like vaccinating their children is a concrete action they can take to ensure their well-being.

Moving forward, we see a clear opportunity to refine public health messaging to better support refugee populations. By continuing to listen and learn from their experiences, we can develop communications that not only inform but also inspire the necessary actions to protect public health. Further, health authorities should make it as easy as possible for refugee mothers to vaccinate their children, given the reported trust in their services, and the barriers many mothers faced in accessing basic health information and support.

The UNICEF Refugee Response Office in Poland has developed ready-to use materials based on the research findings and using narrative based on the tested messages.

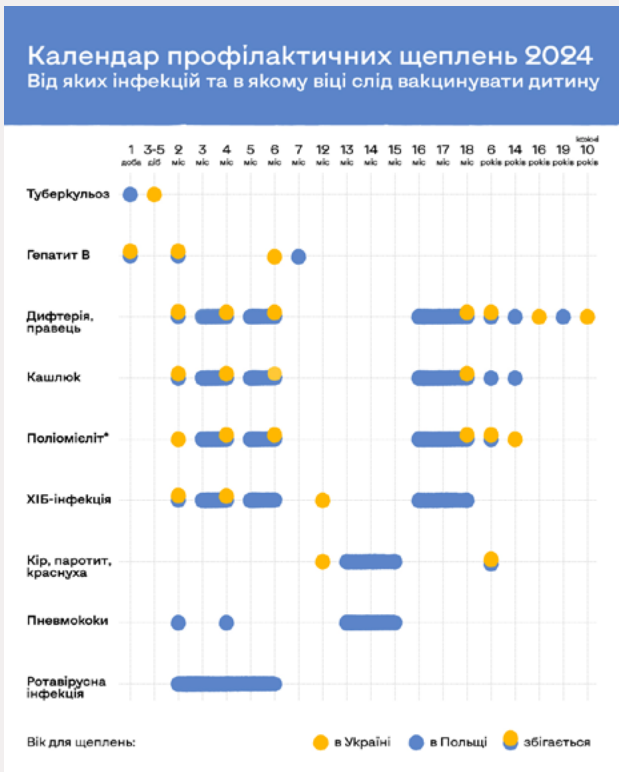
Як захистити дитину від хвороб та інфекцій?

Якщо ви далеко від дому.

Спільна відповідь
unicef
для української дитини

3 прості кроки, щоб вакцинувати вашу дитину:

- 1** Підготуйте документи – паспорт, номер PESEL, записи про щеплення, зроблені в Україні.
- 2** Знайдіть медичний заклад NFZ поруч із вами та запишіться до сімейного лікаря.
- 3** Завітайте на прийом із дитиною до сімейного лікаря та погодьте план щеплень. Далі лікар має здійснити огляд дитини перед самим щепленням, провести вакцинацію та внести інформацію про нього у картку дитини.



Адаптація у новій країні — виклик не лише для дітлахів, а й для їхнього імунітету.

Тому вакцинація сьогодні важлива як ніколи!

Спільна відповідь
unicef
для української дитини

Recommendations

FOR GOVERNMENT AND PUBLIC HEALTH INSTITUTIONS:

Information Campaigns using behavioral science:

Capitalize on the high trust in official health institutions by launching comprehensive information campaigns targeting caregivers from Ukraine. Think of using behaviorally-informed solutions and address identified barriers. Use diverse media channels to reach a broader audience.

Simplify Navigation within the Health System:

Create easy-to-follow guides, based on human-centered design for navigating the healthcare system, including how to make appointments, what to expect, and information about vaccine safety and efficacy.

Dissemination through the right channels:

Ensure caregivers from Ukraine understand how to get support and fight misinformation by providing the trusted information through the right social media channels, in the public spaces where caregivers from Ukraine spend time.

Enhanced Bilingual Communication:

To support effective communication, it's essential to prepare all relevant materials in both Polish and Ukrainian. This ensures that both caregivers from Ukraine as well as healthcare professionals fully understand the informational leaflets distributed to patients from Ukraine.

FOR COMMUNITY ORGANIZATIONS AND COMMUNICATORS:

Build on Social Networks:

Engage community leaders and utilize existing social networks to spread accurate information about vaccinations. Encourage word-of-mouth advocacy among peer groups.

Identify pro-vaccine advocates:

Find and support pro-vaccine advocates within the refugee community from Ukraine. These individuals can be powerful allies in promoting vaccination, as their firsthand experiences and testimonies can resonate strongly with their peers.

Address Specific Barriers:

Recognize and address the distinct barriers faced by mothers from Ukraine, such as language barriers and appointment scheduling difficulties, with practical solutions like translation services and an intuitive online booking system.

FOR ALL GROUPS:

Highlight the specific, vulnerable situation that caregivers from Ukraine face in Poland, while promoting vaccination within this group.



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