DEMOGRAPHICS

Poor Households

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY? ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

Given the struggles of meeting a family's basic needs, poorer families, and those living in poverty, are less likely to vaccinate their children, even when parents want to vaccinate.

Case study:
In Pakistan, costs associated with public transport and time off work are significant barriers, resulting in only 23.4% of the poorest children being fully immunized compared to 75.4% of children in the wealthiest quintile.

DEMOGRAPHICS

Limited Education

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY?
ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

Parents, especially mothers, who are illiterate or with limited education, are less likely to vaccinate their children and have a difficult time understanding the importance of vaccination.

Case study:
In Pakistan, research suggests that women without a high school education are less likely to decide to vaccinate, with lack of awareness and time often cited as the main reasons.

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LIVING CONDITIONS

Conflict and Climate Affected

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY?
ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

Families living in areas impacted by conflict and climate catastrophes may have damaged health infrastructure and human resource shortages, leading to interrupted service and outreach.

Case study:
In Afghanistan, fear of safety under Taliban-controlled areas has hindered community participation in immunization programs, contributing to repeated disease outbreaks. The country remains one of only two where wild poliovirus is still endemic.

DEMOGRAPHICS

Ethnic or Religious Minorities

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY? ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

Ethnic or religious minorities can be underserved and unreached by vaccination services. They may distrust the government and be left out, or opt out, of the formal health system, due to their own beliefs about vaccination programs.

Case study:
The Tripura community of Bangladesh is hesitant to vaccinate its children because they believe that registration will lead to them being forcibly evacuated from their land.

LIVING CONDITIONS

Hard-to-reach Communities

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY?
ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

Families in rural areas and geographies that are physically difficult to access often have less access to quality health services, and have to travel longer distances to find facilities, making the process costly and inconvenient.

Case study:
The Madheshi people of Nepal's wetlands often journey 30 to 40 minutes by foot or bicycle to reach health clinics. Travel is particularly burdensome for women.

LIVING CONDITIONS

Communities on the Move

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY?
ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

Nomadic communities with children on the move are at high risk of disease due to forced displacement, interruption of services, dangerous and unsanitary living conditions, and in some cases, a lack of official status.

Case study:
About 2 million Kuchis, or nomads, in Afghanistan move around seasonally, and often miss vaccination campaigns, making them more at risk of getting and spreading diseases like poliovirus.

LIVING CONDITIONS

Families in Urban Slums

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY? ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

Families living in urban slums are at higher risk of disease due to challenges like overcrowding, poor sanitation, violent crime, and insecurity. When health centres become overcrowded, vaccines run out and costs increase.

Case study:
In the Philippines, 17 million people live in crowded urban slums, where many face tough living conditions. This situation caused a shortage of vaccines between 2014 and 2015.

HEALTHCARE BEHAVIOURS

How do families get health information?

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY? ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

- **Digital platforms such as WhatsApp or Facebook for health updates**
- **Informal sources such as neighbours or family for advice**
- **Healthcare workers such as nurses or doctors**
- **Religious/ community leaders such as pastors or imams for guidance on child health**

Case study:
In 2019, certain vaccines were declared forbidden by religious and community leaders in Indonesia, leading to viral messages on social media that halved vaccination rates in regions like Sumatra.

DEMOGRAPHICS

Family Size and Birth Order

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY?
ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

First-born children have higher levels of childhood immunization than later-born children, because with more children, caregivers are unable or unwilling to bring their children to the clinic. Negative experiences vaccinating their first child drives caregivers to not vaccinate their other children.

Case study:
In Myanmar, 89% of women attend all antenatal care visits for their first child, but this drops to 60% by the sixth child. Women in rural areas discontinue their ANC visits more quickly than those in urban areas.

HEALTHCARE COVERAGE AND ACCESS

Health service availability: rural or hard to reach areas

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY?
ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

In this area, hospitals and clinics are only available in urban areas, or are not often found in rural areas where some communities live. Families who live far from the closest health facility may face long travel times, transport costs, and difficulties arranging childcare, which reduce the likelihood of timely visits for preventive or follow-up care.

Case study:
In rural Pakistan, children living farther from health facilities were significantly more likely to experience untimely vaccination, showing how distance and limited local service availability delay immunization and reduce coverage.

UNICEF/PAKISTAN/Asad Zaidi

HEALTHCARE COVERAGE AND ACCESS

Dependence on outreach services

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY? ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

Some communities rely heavily on mobile clinics, vaccination campaigns, or health worker outreach, as fixed health facilities are too distant or inaccessible. Service interruptions or irregular visits can lead to missed immunizations.

Case study:
In Vietnam's Dak Nong province, health authorities complemented static clinics with mobile teams visiting families living far from facilities. The number of children vaccinated each month doubled – from about 100–150 to 200–300.

UNICEF Viet Nam\Luu Thu Huong

HEALTHCARE BEHAVIOURS

When do families engage with healthcare?

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY?
ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

- **Only during emergencies such as when a child is very sick**
- **They seek care whenever ill, but do not attend routine check-ups or preventative care e.g. ANC**
- **They actively use and seek healthcare, using preventative care such as antenatal care (ANC) visits**
- **Use local pharmacists or community healers to manage all health issues**

Case study:
In Bangladesh, children whose mothers attended four or more antenatal care (ANC) visits were 77% more likely to be fully immunized than those whose mothers had no ANC visits. Regular engagement with preventive services created more opportunities for counselling and timely vaccination.

UNICEF/Bangladesh/2025/Himu

HEALTHCARE BEHAVIOURS

Who do families rely on for healthcare?

IS THIS A RELEVANT CHARACTERISTIC OF YOUR PRIORITY COMMUNITY? ADD IT TO YOUR PERSONA WORKSHEET TO HELP DESCRIBE THEM.

- **Public facilities such as government health centres or outreach services**
- **Private providers such as private doctors and clinics**
- **Traditional healers such as herbalists or spiritual healers**
- **Local pharmacists or community health teams**

Case study:
In tribal communities across states such as Odisha, Jharkhand, Chhattisgarh, and Madhya Pradesh in India, many caregivers adhere to cultural beliefs and prefer traditional healers, leading to delays and gaps in childhood immunization.

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