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COMMUNITY PERCEPTION OF VACCINE MESSAGES IN SOUTH-WEST NIGERIA: A NARRATIVE REVIEW

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ABSTRACT: This paper explored community perceptions of vaccine messages in South-West Nigeria and their importance to vaccine uptake and health outcomes. Using a non-empirical, narrative conceptual review, the paper synthesised available research findings from pertinent peer-reviewed articles and credible reports on vaccination, vaccine communication, community perceptions of the issue, and vaccine hesitancy, particularly in Nigeria and similar contexts. Within the Health Belief Model, this article also identified the community's perspectives on how government and authority, religious and cultural values, mass media, education, health care providers and health services may influence their perceptions of vaccine messages, identified the communication strategies employed, their obstacles and their eventual effect on confidence in vaccines. In conclusion, the paper argues that culturally congruent, evidence-based, inclusive communication strategies are necessary to combat infodemics, address vaccine hesitancy concerns, strengthen immunisation programmes, and improve health outcomes in South-West Nigeria.

Keywords: Vaccine Messages, Community, Vaccine Communication, Vaccine Hesitancy, Health Belief Model, Public Health, South-West Nigeria

INTRODUCTION

Public health measures, such as vaccination, can provide an effective and inexpensive way to control infectious diseases and reduce illness and death globally (Sogbesan et al., 2026). Billions of deaths are being averted each year through established vaccination plans against vaccine-preventable infectious diseases such as tuberculosis, hepatitis, measles, and polio. Nevertheless, a critical hurdle to good public health remains public reluctance about immunisation, particularly in developing countries where myths, limited health information, and traditions shape public views on immunisation. Accordingly, national authorities and health officials are increasingly promoting vaccination and advocating public acceptance by expanding ways to disseminate information about vaccinations.

Iwu et al. (2025) inferred that vaccine messages relate to all the ways in which health information about vaccine benefits, safety and significance is designed and disseminated to an audience or population. Communities or individuals can receive these messages through their health provider,

on television and radio, through the Internet and social media, at religious sites, from community leaders, or through government-sponsored educational campaigns (Olufadewa et al., 2025). Essentially, it's an informational strategy aimed at enhancing awareness and trust and diminishing erroneous information regarding the necessity of vaccination for improved decision-making about the community's health. Nonetheless, for this approach to succeed, community perceptions of these vaccine messages must be critically examined to understand how individuals make meaning of the messages and respond to the health communications they receive from various channels.

It's often believed that one's own perceptions regarding health information may play a big role in one's response and belief regarding vaccines, since perceptions on issues of health, religion, culture, values, experiences and beliefs of health providers contribute to decision-making. Positive perceptions of vaccine messages are likely to enhance one's level of vaccine confidence and consequently promote increased uptake of immunisation, unlike negative perceptions stemming from misleading news, rumours and scepticism that may enhance hesitancy to vaccinate and also vaccine rejection (Muhammad-Olodo & Asher, 2026). In this context, it is important to understand perceptions of messages to devise messages and strategies that promote positive responses and behaviours regarding vaccination.

Vaccination has been implemented to fight diseases including polio, measles, yellow fever, COVID-19 and HPV (human papillomavirus) across South Western Nigeria. The process involves collaborations among the government sector, health facility providers, international organisations and community stakeholders to achieve acceptable vaccine uptake (Ibrahim et al., 2026). Nevertheless, community responses to vaccine messages varied in Nigeria due to differences in educational levels, cultures, religions, socioeconomic conditions, and the degree of access to various types of (mis)information that spread fast on the digital space and other social media. These differences still contribute to the fluctuations in the level of trust people place on the vaccine administration programme.

This article explored how messages surrounding vaccines reach people and shape attitudes. Despite documented vaccination uptake and concerns about vaccine-related information, qualitative studies are limited in understanding community attitudes towards vaccine messages and the underlying factors that motivate these attitudes among communities in South-Western Nigeria. Quantitative surveys usually offer a statistical outlook on how much or how often vaccination occurred and people's perceptions, but offer minimal understanding of how communities see what they know and how they act regarding vaccines (Akinyemi et al., 2021). This study aimed to build more extensive knowledge of community perceptions of vaccine messages, which can further help to provide evidence that policymakers, public health experts, health care professionals, and communication professionals can use in developing culturally competent vaccination messaging that enhances community acceptance and public confidence in vaccines.

In Nigeria, vaccine hesitancy is one of the major problems affecting the uptake of vaccination initiatives across a number of regions due to cultural, historical, and religious factors, low health literacy, information distortion, distrust in the healthcare sector and community receptiveness to vaccine messages (Adeniyi-Agbaje, 2026; Oseni et al., 2026). Little research examines how people interpret and respond to vaccination communication within social and cultural contexts, and how

that affects trust and vaccine acceptance. This paper does a narrative analysis of the perception of vaccine messages in Southwest Nigeria, and how trust and acceptance of vaccines is impacted, and also how the messages affect public health. Because of this research gap, the paper synthesizes studies to build a foundation for coordinated efforts to address communication gaps and improve vaccination effectiveness in the region.

METHODOLOGY

The study adopts a descriptive narrative conceptual analysis to understand how people in South West Nigeria make meaning of vaccination messages. This approach was suitable because the work is non-empirical and is based on synthesising and critically interpreting existing literature rather than collecting primary data. Relevant academic articles, conceptual papers, public health reports, and other credible sources on vaccination, vaccine communication, community perception, and vaccine hesitancy were purposively selected and reviewed, with particular attention to Nigeria and, specifically, South-West Nigeria. The reviewed literature was analysed thematically through themes such as trust, religion, culture, education, social and traditional media, and health workers. The Health Belief Model guided the interpretation of community responses to vaccine messages. Overall, the analysis synthesised existing arguments and findings to highlight knowledge gaps and consider implications for effective communication, vaccine confidence, and public health policy.

Vaccine Messages and Vaccination: Principles and Public Health Implications

Vaccination and vaccine communication are central to optimising intervention success and preventing infectious diseases (Iwu et al., 2025). Therefore, vaccination builds biological protection against preventable diseases; meanwhile, communication about vaccination provides the means to share information and knowledge with the public, build trust, correct misinformation, and strengthen public support for immunisation decisions. Vaccination and communication mutually support the success of interventions to prevent infectious diseases (Agbaka, 2026). Vaccination and vaccine communication enhance vaccine acceptance, strengthen immunisation programmes, and improve public health outcomes by increasing public confidence, reducing hesitancy, and ensuring sustained vaccine impact across communities, especially among vulnerable people.

Widely hailed as one of the most successful public health tools, vaccination is a safe and effective measure to prevent infectious disease transmission and mortality across all population groups. Vaccination programmes have successfully eliminated or controlled smallpox, polio, measles, and tetanus globally (Egwuaba & Sunday, 2026). In addition to protecting those who have been vaccinated, herd immunity created by vaccination also helps protect susceptible populations, including those who may not be vaccinated due to age or medical reasons. Hence, efficient vaccination programmes are important tools to support, enhance and strengthen existing health systems and to improve longevity and global health outcomes (Olugbenga-Bello et al., 2023).

The term vaccine messages refers to planned communication activities that aim to communicate, educate, and influence attitudes, perceptions, beliefs, and behaviour regarding the need for, safety, and effectiveness of vaccines among specific audiences or population groups (Kubura et al., 2025). Such messages are usually conveyed via various channels, i.e., health professionals, mainstream

media, social media, community campaigns, schools, and faith organisations. These information messages aim to clarify what is needed, address incorrect beliefs, and enable audiences to make informed vaccination decisions, with the overall goal of increasing acceptance and uptake of vaccination programmes (Bakare et al., 2025). Accurate, certain, trustworthy, and culturally acceptable vaccine communications help build public trust and confidence in vaccination programmes.

Community Perception of Vaccine Messages and its Determinants

Community perception refers to how a community interprets, evaluates, and responds to information, events, or actions through shared beliefs, values, culture, social networks, and experiences (Andrew, 2025). In the context of vaccine messages, this means how community members perceive them as believable, relevant, or false. Positive opinions usually increase vaccine acceptance, while negative views often lead to vaccine hesitancy and resistance to immunisation programmes. Public health can only begin to tailor appropriate communication by understanding people's perceptions of vaccines.

Many factors shape how a community perceives vaccine messages. An individual's ability to understand health messages, or the difference between facts and misinformation, may depend on their level of education (Ogundele, 2025). The perception of vaccine messages may also depend on cultural beliefs and practices, along with religious principles, as it may go against certain views and beliefs held within some cultures in the world; for example, it may not fit with current health ideals, or some believe it goes against certain traditions (Erim et al., 2025). Trust in other agencies, such as the government, doctors, and other International Health Agencies, can directly affect public perception and confidence in vaccine campaigns. Misinformation can confuse the message being conveyed about vaccines.

A recent study has shown that positive impressions of vaccine messages are associated with greater vaccine acceptance and higher levels of immunisation (Balogun & Omobowale, 2026). Communities with better access to, understanding of, and acceptance of accurate, timely, and culturally sensitive vaccine information are more receptive to vaccination programmes (Ajayi et al., 2025). In contrast, poor communication, information overload, mixed messages, and misinformation lead to greater vaccine hesitancy and delayed or denied vaccination (Ezechukwu et al., 2026). Work on COVID-19 vaccinations has shown a relationship between an individual's trust in the message source and the probability of vaccine acceptance and compliance.

Awareness of Vaccine Message among Community Members in South-West, Nigeria

Nigeria has conducted multiple vaccination initiatives for diseases such as polio, measles, yellow fever, meningitis, COVID-19, and human papillomavirus through a coalition of the government, healthcare facilities, and international bodies. However, public vaccine perceptions differ significantly across regions because of differences in economic circumstances, education levels, religion, and traditional beliefs (Olusanya et al., 2026). Although the percentage of immunised people has risen over time in Southwest Nigeria, rumours, misconceptions, and divergent attitudes

have hampered local views on both receiving public messaging about vaccines and getting vaccinated (Kuss et al., 2026).

Many studies to date have focused on immunisation rates, factors influencing vaccine reluctance, and quantitative surveys of immunisation programmes, while few have qualitatively examined how communities in the area interpret and respond to vaccine messages. Qualitative methods enable a rich description and a thorough explication of people's everyday encounters, beliefs, values and motivations, which cannot be measured statistically (Omoge, 2026). To provide an adequate insight into local reception of vaccine messages in Southwest Nigeria and create a knowledge base for improving public health messages, more qualitative studies are required.

Integration of Health Belief Model

Social psychologists Godfrey Hochbaum, Irwin Rosenstock, and Stephen Kegels conceptualised the Health Belief Model in the 1950s to explain why individuals engage in health behaviours (Daniati et al., 2025). This theory predicts that individuals decide to act on behaviours to maintain good health by assessing perceived health benefits and barriers, susceptibility to disease, disease severity, and motivation for health behaviours (Singh et al., 2026). Health beliefs have long been applied to public health interventions focused on behaviours related to vaccination, disease prevention, and healthy lifestyle promotions for diverse populations.

In accordance with the Health Belief Model, the likelihood of an individual accepting a vaccine is associated with their perception of susceptibility to the disease, its perceived seriousness, and the expected benefits of the vaccination (Shah et al., 2026). However, individual willingness to be vaccinated can be hampered by the perception of various barriers, including the fear of side effects, scepticism of vaccine evidence, religious or cultural beliefs and vaccine misperceptions. Ultimately, when there is a prompt to action (e.g., an influential message about vaccinations from medical staff, community or religious leader, or the media) and it is accompanied by belief in the efficacy of the message, individuals are most likely to engage in positive health practices, such as being vaccinated (Bronfman et al., 2026).

Health Belief Model is pertinent to this study as it can explain the interpretation and reaction of the community to vaccine communication in Southwest Nigeria. The model gives a valuable way of interpreting the effect of beliefs, perceptions, and attitudes on the way in which information is received and decisions about whether to accept vaccines (Zhang et al., 2026). The study uses the Health Belief Model in an effort to examine influences which may form the perception of the community on vaccine information and barriers to uptake of vaccines and to provide evidence to inform the design of effective health communication interventions to increase the utilisation of vaccines.

Key Factors Influencing a Community's Reception of Vaccine Messages

Trust: An important driver of perception of vaccination messages by a community is the public's level of confidence in the government. A community that holds favourable views about the transparency, accountability and pro-activeness of government institutions may be more receptive

to vaccine messages and vaccination programmes (Makahaghi, 2025). Perceived credibility is likely to be higher when governments communicate clearly, timely, consistently and answer public worries/questions about vaccines in a transparent manner and free of political manipulation/interference. Public disaffection and apprehension can often lead to a breakdown in confidence if authorities make contradictory communications, if politicians interfere unnecessarily or if government communicates about public health emergencies ineptly. Improving government capacity building, transparency, public accountability and community involvement is needed in Nigeria to influence positive perspectives on vaccine messages and promote immunisation.

Religion: Garfield et al. (2025) aver that religion plays a critical role in community acceptance of vaccination messages since one's religious beliefs and doctrines influence one's acceptance of health and medical care. Religious leaders of communities, widely accepted and respected by local populations, often guide group attitudes towards vaccine initiatives. Religious community members and organisations have advocated for vaccination uptake based upon their religious convictions. Conversely, rumours, misinformation and certain misconceptions prevalent among some faith organisations have influenced community attitudes against uptake of vaccines. Accordingly, the participation of churches, mosques and other faith communities would aid in enhancing public awareness and knowledge of vaccination.

Culture: Culture contributes greatly to the message-recipient perspectives on vaccine communication messages, as it is expected to affect people's beliefs, traditions and practices relating to their health (Ifeanyi et al., 2025). These influence the way a community comprehend the message given by health professionals for preventive or therapeutic issues like vaccinations. In many contexts, cultural practices are likely to affect health practices when the community has traditional values that are not aligned with scientific views on disease or medical treatments, which have led to vaccine hesitancy. Therefore, health messages for vaccine communication should be culturally sensitive. Incorporating culturally specific vernaculars, cultural values and traditions may help to make vaccine communication messages culturally acceptable and encourage behavioural change without causing cultural damage to communities.

Education: As per Williams et al. (2024), educational background has a significant impact on people's knowledge of, interpretation of, and receptivity to messages on vaccine use. The more education and health knowledge an individual possesses, the greater will be his or her likelihood of critically assessing scientific arguments; identifying the difference between fact and rumour; and understanding the rationale for vaccination. Public health authorities can, and should, improve vaccination knowledge in the general public by tailoring clear, engaging, and relevant public health messages, particularly those focused on raising vaccine confidence, towards people across educational strata.

Social Media: With the advent of social media platforms, the propagation of health communication has undergone a dramatic transformation: it is faster, peer-to-peer driven, but often not driven by accuracy. The algorithms on social platforms (e.g., Facebook, WhatsApp, Twitter-X) are designed to rank and showcase the most impactful and emotionally driven content, thus favouring viral posts and not rigorously researched information (Ojumu et al., 2025). This translates to sensationalised first-hand experience, as opposed to medically vetted information shared during a health crisis,

causing fear and a major anti-vaccine wave across communities. To a great extent, social media provides a unique reach, yet it acts as a magnifier of confirmation bias and skewed real-world context.

Traditional Media: Traditional media, such as television and newspaper reporting or broadcast media, often act as reliable conduits between government messaging and the public. Their traditional influence and audience overlap with a higher degree of exposure and confidence among older adults and residents living in rural areas (Ike, 2026). At their best, well-run and responsibly editorialising traditional news channels offer measured commentary through any health crisis and may also have deep credibility with local listeners. For instance, a locally broadcast news report or public radio show narrated by people the audience members "know," who frame explanations and quell public anxiety around novel public health risks in local and familiar ways, can be quite effective. Unfortunately, when news channels become overly partisan or dramatise medical fears, they often sow conflicting perspectives that weaken broad, united social action during any public health crises.

Health Personnel: Health Workers. Health workers often have the highest levels of public trust when it comes to vaccines due to their everyday communication with communities and individuals about their health. Nurses, physicians, pharmacists and community health volunteers inform the public on the safety and efficacy of vaccines, how they work, potential risks associated with receiving them, and the impact they have on community health and in preventing the transmission of infectious disease (Oladosu et al., 2026). Because of their expertise and the existing patient relationships, they can provide accurate, credible information, counter myths, answer questions and engender trust in vaccination programmes by effectively imparting messages that resonate with members of the communities to whom they communicate (Aladenola, 2026). Therefore, training of health workers on communication skills, community engagement methods and delivery of tailored messages can contribute to increasing vaccine uptake in the community.

Communication Approach for Efficient Vaccine Messages

Strategies for Effective Vaccine Messages: To improve public acceptance of and uptake of vaccines, strategic planning needs to be in place for disseminating effective vaccine messages, which must be accurate and current, culture-sensitive, timely, and responsive to information needs for varied population groups (Limbu & McKinley, 2025). Localised language or dialect use, simple message style and use of localised or relevant examples are essential for better message perception, understanding of vaccination importance and clarity that minimises erroneous vaccination perception. The evidence should be transparently conveyed with consistency through various channels to gain confidence from the population and to refute misleading claims about vaccines (Jwa et al., 2025). The public's active role should involve dialogue, instead of one-way message dissemination, in order to boost community participation, address apprehension and facilitate increased vaccination confidence in existing programmes.

Another important pillar of impactful vaccine communication would be a robust collaborative effort from governmental stakeholders, healthcare professionals, community and opinion leaders, educators, traditional and religious heads, digital and broadcast platforms, community-based

groups, etc. Health care practitioners should have well-developed communication skills in order to deliver appropriate information and help the general population address perceived issues pertaining to vaccines (Bhatt et al., 2025). Both digital and traditional news media should serve as a hub to share reliable information and counter untrue messages that may erode vaccine acceptability. Strategies like school health programmes, community engagement activities, social media use, and role model advocacy among opinion leaders should form an integral component of vaccine campaign programmes to help in public sensitisation and acceptance, thereby lowering the rate of vaccine hesitancy, improving immunisation coverage and improving the health of those residing in the western part of Nigeria (Orr & Gordon, 2025).

Barriers to Effective Vaccine Communication

Many barriers can hinder the effective communication of vaccines that, in turn, limit the public's knowledge of, support for and acceptance of vaccination programmes. Information concerning vaccine risk is widely distributed via social networks, informal communication channels, and unverified avenues, typically exaggerating vaccine risk and perpetuating false information regarding vaccine safety and efficacy (Olumide et al., 2025). The proliferation of such information is a cause of vaccine hesitancy, the reluctance to accept immunisation services that are readily available. Hesitancy is exacerbated by cultural beliefs, fear of vaccine side effects, low health literacy, and poor communication between public health services and the general population, thereby diminishing the effectiveness of public communication and eroding trust in vaccination (Esan, 2026).

Aliede et al. (2024) posited that political distrust, lack of access, and communication disparities also inhibit vaccine communication and confidence. In communities with low government trust or health policies viewed through a politicised lens, official communication around vaccines can be met with a high degree of suspicion. Limitations in access to healthcare, as well as a lack of communication outlets, languages spoken, and level of economic disparity, can prevent messages about vaccination from reaching remote and vulnerable communities. Furthermore, the communication of disparate messages from diverse sources (e.g., government officials, healthcare providers, news organisations and community leaders) to the public can also foster confusion and further decrease confidence. These challenges would likely necessitate transparent and comprehensive messaging approaches, coordinated stakeholder participation and involvement, and improved access to health information and evidence-based communication for the public that foster confidence (Jibrin et al., 2025).

Community Health and Policy Impact

The influence of perceived messages about vaccination on public health policy and disease prevention, and on vaccine coverage and the efficacy of immunisation programmes, is crucial and would be the ultimate consideration for immunisation endeavours in the South-West of Nigeria (Nwokedi et al., 2025). Acceptance and adequate immunisation of the public boost vaccine acceptance and improve community vaccine uptake, thereby enhancing herd immunity and thus decreasing the rate of vaccine-preventable diseases, whereas negative public perception about vaccines would breed vaccine hesitancy and could potentially lead to outbreaks and higher health

care costs, leading to preventable morbidity and mortality (Etiaba et al., 2025). Health policies should therefore emphasise efficient communication about vaccines by including evidence-based, culturally appropriate, audience-focused messages to guide all immunisation activities. In addition, health bodies should boost collaboration with healthcare workers, local leaders, religious organisations, schools, civil society organisations, the media, etc., to enhance public confidence and promote the synchronised spread of truthful information about vaccination (Mbanefo et al., 2026).

In terms of the policy context, the way the communication aspect is addressed requires a long-term investment in existing health communication systems, education and community mobilisation. Policy frameworks will enable continuous public awareness campaigns, periodic training of health care providers, good use of both digital and print media, response to incoming misinformation (Ezeaka et al., 2025) and policies promoting access to immunisation, in particular those targeting factors like socioeconomic level, geography and language to overcome limitations towards public immunisation coverage. Effective monitoring and evaluation of vaccine communication programmes can further help stakeholders comprehend public opinion and identify deficits in the communication strategy to enhance public health in South West Nigeria (Chukwuma & Obi, 2025).

Conclusion

This paper reviewed community perceptions of vaccine messages in South-West Nigeria and affirmed that effective vaccine communication is critical to successful immunisation programmes and optimal health outcomes. The literature shows that responses to vaccine messages are shaped by interconnected factors such as government trustworthiness, religious beliefs, traditional values, education, social media, and relationships with health workers. These factors can lead people to accept, doubt, or reject vaccine messages, shaping vaccine confidence, immunisation rates, and control of vaccine-preventable disease. It was also inferred that negative public perceptions of government, misinformation, and poor messaging and access to health care are major hurdles to positive vaccine communication. Development of data-driven, culturally sensitive, context-relevant and client-centred communication strategies, strong collaboration among all relevant actors, and public health policy can result in greater public confidence in vaccines. The paper ultimately affirmed that investment in health communication, community engagement and strong public health policy alone can contribute to increasing vaccine uptake and consequently enhance public health in South-West Nigeria.

Recommendations

From the issues raised in this paper, the following recommendations can be made towards a better public perception of vaccine messages and efficient vaccination programmes in South-West Nigeria. According to Manoli et al. (2025), Sommers et al. (2025), and Li et al. (2025), the following recommendations were suggested;

i. Promote a greater sense of government accountability and the value of transparency in public trust by providing consistent, clear and timely information on immunisation programmes using reliable and accountable channels.

ii. Facilitate a greater use of culturally and religiously appropriate vaccine communication methods by integrating traditional rulers, religious leaders and community influencers into the development and delivery process of vaccine messages.
iii. Improve general public health education and vaccine literacy through increased public awareness, in school-based programmes and community outreaches, which will clearly present simplified scientific facts to various stakeholders.
iv. Step up measures to fight vaccine misinformation by strengthening and expanding fact-checking systems, closely monitoring social media and mainstream media for false information, and promptly providing evidence-based responses to any rumours regarding vaccination programmes.
v. Increase health care workers' communication capacity through regular training in aspects of interpersonal, community outreach, risk and crisis communication to improve public reliance on vaccine information from health workers.
vi. Foster closer relationships between stakeholders, which include governmental, institutional, health-based, and civil society organisations, media houses, and partners, towards coherent and consistent public health communication messages on vaccination.
vii. Improve access to vaccine information as well as immunisation services, particularly for the deprived and rural populations, as a way to mitigate any communication gap attributed to geography, socioeconomic status and language that tends to affect vaccine acceptance.

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