Cultural Beliefs and Acceptance of Immunisation Campaigns Among Parents and Caregivers in Idofin-Igbana Community, Kwara State, Nigeria

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Abstract

Immunisation campaign is one of the public health intervention strategies geared towards exposing people to various messages on the need for immunisation, to assist in reducing the mortality rate in children. Cultural beliefs as peculiar to every society entail people's practices, values, identities, traditions, occupations, and religious affinity, among others. Thus, this study explored cultural beliefs and how it influenced the acceptance of immunisation campaigns among parents and caregivers in Idofin-Igbana community, Kwara State. It investigated the influence of cultural beliefs on immunisation acceptance among the selected category of people; identified the cultural elements in the campaigns available to them, as well as the cultural appropriateness of source(s) of information on these campaigns. Furthermore, the Health Belief Model was used as theoretical justification, while a qualitative research design was employed as a methodology. To knowing the influence cultural beliefs have on immunisation campaigns acceptance, an in-depth interview method was used, as interviews were conducted with 15 informants who are parents and caregivers residing in the community. However, findings showed that the people attached importance to the cultural beliefs of their community, and their views, perceptions, and opinions are further influenced positively when such campaigns are in tandem with their traditions, religions, occupations, and social lives. Also, it was found that various immunisation campaigns available to parents and caregivers in the community conformed to the existing cultural values, and their contents leaned towards the indigenous language of the community. Thus, the study concluded that there exists a connection between

cultural beliefs and immunisation campaign acceptance by parents and caregivers in the community, due to the importance attached to their cultural values and identities. It was however recommended that immunisation campaigns meant for the rural populace should be distinctly designed with language and contents that are appropriate to the cultural beliefs, traditions, values, and identities of the people.

Keywords: Acceptance, Cultural Beliefs, Campaigns, Parents/Caregivers, Immunisation

Introduction

Immunisation is recognized globally as a public health measure utilized to ensure healthy living of people, particularly children. The need to ensure a constant supply of potent vaccines is key to ensuring strong and virile health systems among countries across the world (Cobos, Munoz, Monzon & Bosch-Capblanch, 2015). However, immunisation has been appraised to be one of the most significant public health achievements in human history, as it accounts for the aversion of more than three million deaths across the globe on an annual basis (Ames, Glenton & Lewis, 2015). According to the World Health Organization (2014), communicable diseases and epidemics such as smallpox and rinderpest have been eradicated globally through immunisation, while a whole lot of others (Polio, Tetanus, Whooping Cough, Measles, Rubella, etc.) have at least been largely curbed to the barest minimum.

Moreover, vaccines are biological preparation that provides active acquired immunity to a particular infectious disease (Nwobi, 2021). According to him, it houses an agent that looks like disease-causing microorganism often made from weakened or killed kinds of microbes, its toxins, or one of its surface proteins. Similarly, Shen, Fields, and McQuestion (2014) emphasized that germs are everywhere and most of the time, human beings are susceptible to the attack of harmful organisms which could result in diseases. In the views of Burgess, Thompson, Naleway, Tyner, and Yoon (2021), vaccines are developed as public health measures aimed at curtailing the spread of certain diseases and other public health emergencies. They are seen as effective strategies for controlling diseases in many countries, and their invention is a concerted effort in response to certain epidemics (World Health Organization, 2020). In another view, Oku, et al. (2016) posited that the vaccine is a preparation administered through injection to stimulate the body's immune response against a specific infectious disease, as it helps to prevent sicknesses from an infectious individual (Ophori, Tula, Azih, Okojie & Ikpo, 2014). Thus, immunisation entails the procedural administration of a vaccine to boost the immune system in developing protection against diseases, especially in children. Thus, when a significant number of children in a society, state, or nation have been immunised, the resultant effect is that the society is immune to all forms of communicable diseases (Ophori et al., 2014).

However, in a country like Nigeria, vaccine hesitancy is a public health challenge that has consistently forestalled concerted efforts made by health authorities to curb the spread of communicable diseases (Olawade, et al., 2022). Over the years, immunisation has proven to be

one of the most successful ways to prevent infectious diseases (Sallam, 2021. There is no gainsaying that, vaccine hesitancy remains a rising challenge for immunisation and has been cited by the World Health Organization (WHO) as the top 10 major threats to global health in 2019. Moreover, Ekwebelem, et al. (2021) averred that studies have shown that vaccine hesitancy is a common phenomenon worldwide, with variability in the mentioned reasons behind vaccine acceptance and refusal, such as misinterpretation of the need for a vaccine, lack of trust in the government and her health programmes, as well as concerns regarding the potency and possible side-effects of the vaccine. Ogundele, Ogundele, and Beloved (2020) stressed that vaccine hesitancy affects not only the individual undecided about taking the vaccine but also the community, thereby posing a great difficulty in achieving herd immunity.

As posited by Njoga, et al. (2022), rumors, beliefs and conspiracies have been attributed to the high rate of immunisation vaccine hesitancy among people, especially in rural African settings. These practices is termed "vaccine hesitancy", as people in these rural environments mostly decline vaccines due to false claims that they contain infertility agents, or can spread an infectious pathogen such as human immunodeficiency virus (HIV) among others (Freeman et al., 2020; WHO, 2020; Nwobi, 2021). According to Ufuophu-Biri and Bebenimibo (2021), vaccine hesitancy in Nigeria could be attributed to various factors like: cultural, socioeconomic, religious, and political. Also, the majority of people wholly opposed to immunisation vaccines (anti-vaxxers) attributed it to limited or inaccurate health information, its safety, and the extent to which it is being deployed in their interests (Chakraborty & Maity, 2020).

There is no doubt that proliferations of pandemics in this twenty-first century have left the developing part of the world; most especially Africa begging for answers on the solutions, as it seems the outbreak of a pandemic sustains until a new pandemic suffices. This, according to Chakraborty and Maity (2020) can be seen in the outbreak of various diseases and epidemics like H1N1 in 2009; Polio in 2014; Measles in 1529; Ebola outbreak in West Africa in 2014; Zika virus in 2016; Meningitis in 1805; Lassa Fever in Nigeria in 1969 and 2018; Monkey Pox in DR Congo in 1970 and 1986; and Corona virus in Wuhan, China in 2019. The fear of death arising from vaccination through immunisation programmes and other controversies surrounding its safety due to cultural beliefs among people in the developing nations of the world has increased fears and hesitancy among the rural populace in many Nigerian villages and communities (Ngonso & Chukwu, 2021). More importantly, negative claims about the effectiveness of the vaccine have continued to affect the uptake and acceptance of immunisation vaccines among the rural populace in the African continent.

As averred by Oku, et al. (2016) immunisation programs are means of vaccinating children between 0 and 24 months, to prevent them from contracting certain public diseases and to ensure their healthy living. This necessitated why this study was narrowed to Idofin-Igbana community in Oke Ero local government area of Kwara State. According to Clement (2022), Idofin-Igbana is a rural community which is located in the Northern district of Oke Ero Local Government Area of Kwara State and presently boasts 6872 inhabitants with farming and agricultural products as their main occupation. Therefore, the outbreak of pandemics, epidemics, and communicable diseases in African countries has necessitated the need to address the issue of immunisation

campaign acceptance among the rural populace in African countries, particularly Nigeria. Also, most importantly how the community's cultural beliefs, religious affiliations, traditions, and social and political beliefs have played a crucial roles in the acceptance of immunisation campaigns by parents and caregivers; which necessitated why a rural community was used. Because rural communities in the African region are always inclined with their culture and traditions.

Moreover, researchers have contributed so much to epidemic outbreaks and immunisation programmes. Where available, these researches focused more on a single epidemics and immunisation campaign, and they are largely domiciled in the field of health, medicine, public health, and applied sciences, while only a few studies are conducted from the field of communication (Bosch-Capblanch, Banerjee & Burton, 2012; Grade, 2013; Steinglass, 2013; Kaufman, Synnot, Hill, Willis, Horey & Lin, 2013; Shen, Fields & McQuestion, 2014; Larson, Jarrett, Eckersberger, Smith & Paterson, 2014; MacDonald, 2015; Cobos, Munoz, Monzon & Bosch-Capblanch, 2015; Ames, Glenton & Lewis, 2015; Okuet al., 2016; Dube, Gagnon, MacDonald, Bocquier, Peretti-Watel & Verger, 2018; Donzelli, Palomba, Federigi, Aquino, Cioni & Verani, 2018; Ogundele, Ogundele & Beloved, 2020; Ekwebelem, Aborode, Ofielu, Ann, Onyeaka, Yunusa & Olaide, 2021; Ufuophu-Biri, & Bebenimibo, 2021; Folorunsho et al., 2021; Frenkel, 2021; Olawade et al., 2022; Njoga et al., 2022). Therefore, this current study tends to extend the frontiers of knowledge by looking at cultural beliefs and how it has influenced immunisation campaign acceptance among parents and caregivers in the Idofin-Igbana community, Kwara State.

Study Objectives

1. investigate the influence of cultural beliefs on immunisation campaigns acceptance among parents and caregivers in Idofin-Igbana community;
2. identify the cultural elements in immunisation campaigns available to parents and caregivers in Idofin-Igbana community;
3. understand the cultural appropriateness of source(s) of information on immunisation campaigns available to parents and caregivers in Idofin-Igbana community.

Literature Review

Health Campaigns and Communication

Backer, Rogers, and Sopory (2012) observed that there is a great need for the transmission of health-related information and active promotion of health behaviour change; health communication campaigns can help with this. Weiss (cited in Bello, 2015) defines health communication campaigns as those that use a coordinated set of media, interpersonal, and/or community-based communication activities to change behaviour towards desirable health outcomes. He opined that most of these campaigns, which are developmental, are geared towards behaviour change such as getting more people involved in being vaccinated against epidemics, using methods of family planning, using condoms for HIV prevention, ITNs for malaria prevention among others. The campaign's ultimate goals may include healthier mothers and children, families and communities or specific policy results that lead to these goals.

In another view, Snyder (2013) defines communication campaigns as an organized communication activity, directed at a particular audience, for a particular period, to achieve a particular goal. Citing Paisley (1981), Snyder asserts that communication campaigns are part of an old democratic tradition dating back to the ancient Athenians campaigning to end slavery. He notes that development campaigns also drew on the diffusion of innovations framework which had shown some success in spreading new agriculture techniques and technologies to farmers in Canada and the United States through media and outreach workers. Also, Haenssgen, Closser, and Alonge (2021) note that health communication campaigns are designed to educate target audiences about important health threats and risky behaviours that might harm them, thereby raising their consciousness about such issues. Health communication campaigns are also designed to move target audiences to action in support of public health. Weiss (2012) further observes that health communication campaigns are growing more sophisticated every day and campaign designers are diversifying their strategies and abandoning the flawed notion that information alone changes behaviour. Bello (2015) averred that some of the approaches used in health communication campaigns include formative research, participatory campaigns, organizational improvements, advocacy, creative formats, multipronged approaches, persuasion, and message design, as well as social marketing.

Culturally Appropriate Sources of Information on Immunisation Vaccine

Immunisation has been attributed to be one of the safest and most effective interventions to prevent disease and death in young and old (WHO, 2012). However, about half of the world's child population is reached with the needed vaccines, especially in the developing nations of the world (Nigeria inclusive) where only half of the children get access to immunization vaccines (WHO, 2012). Moreover, substantial numbers of children in the rural settings of Nigeria are always unable to complete immunization schedules due to the unavailability of culturally-inclined traditional communication mechanisms regularly in their communities (Taiwo et al., 2017). Also, Oladepo, Dipeolu, and Oladunni (2019) posited that the unavailability of timely information through the right channels that are inclined or sensitive to the culture of the rural communities is a major factor that has continued to generate hesitancy and, in most cases, low compliance with vaccination schedules.

Thus, the following culturally sensitive sources were proffered by Gidado (2014) as a medium to inform the rural populace on immunisation vaccination programmes:

1. Radio (Health programmes, Jingles and Adverts, Radio drama serials, e.t.c)
2. Traditional Channels (i.e. Town Hall meetings, Age Grade forum, Town Crier, e.t.c)
3. Community Advocacy Campaigns (Through Healthcare professionals and development experts)
4. Community Leaders (Oba-in-council, Elders council, Religious leaders, Opinion leaders, and so on)
5. Door-to-door Sensitization and Awareness

Routine Immunisation Programme for Children in Nigeria

Immunisation is considered as the cornerstone of public health diseases and the outbreaks of epidemics. The World Health Organization (WHO) estimated in the year 2006 that immunizations saved between two to three million lives annually (Kaufmann & Feldbaum, 2019). Nevertheless, about 1.4 million children were estimated to have died from vaccine-preventable diseases (measles, Haemophilus Influenzae Type B, Pertussis, Tetanus, Yellow Fever, and Poliomyelitis) in early 2000. Also in the year 2006, of the 157 World Health Organization member states tagged as "developing", only 42(27%) had three doses of diphtheria-pertussis-tetanus (DPT) coverage greater than 80% in all districts (Michael et al., 2014). At the same time, new opportunities exist to strengthen immunisation coverage in developing countries, such as increased funding through platforms such as the Global Immunization Vision and Strategy (GIVS), as well as novel ideas for integration with other health services. These developments according to the World Health Organization (2014) have encouraged a macro-analytic approach to ensure that systems function so that children receive needed vaccines. While these new approaches are welcomed, at the micro level, immunization service delivery in health facilities must be strengthened.

As averred by Shilo (2021), immunisation programmes need continued support with proven strategies and fresh approaches to reduce the rate of preventable diseases and epidemics. It also allows for the effective introduction of new vaccines. However, Mogekwu (2021) emphasized that, making vaccines and vaccination a routine programme will substantially increase the level of knowledge and awareness in people, especially on the need to be vaccinated, and shun all forms of conspiracies and false beliefs. Thus, according to the National Primary Healthcare Development Agency (NPHCDA, 2019), every child must receive a complete vaccination. Moreover, a child is considered fully vaccinated if certain vaccines are received during the first year of life, and throughout five visits to the hospital or any healthcare facilities. The vaccines as contained in the child health card are listed in Table 1:

Table 1: Vaccines in the child health card

S/N	ANTIGENS	TIME OF VACCINATION
1.	BCG	At birth
2.	Hep B – 0	At birth, 6 and 14 weeks old
3.	OPV 0, 1, 2 & 3	At birth, 6, 10 and 14 weeks old
4.	Penta 1, 2 & 3	6, 10 and 14 weeks old
5.	PCV 1, 2 & 3	6, 10 and 14 weeks old
6.	Rota 1, 2 & 3	6, 10 and 14 weeks old
7.	IPV 1 & 2	14 weeks and 9 months old
8.	Measles 1 & 2	9 and 15 months old
9.	Vitamin A 1 & 2	6 and 12 months old
10.	Yellow Fever	9 months old
11.	Meningitis	9 months old

Source: NPHCDA, 2022

Theoretical Framework: Health Belief Model

The Health Belief Model is a theoretical model that can be used to guide health promotion and disease prevention programmes. The Health Belief Model (HBM) is a social psychological health behaviour change model developed to explain and predict health-related behaviours, particularly regarding the uptake of health services. The theory was developed by social psychologists: Irwin Rosenstock, Godfrey Hochbaum, Stephen Kegeles, and Howard Leventhal. At that time, researchers and health practitioners were worried because few people were getting screened for tuberculosis (David et al., cited in Asemah, Nwammuo & Nkwam-Uwaoma, 2017). Moreover, the theory explained "the widespread failure of people to accept disease preventives or screening tests for the early detection of asymptomatic disease". It identifies two components that behaviour depends on (1) the desire to avoid illness (or if ill, to get well) and (2) the belief that a specific health action will prevent (or ameliorate) illness. The HBM consists of four dimensions: perceived susceptibility which entails the risk or vulnerability to a health threat, perceived severity which has to do with the seriousness of the threat and its potential consequences, perceived benefits which is all about the efficacy of any action taken to mitigate the threat, as well as perceived barriers which is the negative consequences of undertaking a preventive action.

Also included is the requirement for a "cue to action" to start the process that may be internal, i.e; symptoms, or external, i.e., media coverage of a specific disease. It is recognized that diverse demographic, socio-psychological, and other variables may influence the individuals' perception and thereby indirectly influence health-related behaviour. Research has shown that among the aforementioned dimensions, perceived barriers most frequently influence health-related behaviour, followed by perceived susceptibility, benefits, and severity. Other factors are also recognized as contributing to decisions regarding health-related behaviour such as habitual influences, health-related behaviours followed for non-health reasons (such as dieting to appear more attractive), and also economic and environmental factors. Moreover, the model of health belief relies on the underlying belief that "health" is a valued commodity and that cues to action are prevalent in everyday life. The susceptibility and severity components mobilize the individual to act, whereas the perceived benefits and barriers are used to select a preferred course of action. This model tends to view decision making regarding health-related behaviour as a cognitive process weighing risks and benefits, and does not specifically incorporate the impact of feelings on the decision-making process; rather, it views feelings as arising from the decisions that are made.

The relevance of this model to the study under review is that even though immunisation is a form of prevention against epidemics and diseases, people don't prevent it from happening as a result of their beliefs on vaccination, hence, they result in the orthodox form of treatment. This model explains further that people will not expose themselves to information that can increase their knowledge on certain health issues such as epidemics and diseases, and as a result, they know little about these epidemics and how they can be prevented, the warning symptoms, the causes and the importance of early vaccination and proper management. Furthermore, this Model emphasises that prevention is far better than cure, as it wants everyone to adopt preventive

measures to all kinds of diseases or epidemics. This will not only save money, time, and energy but also eradicate the various beliefs and conspiracies on vaccination.

Methodology

The study employed a qualitative research design through the in-depth interview method. The interviews were carried out among purposively selected informants in the Idofin-Igbana community. A total of 15 informants between the ages of 21 and 60, comprising four males and eleven females who are either parents or caregivers were selected for the interview. Moreover, all the informants were assured of the confidentiality of the study, while adequate information was provided to them on the rationale for the study. Owing to the assurance of confidentiality given to the informants, the use of anonymous identifications was applied. All informants were identified with numbers 1–15. The in-depth interview was conducted in their native language (Yoruba), translated to English, and thereafter thematically analysed with NVivo 10 software. Although the in-depth interview centred on the influence of cultural beliefs on acceptance of immunisation campaigns among parents and caregivers in the Idofin-Igbana community, these parents and caregivers were also asked about their views on the appropriate source of information on health issues to the rural dwellers.

Findings

Analysis of the transcripts revealed three main themes, which were identified and further confirmed by two independent reviewers.

Theme One: Cultural Beliefs and Immunisation Acceptance

Most of the people interviewed expressed their views on how cultural beliefs aided their acceptance of immunisation. Moreover, some of the informants opined that pre-existing cultural beliefs is key in the dissemination of immunisation messages and their eventual acceptance by the people. According to some of them, sharing accurate and updated information about immunisation is very important, but such information must be in tandem with the pre-existing cultural beliefs of the people whom the information is intended. Moreover, the informants shared their responses:

> *"There is various cultures in Idofin-Igbana here, ranging from the masquerade, funeral ceremony, oath-taking in the shrine, especially when someone stole or commit a crime. There is also a river called 'Oro' which the local government Oke Ero took her name from, and they do perform some cultural propitiations in it. So, there are various cultures we are accustomed to in this community". (Informant 1)*

Looking at culture as part of the existing beliefs of the community, Informant 9 emphasized that various cultures that have been in existence for a long can be attributed to what was inherited from their forefathers:

> *"We value culture at Idofin-Igbana, and this culture includes the masquerade festival, new yam festival, Idofin-Igbana day, Oro festival, Ibura, and Oogun Ajobo among others. They have become part and parcel of our existence. They define us as a community that attached so much value to traditions. Even, coronation and other rites for installing a new king and burying the deceased are done uniquely". (Informant 9)*

The majority of the informants also stressed that knowledge of immunisation and its attendant benefits do assist in either accepting partially or wholly every campaign that may be disseminated through various sources. Thus, knowledge of immunisation determines its acceptance or rejection among the people.

Theme Two: Cultural Elements in Immunisation Campaigns

The informants were of the view that the extent of exposure to their indigenous cultural values has to a large extent broadened their understanding and acceptance of immunisation campaigns. Some of them stressed that the various immunisation campaigns they are exposed to conform totally to their culture:

> *"The immunisation messages we've received so far; do not in any way contradict our culture and values here. We have elites among us who sometimes assist to breaking some of the messages for others to understand". (Informant 11)*

In a similar view, some informants opined that the campaign messages exposed to either totally or partially conformed to the cultural values of their community:

> *"The campaign messages on immunisation do conform with our cultural values because of the channels they use to communicate them to us. This shows those in charge of the messages are conversant of our cultural values and how we attach so much importance to it". (Informant 5)*

> *"Majorly, the campaigns conformed to the cultural values of the Idofin-Igbana community. Part of this is the language used in disseminating it, which is most of the times in Idofin dialect". (Informant 13)*

> *"There are some of these immunisation campaign messages that do not consider our cultural values, especially those on posters and other printed materials". They hardly communicate appropriately to the illiterates here". (Informant 5)*

> *"We have certain occasions when the contents of immunisation campaigns are meaningless. This is mostly common through radio and printed materials. (Informant 4)*

> *"I've seen some of the contents of immunisation campaigns, and you wonder at times why it has to be complex in terms of meaning and how it is presented". (Informant 10)*

The above views show that in vaccination campaigns the informants were exposed to either conform totally or partially to the cultural cues and values of the community. Moreover, the nature of the contents of the campaigns in terms of the messages, materials, and information used, as well as the language of disseminating these campaigns, either indigenous or foreign, goes a long way in determining whether there are cultural elements in the campaigns.

Theme Three: Cultural Appropriateness of Sources of Information

Another interesting discovery of this study is the appropriateness of sources of information on immunisation to the culture of people in the community of focus. The statement below indicates that there are certain sources of disseminating information that may not be culturally relevant, while there are sources specifically designed for people domiciled in rural areas. Thus, the informants ascertained that they were exposed to immunisation messages majorly through immunisation agents, town criers and religious leaders. In the views of Informants 6, 2, 4 and 8:

> *"The immunisation agents have helped give us certain information on immunisation. At times, they move around (house to house) wearing their jackets alongside the vaccine box. Most of the time, they will be stationed at the community health centre, and we will go there if the need arises". (Informant 6)*

> *"The town crier is my source of receiving immunisation messages and any other important messages in the community. I believe that any information coming from him is from the real source! That is, it is from government and the community monarch". (Informant 2)*

> *"Through the community's town crier and other various channels, we receive important messages and information on general immunisation and specific ones. The town crier also knows the nitty-gritty of how our houses are built, so he reaches every nook and cranny of the community". (Informant 4)*

> *"Most of the messages on immunisation get to our religious and traditional leaders in the community. They are the ones that disseminate the information to us; via what needs to be done. Also, we so much believe in whatever they tell us". (Informant 8)*

On the other hand, in terms of appropriateness of these sources to the culture of the people, some of them were of the view that:

> *"The various sources of receiving immunisation messages are adequate for us and are in line with our cultural cues. There is no other source*

that can appeal to a community of ours than the use of healthcare providers, town criers, religious leaders, radio, and printable materials". (Informant 3)

"The aforementioned sources of immunisation messages are the only way we receive information, and are enough. I'm quite sure that other sources are not applicable here. Talking about television, yes, few of our people have it, but they prefer using it to watch home videos, rather than using it to watch programmes". (Informant 5)

"Our culture is in line with majorly all the sources of information such as use of health educators, town crier, posters and letters, text messages and religious leaders". (Informant 11)

"The various sources of receiving immunisation messages that we utilised here, have a way of penetrating our minds in such a way that we will have full knowledge of whatever message that is passed across". (Informant 7)

"The sources of receiving immunisation messages do get to me, irrespective of where I am or what I am doing". (Informant 9)

Two major points need to be reiterated from this theme, firstly, there are certain sources the informants' were exposed to, and they include immunisation agents, town criers, religious leaders, printed materials, and radio. Secondly, some of these sources are appropriate to the culture of the community, while one at times complements the other.

Discussion of Finding

Results from this study showed that people in Idofin-Igbana community attach importance to their cultural beliefs, and various cultures that are in line with the traditions, religions, occupations and social lives of people are given importance in the community. In their accounts on cultural beliefs and acceptance of immunisation programmes, the informants who are parents and caregivers were of the position that their perceptions, views and opinions on immunisation are influenced positively when such campaigns are in tandem with their culture as a community. Thus, this finding resonates with the position of Daramola (2013) that the culture of every society entails everything involved in their activities on a daily basis, which is then transmitted to younger generations as an acceptable standard of practice. As a society's culture determines what that society will permit or accept as a routine. Studies by Oladepo, Dipeolu and Oladuni (2019) on cultural beliefs and willingness for vaccine uptake found that culture and belief systems to a great extent play a crucial role in people's willingness to accept health campaigns on immunisation and the need for vaccine uptake. It however contradicts the studies of Haenssgen, et al. (2021) which averred that health communication campaigns are now designed with modern techniques which are aimed at educating target audiences and raising their consciousness about

health issues. It is therefore understandable that parents and caregivers in Idofin-Igbana community value their health and wellbeing and that of their children so much, and as a result accept immunisation programmes and it campaigns.

Also, findings on the cultural elements in immunisation campaigns available to parents and caregivers in Idofin-Igbana community showed that various campaigns available to them conformed to the cultural values of the community as a whole and that the campaigns are simplistic in terms of content, and the choice of language for the campaigns are in tandem appropriate with the cultural values of the community. Thus, this finding is in tandem with Gidado (2014) submission that the sources of immunisation messages to the rural populace must be culturally-sensitive if such immunisation programme is to be largely acceptable. It also resonates with that of Crawford and Okigbo (2014) who emphasised that the effectiveness and eventual acceptability of a particular health communication campaign by the people can be attributed to so many factors which include accuracy, availability, simplicity, consistency, balance, cultural competence, evidence-based, reach, reliability, repetition, timeliness, and understandability. Moreover, the majority of the informants thought that the indigenous language (Yoruba) is the most dominant language used in the various campaigns they are exposed to, while the foreign language (English) is sparingly used. This finding agreed with Closser, et al. (2016) that effective health campaigns through the use of the indigenous language of the people is needed to ensure people; especially the rural dwellers comply with immunisation by subjecting their children to accept it.

Findings on the cultural appropriateness of the sources of information on immunisation campaigns available to the informants showed that there exist various sources of receiving immunisation messages in Idofin-Igbana community, and they include the use of immunisation agents, town crier, printable materials, religious leaders, and radio. Moreover, on the use of religious leaders as sources of information, the informants were of the positions that they so much put their trust on their religious leaders owing to the vantage position they occupied, and their stance for truth and rightful endeavours. This finding is therefore consistent with the view of Oku, et al. (2016) that due to the wrong perception of religious leaders, the polio vaccination programme was rejected in the Northern part of Nigeria in the past. This attests to the powerful influence of religious leaders in educating people on their health. Also, it was found that these identified sources of information are relevant to the cultural values of the community in terms of the adequacy and reach of the sources. Therefore, it supported the claims of Oladepo et al., (2019) that the unavailability of timely information through the right channels/sources that are inclined or sensitive to the culture of the rural communities is a major factor that has continued to generate hesitancy and, in most cases, low compliance with vaccination schedules. Also, it contradicts the claims of Danja and Ibrahim (2021) that people in majorly the Northern part of Nigeria and rural environs are mostly susceptible to misinformation about immunisation programmes that it has come to erode their cultural values and reduce the rate of fertility in them. Hence, their rate of rejection of immunisation irrespective of it benefits.

Conclusion

The main focus of this study was to understand how cultural beliefs influenced the acceptance of immunisation campaigns among parents and caregivers residing in Idofin-Igbana community. The participants acknowledged the importance of their culture and belief system which are derived from traditions, religions, occupations, and social lives. Also, there is evidence that they place so much value on their health and well-being, and as a result, accept immunisation programmes and it various campaigns. This has given the majority of the inhabitants who have been educated the edge to have detailed knowledge of immunisation programmes that are made available from time to time. Moreover, immunisation campaigns targeted at rural environs and communities should conform to the cultural values of such communities in terms of the simplicity of messages, and the use of culturally appropriate language for disseminating those campaigns.

There are also various sources of receiving immunisation messages, especially for people in Idofin-Igbana community, and they include the use of immunisation agents, town crier, printable materials, religious leaders, and radio, while these identified sources of information are relevant to the cultural values of the community. Sources of immunisation campaigns must however be convenient for those the campaigns are meant for. This study however concluded that there exists a connection between cultural beliefs and acceptance of immunisation campaigns among rural dwellers, due to the importance they attach to their cultural values and identities.

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