

CULTURAL AND LINGUISTIC SENSITIVITY IN HYPERTENSION PREVENTION MESSAGING IN SOUTHWEST NIGERIA

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ABSTRACT

The study examined cultural and linguistic sensitivity in hypertension prevention messaging in Southwest Nigeria with specific objectives on the cultural health beliefs and language of communication on hypertension messaging. A quantitative survey research design, using a structured questionnaire was implored to elicit data from 375 respondents who were purposively selected from Lagos, Osun and Ekiti States in Nigeria. The descriptive statistics and independent-samples t-test were used to analyse the data in SPSS version 20. The results indicated that there was no statistically significant difference between the respondents with traditional and contemporary health beliefs on their responses to the hypertension prevention messages ($t(373) = 1.146$, $p = .144$) and thus H_{01} was retained. The hypertension awareness of the respondents exposed to health messages in indigenous languages however was significantly higher than those exposed to health messages in English ($t(373) = 5.870$, $p < .001$), leading to reject H_{02} . The findings show that the traditional health beliefs do not appear to play a significant role in the response to the hypertension prevention messages, while language plays a pivotal role in hypertension prevention communication. Therefore, culturally and linguistically appropriate communication has a significant impact on the message comprehension and awareness. It recommends the use of indigenous languages, local idioms, culturally relevant examples, and strategies to enhance effective hypertension prevention messaging in Southwest Nigeria.

Keywords: Hypertension, message, culture, language, beliefs and mass media.

Introduction

Hypertension (HTN) is an important public health issue in the world with more than 1 billion people affected worldwide and is one of the most important causes of cardiac morbidity and mortality. Hypertension prevalence has increased in adults from an estimated 594 million in 1975 to over 1.28 billion in 2024, most of which are in low and middle-income countries (LMCs) (NCD Risk Factor Collaboration [NCD-RisC], 2021; World Health Organization [WHO], 2023; WHO, 2025). Hypertension is linked to a number of serious health conditions such as stroke, heart failure, kidney disease and coronary heart disease that cause millions of preventable deaths every year. Annually, hypertension causes around 10.8 million deaths worldwide (WHO, 2023; Mills et al., 2020).

Hypertension was reported to be common in different African countries, occurring in larger proportions than anywhere in the world in African Region (WHO, 2025). Nigeria, the most populated country in Africa contributes a large percentage of the burden of hypertension in this continent (Adeloye et al., 2021; Adeke et al., 2024). Traditional beliefs and practices in sub-Saharan Africa are significant contributors to health behaviour and have been identified to be key factors contributing to the prevalence, prevention and management of hypertension (Agyemang et al., 2024; Odili et al., 2023). Diet, salt intake, physical inactivity, alcohol and cultural beliefs and behaviors around illness and cure continue to play a role in hypertension outcomes in several African settings (WHO, 2025; Agyemang et al., 2024). Avalanche of scholarly health communication approaches and studies are majorly concentrated on Western culture to tackle hypertension, neglecting African culture. The health communication research and many hypertension intervention models are rooted in the Western cultural context. As a result, little interest has been shown in incorporating African cultural beliefs, indigenous knowledge systems and community modes of communication into hypertension prevention interventions, thus the cultural appropriateness of interventions in African countries, particularly Nigeria is not well understood (Olaoye, et al, 2023).

The prevalence of hypertension among the Nigerian adult population is estimated at 8.6% in the 1970s but proliferated to 30 – 38% in recent years (Adeloye et al., 2021; Ogah et al., 2022). A national survey across the six geopolitical zones of Nigeria revealed a prevalence of adult hypertension of 38% (Odili et al., 2023) revealing that the disease is becoming a growing public health problem in Nigeria.

Previous studies have shown that demographic and lifestyle factors like age, sex, ethnicity, education, smoking status, obesity and urban dwelling are important factors that affect hypertension prevalence among racial/ethnic groups (Mills et al., 2020 & Odili et al., 2023). Nevertheless, a community-based study in a rural community in Southeastern Nigeria found a prevalence of hypertension of 27.6%, indicating that hypertension has now become an important public health problem in rural communities—contrary to the previous belief that cardiovascular diseases were mainly urban, affecting the Africans. (Ezeala-Adikaibe et al., 2023)

This has been reported in urban and communities such as Ajegunle, Lagos State where the prevalence of hypertension is significantly higher due to urbanisation and overcrowding, the diet and socio-economic differences (Adeloye et al., 2021; Akinlua et al., 2024). A lot of studies have been done on the influence of culture on hypertension including lifestyle, physical activity and health perception, which have helped contributing to the increase in hypertension in Southwest, Nigeria. They've considered the pros and cons of these factors with regards to hypertension prevention. Yet there have been no good studies to fully investigate the cultural and linguistic sensitivity of messages that aim to prevent hypertension in Southwest, Nigeria. Upon

these backdrops, this study contributes to the literature by examining cultural and linguistic sensitivity in hypertension prevention messaging in Southwest, Nigeria.

Statement of the Problem

Hypertension is one of the large public health issues in the world. The challenge of hypertension which is increasingly growing in Nigeria necessitates a concerted effort to address it as it is one of the most common causes of mortality rate in the country (WHO, 2025). One of the major causes of morbidity and mortality in Nigeria is hypertension. A detailed review conducted in mid-2024 revealed that hypertension-related complications contribute about 40% of the total cardiovascular deaths in the country (Ojo, et al, 2024). This statistics highlights the need for effective management plans to reduce the losses to this disease. The overall picture is that a multi-pronged approach is needed to tackle the issue of hypertension in Nigeria as this is an urgent need.

A study conducted by Adeloje et al, (2021) revealed that the prevalence of hypertension in Nigerian with almost 40.8 million people affected is likely to increase to 66.1 million in 2030. It is imperative to consider the Nigerian case in the light of the negative impact of the disease load not just on the Nigerian population but on the entire world at large; if Nigeria could somehow be helped to decrease her disease load which is exponentially growing, of hypertension on her people at present. The African countries are rated to have the highest prevalent score in hypertension (35.5%) followed by America which has low score (18%) by World Health Organisation. Hypertension is a serious public health issue in Nigeria and it is estimated that nearly 30% of all adults in Nigeria suffer from hypertension. There is a great lack of knowledge and inappropriate management of hypertension among the Nigerian population and preventive strategies and treatments are not effective and this needs to be immediately addressed through health communication. This gap is caused by a number of factors including an attitude to culture and beliefs and language barriers. Considering the study of Aliyu, et al (2025) that Nigeria comprises over 250 ethnic groups, each with distinct languages, cultural values, and traditions, health communication strategies should be culturally tailored to the beliefs, practices, and linguistic preferences of different population groups in order to enhance message acceptance and effectiveness.

Research Questions

The following research questions served as guides to the objectives of the study:

- i. Do individuals who hold traditional health belief respond positively hypertension prevention messages than those with more contemporary health beliefs in Southwest, Nigeria?
- ii. Are health promotion messages that utilize local languages more effective in increasing hypertension awareness than those delivered solely in English in Southwest, Nigeria?

Research Hypotheses.

These are the hypotheses which this study found out as derived from the literature review:

H01: There is no significant difference in response to hypertension prevention messages between people with traditional health beliefs and people with contemporary health beliefs

H02: There is no significant difference in hypertension prevention messages that utilize local language and those delivered solely in English in Southwest, Nigeria.

Literature Review

Cultural Sensitivity in Hypertension Prevention Messaging.

By the 1980s, the significance of culture in health communication was beginning to be understood, given the increasing number of people from diverse cultural backgrounds, and the poor effectiveness of health intervention campaigns, which only focused on individual behaviours (Dutta, 2017). According to Mazrui (1986), culture is a mixture of interrelated values that have a significant impact on perception, judgement, communication and behaviour of the society. In addition, Izabela et al, (2026) emphasized that culture refers to the shared values, beliefs, norms, customs and practices that influence the way members of a group perceive, communicate and act. Moreover cultural values play an important role in health seeking behavior and decision to seek healthcare services, as stated by Wilson (2026) Health-seeking behaviour in Africa is rooted in cultural values, spiritual beliefs, and community norms. Traditional beliefs, religion, and social norms in Africa still influence perceptions of illness and treatment. Embedding cultural knowledge in health promotion enhances public health intervention.

Abel, et al (2025) expressed that cultural beliefs are also a component of forming perceptions and engaging in health practices. Every culture has its own set of beliefs, regarding the origin of the illness, strategies for dealing with ailments and characters involved in the healing process, emphasizing the role of culture on personal health beliefs, as well as collective strategies for coping with illness. In certain cultures, traditional healers might be revered and sought out first for healing before medical intervention is sought by healthcare professionals, whereas in other cultures biomedical approaches may prevail.

Cultural beliefs and Hypertension Prevention Messaging.

Cultural beliefs shape the perception of health and the management of illness. For instance, some people think that hypertension is caused by spiritual factors or nutrition based on local culture. To create culturally attuned interventions that are resonant with the targeted population, it is important to have an understanding of these beliefs. Dutta, (20017) discovered that in many of the African communities such as Ghana, traditional medicine is preferred over conventional medicine. A study was carried out in Zambia by Munyinda (2020) which found that the rural participants were more inclined to use alternative medicine (herbal) than the prescribed antihypertensive drugs used by the urban participants. This could be attributed to long time cultural beliefs in relation to health and diseases which appreciate natural or traditional healing methods.

Onalu, et al (2023) emphasized the need for culturally competent education on hypertension in languages that can be understood in the local context and enhance awareness and healthy behaviors. Similarly, Badru and Adekola (2023) confirmed the influence of sociocultural beliefs on health-seeking practices of the older people in Lagos State, reporting that many older people in the study area preferred traditional remedies, emphasising the importance of incorporating indigenous beliefs in Nigeria's hypertension campaigns to make the message more effective and acceptable.

Linguistic Sensitivity in Hypertension Prevention Messaging

Language is a key component to culture, affecting the way health messages are disseminated. A recent study of a rural community in Southeastern Nigeria showed that the prevalence of hypertension was 27.6% which suggests that hypertension is also a public health problem in rural populations as opposed to the earlier notion that it was a problem of urban dwellers (Ezeala-Adikaibe et al., 2023).

Language is part of culture and plays an important role in the effectiveness of health communication. Akinlua et al. (2018) revealed that healthcare providers often used native languages like Yoruba and Hausa during the communication of information on hypertension due to the limited comprehension of English medical terms among patients. The researchers explored that using culturally appropriate language improved patients' understanding of hypertension and helped to communicate better, but using only English can lead to misconception about the prevention and treatment of hypertension. In line with this, Akande et al., (2016) produced a culturally modified cardiovascular health education programme for people with hypertension in rural Nigeria and found that health education that was conducted in Yoruba and Nupe language, as well as in culturally relevant illustrations and examples, enhanced patient participation and understanding, indicating that language barriers were not always considered in hypertension campaigns, and there was a significant gap between health care providers and the patients, which may lead to a lower understanding of the messages, creating a gap for language sensitivity in this study.

Theoretical Review

The Health Belief Model

The model developed by Hochbaum, Rosenstock and Kegeles in the 1950s consists of various elements such as perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Becker, 2022). When evaluating the effectiveness of culturally and linguistically targeted hypertension prevention messages in Southwest Nigeria, it is important to be aware of these factors. The constructs of the model offer a clear indication of the content that should be incorporated into hypertension prevention messages to be persuasive. For instance, messages should be specific to aspects of cultural beliefs and language of communication which may be barriers (e.g., cultural beliefs that hypertension is related to spiritual issues rather than lifestyle) or cultural values as benefits (e.g., cultural beliefs about the importance of health in the performance of social roles).

Self-efficacy to the model is relevant especially for managing chronic disease such as hypertension. An individual's confidence and capability in self-managing a chronic condition may be affected by cultural and linguistic factors that might discourage self-management, or encourage dependence on external factors. Messages can be created to strengthen self-efficacy in culturally and linguistic relevant ways. The HBM is a theoretical tool that enables assessment of the effectiveness of hypertension prevention messages by quantifying the levels of the constructs before and after the message, which have been the considerable sources and determinants of the research instrument for this study.

Empirical Review

The empirical literature reviewed focuses on the cultural and linguistic sensitivity in hypertension prevention messaging across African countries. Nkosi-Mafutha, et al, (2020) undertook a quantitative descriptive study involving 12 health promoters at primary healthcare clinics and analysing 50 hypertension education pamphlets in the Tshwane District, Gauteng Province, South Africa. The study revealed that, while English and indigenous languages were translated in health education by healthcare workers, the frequent translation of English decreased patients' understanding of the hypertension messages, creating the gap for the standardisation and translation of the hypertension education programmes to enhance understanding and behaviour change.

Likewise, a culturally adapted cardiovascular health education programme was assessed among 149 patients with hypertension attending rural primary health care centres in Nigeria as a

mixed-method intervention designed by Odusola and Adedokun (2020). The intervention integrated knowledge of traditional beliefs, local food habits, culture, and physical activities in hypertension education. Although the results showed that many participants achieved their desired behavioral change with considerable improvement in their understanding of hypertension, self-care and lifestyle changes, but culturally adapted health education should be studied to enhance patient participation and hypertension prevention.

Moreover, Adeloye et al. (2021) carried out a systematic review and meta-analysis of 53 population-based studies with 78,949 subjects across Nigeria. The review found that 30.6% of adults in Nigeria suffer from hypertension; only 29% knew they had it; 12% were on treatment and less than 3% had good blood pressure control. The researchers credited some of these poor results to limited public knowledge and to the lack of effective health communication, which limits the ability of culturally appropriate education and communication in indigenous languages to improve hypertension prevention in the community.

A cross sectional survey of 762 adults with hypertension by Bamigboye et al (2024) across three ethnic groups (Yoruba, Hausa and Igbo) in Nigeria further confirmed that cultural beliefs, language preference, family influence and community norms had significant impact on treatment seeking behaviour and adherence to hypertension treatment. The more participants could see themselves in the information on hypertension, communicated in indigenous languages, the more they accepted it. The study leaves room for the incorporation of local language and culture into hypertension prevention messaging.

Furthermore, Nigeria's Health Commissioner Forum, et al (2026) assessed culturally tailored hypertension education and Blood Pressure Programmes in over 1.5 million adults in all 36 states and the Federal Capital Territory. The campaign highlights the need for strategies that include the use of indigenous languages and culturally appropriate messages for effective hypertension prevention messaging, giving chance for this study.

Although these contributions have proven important, the majority of past researches have studied hypertension education, adherence, and hypertension awareness individually, and little has been studied on cultural beliefs and linguistic sensitivity on hypertension prevention messaging in Southwest Nigeria, creating the empirical evidence and rationale for this study, which examined cultural and linguistic sensitivity in hypertension prevention messaging in Southwest, Nigeria

Methodology

The researchers used survey of quantitative approach, using the questionnaires consisted of close-ended questions derived from the research questions and literatures reviewed. The population includes people at the risk of hypertension in Southwest, Nigeria with 375 respondents purposively surveyed across Lagos, Osun and Ekiti States. Purposive and convenient sampling of non-probability sampling technique was used to select the respondents based on their accessibility, and availability. Data from the survey was analyzed by SPSS 20 Version.

Validity and reliability Test

Five communication and health practitioner experts were employed to confirm its validity, and pilot study was conducted to ensure its reliability and statistical validity. To check the reliability, Cronbach's alpha was measured for all the items and constructs with the results revealing high internal consistency with an alpha of 0.897.

For ethical consideration, the researcher sought the consent of the respondents in the study by informing them of its pure academic purpose. They were assured of their confidentiality of their responses and fairness in the reporting of findings

Results

Demographic Analysis of the Respondents

Table 1: Percentage Distribution of Socio-Demographic status of the respondents.

Variable	Frequency	Percentage %
Gender		
Male	232	61.9
Female	143	38.1
Total	375	100
Age		
18-30	65	17.3
31-40	61	16.3
41-50	182	48.5
51 above	67	17.9
Total	375	100
Marital Status		
Single	62	16.5
Married	243	64.8
Divorced	27	7.2
Window	43	11.5
Total	375	100
Educational Qualification		
Primary	37	9.9
O Level	57	15.2
OND/NCE	146	38.9
HND/B.Sc	111	29.6
Postgraduate	22	5.9
Others	2	5
Total	375	100
State		
Ekiti	96	25.6
Osun	123	32.8
Lagos	156	41.6
Total	375	100

Source: Researchers' fieldwork (2026)

From the analysis of table above, it shows 232 (61.9%) male respondents and 143 (38.1%) of female respondents. Also the respondents age classification reveals that those between 18-30 years, 65(17.3%); 31-40 years, 61(16.3%); 41-50 years, 182(48.5%); 51 years above are 67 (17.9%). Thus, 41-50 years represents a majority of the respondents/recipients of hypertension messages for prevention (48.5%). Marital status of the respondents reveals that 243 (64.8%) of them are married, 62(16.5%) are single, 27 (7.2%) are divorced, while 43 (11.5%) are widowed. This means that most of the respondents are responsible males and females, given that they are married. The respondents' level of education shows specifically those with primary school 37(9.9%). O' Level constitute 57(15.2%), OND/NCE 146 (38.9%), HND/B.Sc 111(29.6%) while those with postgraduate are 22(5.9%) and others 2(5%). The highest proportion (OND/NCE 146

(38.9%)) are those who have OND/NCE qualifications. This means that people in Southwest are fairly educated. It means that, they are knowledgeable enough to be able to provide adequate information needed for this study. The distribution of respondents across the three states shows that Lagos State accounted for 156 respondents (41.6%), Osun State had 123 respondents (32.8%), while Ekiti State recorded 96 respondents (25.6%). Thus, Lagos State has the highest representation among the respondents.

Research Question 1: Do individuals who hold traditional health belief respond positively to hypertension prevention messages than those with more contemporary health beliefs in Southwest, Nigeria?

Table 2 Cultural Beliefs

S/N	Items	SD	D	N	A	SA	X	SD
1.	My cultural background influences my health behaviour towards hypertension prevention.	67 17.9%	90 (24.0%)	74 (19.7%)	89 (23.7%)	55 (14.7%)	2.93	1.33
2.	The traditional beliefs in my community conflict with modern health information for hypertension prevention.	68 18.1%	97 (25.9%)	95 (25.5%)	73 (19.5%)	42 (11.2%)	2.80	1.26
3.	I believe that early detection and management of hypertension can prevent serious complications.	38 (10.1%)	23 (6.1%)	48 (12.8%)	99 (26.4%)	167 (44.5%)	3.89	1.31
4.	Cultural beliefs make it difficult for me to accept messages for hypertension prevention.	102 (27.2%)	88 (23.5%)	60 (16.1%)	89 (23.7%)	36 (9.6%)	2.65	1.35
5.	I believe that hypertension is more spiritual than medical.	127 33.9%)	92 (24.5%)	38 (10.1%)	72 (19.2%)	46 (12.3%)	2.51	1.43
6.	Cultural belief discourages me to take action on communication messages to change my lifestyle for the prevention of hypertension.	102 (27.2%)	114 (30.4%)	75 (20.0%)	58 (15.5%)	26 (6.9%)	2.45	1.23
	Overall Average score						2.87	1.35

Table 2 above indicates that the traditional cultural beliefs influence moderately on the attitude of the people towards the prevention messages of hypertension in Southwest Nigeria. Early detection and management of hypertension was a key factor in preventing complications with a high mean score among respondents ($M = 3.89$, $SD = 1.31$). In contrast, relatively low mean scores were found out health belief is more spiritual than medical ($M = 2.51$, $SD = 1.43$) and cultural beliefs discourage lifestyle changes ($M = 2.45$, $SD = 1.23$). Likewise, respondents were not very positive about cultural beliefs making it hard to accept information about hypertension prevention ($M = 2.65$, $SD = 1.35$). The overall mean score of 2.87 ($SD = 1.35$) shows that traditional beliefs have some impact on perceptions, but have not been major obstacles to the acceptance of the modern messages on hypertension prevention.

Research Question 2: Are health promotion messages that utilize local languages more effective in increasing hypertension awareness than those delivered solely in English in South-west, Nigeria?

Table 3 Language of Hypertension Prevention Messaging.

S/ N	Items	Never	Rarely	Some Times	Often	Always	X	SD
1	To what extent do you understand health messages about hypertension when they are communicated in English	30 8%	44 11.7%	38 10.1%	51 13.1%	212 56.5%	3.99	1.36
2	I often feel confident to understand communication about hypertension in my preferred language.	27 7.2%	41 10.9%	43 11.5%	70 18.7%	194 51.7%	3.97	1.31
3	Using jargons and technical media terms in English make messages about hypertension understandable	128 34.1%	46 12.3%	80 21.3%	56 14.9%	65 17.3%	3.45	1.26
4	The tone of communicating messages about hypertension presents it more acceptable	35 9.3%	38 10.1%	112 29.9%	74 19.7%	116 30.9%	3.53	1.28
5	To what extent do you understand health messages about hypertension when communicated in Nigerian local language	28 7.5%	22 5.9%	87 23.2%	71 18.9%	167 44.5%	3.87	1.25
	Total						3.76	1.29

The Table 3 above reveals that the overall mean is ($M = 3.76$, $SD = 1.29$), indicating that majority of respondents agreed that language had an impact on their understanding and receptivity of hypertension messages. In particular, respondents were very knowledgeable about messages about hypertension in English ($M = 3.99$, $SD = 1.36$), and very confident about understanding messages about hypertension in their preferred language ($M = 3.97$, $SD = 1.31$). Likewise, the messages that were conveyed in Nigerian local languages were well understood ($M = 3.87$, $SD = 1.25$). The use of English technical jargon was given a relatively low rating ($M = 3.45$, $SD = 1.26$), however, which suggests that complex medical jargon has a negative effect on message clarity. Additionally, the respondents concurred that the tone of communication improves message acceptance ($M = 3.53$, $SD = 1.28$). Therefore, culturally and linguistically responsive health communication through local languages and simplified expressions is expected to have a greater impact on improving hypertension awareness than messages that are exclusively delivered in English, which further underscores the significance of language adaptation to hypertension prevention messaging

Test of Hypothesis

H0₁: Individuals who hold traditional health beliefs will not significantly respond positively to hypertension prevention messages than those with more contemporary health beliefs in Southwest, Nigeria

Table 4 independent t-test summary of traditional health beliefs and contemporary health beliefs

Variable	N	Mean	SD	df	t-critical	t-value	Sig.-value
Traditional health beliefs	196	38.94	9.004	373	1.966	1.146	0.144
Contemporary Health Beliefs	179	38.91	8.312				

The Independent t-test table above shows that there was no significant difference between the respondents with traditional health beliefs ($M = 38.94$, $SD = 9.00$, $n = 196$) and those with contemporary health beliefs ($M = 38.91$, $SD = 8.31$, $n = 179$), $t(373) = 1.146$, $p = .144$. Since the calculated t-value (1.146) was less than the critical value (1.966). Thus, the null hypothesis was accepted, indicating that there was no significant difference between the respondents' positive responses to the messages of hypertension prevention.

H₂: Health promotion message that utilize local languages are more effective in increasing hypertension awareness than those delivered solely in English in Southwest, Nigeria.

Table 5. Independent t-test summary of local languages and English for Hypertension Messaging

Variables	N	Mean	SD	df	t-critical	t-value	sig value
Local Language	264	40.07	8.017	373	1.646	5.870	0.000
Modern Language	111	34.55	9.005				

The table above shows that there was a higher mean score ($M=40.07$, $SD=8.017$) for those who received or preferred messages communicated in local language, compared to those who were exposed to messages communicated in English ($M = 34.55$, $SD = 9.005$). The mean difference of 5.52 indicates that the local language messages were significantly more effective in raising awareness of hypertension. The Independent t-test yielded a t-value= 5.870 ($df = 373$) and a p-value of 0.000 ($p < 0.001$). This t-value (5.870) was greater than the critical value (1.649) at $p=0.05$. So, the null hypothesis is rejected and the alternative hypothesis (H_2) is accepted. Therefore, messages on health promotion via local languages are much more effective in raising awareness of hypertension among the Southwest Nigeria population than messages only in English.

Discussion of Findings

The research examined cultural and linguistic sensitivity of hypertension prevention messages in Southwest Nigeria. The results suggest that the traditional health beliefs have a relatively small role in the extent of acceptance of hypertension prevention messages. The descriptive analysis yielded ($M= 2.87$, $SD=1.35$), indicating that respondents did not believe that their cultural beliefs hindered their comprehension or acceptance of modern messages regarding prevention of hypertension. Few respondents believed that traditional beliefs hindered them the acceptance of preventive information and adoption of healthier lifestyle. Rather, they overwhelmingly agreed that the presence of hypertension, if identified and managed early on, can be prevented from causing any serious complications, reflecting an increasing acceptance of biomedical strategies of disease prevention.

The hypothesis test corroborated this that there was no statistically significant difference between the two traditional and contemporary health beliefs in their responses to the hypertension prevention messages. This implies that traditional beliefs are still present in the sociocultural context but are no longer a big challenge in effective communication of hypertension. This discovery is due to the positive effect of increased education, urbanisation, increased access to health care services and ongoing public health education, which have led to increased health literacy and acceptance of scientific health information. The findings are in line with recent studies carried out in Africa that showed ongoing health education, increased access to primary healthcare, and culturally relevant behavioral interventions have improved the uptake of evidence-based hypertension prevention, while reducing misconceptions about chronic diseases (Nkosi-Mafutha et al., 2020; Otemah et al., 2025; Bawornthip et al., 2026). These results also align with recent use of the HBM in hypertension prevention literature, which demonstrates that people are more likely to engage in preventive behaviours if they believe that hypertension is serious but preventable, and that lifestyle changes and early treatment benefit them (Hang, et al., 2024 & Komac, et al., 2024). Recent study reveals that culturally relevant health communication interventions are more acceptable, increase community trust and improve adherence to recommended preventive health behaviours when health messages are culturally relevant, meaning embedded in local beliefs and social norms (Adetunji et al, 2024; Oyo-Ita et al, 2021; Iwu et al, 2025 & Olusanya et al, 2026).

Regarding language of communication, the study revealed that language was a significant factor when it comes to hypertension prevention messages. The overall mean score (3.76, SD = 1.29) reveals that language is pivotal to the comprehension and acceptance of the message. The respondents revealed that good comprehension of messages in English, but felt more confident when presented in their preferred local language. They also recognized that overuse of medical jargon and technical English degrades message clarity, while culturally appropriate language and tone enhances message clarity and acceptance.

The hypothesis test also confirmed that the respondents who were exposed to the messages in their native language had significantly higher scores in hypertension awareness compared to those who were exposed to messages only in English ($t(373)=5.870$, $p<.001$). This finding aligns with more recent studies indicating that cultural and linguistic communication is linked to increased understanding, responsiveness, trust and compliance to recommendations for hypertension prevention. Recently, in South Africa and Nigeria, studies have shown that culturally relevant communication strategies and use of indigenous languages has a significant effect on the effectiveness of hypertension prevention messaging (Nkosi-Mafutha et al., 2020 & Danladi et al., 2025). It also contributes to the Health Belief Model which emphasizes the role of indigenous language as the effective cultural resource and health promotion cues for positive health behaviours.

Conclusion

The study confirms that traditional health beliefs are not significantly affecting individuals' response to hypertension messages suggesting that the traditional belief system is not as significant across Southwest Nigeria with regards to culturally tailored health preventive practices. It is a reflection of the health education and wider availability of health information. The study confirms that language continues to be an important factor in effective health communication. Health prevention messages provided in indigenous Nigerian languages had a significantly greater effect on hypertension awareness than messages provided in English language alone. Using local language communication increased comprehension, minimized the

impact of medical jargon, increased credibility of the message, and increased audience engagement. The study thus concludes that culturally sensitive communication about hypertension does not just need to be the recognition of cultural beliefs, but the implementation of communication strategies that are linguistically appropriate, audience-centred and culturally sensitive. This mix of culturally tailored and modern information with local languages will significantly enhance understanding, promote prevention and help to alleviate the burden of hypertension in Southwest, Nigeria.

Recommendations

In line with the findings, the following are therefore recommended:

- i. Policymakers need to consider culturally responsive communication approaches in Nigeria's national NCD prevention policies, to improve the effectiveness of hypertension control programmes and mitigate the growing burden of cardiovascular disease in the country.
- ii. The Federal and State Ministries of Health should ensure that Yoruba and other indigenous Nigerian languages are used in establishing mechanisms to ensure the comprehension and engagement of the public in the prevention of hypertension.
- iii. Healthcare providers should be trained on an ongoing basis on culturally competent communication skills to enhance interactions with patients who speak languages other than English, and from different cultural backgrounds.
- iv. Radio, Television, Community Broadcasting Station and Digital Media should enhance the production and broadcast of Hypertension education programmes in indigenous Nigerian languages.
- v. Health educators should use simple, culturally familiar words, stories, sayings, pictures, or actual experiences in the delivery of hypertension-prevention messages to minimize technical medical jargon.

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