



STUDENTS AS
CO-CREATORS

A Disciplinary Research Collaboration

Knowledge, attitude and practice of Westminster students towards vaccines

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University students represent a risk group for outbreaks of vaccine preventable infectious diseases. Nevertheless, there are few studies investigating enablers and barriers of vaccination in this population. This Students as Co-Creators project evaluated student awareness, perceptions, trust, and practical access barriers regarding the Measles, Mumps, and Rubella (MMR) and other vaccines within a university student population. A structured questionnaire was administered to 35 students to investigate how health messaging, institutional guidance, and structural healthcare navigation affect their vaccine uptake.

Key findings indicate mixed attitudes towards vaccination: 68.6% of respondents view the MMR vaccine as important or very important for their health, 77.1% consider it safe, and 82.9% believe it is protective against measles. Trust in health authorities (such as the NHS) is relatively high but could be improved at 80.0%. However, significant implementation gaps were identified regarding practical navigation and institutional outreach; 40.0% of respondents did not know where to go to receive an MMR vaccine; 22.9% were uncertain of their UK eligibility status; 48.6% reported being completely unfamiliar with the University of Westminster advice webpage for infectious diseases; 60.0% were unfamiliar with other student vaccines like MenACWY. Among respondents identifying obstacles, long appointment waiting times (22.9%), difficult booking processes (20.0%), academic schedule conflicts (11.4%), inconvenient clinic opening hours (8.6%), and confusion surrounding NHS navigation as an international student (2.9%) were the primary friction points.

The study highlights that non-vaccination among students is predominantly driven by logistical confusion and communication barriers rather than ideological vaccine hesitancy. Recommendations focus on streamlining campus health guidance, embedding vaccine eligibility checks into student onboarding, and improving signposting to local primary care services.

Background and Aims

Outbreaks of vaccine-preventable infectious diseases, such as measles and meningitis, represent a recurring public health concern in higher education settings. University campuses host dense, socially connected populations with a high proportion of young adults and international students who may have incomplete childhood vaccination records or fragmented interactions with host healthcare systems. Low uptake might stem from vaccine safety doubts, lack of trust in official health advice, difficulty in access to healthcare and low awareness around the importance of vaccination.

Methods

Our primary aim was to assess student perspectives on MMR and other vaccination, measure health authority trust, evaluate awareness of university health resources, and identify specific practical barriers preventing students from getting vaccinated.

Specific Objectives:

- Quantify student perceptions of vaccine importance, safety, and protective efficacy
- Assess self-reported eligibility awareness and navigation knowledge (knowing where to access services)
- Evaluate student trust in NHS health communications and familiarity with University of Westminster infectious disease resources
- Identify structural, financial, academic, and administrative barriers to vaccination uptake
- Provide actionable recommendations to enhance institutional health promotion and primary care signposting

For student partners, co-leading this disciplinary research enhanced practical survey design, statistical data analysis, and health communication skills. For academic partners and the institution, the project offers evidence-based insights into optimizing health information dissemination within curriculum structures and student support services,

Methods

A quantitative survey design was employed to capture student perspectives. The sample comprised N = 35 student respondents. Participation was voluntary and anonymous, adhering to university ethics protocols for student-led inquiry.

The questionnaire comprised 15 standardized ordinal, categorical, and multi-select items. Questions evaluated perceived importance, safety, efficacy, eligibility knowledge, health authority trust, social influence, health worker advice, location knowledge, access difficulty, cost perceptions, and a multi-select item on specific barriers.

Descriptive statistics including absolute frequencies (n) and relative percentage distributions (%) were computed across all 15 survey metrics.

Results

Table 1: Student Attitudes Towards MMR Vaccine Importance, Safety, and Efficacy

Survey Question / Option	Count (n)	Percentage (%)
Importance		
Very important	14	40.0
Important	10	28.6
Slightly important	6	17.1
Not important	5	14.3
Safety		
Very safe	12	34.3
Safe	15	42.9
Slightly safe	5	14.3
Not safe	3	8.6
Protection		
Very protective	12	34.3
Protective	17	48.6
Slightly unprotective / Unprotective	6	17.2

Key Finding: Although most students view the vaccine positively, with 68.6% rating it as important/very important, 77.2% as safe/very safe, and 82.9% as protective/very protective, a significant proportion have negative views, which indicate that they are unvaccinated and at risk of infection

Table 2: Service Navigation, Eligibility, and Institutional Familiarity

Survey Question / Option	Count (n)	Percentage (%)
Know where to go to get MMR		
No	14	40.0
Yes	11	31.4
Maybe / Not interested	10	28.6
UK Eligibility		
Very / Somewhat eligible	22	62.8
Don't know	8	22.9
Not eligible	5	14.3
Westminster Health Webpage		
Not at all familiar	17	48.6
A little / Somewhat / Very familiar	18	51.4
MenACWY Vaccine: Not at all familiar	21	60.0

Key Finding: A critical gap exists in service navigation: 40.0% do not know where to go for vaccination, 22.9% are uncertain of eligibility, and 48.6% are unaware of the university's infectious disease web advice.

Table 3: Reported Practical Barriers to MMR Vaccination (Select All That Apply)

Reported Barrier	Count (n)	% of Respondents
Nothing, it's not hard	18	51.4
Long waiting times	8	22.9
Making an appointment is hard	7	20.0
Unable to leave study duties	4	11.4
Inconvenient opening times	3	8.6
Vaccination site hard to get to	3	8.6
Foreigner NHS confusion / Cost / Uninformed / Unsure benefit	4	11.4

Discussion

High trust in NHS health messaging (80.0%) and positive safety perceptions (77.1%) indicate that students are receptive to vaccine communications. However, given the highly infectious nature of pathogens such as measles, trust does need to be improved to increase vaccine coverage.

The finding that 40.0% of students do not know where to obtain an MMR vaccine, coupled with 48.6% unfamiliarity with institutional advice webpages, demonstrates a critical communication breakdown. International students face compounded barriers, including confusion over NHS registration and mistaken concerns regarding student fees for vaccines.

While 37.1% of respondents received a strong recommendation from a healthcare worker, 34.3% reported receiving no recommendation. Healthcare worker promptings are a proven driver of uptake; expanding opportunistic screening during GP registration or campus enrollment represents a high-leverage intervention.

The study has two important limitations. The sample size of N = 35 provides exploratory insights but limits statistical generalization. Self-reported survey data may also introduce recall bias regarding prior vaccination recommendations or eligibility.

Conclusion and Recommendations

Student attitudes toward MMR vaccination at the University of Westminster are mixed, but actionable uptake is hindered by structural navigation hurdles and low visibility of institutional advice.

The following recommendations arise from the study:

1. Prominently feature GP registration and vaccine availability during welcome week, student onboarding portals, and university health webpages.
2. Provide clear step-by-step guidance on NHS eligibility and stress that routine NHS vaccinations are free at point of care for eligible students.
3. Engage student ambassadors and course representatives to share health guidance through peer channels, addressing appointment booking steps.
4. Explore pop-up vaccination hubs or mobile NHS units on campus during peak term periods to eliminate appointment and travel barriers

Dissemination

To ensure findings inform policy, outcomes will be shared with the University Student Wellbeing Team, Student Union representatives, and local NHS Primary Care Networks. Summary infographics will also be made available on student communication portals. Recommendations to signpost the University's "Infectious Diseases" webpage have already been acted on for the "MyWestminster Journey" and "WeThrive" content.

Research Team Reflection

The SCC framework provided a structured, equitable space for student and staff collaboration. Developing the survey collaboratively deepened reciprocal learning: academic staff shared quantitative analytical techniques, while student partners refined user-experience messaging