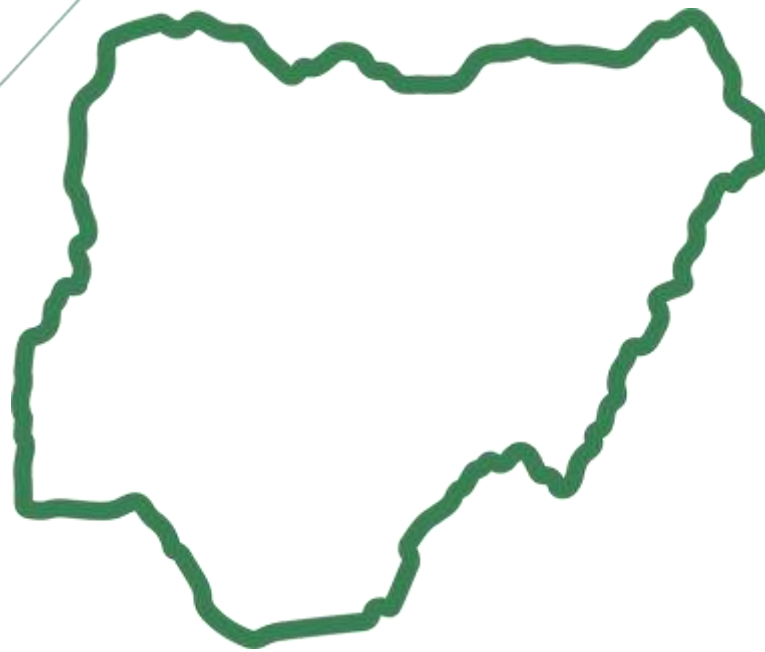


A background network diagram consisting of numerous teal-colored circular nodes connected by thin, light teal lines, creating a complex web of connections across the entire page.

# Social Listening Insights Report

Lead Poisoning

24<sup>th</sup> February – 26<sup>th</sup> March 2026



# Social Listening Insights Report for Lead Poisoning in Nigeria

## Executive Summary

Analysis of lead poisoning conversations showed that public discourse was dominated by industrial pollution and regulatory concerns (32%), followed by child health impacts (24%) and environmental contamination (18%), with less focus on public health response (14%) and emerging risks such as solar and e-waste (12%).

Overall sentiment was highly negative (68%), driven by fear-based narratives around child mortality, irreversible harm, and toxic exposure. Neutral sentiment (30%) was mostly informational but often lacked clarity, while positive sentiment was minimal (2%), indicating limited visibility of effective response efforts.

From a platform perspective, a total of 314 conversations generated an estimated reach of 842,669 and 82 engagements between 24 February and 26 March 2026. X (formerly Twitter) accounted for most of the conversation volume (227 mentions) and drove 277,106 in reach with 75 engagements, making it the primary platform for real-time discourse and amplification. In contrast, web-based sources (news and blogs) contributed 79 mentions but generated the highest reach (308,442), highlighting their role in shaping visibility and agenda-setting despite limited measurable engagement.

Facebook activity was minimal (6 mentions) but still produced a relatively high reach (257,008), suggesting passive exposure rather than active interaction, with only 1 recorded engagement. Instagram and YouTube showed negligible activity, with just one mention each, although YouTube generated 6 engagements, indicating isolated but potentially more interactive content.

Although no strong misinformation was present, the environment is at high-risk due to ambiguity, incomplete information, and emotionally charged messaging. Key gaps included limited public understanding of exposure pathways, symptoms, prevention, and post-testing actions, alongside weak communication of ongoing public health interventions.

These dynamics create conditions for misinterpretation, rumour spread, and reduced public trust. Strengthening clear, action-oriented risk communication, improving public education, and increasing visibility of response efforts are critical to mitigating both health and infodemic risks.

## Major Themes & Recommendations

### Theme 1: Misinformation on Lead Poisoning:

While no outright false claims were identified in the dataset, several narratives carry a high potential to mislead due to incomplete context and framing. Some conversations suggested that “millions of solar devices” are contributing to lead poisoning in children and toxic pollution in communities, without clarifying that the risk is linked to improper disposal and recycling of lead-containing components, not the use of solar technology itself.

Other messages emphasized that “lead poisoning is irreversible” and causes permanent brain damage, which, although scientifically grounded, were presented in a fatalistic manner without reference to prevention, early detection, or treatment options. This type of framing risks creating the perception that no meaningful action can be taken once exposure occurs, potentially discouraging care-seeking behaviour.

Together, these narratives contribute to:

- Oversimplification of causality, particularly around renewable energy technologies
- Fear-based interpretations of health risks
- Potential distrust in clean energy solutions
- Fatalism regarding treatment and prevention, especially for children

## Recommendations for Action

Addressing these high-risk narratives requires proactive, coordinated risk communication that combines scientific accuracy with practical guidance.

Public health messaging should adopt a “risk + action” approach, clearly explaining that while lead poisoning can cause serious and permanent harm, exposure is preventable and early detection can significantly reduce health impacts. Communication should explicitly clarify that lead risks associated with solar systems arise from poor waste management and informal recycling practices, not from normal use of renewable energy technologies.

To strengthen public understanding and trust:

- The Federal Ministry of Health and Social Welfare (FMoHSW) and Nigeria Centre for Disease Control & Prevention (NCDC) should lead the development of clear, evidence-based messaging on lead exposure pathways, symptoms, and available health services, including testing and treatment.
- The Federal Ministry of Environment (FMoEnv) and National Environmental Standards and Regulations Enforcement Agency (NESREA) should provide public guidance on safe disposal and recycling practices, particularly for lead-acid batteries and e-waste, while visibly communicating enforcement actions to reduce environmental risk perceptions.
- The National Primary Health Care Development Agency (NPHCDA) should integrate community-level risk communication into routine outreach, emphasizing prevention, early testing, and child health protection.
- The National Orientation Agency (NOA) should amplify simplified, culturally relevant messages through mass media and community engagement platforms, ensuring consistent messaging across states.

In addition, leveraging trusted local voices; including community health workers, religious leaders, and local influencers; will be critical in translating technical information into relatable, actionable guidance.

Pre-bunking strategies should also be deployed to anticipate and address emerging misconceptions, particularly around solar energy, and waste management, ensuring that clean energy adoption is not undermined by misinterpreted health risks.

A coordinated approach through the National Interagency Working Group will be essential to ensure message alignment, rapid response to emerging narratives, and sustained public engagement, ultimately reducing both health risks and the spread of misleading information.

## **Theme 2: Common Concerns on Lead Poisoning:**

Conversations within the dataset reflect heightened public concern and anxiety around potential lead exposure, particularly in relation to industrial activities and environmental contamination. Several posts referenced “possible” or “alleged” lead poisoning linked to factories in Ogun State and ULAB (Used Lead Acid Battery) recycling, alongside reports of environmental hazards, contaminated soil and water, and government-led factory shutdowns.

Public attention was further amplified by updates on blood testing for residents and independent health audits, as well as references to the Zamfara lead poisoning crisis, where hundreds of children were reported to have died. The recurrence of such references suggests that past outbreaks continue to shape current risk perception, reinforcing fears of large-scale health impacts.

These narratives collectively point to:

- Strong public anxiety and heightened risk awareness
- A dominant focus on industrial exposure and environmental contamination pathways
- Significant concern about child health impacts and community safety
- Uncertainty driven by the repeated use of terms such as “possible” and “alleged,” which can blur the distinction between suspected and confirmed risks.

## **Recommendations for Action**

Effectively responding to these concerns requires timely, transparent, and coordinated risk communication, supported by visible public health and environmental actions.

The Federal Ministry of Health and Social Welfare (FMoHSW) and Nigeria Centre for Disease Control & Prevention (NCDC) should lead the provision of regular, clear updates that distinguish between *suspected*, *under investigation*, and *confirmed*

cases of lead exposure. This will help reduce speculation and build public trust. Messaging should also include practical guidance on who is most at risk, common exposure pathways, and where and how individuals can access testing and care.

At the environmental level, the Federal Ministry of Environment (FMOEnv) and NESREA should communicate ongoing monitoring, clean-up efforts, and regulatory enforcement actions, particularly in affected areas such as Ogun State. Public updates should clearly explain what factory closures or audits mean for community safety and future risk reduction.

The National Primary Health Care Development Agency (NPHCDA) should ensure that community-level health workers are equipped to provide localized guidance, including:

- identifying at-risk populations (especially children and pregnant women)
- directing residents to testing centers
- reinforcing preventive behaviours

To strengthen public reassurance, the National Orientation Agency (NOA) should disseminate consistent, easy-to-understand messaging that explains:

- what actions government is taking?
- what communities should do immediately?
- how risks are being managed over time

Across all communication, it is critical to avoid vague or ambiguous terminology. Terms such as “alleged” should be replaced with more precise language such as “under investigation,” “confirmed,” or “not confirmed,” to reduce confusion and prevent rumour escalation.

A coordinated response through the National Interagency Working Group will be essential to ensure message consistency, rapid information sharing, and sustained community engagement, ultimately helping to manage public concern while reinforcing confidence in ongoing response efforts.

### **Theme 3: Questions about Lead Poisoning:**

The dataset reveals a range of explicit and implied public questions, reflecting a strong demand for clarity, accountability, and actionable guidance. Key concerns include whether residents in affected areas such as Ogun State are exposed to dangerous levels of lead, how solar devices and battery recycling contribute to lead poisoning, and who should be tested beyond the initially identified populations.

There is also evident uncertainty like what happens after blood testing, including treatment pathways and follow-up actions, as well as broader concerns about how communities can protect themselves. Questions around regulatory oversight and accountability; particularly whether factories and mining operations are adequately monitored and who is responsible for reported exposures; further highlight gaps in public understanding.

These questions signal:

- A high demand for clear, accessible information
- The need for transparent communication on risk, response, and accountability
- Limited availability of practical, action-oriented guidance for affected communities

### **Recommendations for Action**

Addressing these concerns requires a structured, audience-centered communication approach that prioritizes clarity, responsiveness, and accessibility.

The Federal Ministry of Health and Social Welfare (FMOHSW) and Nigeria Centre for Disease Control & Prevention (NCDC) should develop and disseminate FAQ-style communication materials that directly respond to public concerns, including:

- “Am I at risk?”
- “Where can I get tested?”

- “What should I do if I have been exposed?”

These materials should be widely distributed through community health systems and digital platforms, ensuring consistency across national and subnational levels.

The National Primary Health Care Development Agency (NPHCDA) should integrate these messages into community outreach efforts, enabling frontline health workers to provide real-time guidance and referrals, particularly in high-risk areas.

To ensure broad reach and cultural relevance, the National Orientation Agency (NOA) should leverage multiple communication channels, including:

- radio and local language broadcasts
- community and religious leaders
- social media platforms

It is also critical to close the information loop. Initial reports of suspected exposure should always be followed by timely updates on investigation outcomes, confirmed findings, and next steps, led by the FMoHSW, NCDC, and FMoEnv. This will help reduce speculation and reinforce public confidence.

On issues of accountability, the Federal Ministry of Environment (FMoEnv) and NESREA should provide transparent updates on regulatory actions, inspections, and enforcement measures, clearly outlining what is being done to prevent future exposure and protect affected communities.

#### **Theme 4: Knowledge Gaps about Lead Poisoning**

The analysis highlighted significant knowledge gaps in public understanding of lead poisoning, particularly around exposure pathways, health effects, and prevention. Conversations rarely explain how lead enters the body, including through contaminated air, soil, water, food, or occupational exposure. There is also limited awareness of the symptoms of lead poisoning, especially in its early stages, which can delay care-seeking behaviour.

In addition, there is little guidance on practical prevention measures at the household and community level, leaving individuals without clear steps to reduce risk. Technical areas such as ULAB (Used Lead Acid Battery) recycling and solar waste management are mentioned but not well understood, contributing to confusion around how these systems may lead to exposure.

Further gaps include:

- Limited information on long-term health effects beyond children, including impacts on adults and vulnerable populations.
- Lack of clarity on what happens after testing, including interpretation of results, treatment options, and follow-up care.

#### **Why This Matters**

These information gaps create an enabling environment for:

- speculation and rumour formation.
- misinformation to emerge and spread.
- heightened public anxiety and panic.

Without clear, accessible, and actionable information, individuals are less able to assess their risk, take preventive measures, or seek appropriate care, undermining overall public health response efforts.

## Recommendations for Action

Addressing these gaps requires a comprehensive, education-focused communication strategy that translates technical knowledge into clear, actionable guidance for the public.

The Federal Ministry of Health and Social Welfare (FMoHSW) and Nigeria Centre for Disease Control & Prevention (NCDC) should lead the development of simple, evidence-based educational materials that explain:

- how lead enters the body
- key symptoms to watch for
- when and where to seek testing and care

These should be packaged into easy-to-understand formats (infographics, short videos, radio messages) and disseminated widely.

The National Primary Health Care Development Agency (NPHCDA) should integrate this information into routine community health outreach, ensuring that frontline workers can provide practical, context-specific advice. This should include action-oriented messaging such as:

- maintaining household hygiene (e.g., handwashing, dust control)
- safe handling of water and food
- reducing exposure in high-risk environments

To address technical gaps, the Federal Ministry of Environment (FMoEnv) and NESREA should provide clear public explanations of how industrial processes—such as battery recycling and waste mismanagement—can lead to community exposure, alongside guidance on safe environmental practices.

Post-testing communication must also be strengthened. The FMoHSW, NCDC, and NPHCDA should clearly outline:

- what test results mean
- available treatment options (including referral pathways)
- necessary follow-up actions for affected individuals and families

The National Orientation Agency (NOA) should amplify these messages through mass media and community-based platforms, ensuring accessibility across different literacy levels and languages.

## How the Report was Developed

### Methods:

This report presents an analysis of public conversations on lead poisoning across Nigeria only, monitored from 24<sup>th</sup> February 2026 to 26<sup>th</sup> March 2026. Monitoring was conducted using a social listening tool, limited to publicly accessible content. Conversations in private groups, encrypted channels, or offline spaces remain uncaptured but may influence public sentiment and misinformation patterns.

### Data Sources:

Social Media Platform	Volume	Reach	Engagement
X	227	277106	75
Web	79	308442	-
Facebook	6	257008	1
Instagram	1	60	-
Youtube	1	53	6
<b>Grand Total</b>	<b>314</b>	<b>842669</b>	<b>82</b>

*Table 1: Volume, Reach & Engagement on Lead poisoning related conversations from 24-Feb-2026 to 26-Mar-2026*

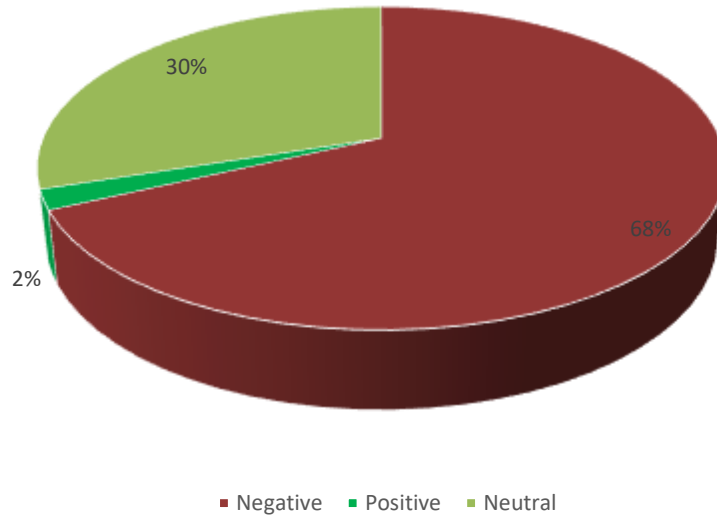
### Risk Matrix: An Explanation of the Risk Matrix

The misinformation, knowledge gap, questions and concerns on lead poisoning were categorised into high risk, moderate risk and low risk based on reach, engagement, virality and potential to cause harm. These classifications help prioritise which issues need urgent attention and guide targeted public health responses.

Themes	Narrative/Example	Risk Level	Rationale
Misinformation (High Misleading Potential)	"Millions of solar devices... lead poisoning to children..."	High	Misattributes risk to solar tech → may undermine clean energy adoption and misinform public.
Misinformation (High Misleading Potential)	"Lead poisoning is irreversible... brain damage... cannot be undone"	High	Fear-based framing → creates fatalism, discourages testing and treatment
Concerns	"Killed hundreds of children... Zamfara"	High	Strong emotional trigger; may distort perception of current risk
Concerns	"Possible / alleged lead poisoning" (Ogun factories, ULAB)	High	Ambiguity + repetition → fuels rumours, panic, distrust
Knowledge Gaps	No explanation of exposure pathways (air, soil, water)	High	Core gap → enables misinformation and unsafe behaviours.
Questions (Implied)	"Are residents actually exposed?" / "Who is responsible?"	High	Unanswered questions → speculation, distrust in authorities.
Concerns	"Contaminated soil and water... chronic hazards"	Moderate	Accurate but vague → raises concern without guidance.
Concerns	"Blood tests begin for 500 residents..."	Moderate	Informational but incomplete → creates anxiety without next steps
Knowledge Gaps	No clear symptoms of lead poisoning	Moderate	Limits early detection and care-seeking.
Knowledge Gaps	Limited understanding of ULAB & solar waste risks	Moderate	Technical gap → confusion but less immediate harm
Questions (Implied)	"What happens after blood tests?"	Moderate	Gap in care pathway understanding,
Concerns	"Independent health audit..."	Low	Institutional, technical; limited emotional pull.
Knowledge Gaps	Limited info on long-term effects beyond children.	Low	Important but less likely to drive immediate behaviour change.
Questions (Implied)	"How can communities protect themselves?"	Low	Constructive question; low risk unless unanswered long-term.

## Sentiment Analysis

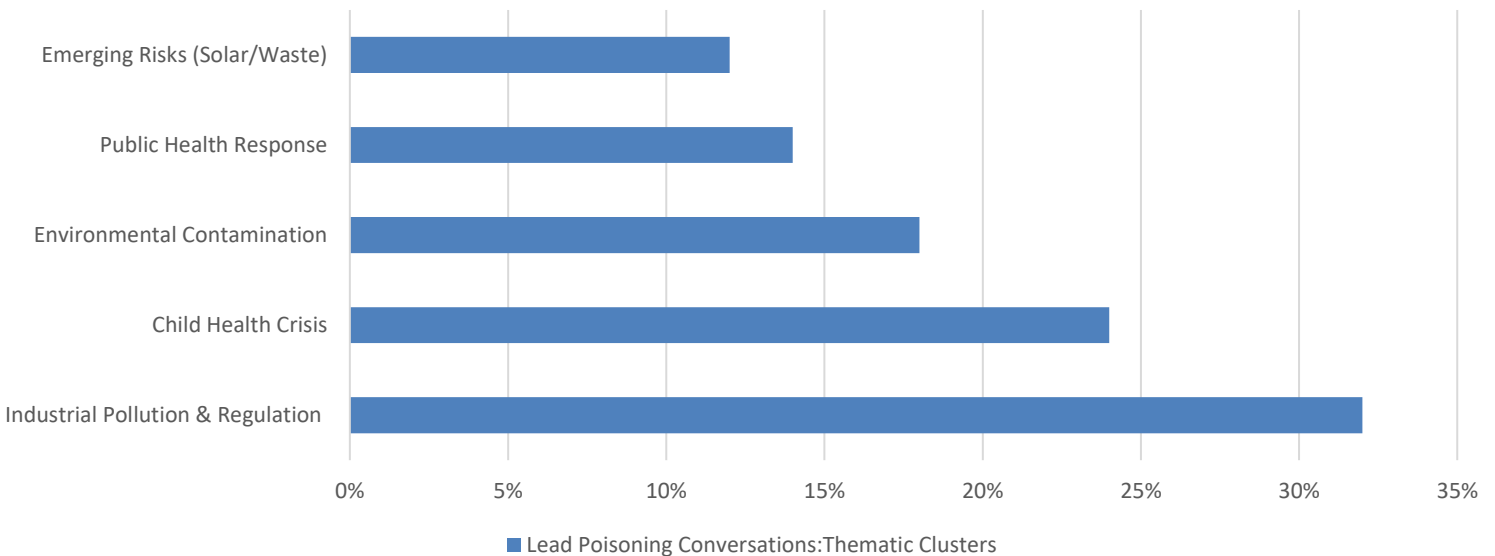
### Sentiment Distribution on Lead Poisoning Conversations



Negative sentiment accounted for 68% of conversations and was largely driven by fear-based narratives around child mortality, irreversible health effects, environmental contamination, and uncertainty linked to “alleged” or “possible” lead poisoning cases. About 30% of public sentiment was neutral, reflecting informational updates, knowledge gaps, and basic questions around exposure, testing, and prevention. Positive sentiment was minimal at 2%, mostly associated with references to response actions such as testing and regulatory interventions.

This distribution indicates that while a significant portion of the public is seeking information and engaging with the issue, overall perceptions are still heavily shaped by fear, uncertainty, and incomplete information, leaving very limited space for reassurance or confidence in ongoing public health and regulatory responses.

### Lead Poisoning Conversations: Thematic Clusters



## Conclusion

The findings of this social listening insights report underscore a critical inflection point in the public discourse surrounding lead poisoning in Nigeria. With 68% of conversations reflecting negative sentiment and a reach exceeding 840,000 individuals, the narrative is currently defined by fear, fatalism, and a lack of clear, actionable guidance.

While no widespread, malicious disinformation was detected, the environment is highly volatile. The transition of lead poisoning from a localized health crisis to a broader environmental and industrial debate; particularly concerning solar energy and e-waste; creates a vacuum where ambiguity can quickly turn into systemic distrust of both green energy and public health institutions. The "Zamfara effect"; a lingering collective trauma from past outbreaks; continues to haunt current perceptions, making the need for transparent, real-time updates more vital than ever.

To mitigate these risks, the response must move beyond clinical data and toward a "One Health" communication strategy. Success will depend on the ability of the National Interagency Working Group to:

- **Bridge the Information Gap:** Replace technical jargon and ambiguous terms like "alleged" with clear, status-based updates ("under investigation" vs. "confirmed").
- **Empower Local Voices:** Leverage community leaders and primary healthcare workers to provide the "last mile" of reassurance that mass media cannot always achieve.
- **Humanise the Response:** Shift the narrative from a fatalistic view of "irreversible harm" to a proactive framework of prevention, early testing, and manageable care.

Ultimately, the goal is not just to manage a lead outbreak, but to manage the information ecosystem surrounding it. By implementing the recommended "Risk + Action" messaging, the FMoHSW, NCDC, and their partners can transform public anxiety into informed community participation, ensuring that Nigeria's health and environmental goals remain protected from the corrosive effects of misinformation and fear.

## **ABOUT US**

[Nigeria Health Watch](#) is a division of the Health Watch Foundation, a leading not-for-profit organisation dedicated to advancing health outcomes in Nigeria. The organisation combines deep expertise in health and strategic communications to drive evidence-based advocacy, strengthen the capacity of health sector institutions, and influence policy for impact.

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