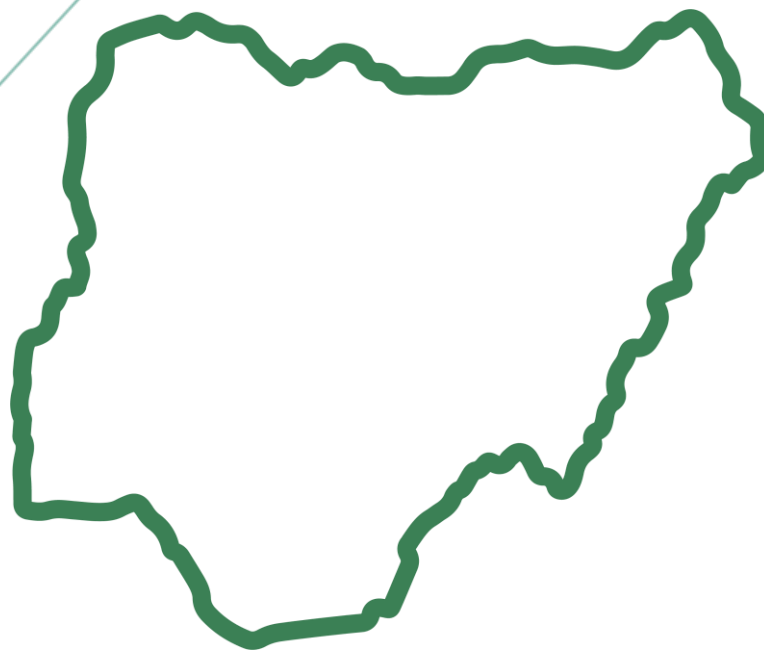


A background network diagram consisting of numerous teal-colored circular nodes connected by thin teal lines, creating a complex web of connections. The nodes are distributed across the page, with a higher density in the upper left and lower left areas.

Social Listening Insights Report

Human Papilloma Virus

1st – 14th August , 2025



Social Listening Insight Report for Human Papilloma

Virus in Nigeria

Executive summary

This report analyses public discussions about HPV and the HPV Vaccine in Nigeria between August 1 and 14, 2025, based on social media monitoring. A total of 881 HPV-related conversations were identified, reaching over 3.32 million users and generating 8,608 engagements across X, web articles, Facebook, and YouTube. Most of the discussions occurred on X (553 posts) and web platforms (308 posts), which together accounted for the highest reach and engagement levels.

The analysis found widespread misinformation about HPV and the HPV vaccine, including false claims linking it to cancer, infertility, death, and unethical medical testing in Africa, as well as confusion between HPV and HIV. Stigma and misleading ideas about transmission were also common. Knowledge gaps included poor understanding of HPV's cancer risks, vaccine benefits, eligibility, and access in Nigeria. Public concerns focused on vaccine safety, cost, trial ethics, and where to get vaccinated or screened. Addressing these issues requires clear, trust-building communication with practical guidance. Here are four key themes that emerged from the analysis:

Major Themes & Recommendations

Theme 1: Misinformation on HPV:

Misinformation about HPV and the HPV vaccine included claims that the vaccine causes cancer, infertility, or even death, and that Africa is being used as a laboratory for unethical medical testing. Some posts falsely alleged that HPV can be intentionally "given" to people, possibly through vaccination, and misrepresented clinical trial safety data. There was confusion between HPV and HIV, with some treating them as the same disease. Conspiracy theories linked vaccine safety fears to high-profile individuals and organisations, with warnings to "avoid Bill Gates at every cost." and promoted stigmatising ideas that HPV is a permanent, shameful condition that destroys relationships.

Recommendations for Action:

Addressing this misinformation requires relatable, trust-building communication. Public health messages should focus on clear, evidence-based explanations about how HPV is transmitted, stressing that it can affect both men and women and cause several types of cancer. Sharing real-life survivor and patient stories can help counter stigma by showing that HPV is preventable and treatable. Health authorities should openly address conspiracy theories, explaining how vaccines are tested for safety and why they are recommended worldwide not just in Africa. Affordable and accessible vaccination points should be promoted widely, alongside clear guidance on where and how to get screened. Leveraging trusted local voices such as community health workers, religious leaders, and influencers can help bridge the trust gap and make the science feel closer to home.

Theme 2: Knowledge Gaps about HPV

Many people lack a clear understanding of HPV's transmission routes, its link to multiple cancers in both men and women, "HPV described only as a "sickness" without explaining that it is preventable through vaccination and can clear naturally in many cases and that the vaccine prevents new infections rather than treating existing ones". "Unawareness of different HPV vaccine types (Cervarix vs. Gardasil) and their strain coverage.", There is little awareness about the benefits of early vaccination, eligibility in Nigeria, and the difference between HPV and HIV. Practical details such as where to access affordable vaccines, screening services, or subsidised options are often missing, leaving many unsure of how to protect themselves.

Recommendations for Action: To close these knowledge gaps, public health campaigns should use clear, relatable messages that explain what HPV is, how it's different from HIV, and why early vaccination matters for both boys and girls. This can be done through school outreach programs, community forums, radio talk shows, and social media storytelling. Communities should have simple, widely shared guides on where and how to get vaccinated or screened, including costs and available support. Sharing real stories from Nigerians who have benefited from the vaccine, alongside trusted health workers' voices, can make the information personal, break myths, and motivate action. Partnering with religious and community leaders, using local languages, and bringing mobile vaccination teams closer to hard-to-reach areas will make protection more accessible and relatable.

Theme 3: Questions about HPV:

Many people still have pressing questions about HPV and the HPV vaccine, showing that awareness is growing but clarity is lacking. Some wonder if the vaccine can still help after contracting the virus, while others ask whether it is available for free in government hospitals or where exactly they can get it. There is curiosity about whether men also need protection, with questions linking HPV to conditions like penile papilloma caused by certain strains. Others express general vaccine hesitancy, asking why vaccines should be taken at all, or whether warts can truly be prevented. Communities are eager to know if there are clinics offering the vaccine at no cost or at heavily discounted rates, and whether it is currently available alongside treatment for genital warts. Some even seek specific details on screening locations, hoping to find the next cervical cancer screening in cities like Abuja or Lagos. These questions highlight a genuine desire for accurate, accessible, and location-specific information.

Recommendation for Action: Across Nigeria, people are asking: Can I still take the HPV vaccine if I have the virus? Is it free in government hospitals? Do men need it? Where can I get screened or treated for genital warts? These questions show the need for clear answers and easy access. Agencies like NCDC and NPHCDA, along with Society for Family Health, Marie Stopes Nigeria, UNFPA Nigeria, and WHO Nigeria, can bridge the gap by sharing accurate information, publicising free or low-cost services, and bringing vaccination and screening closer to communities.

Theme 4: Common Concerns on HPV:

Public conversations in Nigeria, concerns about the HPV vaccine include “stigma in relationships” after diagnosis, fear of “being used as test subjects” in trials, and discomfort or pain during tests like Pap smears, VIA, and HPV DNA testing. General vaccine hesitancy is fueled by distrust in institutions, fear of side effects, and suspicion toward “international health bodies” and certain sponsors like Bill Gates. Many also face affordability barriers, with costs as high as ₦120K, and uncertainty about “where or how to get vaccinated.” Some believe HPV gets less attention and funding compared to HIV, while misinformation such as an alleged “link between HPV vaccine and cancer” further erodes trust.

Recommendation for Action: To address this, trusted local voices such as the NCDC, NPHCDA, Ministry of Health, WHO, and community health advocates should lead targeted public education to debunk myths, provide clear information on where and how to get vaccinated, reduce costs through subsidies, and integrate HPV vaccination into routine healthcare services for easier access.

How the Report was Developed

Methods:

This report presents an analysis of public conversations on HPV across Nigeria and surrounding regions, monitored from August 1 to 14, 2025. A total of 881 posts were identified, with X recording the highest volume of 553 posts, followed by web platforms with 308 posts. Facebook contributed 17 posts, while YouTube recorded 3. Instagram had no HPV-related activity during this period.

In terms of reach, X led with 1,847,531 people reached, followed by Facebook with 819,800 and web platforms with 653,280. YouTube had a reach of 91. This brought the total reach across all platforms to 3,320,702 people. Engagement levels mirrored the reach trend, with X generating 3,893 engagements, closely followed by web platforms at 3,884, Facebook with 830, and YouTube with 1. The total engagement across all platforms stood at 8,608, indicating moderate but targeted public interaction. Monitoring was conducted using a combination of social listening tools and manual searches, 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:

Duration	Volume	Reach	Engagement
X	553	1847531	3893
Web	308	653280	3884
Facebook	17	819800	830
Instagram	-	-	-
YouTube	3	91	1
Grand Total	881	3320702	8608

Table 1: Volume, reach, and engagement on HPV-related conversations from 1st - 14th August 2025

Risk Matrix: An Explanation of the Risk Matrix.

The misinformation, knowledge gap, questions and concerns on Human Papilloma Virus 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.

Risk Level	Misinformation	Knowledge Gaps	Concerns	Questions
High Risk	<ul style="list-style-type: none"> ▪ Gardasil HPV Vaccine... No one in their right mind would take this... The vaccine causes 37x more death than cervical cancer... Merck clinical trials used no placebo & 'safety tested' for only 14 days... 40 deaths." (False and unsupported claims misrepresenting safety data.) ▪ "Reports are that people who took that vaccine are now at high risk of cancer... Anything health from Bill Gates is likely a scam." (False link between HPV vaccine and cancer.) ▪ "Africa ... will always be used as a laboratory test ground to test medicine and vaccine." (Implies unethical medical testing without evidence.) ▪ "Avoid Bill Gates at every cost." (Blanket rejection without factual basis.) ▪ "They don't give that one HPV vaccine." (Implies 	<ul style="list-style-type: none"> ▪ Misunderstanding and confusion between HPV and HIV. ▪ Omission of information about HPV vaccine safety, availability, and eligibility age range in Nigeria. ▪ Lack of clarity about where to access vaccination and whether it is available locally. ▪ Lack of public information on vaccine cost and affordability (e.g., ₦120K for 3 doses). 	<ul style="list-style-type: none"> ▪ Safety and ethics of vaccine trials in Africa (fear of being "used as test subjects") Mistrust ▪ related to vaccine origin/sponsor (Bill Gates association fueling suspicion ▪ Worries about alleged link between HPV vaccine and cancer (from misinformation). ▪ Affordability barriers (₦120K cost for vaccination). 	<ul style="list-style-type: none"> ▪ Is the HPV vaccine safe for girls under 15?" / "Does it cause infertility?" ▪ Can boys take the HPV vaccine too?" / "Why is it only for young girls?" ▪ "Is it really necessary if someone is not sexually active?" ▪ Does giving the HPV vaccine encourage early sexual activity?"

	intentional infection.)			
Moderate Level Risk	<ul style="list-style-type: none"> ▪ Do you want to give another man HPV? ... stick with this man as he already knows you have this sickness. Starting all over will be hard 'cause nobody will want to date you knowing you have such sickness." (Frames HPV as permanent and shameful.) ▪ "Human Pappilloma Virus (HIV) can cause cervical cancer and nasopharyngeal cancer (via oral sex)." (Terminology confusion.) ▪ "Certain strains of HPV can be transmitted through deep kissing..." (Oversimplified risk.) ▪ Dismissive/mockling language ("No treat your HPV dey here dey mumu"). (Promotes stigma.) 	<ul style="list-style-type: none"> ▪ HPV described only as a "sickness" without noting it's preventable and may clear naturally. ▪ Lack of awareness that HPV affects both men and women and causes multiple cancers. ▪ Limited understanding of vaccine benefits beyond cervical cancer prevention. ▪ Misunderstanding that an HPV diagnosis means one should remain with the current partner. ▪ Limited awareness that both men and women can take the 	<ul style="list-style-type: none"> ▪ Stigma in relationships after HPV diagnosis. ▪ Discomfort or pain during HPV-related tests (Pap smear, VIA, HPV DNA testing). ▪ General vaccine hesitancy linked to distrust in institutions and past controversies. ▪ Fear of vaccine side effects or mistrust toward international health bodies and manufacturers. ▪ Perception that HIV gets more attention and funding than HPV. 	<ul style="list-style-type: none"> ▪ "Can someone who has the virus still take the vaccine?" ▪ "Is the vaccine free in govt hospital?" ▪ "Where can I get the HPV vaccine?" ▪ Curiosity about whether men need HPV vaccination. ▪ "Why don't you like taking vaccine?" ▪ "Can you prevent them?" (warts) ▪ "Do you have the treatment for genital warts and also is the vaccine available?" ▪ Inquiries about screening locations ("Next Cervical Cancer Screening: Abuja or Lagos").

		<p>HPV vaccine.</p> <ul style="list-style-type: none">▪ Lack of understanding that HPV is often asymptomatic and requires screening to detect.		
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Summary of Themes from Social Listening

1. **Fear of Being Labeled as a Disease Spreader:** Some community members expressed anxiety that an HPV diagnosis could lead others to see them as someone who “wants to spread” the infection.: https://x.com/Presh_lee/status/1955932192108159136



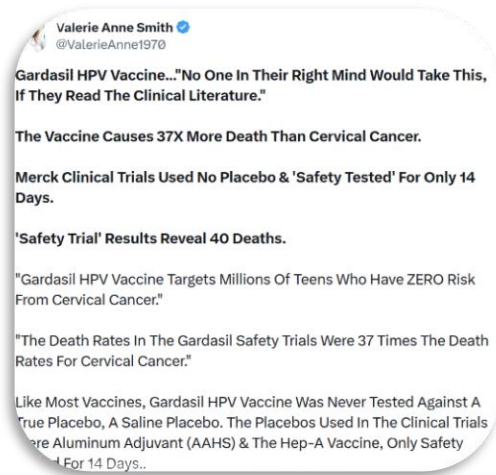
2. Conspiracy Theories Surrounding Renowned Donors and Advocates:

https://x.com/Joe_Bassey/status/1954570800192786807



3. Misinformation Claiming Vaccines Cause Death and Are Unsafe for Everyone:

<https://x.com/ValerieAnne1970/status/1954455499543355424>



4. **Public Inquiry: Availability of Genital Warts Treatment and HPV Vaccine:**

https://x.com/Success_Legend/status/1954152645452534123



Success Ndubisi

@Success_Legend

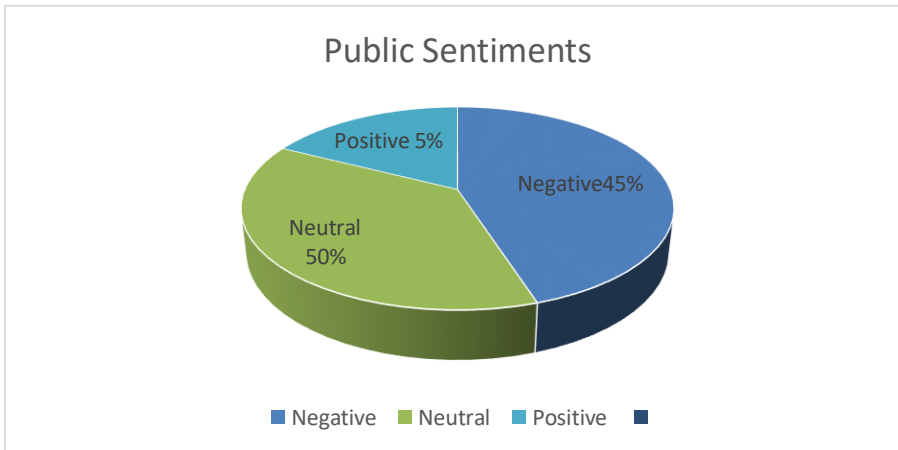
Do you have the treatment for genital warts and also is the vaccine available ?

1:07 PM · Aug 9, 2025 · **882** Views

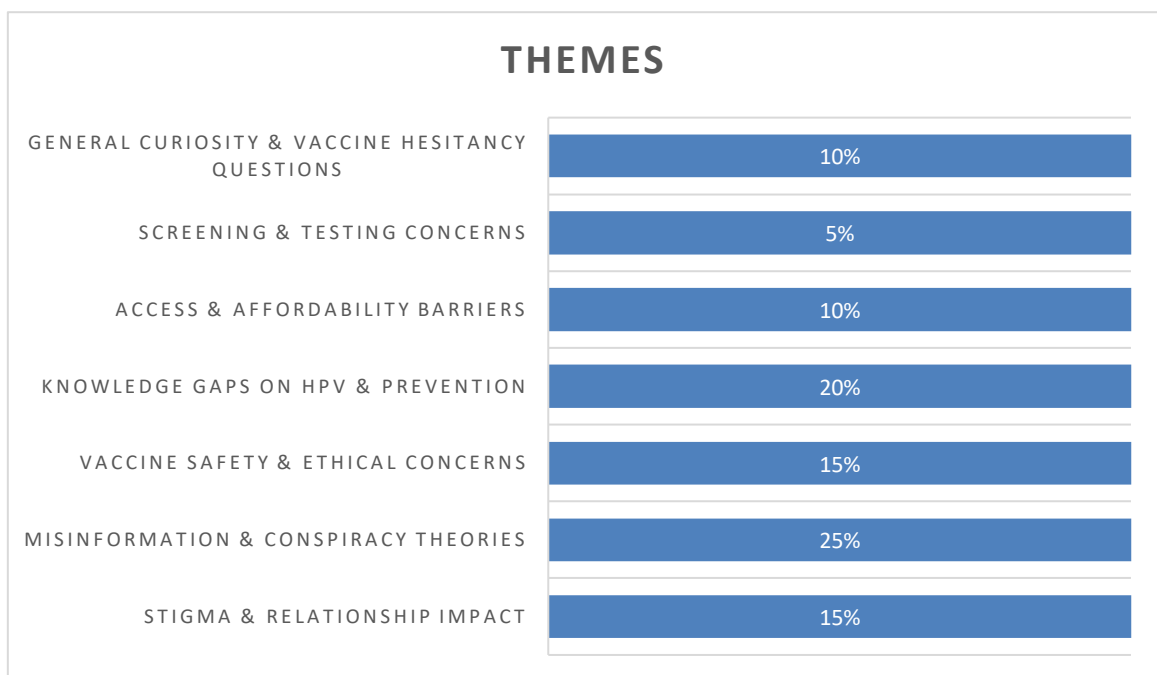
5. **Strengthen Primary Healthcare Across 28 Centers in Kano** : [UNICEF, GAVI solarise 28 Primary Healthcare Centres in Kano - The NEWS](#)

UNICEF, GAVI solarise 28 Primary Healthcare Centres in Kano

Wednesday, August 13, 2025 4:31 pm



Positive sentiments were 5% which was largely overshadowed by the dominance of mistrust, stigma, and misinformation around HPV and its vaccine (Negative sentiment). About 45% of public sentiment reflected neutral knowledge gaps or basic questions, while roughly 50% showed neither support nor acceptance (Negative). This indicates that although many people are curious and actively seeking information, their perceptions are still heavily shaped by misinformation and fear, leaving very little room for openly positive attitudes toward HPV prevention.



Overall, the findings reveal a complex interplay of stigma, misinformation, safety fears, and knowledge gaps that shape public attitudes toward HPV and its vaccine. Misconceptions often fueled by conspiracy theories and mistrust in global health actors are compounded by limited understanding of HPV's broader health risks, especially for men, and the benefits of early vaccination. Practical barriers such as high costs, limited access points, and discomfort with screening further hinder uptake. Addressing these issues will require a coordinated response involving health authorities, trusted community voices, medical professionals, media, and policymakers to dispel myths, close knowledge gaps, improve accessibility, and rebuild public confidence in HPV prevention efforts.

Further Information, visit: <https://hidim.nigeriahealthwatch.com/#/network>

CONTACTUS

Nigeria Health Watch is a not-for-profit health communication and advocacy organisation that seeks to advocate for better health for Nigerians. We work to actively engage and support the government in raising awareness and increasing knowledge on a wide range of health issues in Nigeria



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