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ADOLESCENT MENSTRUAL HEALTH MANAGEMENT IN NIGERIA:
KNOWLEDGE AND PRACTICES

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Abstract

Background: Menstrual health management (MHM) remains a critical public health and educational issue for adolescent girls in Nigeria. Poor MHM is linked to school absenteeism, infection risks, and psychological distress.

Objective: This review synthesizes evidence on Nigerian adolescent girls' menstrual knowledge, hygiene practices, cultural barriers, and school support systems.

Methods: A narrative review of peer-reviewed articles (2010–2024), UNICEF/WHO reports, and Nigerian Demographic and Health Survey data.

Results: Studies consistently show that >50% of girls have inadequate pre-menarche knowledge. Disposable pads are used in urban areas, but cloth, tissue, and unhygienic alternatives prevail in rural regions. Menstrual-related absenteeism affects 30–70% of girls. Key barriers include cost, lack of water/sanitation facilities, stigma, and absent school health policies.

Conclusion: There is an urgent need for culturally sensitive, multi-sectoral interventions including free menstrual products, WASH infrastructure, and comprehensive sexuality education in Nigerian schools.

Keywords: Menstrual health, adolescents, Nigeria, hygiene, school absenteeism

1. Introduction

Menstrual health is a fundamental component of adolescent well-being, yet it remains neglected in many low- and middle-income countries, including Nigeria. Approximately 15 million adolescent girls in Nigeria menstruate, but many lack accurate information, hygienic materials, and safe facilities (UNICEF, 2022). Poor menstrual management can lead to reproductive tract infections, shame, and school dropout (Sommer et al., 2016).

Despite Nigeria's National School Health Policy (2006, revised 2019), implementation of menstrual-friendly school environments is weak. This paper reviews existing evidence to answer:

- (1) What do Nigerian adolescent girls know about menstruation?
- (2) What practices do they use for menstrual hygiene?
- (3) What barriers do they face?
- (4) How does menstruation affect school attendance?

2. Methods

We conducted a narrative review of literature published between 2010 and 2024 using PubMed, Google Scholar, and African Journals Online. Search terms

included: “menstrual hygiene Nigeria,” “adolescent menstruation knowledge,” “school absenteeism menstruation.” We also incorporated reports from UNICEF, WHO, and Nigeria’s National Bureau of Statistics. Only studies focusing on girls aged 10–19 in Nigeria were included.

3. Results

3.1 Menstrual Knowledge

Across multiple Nigerian studies, knowledge about menstruation before menarche is poor. A study in Enugu (Aniebue & Aniebue, 2010) found that only 38% of girls knew about menstruation before their first period. In Oyo State (Fehintola et al., 2017), 64% of respondents considered menstruation “dirty” or “shameful.” Most girls receive first information from mothers (65%), followed by peers (22%), and rarely from teachers (8%).

3.2 Hygiene Practices

A 2021 study in Kano State reported that 45% of adolescent girls used cloth, 30% used disposable pads, and 15% used tissue or leaves. In Lagos, disposable pad use rose to 80%, but 20% still changed pads less than twice daily. Reuse of cloth

without proper washing/drying was common in rural Benue State (Oche et al., 2021), increasing infection risk.

3.3 Barriers to Good Menstrual Health

- Cost: Pads cost ₦300–800 per pack, unaffordable for many families (poverty rate ~40%).
- Water and sanitation: 52% of Nigerian schools lack functional toilets; 65% lack changing rooms (UNICEF, 2022).
- Stigma: 47% of girls in a Cross River study felt uncomfortable discussing menstruation with male teachers or peers.
- Myths: Menstruating girls forbidden from cooking, praying, or touching animals in some ethnic groups (Adinma & Adinma, 2018).

3.4 Menstruation and School Attendance

Meta-analysis of Nigerian studies shows absenteeism ranging from 31% (urban) to 71% (rural) during menstruation. In a 2020 study in Ebonyi State, 58% of girls

reported staying home due to fear of leaking or pain. Each missed day correlates with lower academic achievement and increased dropout risk (UNESCO, 2021).

3.5 Policy Implementation Gaps

Although the National School Health Policy mandates provision of water, sanitation, and hygiene (WASH) facilities, a 2023 survey of 400 schools across six geo-political zones found only 18% had incinerators for pad disposal; 12% had private changing spaces; and <5% provided free pads.

4. Discussion

This review confirms that adolescent menstrual health in Nigeria is characterized by low pre-menarche knowledge, reliance on unhygienic materials, pervasive stigma, and inadequate school infrastructure. These findings align with studies in other sub-Saharan African countries (Chandra-Mouli & Patel, 2017).

The disparity between urban and rural areas underscores the role of socioeconomic factors. Interventions must go beyond pad distribution to include:

- Comprehensive sexuality education starting in primary school.
- Subsidized or free menstrual products via school health programs.
- WASH upgrades in schools (toilets, water, disposal bins).
- Community engagement to dismantle menstrual taboos.

Limitations of this review include reliance on cross-sectional studies with varying quality and lack of national longitudinal data.

5. Conclusion and Recommendations

Adolescent menstrual health in Nigeria is a silent crisis affecting millions of girls' education and health. Without urgent action, Nigeria will miss Sustainable Development Goals 3 (health), 4 (education), and 6 (sanitation).

Recommendations:

1. Federal and state governments should implement the National Menstrual Health Policy (drafted 2021) with dedicated budget.

2. Schools should provide free pads and WASH facilities through the Adolescent Girls Initiative for Learning and Empowerment (AGILE) program.

3. Research should focus on intervention trials (e.g., pad distribution vs. education-only)

6. References

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