

Influence and Involvement of Teachers in Menstrual Hygiene Management of Female Secondary School Students in Kogi State, Nigeria

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DOI: <https://doi.org/10.51244/IJRSI.2025.120800062>

Received: 30 July 2025; Accepted: 04 Aug 2025; Published: 04 September 2025

ABSTRACT

Menstrual hygiene management (MHM) remains a significant public health and educational issue, particularly in low- and middle-income countries. This study explores the influence and involvement of teachers in the menstrual hygiene management of female secondary school students in Kogi State, Nigeria. A descriptive cross-sectional design was employed, with a sample of 300 teachers from both public and private secondary schools selected through a multi-stage sampling method. Data were collected via structured questionnaires and focus group discussions, and analyzed using SPSS version 26. Findings indicate a generally high level of knowledge about menstruation among teachers, with 95.7% agreeing that girls should be educated before menarche. However, persistent myths remain, including beliefs that menstruation is a disease or that it signifies readiness for marriage. Moreover, 65% of teachers were found to demonstrate poor MHM practices, and qualitative findings revealed low levels of teacher involvement, especially among male teachers. Cultural taboos, lack of training, and gender norms were identified as major barriers to effective teacher engagement in MHM. Statistical analysis showed no significant relationship between teachers' knowledge and their practices ($p > 0.05$), suggesting that awareness alone does not translate into supportive behavior. The study concludes that systemic changes, including teacher training, infrastructural improvements, and policy reforms, are needed to improve MHM in schools. It recommends multi-level interventions to equip teachers with the knowledge, skills, and institutional support required to promote menstrual dignity among adolescent girls.

Keywords: Menstrual Hygiene Management, Teachers' Involvement, Menstruation, Adolescents, Secondary Schools

Menstruation is a reproductive health function that around half of the population will experience over the course of their life (George, 2018). Researchers and health professionals have declared that menstruation is an important factor in discerning overall health, and that it should be considered the fifth vital sign (The American College of Obstetricians and Gynecologists, 2015).

Menstruation is the first indication of puberty (Sonowal et al., 2021). During puberty, physical changes occur that transform the body of a child into that of an adult, including changes in body size and changes in body proportions (Hasan et al., 2021). Menstruation, the periodic vaginal bleeding that occurs with the shedding of the uterine mucosa is one of the signs of puberty and occurs one or two years following the appearance of secondary sexual characteristics (Davies, et al., 2018). Menstrual Hygiene Management (MHM) refers to the access to sanitary materials and facilities to manage menstruation. It also involves the ability to be socially and hygienically comfortable when menstruating (Nnennaya et al, 2021). Proper menstrual hygiene management involves a careful integration of safe and hygienic practices that allow women and girls to receive the support and education they need and deserve during their menstrual cycles. Laws, policies, and programs exist that address menstrual hygiene management (Onubogu et al, 2024).

The phenomenon of menstruation and menstrual management among females is centuries old and is related to reproductive life (Betsu et. al, 2024). The behavioral, psychological, and sociocultural nature of this normal cyclic legislation is often associated with a taboo and is steeped in myths, making it a difficult and complex subject to discuss or even mention comfortably (Zheng, 2022). Menstrual hygiene management and practices

promoted through information and motivation must ensure that adolescents are equipped to deal with menstruation for the four to five days that it occurs, as convenience and cleanliness cannot be compromised (Anee, et al, 2020). The commercial marketing of sanitary napkins as feminine hygiene has long overshadowed the fact that there are many traditional mechanisms that are of low cost and can be cleaned safely and reused or discarded. In Indian society and culture, however, myths and attitudes about menstruation prevail, which have hindered the free and open discussion of menstrual hygiene practices for years (Alam, et al, 2022).

Recently, the attention given to menstrual hygiene management has increased. In the past, menstrual hygiene management was overlooked. By looking at the historical definitions of menstrual hygiene management, it seems as if it was considered a taboo that no one wanted to talk about (Mahfuz, et al.2021). The lack of attention given to menstrual hygiene management has caused girls and women to not openly talk about their menstrual cycle and has also led to limited access to sanitary products (Chidya et al, 2019).

Experiences of work performed in schools in low-income countries have been essential to discover and understand the complex reality of creating good MHM (Chandra-Mouli & Patel, 2017). Teachers play a significant role in solving the question of how good menstrual hygiene can be provided in the most feasible and cost-effective way in the implementation of MHM in schools for girls. The benefits of involving teachers to provide support are important, but the evidence from low-income schools is still rather modest. The use of teachers to provide individual support is not unconditional but should be viewed according to the schools' local conditions and the support offered by education and health sectors to provide MHM solutions, such as safe hygiene via well-functioning and well-maintained water and sanitation facilities and safe and hygienic menstrual materials before, during, and after the period (Davis et al, 2018).

Reaching menstruation age is a significant event in the lives of most girls. How menstruation is handled creates an enormous impact on girls' experiences, not only during the actual menstruation days but regularly every month (Zheng, 2022). Girls should experience menstruation as a time that does not limit them, but they should be able to conduct a normal school day without any shame or disruption. However, in many low-income settings, knowledge about menstruation is insufficient. Girls and teachers frequently experience the promotion of menstrual education as conflicting with local cultural taboos, which leads to secret observations not being possible, and taboos make questions and motivations for girls' participation challenging (Ene, et. al, 2024). Needs for support are described concerning knowing menstruation is about to start, psychological and social support, facilities, disposable or reusable menstrual products, low-cost hygienic disposable pads, soap or hand sanitizer, and space for disposal of used pads. Before, during, and after menstruation, it is very important that girls are given access to facilities, materials, and information so they can stay clean and comfortable during menstruation days (Shenkman, et. al, 2023).

Poor menstrual hygiene management affects the girl child in a variety of ways, including social, mental, and physiological effects, possibly as a result of insufficient sanitary facilities and bad hygiene practices (Sonowal, et. al, 2021). As a consequence, mechanisms and support must be placed in place to assist the girl child in coping with this stage of life. And that's what menstrual hygiene management aims to achieve: assisting the girl child in coping with the resulting misunderstandings, embarrassment, frustration, anxiety, and nervousness (Tegegne & Sisay, 2014). The importance of menstrual hygiene management stems from the fact that hygiene knowledge among these elementary school girls, ages 8 to 15, is restricted, resulting in their inability to properly control their menstruation (UNESCO, 2014).

Research Questions

This study examines the influence and involvement of teachers in the menstrual health management of adolescent girls in secondary schools.

The specific questions are to;

- What is the knowledge of teachers on menstruation and menstrual hygiene management of adolescent girls?

- What is the perception of teachers on menstrual hygiene management among adolescent girls in school?
- What is the involvement of teachers in the menstrual hygiene management of adolescent girls in school?
- What is the association between knowledge of menstrual hygiene management of teachers and perception of teachers during the menstrual period of their students?

METHODOLOGY

Research Design

The study design employed for this study will be a descriptive cross-sectional study.

Population of the Study

This study was conducted among secondary school teachers in selected Local Government areas of Kogi State, Nigeria.

Sample and Sampling Technique

The sample size was calculated using the Fisher formula for quantitative studies. The estimated sample size was 271 respondents after accounting for a 10% non-response rate; a sample size of 300 was selected from the total population of secondary school teachers. There was equal representation of 150 teachers from both private and government schools. The sampling method was three-staged.

Stage 1: A local government area was selected randomly from each of the three senatorial districts

Stage 2: involved using simple random sampling to select five schools from both private and government-owned schools in each of the three local government areas.

Stage 3: fourteen teachers were recruited randomly after getting their consent to participate in the survey.

For the qualitative data collection, eight participants were recruited for a session of focus group discussion.

Research Instrument

Questionnaires were used for data collection to gather information from respondents. The questionnaire had two sections: section A asked questions about the social demographic characteristics of the respondents, while section B focused on the research objectives. FGD was used for data collection on the involvement of teachers in menstrual hygiene management of adolescent girls in school.

Data Collection

A well-structured questionnaire was used to obtain relevant information from the randomly selected population, the research assistants helped in distributing and retrieving back the questionnaires and ensuring a detailed and adequate responses to the questionnaires.

Data Analysis

The data was analysed using Statistical Product for Service Solution (IBM SPSS 26). Descriptive analysis was employed to determine the influence of involvement of teachers in menstrual hygiene management of their students, Chi Square statistics was used to determine the association between the practices of teachers in menstrual hygiene management of adolescent girls and the involvement of teachers during menstruation of their students. The level of significance was determined at the p-value of ($p < 0.05$).

RESULTS

Research Question one: Knowledge Concerning Menstruation and Menstrual Hygiene Management

Table 1: Knowledge Concerning Menstruation and Menstrual Hygiene Management

	Agreed		Disagreed	
	F	%	F	%
Girls should be taught from home about menstruation before the onset of their first experience	264	95.7	12	4.3
Menstruation comes every month after a girl starts her period	254	91.7	23	8.3
Menstruation is a result of Hormonal changes	241	87.0	36	13.0
Girls may get pimples (acne) during their period	231	83.1	46	16.6
Menstrual blood comes from the womb	209	75.5	68	24.5
Menstrual blood is unhygienic	173	62.5	104	37.5
Menstrual blood contains harmful substances	97	35.0	180	65.0
Males also menstruate	46	16.6	231	83.4
Starting menstruation means you are ready to get married	45	16.2	232	83.8
Menstrual hygiene management practices should not be taught in school	37	13.4	240	86.6
Menstruation is a disease	25	9.0	252	91.0
Starting menstruation means a girl can get pregnant	23	8.3	254	91.7

Table 1 reveals generally high knowledge levels among participants regarding menstruation and menstrual hygiene management. The study showed high knowledge indicators, about 95.7% agreed girls should be educated on menstruation at home before menarche, also, 91.7% recognized that menstruation occurs monthly, 87% correctly identified hormonal changes as the cause of menstruation and 83.1% acknowledged acne as a symptom during menstruation. However, misinformation exists as 16.6% mistakenly believed males also menstruate also, 16.2% felt that menarche signifies readiness for marriage and 8.3% associated menarche with readiness for pregnancy while, 9% believed menstruation is a disease. However, ambiguity on menstrual blood was discovered as 62.5% viewed menstrual blood as unhygienic, though 65% disagreed that it contains harmful substances. Figure 1 shows that 48.6% of participants have good overall knowledge of MHM, indicating room for improvement in correcting persistent myths and misinformation.

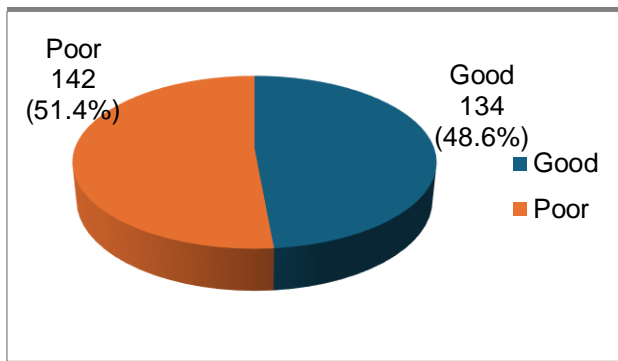


Figure 1: Pie Chart Showing Level of Knowledge of Menstruation and Menstrual Hygiene Management

Research Question Two: What are the practices of teachers during menstrual period of their adolescent students?

Table 2 Practices of Teachers on Menstrual Hygiene Management of Adolescent Girls

Practices	Frequently		Occasionally		Never	
	F	%	F	%	F	%
menstruating girls do not participate in sporting activities	38	13.9	127	46.5	108	39.6
knowledge of the menstrual cycle of my students	30	11.1	112	41.4	129	47.6
I support students to buy menstrual absorbents materials	59	21.8	110	40.6	102	37.6
menstruating girls do not participate in manual labour	38	13.9	127	46.5	108	39.6
I educate adolescent girls on menstrual hygiene management	112	40.9	124	45.3	38	13.9
separate menstruating girls from others in class	12	4.4	13	4.8	248	90.8
menstruating girls are instructed not to come to school	18	6.6	89	32.7	165	60.7
release menstruating girls to go home	15	5.7	94	35.6	155	58.7
menstrual hygiene management is promoted regularly in school	13	67.8	63	23.3	24	8.9
advocate for improved menstrual hygiene management	138	50.4	96	35.0	40	14.6
I provide emotional support to student menstruating	144	52.6	87	31.8	43	15.7

Table 2 shows that some of the teachers show supportive practices as 52.6% provide emotional support to menstruating students, also, 50.4% advocate for improved MHM. Less than average 40.9% frequently educate students on MHM. Moreover, 60.7% never instruct girls to stay at home due to menstruation, also, 90.8% never separate menstruating girls in class which shows a positive sign of inclusiveness. However, 47.6% have no knowledge of students' menstrual cycles this could be the reason 65% of teachers (Figure 2) were rated as having poor MHM practices.

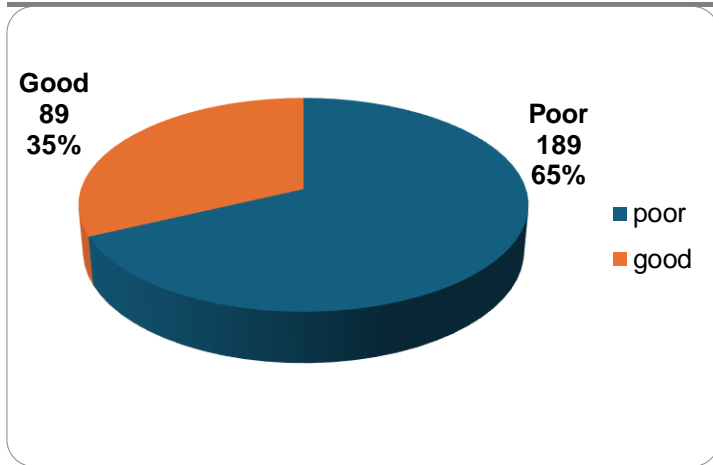


Figure 2: Pie Chart Showing Practices of Teachers on Menstrual Hygiene Management of Adolescent Girls

Research Question three: What is the Involvement of Teachers in Menstrual Hygiene Management of Adolescent Girls in School?

The majority of participants in this study do not get involved with the menstrual hygiene management of their students. For instance, a 30-year-old Muslim female teacher said: “I do not need to be involved with a girl's menstrual concern, her parents should have taken care of that...”. Another participant, a 37-year-old female Christian, said that: “...menstruation is a personal thing to the girls; they should not tell anybody, including their friends”. Another participant, a 35-year-old male Christian, said that “...menstrual hygiene management of girls is not part of the work of a teacher... we are not paid for that...” Moreover, few of the participants feel teachers should be involved with menstrual hygiene management of adolescent girls. For instance, a 28-year-old Christian female teacher said, “The social, mental, and psychological well-being of a student should be the concern of a teacher”.

Few of the participants explained how a teacher can be involved in the menstrual hygiene management of their students. For instance, a 28-year-old Christian woman said “...emotional support should be provided by the teachers... Sometimes the teacher can give money to students to buy menstrual absorbent materials...” Another participant, who is a 37-year-old Christian male, said, “teachers can advocate for washing hand basins, provision of soap and water in schools, and separate toilets for male and female students.”

The majority of the participants feel male teachers should not be involved in the menstrual hygiene management of adolescent girls. A 30-year-old Muslim female said, “...male teachers' involvement may make them take advantage of the innocent girls.” Another participant, who is a 30-year-old Christian female, said, “...it is better if male teachers are not involved to avoid temptation.”

Research question 4: To determine the association between knowledge of menstrual hygiene management of teachers and practices of teachers during the menstrual period of their students

Table 4 Association between Knowledge of Menstrual Hygiene Management of Teachers and Practices of Teachers during the Menstrual Period of Their Students

Knowledge of menstrual hygiene management among teachers	Practices of teachers during the menstrual period of their students		χ^2	df	P-value
	Poor	Good			
Poor	102 (37.0)	40 (14.5)	1.523	1	0.217

Good	87 (31.5)	47 (17.0)			
Total	189 (68.5)	87 (31.5)			

Since the P-value (0.217) from the table below is greater than 0.05. Therefore, there is no significant association ($\chi^2=1.523$, $P > 0.05$) between knowledge of menstrual hygiene management of teachers and practices of teachers during the menstrual period of their students. This indicates that having good knowledge of MHM does not necessarily translate into good practices.

DISCUSSION OF FINDINGS

Recent literature confirms that while awareness about menstruation has improved, myths and taboos remain prevalent. UNESCO (2022) reports that despite increased awareness, many adolescents still harbor misconceptions about menstruation, particularly in low- and middle-income countries (LMICs), where social stigma persists. A systematic review by Mohammed et al. (2023) found high awareness of menstruation in school-aged girls, yet gaps in understanding about menstrual physiology and hygiene practices persist. Ezeonu et al. (2022) revealed that while knowledge was generally good, misconceptions (e.g., linking menstruation to impurity or disease) were still common among both students and some teachers.

These findings suggest a disconnect between knowledge and practice which is in support with the literature in the aspect of teacher's involvement, Sommer et al. (2021) emphasize the role of teachers in creating a supportive school environment during menstruation, yet many feel unprepared due to cultural norms and lack of training. Assessing the gaps in practice, research in Sub-Saharan Africa shows that despite knowledge, teachers often avoid active participation in MHM due to embarrassment or sociocultural taboos (Kansiime et al., 2022). A study by Oyewole et al. (2023) found that while Nigerian teachers understand the importance of MHM, inadequate training and personal biases prevent proactive engagement.

Stigma and gender dynamics still exists as studies have shown that male teachers often avoid MHM discussions due to cultural and gender sensitivity (Sommer et al., 2021). Also, supportive environments was not sufficient as VanLeeuwen & Torondel (2022) emphasized the need for training programs to empower both male and female teachers in offering MHM support, especially in rural or conservative settings.

Knowledge-practice gap: Research supports this disconnection. According to Girod et al. (2022), even well-informed teachers may not implement supportive practices due to institutional, cultural, or gender barriers. Need for systemic support: Ereka et al. (2023) emphasize that training alone is insufficient unless accompanied by policy support and infrastructure improvements in schools.

CONCLUSION

This study highlights the current state of knowledge, practices, and involvement of teachers in menstrual hygiene management (MHM) for adolescent girls. Findings reveal that although most teachers possess a high level of knowledge about menstruation, including its biological basis and the importance of early education, misconceptions such as menstruation being a disease or indicating readiness for marriage still persist. Moreover, nearly two-thirds of teachers demonstrated poor MHM practices, revealing a significant gap between knowledge and actual supportive behavior. Cultural taboos, gender norms, and a lack of institutional support appear to hinder proactive teacher involvement, particularly among male educators. Importantly, the lack of a statistically significant relationship between knowledge and practice underscores the need for comprehensive, multi-level interventions that address not just awareness, but also behavior change and systemic barriers. Teachers—especially in their influential roles—must be equipped, supported, and encouraged to foster a safe and inclusive environment for menstruating students.

RECOMMENDATIONS

1. Mandatory MHM Training for Teachers: Implement structured, gender-sensitive MHM training for all teachers to bridge the gap between knowledge and practice.

2. Policy Integration: Integrate menstrual hygiene education into school health policies and teacher training curricula nationwide.
3. Provision of Facilities and Materials: Schools should be equipped with water, soap, disposable pads, and private sanitation facilities to support effective MHM.
4. Engage Male Teachers and Destigmatize MHM: Promote inclusive MHM advocacy campaigns to involve male teachers and reduce stigma and harmful cultural perceptions.
5. Parental and Community Engagement: Encourage collaboration between schools, parents, and communities to reinforce accurate MHM knowledge and supportive practices both at school and at home.

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