

The Overlooked Link between Adolescent Menstrual Health and School Attendance: A Call for Integrated Reproductive Health Education in Nigerian Schools

Ramat O. Mohammed-Nasir^{1*}, MBBS;  Eniola R. Kadir¹, PhD; Sadiya Musa Gwadabe¹, MSc

¹Department of Obstetrics and Gynaecology, University of Ilorin Teaching Hospital, Ilorin, Nigeria

*Corresponding author: Ramat, Mohammed-Nasir, MBBS; Department of Obstetrics and Gynaecology, University of Ilorin Teaching Hospital, Postal code: P.M.B. 1459, Ilorin, Nigeria. Tel: +23-47086087111; Email: toyeebee@gmail.com

Received: June 12, 2025; Revised: July 10, 2025; Accepted: July 16, 2025

Keywords: Menstruation, Hygiene, Adolescent

How to Cite: Mohammed-Nasir RO, Kadir ER, Musa Gwadabe S. The Overlooked Link between Adolescent Menstrual Health and School Attendance: A Call for Integrated Reproductive Health Education in Nigerian Schools. Int. J. School. Health. 2026;13(1):2-3. doi: 10.30476/intjsh.2025.107509.1533.

1. Dear Editor

Adolescent menstrual health remains a neglected aspect of public and school health discourse in Nigeria, despite its significant implications for education and gender equity. The intersection between gynaecological well-being and school attendance among adolescent girls deserves urgent attention from educators, healthcare providers, and policymakers. The widespread silence surrounding menstruation in schools contributes to absenteeism, poor academic performance, and long-term educational disadvantages for girls.

Studies from various low- and middle-income countries, including Nigeria, have consistently shown that many adolescent girls miss school during their menstrual periods due to inadequate menstrual hygiene materials, lack of private or clean toilets, and insufficient menstrual health education in school curricula (1-3). In some Nigerian states, it is estimated that up to 20–30% of schoolgirls miss school monthly due to menstruation-related challenges (4). This recurring absenteeism cumulatively results in significant academic setbacks, affecting the future opportunities and confidence of affected students.

From a gynaecological perspective, adolescents are also at risk of complications related to poor menstrual hygiene, including reproductive tract infections and vulvovaginal irritation, which may go undiagnosed and untreated due to stigma or lack of access to healthcare services (5, 6). In addition, conditions like dysmenorrhea and menorrhagia

are both common in adolescents, but they are often undiscussed or dismissed by school staff and parents, leading to avoidable pain, stress, and absenteeism (7). The lack of coordinated school-based reproductive health services or referral systems further compounds the problem.

The World Health Organization recognizes menstrual health as a critical part of sexual and reproductive health; nevertheless, this recognition has not translated into practical changes in many Nigerian school environments (8). There is an urgent need for the integration of menstrual and reproductive health education into the national school health programme. Such integration should go beyond biology class discussions to include practical education on menstrual hygiene, pain management, emotional support, and guidance on where to seek help when symptoms are abnormal.

Furthermore, teachers, especially male educators, must be sensitized and trained to handle menstrual health issues without bias or embarrassment. Creating a school environment where menstruation is acknowledged as a normal biological process, rather than a taboo subject, is essential (9). The provision of affordable or subsidized menstrual products, the establishment of girls' health clubs, and partnerships with primary healthcare centers can also help reduce menstruation-related absenteeism.

We recommend a multisectoral approach involving the Federal Ministries of Health, Education, and Women Affairs to review and

strengthen the reproductive health components of school health policies. This will require updated training materials, teacher retraining, and monitoring mechanisms to ensure implementation across public and private schools. Engagement of mothers, school nurses (where available), and local NGOs focused on adolescent health will also be crucial to achieving meaningful impact.

In conclusion, ignoring the menstrual health needs of adolescent girls in school settings perpetuates educational inequality and undermines the goals of universal health coverage and gender equity. We call on relevant stakeholders in health and education to act decisively by integrating reproductive health education into school health programmes and ensuring that every girl can attend school with dignity and without disruption due to her menstrual cycle.

Authors' Contribution

All authors have contributed equally to the conceptualization of the work, drafting and reviewing the manuscript. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflict of Interest: None declared.

Funding: None.

References

1. Sommer M, Hirsch JS, Nathanson C, Parker RG. Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue. *Am J Public Health*. 2015;105(7):1302–11. doi: 10.2105/AJPH.2014.302525. PubMed PMID: 25973831; PubMed Central PMCID: PMC4463372.
2. Obiageli O, Imarenezor EPK. Menstrual Hygiene Management Among Adolescent Girls in Selected Secondary Schools in Ahoada, Rivers State. *AJMSPHR*. 2025;2(2):347-365. doi: 10.58578/AJMSPHR.v2i2.6066.
3. Onubogu CU, Umeh UM, Mbachu CNP, Nwazor OC, Ofiaeli OC, Nwagbara NE, et al. Menstrual hygiene practices of adolescent secondary school girls in rural Anambra communities. *Womens Health (Lond)*. 2024;20:17455057241228204. doi: 10.1177/17455057241228204. PubMed PMID: 38318680; PubMed Central PMCID: PMC10846034.
4. Edet OB, Bassey PEM, Esienumoh EE, Ndep AO. Missing school during period: perspectives of adolescent schoolgirls in Cross River State, Nigeria. *Pan Afr Med J*. 2022;42:65. doi: 10.11604/pamj.2022.42.65.28244. PubMed PMID: 35949483; PubMed Central PMCID: PMC9338695.
5. Das P, Baker KK, Dutta A, Swain T, Sahoo S, Das BS, et al. Menstrual hygiene practices, WASH access and the risk of urogenital infection in women from Odisha, India. *PLoS One*. 2015;10(6):e0130777. doi: 10.1371/journal.pone.0130777. PubMed PMID: 26125184; PubMed Central PMCID: PMC4488331.
6. Dar MA, Maqbool M Gani I, Ara I. Menstruation hygiene and related issues in adolescent girls: a brief commentary. *International Journal of Current Research in Physiology and Pharmacology*. 2023;7(1):1-5.
7. Femi-Agboola DM, Sekoni O, Goodman OO. Dysmenorrhea and its effects on school absenteeism and school activities among adolescents in selected secondary schools in Ibadan, Nigeria. *Niger Med J*. 2017;58(4):143-148. doi: 10.4103/nmj.NMJ_47_17. PubMed PMID: 31057207; PubMed Central PMCID: PMC6496977.
8. World Health Organization. Guideline on menstrual health and hygiene. Geneva: WHO; 2022.
9. Alam KF, Islam T, Islam Z, Yesmin S, Hossen R, Islam MK. Menstrual Hygiene Management Practices, Knowledge Gaps, and the Imperative for Male Engagement in Coeducational High Schools in Dhaka, Bangladesh. *SSB Global Journal of Medical Science*. 2025;6(01):31-38. doi: 10.61561/ssbgjms.v6i01.77.