

**SECONDARY SCHOOL GIRLS' AWARENESS OF AND  
PROFICIENCY WITH MENSTRUATION MANAGEMENT IN  
MAKARFI LOCAL GOVERNMENT AREA, KADUNA STATE,  
NIGERIA**

**Samaila Ignatius<sup>1</sup> & Stephen Sunday Ojo<sup>2\*</sup>**

Department of Sociology, Federal University, Gashua, Yobe State, Nigeria

Department of Sociology, Faculty of Social Sciences, Federal University of Lafia, Nigeria

\*drstephenajo@gmail.com, drstephenajo@fugashua.edu.ng

**ABSTRACT:** There is a significant knowledge gap regarding women's cycles and menstrual hygiene in many social contexts because menstruation is not always directly observed in homes, schools, and communities. This disparity also brings up questions about menstrual cleanliness and treatment. In addition to the lack of knowledge, girls require access to water, sanitary toilets, personal hygiene products that have been disinfected and kept, and referral centres where their long-term health may be guaranteed. This study looked into how female students in government secondary schools in Makarfi Local Government Area were treated and informed about their monthly menstrual cycles. In the study, the survey design was used. Participants were drawn from four randomly chosen public junior high schools in the study area using a multi-stage random testing technique. Following a thorough investigation, the responses were expressed as percentages. It is suggested that community health professionals be given the authority to visit schools in order to offer counselling services and teach seminars at the community and school levels in light of the study's findings. The study concludes that it is crucial to continue teaching girls about menstrual cycles, menstrual cleanliness, and how to take care of school-age girls. Governments and non-governmental organisations should simultaneously supply all girls with sanitary napkins and other menstrual hygiene stations and services.

**Keywords:** Awareness, Proficiency, Management, Menstruation, Girls, Secondary School

## **INTRODUCTION**

Adolescence is a time of growth and development for the majority of girls enrolled in secondary schools. According to the WHO, adolescence is "a life span between 10 and 19 years old, in which a person moves toward independence and identity" (Fouad, et al., 2023), making it the quickest stage of human development. Physical, social, emotional, and spiritual changes are all part of this stage of human growth (Lawan, et al., 2010). Young people are impacted by their surroundings, culture, religion, education, and media as they mature and develop (Pilliteri 2010). Secondary sexual traits arise in young women, and the female cycle is one of these key characteristics. Menstruation involves physical and emotional changes that lead to tension, embarrassment, and confusion because teenage girls are not aware of the signs and symptoms of puberty or how to take care of themselves during their periods, despite the fact that it is a natural physiological condition that indicates normal reproductive system functioning (Bhagavan, et al, 2019; Yang & Chen, 2023). Until menopause, women typically menstruate three to five days a month (Lawan, et al., 2010). Moreover, menstruation is the most stressful

occurrence throughout adolescence since it is associated with dysmenorrhea, pain, and profuse bleeding (Mehrabi et al., 2016).

Menstruation is a typical bodily function. If the right information is given on its onset, treatment, and related issues, it can be handled just like any other biological function. However, a large number of females in underdeveloped nations lack enough understanding or information regarding the menstrual cycle and how to manage it (Bhagavan et al., 2019; Yang & Chen, 2023). There is practically little formal education on reproductive health in Nigeria. Extreme secrecy surrounds the female cycle and the issues that go along with it in many parts of the world (Alshurafa, 2023). Menstrual hygiene is, therefore, not adequately understood by many young females (Burgers & Lhalungpa, 2008; Lawan et al., 2010). Menstruation information is typically only accessible following a girl's menarche. Before having their first sexual experience, many young women in African societies are unaware of their menstrual cycle. As a result, these girls felt scared and thought they were hurt (Caruso et al., 2012).

Since the control and characteristics of the female cycle and menstrual cycle are not defined, girls typically do not acquire enough knowledge to prepare them for menarche (Adinma & Adinma, 2008). This significantly impacts the females' menstrual patterns. Additionally, they claimed that the girls' understanding of the menstrual cycle, the reproductive organs' roles, and the connections between them need to be improved. However, parents and society's ignorance of menstruation has an impact on female adolescents' understanding, attitudes, and self-care practices (Solehati & Kosasih, 2020). In reality, some people think that an infection causes monthly bleeding, or God's punishment, or a secretion from the liver, intestines, or abdomen. The majority of adolescent girls are taught about the concept of social transmission, how to prevent monthly bleeding with clothing, how to preserve habits, and how girls should behave toward boys and men by their mothers (Mahon & Fernandes (2010); Solehati and Kosasih, 2020; Bahari et al., 2021). The treatment of menstruation issues and menstrual hygiene practices are impacted by ignorance. Special health demands and requirements, such as the frequency and timing of vaginal changes and the type of storage method to be employed, are addressed by managing the monthly cycle, washing hands and underwear, care of the vulva, and proper elimination of menstrual waste. Therefore, as a natural process, the female cycle needs to be managed aseptically (Al Khutaba'a & Qaralleh, 2024). A woman's cycle needs specific attention from both a physical and mental standpoint (Israr, 2010).

Menstrual hygiene describes how a woman maintains her cleanliness and health during her cycle as well as how she absorbs, utilises, and distributes substances that store blood (Al Mutairi & Jahan, 2021). From adolescence to menopause, all girls and women have to cope with the problem of menstrual hygiene (Qasass et al., 2023). Women must be able to effectively control their menstrual flow if they are to have long, prosperous, and respectable lives. Therefore, raising awareness among adolescent girls is crucial to improving their quality of life and avoiding health problems associated with ignorance and unhealthy menstruation practices (Salam et al., 2016). Women's hygiene habits during their periods are crucial since they impact their health and make them more vulnerable to infections of the reproductive system. For girls' and women's health, education, and dignity, proper menstrual hygiene is therefore essential (Mohammed et al., 2020). Due to social, religious, cultural, and financial limitations, schoolgirls in Nigeria frequently struggle to control their periods. If girls want to lead healthy, reproductive, and respectable lives, they must be able to control their periods (Ahmed & Yesmin, 2008; Ojo & Ayesoro, 2014). Additionally, it has been discovered that a higher risk of vaginal infections is linked to poor menstrual hygiene (MHM) (Hennegan & Montgomery, 2016). Approximately 10% of women globally are exposed to genital infections each year. At

any given time, 75% of women have experienced vaginal infections. Specifically, poor cleanliness (both menstruation and annual) is one of the most prevalent risk factors for vaginal infections (Reid & Bruce, 2013). Moreover, menstruation can have psychosocial repercussions such as shame, fear, anxiety, and distraction if there is a lack of social support and taboos (Mason et al., 2013). These could have an effect on how well girls grow and perform in school (Sommer et al., 2015). Adolescent girls will, therefore, have a more positive attitude and better self-care practices during their periods if their knowledge is evaluated and improved, which will lower their morbidity (Solehati & Kosasih, 2020). This study aimed to investigate girls' knowledge and management of menstruation in public secondary schools and to examine the variables (age, socioeconomic status, and religious beliefs) on menstrual knowledge and management in Makarfi Local Government Area, given the lack of attention given to reproductive health issues and issues affecting adolescents, particularly girls, in the study area.

### **The study's goals**

The study's specific goals were to measure the impact of menarche age on menstrual cycle knowledge among girls attending secondary schools in the study area, evaluate the knowledge and management of menstrual cycle among girls attending secondary schools in Makarfi Local Government Area, investigate the knowledge of menstrual cycle issues and their management among girls attending secondary schools in the study area, examine the influence of socioeconomic status on menstrual hygiene practices among girls attending secondary schools in the study area, and examine the impact of religious beliefs on female cycle knowledge among girls attending secondary schools in the study area.

### **Theoretical Orientation**

The Health Beliefs Model (HBM) was adopted as part of this study. The demonstration was developed in the 1950s by social medicine experts from the US Civil Service Bureau to improve the overall effectiveness of tuberculosis screening programs (Rosenstock, 2000). Individual characteristics, demographics, psychosocial factors, and contextual factors may influence perceptions of health-related practices (perceptions of reality, vulnerabilities, values, and limitations). Demographic factors include gender, age, race, ethnicity, religion, etc. Psychosocial factors include identity, social class, peer and reference group weights, and many other factors. Moderators include, among others, information about specific diseases and past infection experiences. Personal experiences, age, socioeconomic status, religious beliefs, and social characteristics can affect a person's ability to participate in health promotion activities, which in turn affect behavioural outcomes. Support for practices that are expected to have a positive impact on well-being may be hindered by explicit or implicit constraints. This means that age, readiness, religious beliefs and socioeconomic factors influence women's menstrual cycles.

Women's behaviour regarding their cycle and menstrual management, therefore, depends on their ability to understand real health risks and to highlight the need for good personal hygiene and susceptibility to health complications. When the seriousness of the impact is recognised, combined with the need for proper treatment and the benefits of maintaining the necessary hygiene standards to avoid health complications, young women will be encouraged to maintain the required hygiene standards. Young women who believe that MHM deficiency puts them at higher risk of developing serious life-threatening illnesses and serious complications will be motivated to seek help to change their MHM practices. This may be based on the perception

that changing their health-promoting behaviours will have a positive effect. Thus, they should maintain the required level of hygiene and good personal hygiene practices.

### **Review of Empirical Data**

Many young women receive little to no knowledge on the premenarchal phase, according to a number of studies (Abioye-Kuteyi 2000; Aniebue et al., 2009). According to a study conducted in India, 70% of adolescent women were unaware of their menstrual cycle before menarche (Thakur et al., 2014). Only 44% of adolescent women in southeastern Nigeria had a premenarcheal period, according to another study, which resulted in unpleasant menstrual experiences and inadequate menstrual hygiene (Aniebue et al., 2009). According to Adika et al. (2011), young women most frequently seek out information about their menstrual cycle from their mothers, other female relatives, and peers. Due to social or religious constraints, these individuals frequently lack the knowledge necessary to bridge the knowledge gap among girls or are reluctant to investigate their menstrual cycle (Onyegegbu, 2008). In many nations and societies, women and sexuality, in general, are still linked to negative emotions and thoughts because of a culture of shame and silence, even if a woman's menstrual cycle is physiologically controlled (Gumanga & Kwame-Aryee, 2012). For instance, some rural households in Nepal continue to practice the age-old custom of sending women and girls to huts when they are menstruating (Oster & Thornton, 2011). According to one study, adolescent girls' periods are viewed as humiliating and embarrassing, even in wealthy nations with sufficient infrastructure and knowledge (Liu et al., 2011).

Inadequate facilities for changing, cleaning, and discarding suction equipment, a lack of soap, water, and saline, and a lack of privacy are some of the obstacles that teenage girls in low- and middle-income nations face when it comes to maintaining good menstrual hygiene (Sommer & Connolly, 2012; Rheinländer & Wachira, 2015; House et al., 2012; Kaur et al., 2018). Some women and girls utilise unsanitary and inappropriate items such newspapers, old rags, dry leaves, and socks to gather menstrual blood and discard the product because there aren't enough suitable and reasonably priced menstruation care products available (House et al., 2012; Kaur et al., 2018). Four out of five girls do not have access to sanitary napkins or adequate health education, according to reports from East Africa (Thakur et al., 2014). While a study in Ethiopia revealed that 35.4% of students used sanitary napkins, 55.6% used homemade wipes, and 9% used underwear as a menstrual blood absorbent, a study in Mali revealed that teenage girls used old cotton cloth (Pagnes) to absorb menstrual blood (Trinies et al., 2015). According to a survey in Kaduna State, Northwest Nigeria, just 37% of women between the ages of 15 and 49 have access to all the supplies, tools, pain relievers, and a location to discard used goods they require for good menstrual hygiene (Nigeria Health Watch, 2020). UNICEF (2008) advises the use of clean menstrual hygiene (MHM) products to absorb or collect blood. Throughout the menstrual cycle, this material can be replaced in private as often as necessary.

### **Methodological Notes**

The target population of this study was female adolescents attending government girls' secondary schools in Makarfi LGA of Kaduna state. The study included 400 secondary school children between the ages of 12 and 17. Participants were drawn from chosen public junior high schools in the study area using the convenience sampling method. A structured questionnaire was used as an instrument to collect data. Following a thorough investigation, the responses were expressed as frequency and percentages. The research concerns were

addressed using significant statistics, including standard deviations, grey values, and frequency tests.

### **Ethical Considerations**

The Ministry of Education (MOE), Kaduna state, the education directorate of Makarfi LGA, and the management of the four schools selected all approved the study. The researchers explained the study's objectives, risks, and benefits to the girls and their families, ensuring confidentiality and anonymity. The participating girls and their parents signed two consent forms to confirm that they understood and agreed to let their daughters participate in the study.

### **RESULTS AND FINDINGS**

The study variables, which include respondents' age, school, class, and religion, are shown in this section, along with their frequency and percentage.

**Table 1: Distribution of the Respondents by Age**

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
12-14 years	93	23.3
15-17 years	307	76.7
<b>Total</b>	<b>400</b>	<b>100</b>

*Source: Field Study, 2023.*

The table showed the age of respondents; where out of the 400 respondents used in the study, 93, equivalent to 23.3%, were between 12 – 14 years, while 307 (76.7%) were between 15 – 17 years used for the study. This result showed that the majority of the respondents are between 15 – 17 years.

**Table 2: Distribution of the Respondents by Type of School Attending**

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Unisex	400	100
Only Girls	00	00
<b>Total</b>	<b>400</b>	<b>100</b>

*Source: Field Study, 2023.*

The table showed the classification of respondents according to school; where out of the 400 respondents used in the study, all 400 (100%) students attend mixed schools, while none of the students 0.0 (00%) attend only girls' schools. By implication all respondents attend boys' and girls' schools.

**Table 3: Distribution of the Respondents by Class in School**

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
JSS 1-3	173	43.3
SSS 1-3	227	56.7
<b>Total</b>	<b>400</b>	<b>100</b>

*Source: Field Study, 2023.*

The table showed the classification of respondents according to school class. Out of the 400 respondents used in the study, 173, equivalent to 43.3%, are in JSS 1-3, while 227 (56.7%) of the students are in SSS 1-3. This result showed that the respondents are fairly distributed, but students in SSS 1-3 are more represented in the study.

**Table 4: Distribution of the Respondents religion**

Category	Frequency	Percentage
Christianity	175	43.8
Islam	225	56.2
Traditional Religion	-	-
<b>Total</b>	<b>400</b>	<b>100</b>

*Source: Field Study, 2023.*

The table showed the religion of the respondents, 175 (43.8%) out of the 400 respondents used in the study are Christian, while 225 (56.2%) of the students are Muslim. This result shows that Muslim students are more represented in the study.

**Table 5: Respondents Age at the first Menstruation**

Category	Frequency	Percentage
12-13 years	189	47.3
14-15 years	116	29.0
16-17 years	95	23.7
<b>Total</b>	<b>400</b>	<b>100</b>

*Source: Field Study, 2023.*

The table showed the student's age at the first menstruation, where 189 (47.3%) out of the 400 respondents used in the study were between 12-13 years, 116 (29.0%) were between 14-15 years, while 95 (23.7%) of the students were between 16-17 years. This result showed that students who were between 12-13 years are more represented in the study

**Table 6: Respondents on the knowledge girls have on menstruation and its management.**

SN	Items	SA	A	D	SD	Mean	SD
1.	Girls do have knowledge of menstruation before their first menstruation.	45	41	163	151	2.080	1.203
2.	Girls get knowledge of menstruation from their mothers, sisters, and friends.	107	133	55	105	2.650	1.144
3.	Girls get a better understanding of menstruation from their teachers in school.	49	25	192	134	2.032	1.090
4.	Menstruation is a periodic uterine bleeding through the vagina that occurs when the ovum is not fertilised.	77	169	27	127	2.672	1.147
5.	A normal menstrual flow lasts for 2 to 5 days.	234	105	32	29	3.390	0.913
6.	Menstruation though a natural process it needs to be managed.	225	91	52	32	3.382	0.931
7.	Good management of menstruation involves taking baths regularly, removing absorbents once soaked and being very well disposed of.	190	112	55	43	3.205	1.041

8.	Once menstruation is poorly managed it results to some health issues.	189	79	74	58	3.227	1.090
9.	Girls use reusable materials to manage their menses because they are affordable.	198	96	65	41	3.207	1.013
10.	The use of sanitary pads, tampons and menstrual cups are healthier absorbent to be use.	160	101	67	72	2.972	1.135
11.	Girls wash their hands with water and soap after handling menstrual material.	209	99	57	35	3.335	0.951
12.	Girls wash and dry their genitals with clean water and towels to prevent infections.	206	82	45	67	3.307	1.098
						<b>2.95</b>	<b>1.06</b>

*Source: Field Study, 2023.*

The table displayed the menstruation-related knowledge and management techniques of Makarfi secondary school girls. The average answer mean of 2.95, as shown in the table, is more than the decision mean of 2.5. Additionally, it displayed a 1.06 standard deviation. With the exception of items 1 and 3, all respondents agreed with the ten statements included in the table. For example, the respondents disagreed with a response mean of 2.08 that girls do know about menstruation before their first menstruation. Responses gathered on item 1 revealed that 45 students strongly agreed on the item, 41 agreed, 163 disagreed, and 151 respondents strongly disagreed on the item. Likewise, on item 3, the respondents disagreed with a response mean of 2.032 that girls got a better understanding of menstruation from their teachers in school. Responses gathered on item 3 revealed that 49 students strongly agreed on the item, 25 agreed, 192 disagreed, while 134 respondents strongly disagreed on the item. By implication, school girls have little or no knowledge of menstruation before their first menstruation but have good management practices about menstruation in Makarfi.

**Table 7: Respondents on the impact of Age at Menarche on knowledge of menstruation**

SN	Items	SA	A	D	SD	Mean	SD
13.	First menstrual experience came unexpected and unprepared.	229	107	40	24	3.367	0.891
14.	Girls at early menstruating age fear stigmatization from peers than those with more menstrual experience.	152	90	71	87	2.987	1.196
15.	Menstruation is always a disgusting experience which comes every month.	198	123	48	31	3.250	0.929
16.	Girls experience more psychological symptoms such as depression, moodiness and tension during menses at an early age than do with years of experience.	188	105	52	55	3.140	1.099
17.	The age of menstruating girls determines the menstrual absorbent she uses.	151	111	77	61	3.020	1.087
18.	Most girls with first time experience of menstruation find it difficult to manage their period.	223	109	41	27	3.425	0.925
						<b>3.19</b>	<b>1.02</b>

*Source: Field Study, 2023.*

The table displayed the effects of menarche age on girls' menstrual management behaviours and knowledge in Makarfi L.G.A. The average answer mean, as shown in the table, is 3.19, greater than the decision mean of 2.5. Additionally, it displayed a 1.02 standard deviation. Regarding the research question, all of the respondents agreed with the six items listed in the

table. For instance, the item with the highest response mean (3.425) on the table, item 18, states that "Most girls with first time experience of menstruation find it difficult to manage their period." According to the responses collected, 223 students highly agreed with the statement, 109 agreed, 41 disagreed, and 27 strongly disagreed. Inferentially, girls in Makarfi L.G.A.'s awareness and management of menstruation are significantly impacted by their age at menarche.

**Table 8: Respondents on the impact of socio-economic status on the management strategies of menstruation**

SN	Items	SA	A	D	SD	Mean	SD
19.	Girls who can't afford costly absorbents have resolved to use pieces of clothing.	183	136	46	25	3.307	0.911
20.	Re-usable absorbent materials are thoroughly washed and dried for future use.	244	106	36	14	3.470	0.787
21.	High cost of menstrual absorbent translates to poor management of menstruation.	237	109	29	25	3.485	0.877
22.	Girls who can't afford sanitary pads resolve to skip school to manage their menstruation at home.	231	94	37	38	3.315	0.976
23.	An inadequate and dilapidated facility in homes and schools affects the management of menstruation.	223	88	36	53	3.252	1.056
24.	Girls dispose of their sanitary waste in the bush, pit or burn them in some cases.	252	100	26	22	3.455	0.825
25.	Most girls cannot afford a balanced diet during menses for healthier living.	242	97	34	27	3.415	0.888
						<b>3.38</b>	<b>0.90</b>

*Source: Field Study, 2023.*

The table demonstrated how socioeconomic level influences girls' menstrual management habits and knowledge in Makarfi. The average answer mean, as shown in the table, is 3.38, greater than the decision mean of 2.5. Additionally, a standard deviation of 0.90 was displayed. Regarding the research question, all of the respondents agreed with the seven items listed in the table. For instance, the item with the highest answer mean (3.485) on the table, "High cost of menstrual absorbent translates to poor management of menstruation," was item 21. According to the responses collected, 237 students highly agreed with the statement, 109 agreed, 29 disagreed, and 25 strongly disagreed. It follows that socioeconomic position influences Makarfi females' menstrual management habits and knowledge.

**Table 9: Respondents on the influence of socio-cultural factors on knowledge of menstruation**

SN	Items	SA	A	D	SD	Mean	SD
33.	Menstruation is a silent issue that is not discussed in the family.	130	109	56	105	2.602	1.301
34.	Religion plays an important role in understanding the menstrual process.	105	103	115	77	2.675	1.354
35.	Girl's ability to manage their menses depends on their religious belief.	157	66	77	100	2.752	1.257
36.	It is not ideal to openly discuss menstrual- related issues with peers.	163	59	77	101	2.775	1.301



37.	Girls from more educated families have a better understanding of menstruation than those from less educated families.	162	68	79	91	2.952	1.230
38.	Inadequate integration of sex education in our Schools affects the knowledge and management menses.	117	73	144	66	2.647	1.132
						<b>2.73</b>	<b>1.26</b>

*Source: Field Study, 2023.*

The table demonstrated how Makarfi females' knowledge and menstrual management habits are influenced by their religion. The average answer mean of 2.73, as shown in the table, is more than the decision mean of 2.5. Additionally, it displayed a 1.26 standard deviation. Regarding the research question, all of the respondents agreed with the six items listed in the table. For instance, the item with the highest response mean (2.952) in the table, item 37, states that "Girls from more educated families have better understanding of menstruation than those from less educated families." According to responses, 91 respondents severely disagreed with the item, 68 agreed, 79 disagreed, and 162 pupils highly agreed. By implication, religion influences Makarfi girls' menstrual management behaviours and knowledge.

## DISCUSSION

Most girls with first time experience of menstruation find it difficult to manage their period. Furthermore, the majority of teenage females undergo their first menstruation without adequate understanding. Similar results were found by Bhagavan, et al., (2019); Yang & Chen, 2023; Alshurafa, (2023). Even with the lack of adequate knowledge, the study shows an improved attitude as the majority of the girls manage their menstrual period well. The study shows that a high cost of menstrual observant translate to poor management of menstruation as economics considerations were seen to be the main reasons for using cloth, cotton, paper and foam instead of sanitary pad, with some of the girls who cannot afford costly absorbent resolve to the use of piece of clothes which are thoroughly washed and dry for future used. Some girls who cannot afford sanitary part resolved to skip school to manage their menstruation at home. The study shows that the majority of girls attest that menstrual periods come with a lot of pain and discomfort, but because the majority of the girls make adequate preparation of material to be used during menstruation, it helps them in managing some of the menstrual problems. This position is line with the view of Mehrabi, et al., (2016)

Religion also plays a very important role in understanding the menstrual process as the majority of the girls believe that it's not ideal to openly discuss menstrual-related issues in a place of worship with peers and family members as it's seen as a silent issue that should not be discussed. This further affect the knowledge they have about menstruation. This view supports numerous studies that shown society's perception of the menstrual cycle as a sensitive and embarrassing subject may be the cause of people's lack of information about it (Mohammed & Larsen-Reindorf, 2020). Therefore, it is a sensitive topic that is prohibited from being discussed in some civilizations due to cultural restraints (Mohammed & Larsen-Reindorf, 2020). On the other hand, a cross-sectional descriptive survey of teenage females in a few Chitwani schools found that one-third of them knew very little about menstruation (Neupane, et al., 2020). 150 Munda tribal teenage girls, ages 13 to 18, participated in another community-based cross-sectional study that revealed tribal adolescent girls' inadequate understanding of menstruation and practices impacted by different beliefs and misconceptions (Kumari, et al., 2021). The study also reveals that parents and schools' involvement in discussing menstruation with girls

is very low. This agrees with (Gaferi, et al., 2018), which averred that schools have inadequate resources for teaching about menstruation, and parents hardly ever talk to their girls about it on a regular basis.

### **Conclusions**

The majority of teenage females undergo their first menstruation without adequate understanding, according to the study. Their behaviour at menarche has shown that they barely had requisite knowledge to equip them for it. There appears to be a lack of deliberate efforts to formally educate adolescent girls on menstruation. Female adolescents lack information and understanding about menstrual care practices, especially if they attend schools with insufficient supplies of sanitary products, water, and hygiene. This by implication, led to low-level awareness as and as at the time of starting menstruation, and this resulted in incorrect and unhealthy practices during menstruation. The role played by mothers in imparting knowledge on menstruation and menstrual related issues was observed as inadequate. This could be attributed to some culturally determined barriers existent in society which hinder the flow of information and guidance of adolescents on personal issues and the resulting uneasiness on the part of adolescents to seek answers from parents and adults, leading to subsequent high reliance on the no or little knowledge of menstruation they have. The importance of educating people about healthy menstrual practices cannot be overstated. The media should place more emphasis on educating people about menstrual hygiene. Therefore, in order to increase awareness and promote the adoption of appropriate menstrual hygiene practices, policymakers and other stakeholders should set up health education initiatives.

### **Recommendations**

Based on the results and conclusions of this investigation, the following suggestions were made:

- i. In order for parents to be able to provide their children with correct and thorough information on menstruation, including the process of menstruation, menstrual difficulties, and management techniques, they should be educated on menstruation and its management methods.
- ii. Government and school officials should work to create a menstruation-friendly environment, such as by constructing private restrooms for girls. The availability of feminine hygiene supplies, such as pads and waste bins in the restrooms for disposing of menstrual waste, ensures that the facilities are used effectively.
- iii. Community health workers should be encouraged to attend schools and provide counselling services, organizing seminars both in schools and at the community level as it help in educating parent on the importance educating their girls on issues regarding menstruation and the interaction between schools and them should be improved.
- iv. Teachers should be trained on how to sensitively communicate biological facts giving them information, instruction, and communication tools concerning menstruation practices.

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