

Access to Accurate Cosmetic Information and Its Effect on the Prevalence of Adverse Cosmetic Events (ACE) in the Federal Capital Territory, Nigeria

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ABSTRACT

Background: The widespread use of cosmetics, particularly skin-lightening products, in Nigeria has raised major public health concerns due to adverse cosmetic events (ACE) linked to inadequate labeling, deceptive marketing practices, and weak regulatory enforcement by the National Agency for Food and Drug Administration and Control (NAFDAC). Misleading advertisements and incomplete disclosure of risks further increase consumer vulnerability, especially in informal markets.

Objective: This study aimed to evaluate the accuracy, completeness, and regulatory compliance of cosmetic product labels and advertisements; assess consumer awareness and comprehension of labeling information; and determine the relationship between access to accurate information and ACE prevalence in the Federal Capital Territory (FCT), Nigeria.

Methods: A cross-sectional mixed-methods study was conducted among 434 consumers in the FCT. Data were collected using structured Likert-scale questionnaires and analyzed with SPSS for descriptive statistics and chi-square tests. Additionally, twelve semi-structured interviews were conducted with regulatory officers, manufacturers/importers, retailers, and healthcare providers (dermatologists and pharmacists). The interviews explored perspectives on labelling, advertising standards, enforcement, and consumer information gaps. Thematic analysis was used to integrate stakeholder narratives with quantitative findings.

Results: Quantitative findings revealed weak consumer trust in cosmetic labeling: only 37.7% agreed that ingredient lists are accurate (mean 3.00 ± 1.23), 37.9% trusted advertising claims (mean 2.84 ± 1.16), and only 26.1% acknowledged disclosure of adverse effects in adverts (mean 2.34 ± 1.34). Consumer awareness was moderate (47.8% understood labels, mean 3.11 ± 1.30), but 79.5% could not identify harmful ingredients (mean 2.10 ± 1.02). The prevalence of ACE was high (67.8%, mean 3.55 ± 1.34) and significantly associated with sex, marital status, religion, employment, and income ($p < 0.05$). Qualitative results reinforced these patterns: regulators reported persistent labelling gaps, including missing expiry dates and vague “herbal blend” ingredients. Misleading advertising was found to be widespread, especially on social media, radio, and market posters, with exaggerated claims such as “instant whitening” or “permanent cure for eczema.” Healthcare providers linked these practices to delayed diagnosis and inappropriate treatment of ACE, while retailers admitted to practices like repackaging products into unlabelled containers. Enforcement efforts were found to be undermined by manpower shortages, weak laboratory capacity, and the growth of informal imports.

Conclusion: Inadequate labelling, misleading advertising, and weak enforcement significantly contribute to the high prevalence of ACE in Nigeria. Strengthening NAFDAC’s enforcement capacity, enhancing inter-agency collaboration, and investing in laboratory facilities are urgent priorities. Clearer labelling standards, stricter penalties for false advertising, and targeted consumer education campaigns particularly via social media and in peri-urban markets are needed to reduce deceptive practices and enhance cosmetic safety. Future longitudinal and product-specific studies are recommended to inform sustainable policy interventions.

