

## PUBLIC HEALTH INSIGHT — SERIES 3

# Period Poverty:

## The Fight for Affordable Sanitary Products in Low-Income Communities

*For millions of women and girls, managing menstruation is not a matter of preference — it is a daily struggle against poverty, geography, and policy failure. When sanitary products are unaffordable or unavailable, the consequences cascade across every dimension of a girl's life.*

### The Scale of the Access Gap

<p><b>500M+</b></p> <p>women and girls globally lack adequate access to menstrual products and facilities</p>	<p><b>1 in 5</b></p> <p>girls in the US has missed school due to inability to afford period products</p>	<p><b>37%</b></p> <p>of women in Sub-Saharan Africa rely on unhygienic makeshift alternatives to commercial products</p>
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## 1. What Is Period Poverty?

Period poverty refers to the inability to access adequate menstrual products, hygiene facilities, and education due to financial constraints or physical unavailability. It is not limited to the developing world — it is documented in low-income communities in the United Kingdom, the United States, Australia, and across every inhabited continent.

The term captures both dimensions of the problem: the economic barrier that makes commercial products unaffordable, and the supply gap that makes them physically inaccessible in rural, remote, or underserved areas. In its most acute form, period poverty forces girls to choose between eating and managing their period.

*Period poverty is not a niche issue. It is an intersection of poverty, gender inequality, and public health failure that affects hundreds of millions of people every single month.*

## 2. The Barriers to Access

Access to affordable sanitary products is blocked by four overlapping barriers that compound one another in low-income settings:

<b>High Product Cost</b>	<b>Taxation on Products</b>
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Commercial pads and tampons are priced out of reach for families living below or near the poverty line. In many low-income countries, a month's supply costs the equivalent of several days of wages.	In dozens of countries, menstrual products are taxed as luxury goods rather than health necessities, artificially inflating prices for the populations least able to pay them.
<p><b>No Local Availability</b></p> <p>In rural and remote communities, commercial products are not stocked in local shops. Girls must travel significant distances or rely on irregular supply chains to access basic menstrual supplies.</p>	<p><b>Inadequate School &amp; Public Facilities</b></p> <p>Even where products exist, schools and public spaces frequently lack private, clean sanitation facilities, making product use impractical and further excluding menstruating girls from participation.</p>

These barriers do not operate independently. A girl in a rural low-income area may face all four simultaneously: products are expensive, taxed, unavailable locally, and unusable at a school without private toilets. The result is total exclusion from basic menstrual management.

### 3. A Global Picture: Regional Snapshots

While period poverty is a global phenomenon, its intensity varies by region, income level, and policy environment:

<p><b>Sub-Saharan Africa</b></p> <p><b>65%</b></p> <p>of girls lack consistent access to any commercial menstrual product</p>	<p><b>South Asia</b></p> <p><b>71%</b></p> <p>of women in rural areas use homemade cloth as their primary menstrual material</p>	<p><b>Latin America</b></p> <p><b>1 in 3</b></p> <p>low-income girls reported missing school during their period in a 2022 regional survey</p>
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#### 3.1 The Hidden Crisis in High-Income Countries

Period poverty in wealthy nations is often overlooked but well-documented. In the United Kingdom, a 2019 Plan International survey found that one in ten girls had been unable to afford menstrual products. In the United States, menstrual products are not covered by federal food assistance programs, and millions of women in low-income brackets report rationing products to stretch their supply.

In both cases, the compounding factor is stigma: girls in wealthy countries are often reluctant to report product inaccessibility precisely because it is assumed to be a developing-world problem. This silence delays policy intervention.

#### 3.2 Rural and Remote Communities

Geographic isolation multiplies the cost of access. In rural areas of sub-Saharan Africa, South Asia, and Latin America, commercial products may simply not be stocked locally. Girls and women must travel hours to the nearest market or rely on irregular supply chains. In this context, even if a family could afford a product, the physical infrastructure to obtain it does not exist.

### 4. What Girls Use Instead

When commercial products are unavailable or unaffordable, girls and women turn to whatever is available. These substitutes are documented across all low-income regions and carry serious health risks:

- Rags and old cloth: The most common substitute globally, but if not washed and dried properly, a significant source of bacterial and fungal infection.
- Newspaper and tissue paper: Provide minimal absorption and disintegrate quickly, offering no protection and increasing exposure to chemicals.
- Leaves, bark, and ash: Used in some rural sub-Saharan communities, these materials carry high infection risk and offer no absorbent protection.
- Overextended product use: Wearing a single pad or tampon for 12–24+ hours due to inability to afford replacements significantly elevates the risk of toxic shock syndrome and infection.

*A girl who cannot afford a pad is not simply inconvenienced. She faces a concrete health risk every month that accumulates across years of reproductive life.*

## 5. The Cascading Consequences

The inability to access sanitary products does not only affect hygiene. Its consequences spread across education, health, economic participation, and mental wellbeing:

<p><b>Education &amp; Opportunity</b></p> <ul style="list-style-type: none"> <li>– School absenteeism averaging 3–5 days per cycle</li> <li>– Permanent dropout in high-poverty settings</li> <li>– Reduced participation in exams, sports, and activities</li> <li>– Long-term gaps in academic attainment and career access</li> </ul>	<p><b>Health &amp; Hygiene</b></p> <ul style="list-style-type: none"> <li>– Use of unsafe alternatives: rags, newspaper, leaves, soil</li> <li>– Increased risk of reproductive tract infections</li> <li>– Toxic shock syndrome risk from overextended product use</li> <li>– Delayed care-seeking due to shame and lack of resources</li> </ul>
<p><b>Economic Participation</b></p> <ul style="list-style-type: none"> <li>– Women and girls missing work or income-generating activity</li> <li>– Productivity losses disproportionately affecting low-income households</li> <li>– Reinforcement of poverty cycles for families already at the margin</li> <li>– Lifetime earnings impact from education interruption</li> </ul>	<p><b>Mental Health &amp; Dignity</b></p> <ul style="list-style-type: none"> <li>– Anxiety, humiliation, and social withdrawal during menstruation</li> <li>– Deepened shame from using visible or ineffective substitutes</li> <li>– Reduced self-efficacy and confidence in public settings</li> <li>– Long-term psychological burden from repeated monthly deprivation</li> </ul>

### 5.1 The Education Penalty

Menstrual absenteeism is one of the most documented consequences of period poverty. Girls who cannot manage their periods with confidence miss school during every cycle — typically three to five days per month. Across a school year, this can mean 36 to 60 missed school days. In high-stakes years, this loss of instruction is directly linked to lower exam performance and reduced secondary school completion rates.

## 5.2 The Poverty Trap

Period poverty and economic poverty are mutually reinforcing. When a girl drops out of school due to menstrual management failure, her lifetime earning potential decreases. Lower earnings mean less ability to afford products for her own daughters. Without intervention, the cycle repeats across generations. This is not a metaphor — it is a documented intergenerational pattern in multiple low-income country studies.

## 6. Solutions That Work

Period poverty is entirely solvable. The following evidence-based interventions have demonstrated impact at scale:

Policy & Government	Local Innovation & NGOs	Private Sector & Donors
<ul style="list-style-type: none"> <li>– Eliminate taxes on menstrual products immediately</li> <li>– Mandate free product provision in public schools</li> <li>– Fund national menstrual health programs</li> <li>– Include period products in social safety nets</li> </ul>	<ul style="list-style-type: none"> <li>– Scale reusable pad and menstrual cup programmes</li> <li>– Support community-based manufacturing initiatives</li> <li>– Distribute products through school health programmes</li> <li>– Partner with local women's groups for peer distribution</li> </ul>	<ul style="list-style-type: none"> <li>– Invest in affordable product manufacturing at scale</li> <li>– Develop durable, washable low-cost product lines</li> <li>– Fund supply chain infrastructure in underserved regions</li> <li>– Provide corporate subsidies for school product programmes</li> </ul>

### 6.1 The Tampon Tax Repeal Movement

As of 2024, more than 20 countries have eliminated the tax on menstrual products, including the UK, Canada, Australia, Germany, and Kenya. Each repeal reduced retail prices by between 5 and 20 percent. Advocacy organisations have documented that tax repeal alone is insufficient without accompanying access programmes, but it is a meaningful and achievable first step.

### 6.2 Reusable Products as a Long-Term Solution

Reusable cloth pads and menstrual cups have transformed access in communities where supply chains for disposable products are unreliable. A single menstrual cup, costing between USD 5 and USD 30, can last up to ten years. NGO-led distribution programmes in Uganda, India, and Bangladesh have reported sustained uptake and improved hygiene outcomes when products are accompanied by education and wash facilities.

### 6.3 School-Based Distribution

Countries including Scotland, New Zealand, and Kenya have implemented national programmes providing free menstrual products in schools. Scotland became the first country in the world to make period products legally free and universally accessible in 2020. Early

evaluations show measurable reductions in menstrual-related absenteeism and improved reported wellbeing among students from low-income households.

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## 7. Conclusion

Period poverty is not a natural condition. It is the result of policy choices — to tax products, to exclude them from social safety nets, to underinvest in school sanitation, to treat menstrual health as a private matter rather than a public responsibility.

Every girl who misses school because she cannot afford a pad is not a statistic. She is a child whose education is being rationed by an accident of economic circumstance. The good news is that the solutions are known, proven, and relatively inexpensive. What has been lacking is the political will to implement them at scale.

Ending period poverty requires treating menstrual products as the essential health items they are — not luxuries, not private concerns, but necessities that belong in every school, every clinic, and every social protection system in the world.

*Access to sanitary products is not a privilege. It is a basic health right. Until every girl can manage her period with safety, dignity, and confidence, period poverty remains an active barrier to gender equality.*

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## Sources & References

This insight draws on data from WHO, UNICEF, WaterAid, UN Women, Plan International, the Menstrual Health Hub, and peer-reviewed research on period poverty, menstrual hygiene management, school absenteeism, and reproductive health access in low-income settings.

This document is the third in a series on menstrual health equity. Series 1 addressed the absence of education before menarche. Series 2 examined how stigma blocks discussion in schools and homes.