# Impact Report

Menstrual Health & Period Poverty

# CEO Letter

When Business for Better Society began supporting initiatives related to menstrual health, we were reminded of something that is easy to overlook: period poverty is still not talked about nearly enough.

Many people have never heard the term. Others understand it simply as not being able to afford sanitary pads. In reality, period poverty encompasses much more. It includes access to appropriate menstrual products, water and sanitation, privacy, information and healthcare, as well as the ability to manage menstruation safely and with dignity.

The consequences can be significant. For girls, difficulties managing menstruation can affect their ability to attend and participate in school. For women, they can affect work and economic opportunities. Yet despite the scale of the issue, menstrual health remains under-measured in many parts of the world, particularly in communities where resources and reliable data are limited.

Our initiatives were practical. They included producing reusable menstrual products where there was an immediate need and developing the capacity of local nonprofits to teach women and girls how to make and care for those products themselves. Through a train-the-trainer approach, our partner organisations were equipped to continue delivering the knowledge within their communities.

We do not present these three initiatives as a solution to period poverty. The issue is too complex for that. Instead, they demonstrate what can happen when local organisations identify a need, partners listen, and resources and expertise are brought together to develop a practical response.

We hope this report contributes to greater understanding of period poverty and, equally importantly, demonstrates the value of listening to communities and supporting solutions that can continue beyond the initial investment.

Kelly Brantner
Chief Executive Officer
Business for Better Society

# The Issue

## Understanding Period Poverty

Every month, approximately 1.8 billion girls and women around the world menstruate. Menstruation is a normal biological process, yet millions do not have the products, facilities, information, healthcare or social support they need to manage it safely and with dignity.This is commonly referred to as period poverty or menstrual poverty.

Period poverty is often understood simply as being unable to afford sanitary pads. The reality is broader. The World Health Organization and UNICEF define menstrual health as encompassing access to accurate and age-appropriate information about menstruation; appropriate and affordable menstrual materials; adequate water, sanitation and hygiene facilities; a private place to change; safe disposal of used materials; access to healthcare and pain management when needed; and the ability to participate fully in school, work and community life without shame, stigma or discrimination.

The distinction matters.

Period poverty is therefore not simply a product problem. It is a problem connected to poverty, health, sanitation, education, gender equality and dignity.

## The Impact on Girls Education

For girls, the consequences of inadequate menstrual-health support can be particularly significant at school.

Being able to remain in the classroom during menstruation requires more than access to a menstrual product. Girls need appropriate menstrual materials, privacy, water and sanitation facilities, accurate information and an environment in which menstruation

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can be managed without shame or fear of embarrassment. Menstrual pain and other physical symptoms can also affect a girl's ability to attend and participate in school.

Evidence from East Africa

Research from East Africa provides particularly relevant evidence of the connection between menstrual health and girls' education.

A study by Darejan Dvalishvili, Flavia Namuwonge, Rabab F. Ahmed, Fithi Andom, Özge Sensoy Bahar, Proscovia Nabunya and Fred M. Ssewamala, published in Children and Youth Services Review in 2025, examined factors associated with school absenteeism during menstruation among adolescent girls in Southern Uganda. The researchers analysed data from 1,123 girls aged 14–17 who had reached menarche, drawn from 47 secondary schools. 37.8% of the girls reported missing school during menstruation. The study found that the factors associated with absenteeism extended well beyond access to menstrual products. Dysmenorrhea (menstrual pain), family circumstances, school water, sanitation and hygiene (WASH) infrastructure, teacher support and cultural taboos were all associated with menstrual-related absenteeism. Proper WASH infrastructure was associated with a 28.6% reduction in school absenteeism, while cultural taboos were associated with a 34.3% increase.

The findings are particularly relevant to understanding why menstrual health requires a multifaceted response. A girl may have access to a menstrual product but still miss school because she is experiencing pain, does not have a private place to change, lacks adequate sanitation or feels unable to discuss menstruation openly.

Research from northern Tanzania provides another useful perspective. A study of 400 schoolgirls aged 10–19 in Siha District, Kilimanjaro, found that 30% reported missing school because of menstruation. More than half, 52%, reported using reusable menstrual materials. The study found that menstrual pain was strongly associated with absenteeism: girls experiencing abdominal or waist pain had substantially higher

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odds of missing school. The absence of appropriate changing facilities was also strongly associated with absenteeism, while the cost of sanitary pads was identified as a major barrier to their use.

The Tanzanian research is particularly relevant to the potential role of reusable products. More than half of the girls in the study reported using reusable menstrual materials, with affordability being one reason for their preference.

Research from northwest Ethiopia reinforces the same pattern. A study found that 55.5% of schoolgirls surveyed had missed school days because of menstruation and related factors, with affected girls missing an average of 2.08 days per month. The factors associated with absenteeism included lack of access to menstrual absorbent materials, inadequate WASH facilities, lack of menstrual-management rooms, menstrual pain, fear, sociocultural constraints and teasing by classmates.

Taken together, research from Uganda, Tanzania and Ethiopia points to a consistent conclusion: menstrual-related disruption to girls' education is not caused by one factor. Access to menstrual products matters, but so do pain management, affordability, privacy, water and sanitation, knowledge, social attitudes and the broader environment in which girls manage their periods.

This is important when considering solutions.

Providing menstrual products can address an immediate need. Teaching girls and women how to make and care for reusable products can potentially address affordability and availability over a longer period. Menstrual-health education can improve knowledge and confidence. And improving the capacity of local women to teach others can allow those skills to spread within a community.

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The Democratic Republic of the Congo (DRC)

The available evidence from the DRC is less extensive than that from Uganda, Tanzania and Ethiopia, but UNICEF has conducted research specifically examining menstrual-hygiene management in the country.

A UNICEF DRC study examined menstrual-health knowledge, perceptions and practices among women, girls, men and boys in rural and peri-urban communities as well as an area affected by recurrent humanitarian crises. The study was designed specifically to understand the barriers affecting menstrual hygiene and to examine their implications for girls' school attendance.

UNICEF has reported that inadequate sanitation facilities in DRC schools can prevent girls from attending during menstruation. In one UNICEF-supported context, the organisation reported that a girl of menstrual age could miss approximately 50 days of classes per year because of the lack of a suitable place and appropriate facilities for managing menstruation at school. This is a programme-level finding rather than a national estimate, but it illustrates the potential educational consequences of inadequate menstrual-health infrastructure.

More recent UNICEF programming in the DRC continues to connect girls' education with menstrual-health facilities. In schools supported in Kasai, UNICEF has included sanitation facilities, water access and menstrual-hygiene management as part of efforts to improve girls' ability to remain in school.

For BBS, this evidence provides an important backdrop to the initiatives described in this report. The projects supported in Uganda and the Democratic Republic of the Congo have focused not only on providing menstrual products, but also on building practical skills, sharing knowledge and strengthening the ability of local women and organisations to develop their own solutions.

# Our Initiatives

## BBS's Response

BBS has led three distinct initiatives addressing menstrual health in Uganda and the Democratic Republic of the Congo. While the projects took place in different communities and responded to different circumstances, they share a common approach:

**local organisations identified the need;**
**BBS worked collaboratively with them to develop a practical response;**
**and the initiatives emphasised skills and local capacity wherever possible.**

The result was not a single programme applied across different communities. Each initiative was shaped by the circumstances and resources available locally.

## Initiative 1

Creating Reusable Menstrual Products in Goma
Democratic Republic of the Congo | 2023

BBS's first menstrual-health initiative took place in Goma in 2023, in collaboration with the Goma-based nonprofit Remember Youth for Change (RYC).

As conflict and displacement brought increasing numbers of people into communities and refugee camps surrounding Goma, RYC identified an urgent need among women and girls. Many had arrived without access to sanitary pads or other appropriate menstrual-hygiene products for their monthly periods.

The response was made possible in part through BBS's Hope in Crisis Grant from GlobalGiving. In addition to providing emergency humanitarian support, the grant helped BBS expand RYC's vocational training programmes, including its sewing and

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tailoring programme. The expansion included additional sewing machines and other resources that increased the programme's capacity. Members of the BBS community further donated significant quantities of fabric and other sewing-related supplies.

With the expanded sewing programme in place, RYC and BBS launched a special initiative to produce reusable sanitary pads locally. Sewing programme participants worked alongside a large team of volunteers to create 4,000 reusable sanitary pads. The initiative supported approximately 1,000 women and girls living in the surrounding refugee camps.

RYC and BBS also hosted a dedicated menstrual-health day for the women and girls who received the reusable pads in the form of a hygiene kit which contained four pads and soap. Local health experts facilitated learning sessions covering menstrual health, appropriate use of the pads, and how to wash, maintain and care for them properly to keep them clean and hygienic and reduce the risk of infection and other health concerns.

The initiative addressed an immediate humanitarian response through BBS's investment in local capacity. An existing vocational training programme was expanded, local sewing participants and volunteers were mobilised, and donated materials were used to produce reusable menstrual products within the community. The response also recognised that providing products alone was not enough: women and girls received practical information about menstrual health and the proper use and care of the reusable pads.

Through this approach, BBS and RYC were able to respond to an immediate menstrual-health need created by the broader humanitarian emergency and influx of displaced people into Goma, through a strengthened local vocational training programme.

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## Initiative 2

Training Women to Teach Others
Adjumani Settlements, Uganda | 2023

The second initiative took place in the Adjumani Settlements in northern Uganda, again in 2023 and began with a need identified by SPEAK Uganda, BBS's local nonporift partner. SPEAK Uganda identified a lack of appropriate menstrual-hygiene supplies for women and girls and began looking for a solution that could provide benefits beyond a one-time distribution of products.

The response was to build local skills and knowledge. BBS engaged Hindura Recycling Initiative (HRI), a Kampala-based social enterprise that trains women and girls to sew and care for reusable menstrual products. HRI conducted a multi-day train-the-trainer programme at the SPEAK offices. This hands-on programme covered several stages. Participants first learned how to sew reusable menstrual pads themselves. They then learned how to teach others to make the pads, transforming the participants from recipients of training into community trainers. The programme also covered the care and maintenance of reusable pads along with menstrual-health information.

The purpose of the approach was straightforward. The initiative focused on establishing a local resource for reusable menstrual health products and knowledge. The SPEAK Uganda team trained through the programme became local trainers who now provide ongoing guidance and teach women and girls in their communities how to make, use and care for their own reusable pads.

Having trained SPEAK Uganda as an ongoing resource also created the potential for the programme to reach far beyond the initial training. Over time, these local trainers have had the opportunity to teach many women and girls throughout the Settlments how to make their own reusable pads, giving them practical skills to manage their menstrual health more independently and reducing reliance on externally supplied products.

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## Initiative 3

Expanding the Train-the-Train Model in Ndegeya and Sserinya
Uganda | July 2026

In July 2026, BBS built on the train-the-trainer model through a new initiative in Ndegeya and Sserinya, Uganda, in collaboration with the Laudara Foundation.

Once again, the need came directly from the community.

A recent health talk at a local school, led by the midwife from the Mother Child Care Centre in Ndegeya, provided an opportunity for girls to discuss the challenges they experienced during menstruation. The girls described situations in which they lacked appropriate menstrual-hygiene supplies and were sometimes forced to use scraps of cloth and other materials or miss school altogether. The use of inappropriate materials was also associated with infections and other health-related concerns.

The discussion provided a clear indication that there was a need for practical menstrual-health skills within the community. BBS and the Laudara Foundation responded by hosting another train-the-trainer programme through HRI.

Four women were selected to participate: the midwife at the Mother Child Care Centre in Ndegeya; two local women identified by the Laudara Foundation to deliver the programme in their communities; and one woman from Sserinya, identified by the Sserinya Community Organisation.

HRI's Master Trainer led the women through a practical programme covering the production and care of reusable menstrual products. By 2026, HRI had expanded its programming beyond menstrual pads to include reusable diapers, and the Ndegeya

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training therefore covered both products. The women learned how to make the products, how to care for them and, importantly, how to teach others to make them.

The intention again was to create a small network of local trainers who could take the skills into different community settings. And the training has moved quickly into the communities. In Sserinya, the impact of the training was already visible soon after the programme. The newly trained community trainer conducted her first programme at Sserinya Primary School, where girls went through the sewing and health programme.

This represents the basic mechanism behind the train-the-trainer model:

- A local trainer is identified by the community and receives programme training.
- She takes the skills into her community by leading workshops.
- Girls and women learn to make their own products.
- Girls and women in the community become more self-sufficient.

# Conclusion

Period poverty is a complex issue, and there is no single solution that will address all of the challenges women and girls face. As this report has shown, access to menstrual products is only one part of the picture. Knowledge, affordability, WASH facilities, health, stigma and the ability to manage menstruation safely and with dignity all matter.

This is why listening to the people closest to an issue is so important. The initiatives described in this report began with needs identified by local nonprofit organisations working directly with their communities. BBS's role was to listen, work collaboratively with those organisations and help bring together the funding, expertise, materials and partnerships needed to develop practical responses.

The experience also reinforces an important principle in BBS's work: lasting change is more likely when solutions are built around local knowledge and capacity rather than simply delivered from outside. Supporting local organisations and developing local resources means that the knowledge and skills can remain available within communities long after an individual BBS-supported activity has ended.

We do not see these initiatives as a solution to period poverty as a whole. Rather, they demonstrate what can be achieved when an identified need is understood, the right partners are brought together and a practical solution is developed with the people who will use it.

This reflects the strategy at the heart of Business for Better Society: driving lasting, meaningful change through collaboration, innovation and transparency. We believe that real transformation starts at the local level, and that meaningful solutions can come from both initiatives developed by BBS and ideas identified by the communities and organisations we work with. Our role is to bring together the insight, partnerships, resources and expertise needed to turn those ideas into practical action.

Together with our grassroots nonprofit partners, we are committed to building a better society for all.

# Conclusion


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