



# Period Poverty In America

2025

Evidence and Insights

dignitygrows<sup>®</sup>



the  
national  
research  
initiative  
on  
period  
poverty

# **Period Poverty in America 2025: Evidence and Insights**

Dignity Grows, Inc.

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## **Executive Summary**

In April 2025, Dignity Grows® commissioned its second national survey to learn more about the prevalence of Period Poverty and its many impacts. As with the first survey, commissioned in 2023, Period Poverty is revealed to be a pervasive issue, experienced by a considerable percentage of American women and girls. The survey also reveals factors and characteristics that are associated with Period Poverty.

The impacts of Period Poverty are significant and affect numerous aspects of a woman's life, including employment, education, mental health, personal relationships, physical health, and sexual relationships. As noted in the report, the survey's findings point to a need for additional research to understand this multi-faceted problem, as well as the need to design and implement social policies to alleviate Period Poverty.

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## Introduction

In May 2023, Dignity Grows commissioned its first national survey to explore the prevalence, effects, and factors involved in Period Poverty in the United States. A second survey was commissioned in 2025 to further investigate this issue, and that survey, which engaged 2,000 American women over 18 years of age,\* is the basis of this report. Period Poverty has long been an invisible problem; this research is intended to bring it into the light and to serve as a guide for further research and policy development.

**Period Poverty is defined as: the lack of or uncertain access to basic menstrual hygiene supplies due to financial constraints.** The study examines what particular groups of women, in what situations, tend to be most affected by Period Poverty. It highlights the pervasiveness of the problem and the multiple impacts it has on women's lives in areas including employment, educational attainment, personal and sexual relationships, and mental health.

The two surveys represent an important beginning in our efforts to understand and address Period Poverty as a public health crisis, and they demonstrate the need for further research into key issues. In order to continue expanding knowledge and awareness of this growing health concern, Dignity Grows will continue to sponsor research activities independently and in partnership with academic institutions, with the goal of increasing understanding and developing effective solutions.

\*See Methodology, page 21

## Overview

### Study Design

Dignity Grows surveyed 2,000 women in the US who were 18 or older to ask about their experiences with menstrual periods, access to menstrual products, and the implications of limited product access on other aspects of life.

### Demographics of the Sample

This sample of 2,000 women was generally representative of the U.S. more broadly. For example, the racial demographics of the sample are listed in the chart below. 65% of the sample is White, while 75% of Americans are White.

FIGURE 1. Ethnic Breakdown of the Sample (Simplified)

Ethnicity	Frequency	Percentage	Cumulative
American Indian or Alaska Native	19	0.95	0.95
Asian	17	3.85	4.80
Black or African American	314	15.71	20.51
Hispanic	233	11.66	32.17
Middle Eastern or North African	1	0.05	32.22
Pacific Islander	1	0.05	32.27
Skip	21	1.05	33.32
Some other race	31	1.55	34.87
White	1302	65.13	100.00
Total	1999	100.00	

In terms of social class, 29% of women in the sample have a household income under \$30,000 and 12% of the sample have a household income of \$125,000 or above. The remaining 59% have a household income between \$30,000-\$125,000.

In terms of education, 54.7% of the sample do not have a college degree, while 45.3% of the sample has an associates degree or higher (and similar to the U.S. more broadly, about 30% of women have a bachelor's degree or higher). 15.4% of the overall sample is currently unemployed and 9.6% of the sample is full-time homemakers.

In terms of age, 9.6% of the sample is under 26, 63.6% of the sample is between 26-54, and 26.8% of the sample is over 55.

The sample included women from different geographical locations within the United States.

FIGURE 2. Regional Breakdown of the Sample

US Region	Frequency	Percentage	Cumulative
Midwest	439	21.99	21.99
Northeast	405	20.29	42.28
South	829	41.53	83.82
West	323	16.18	100

We define Period Poverty as:

**the lack of or uncertain access to basic menstrual hygiene products due to financial constraints**

In this sample of 2,000 women, 20% of women said they had gone without period products because they could not afford them, 12% of women had gone without products because of transportation costs, and 4% of women had gone without products because of being in relationships marked by abuse (Brooks, 2022). In addition, 28% of women worried that they would not be able to afford products in the future because of cost and 10% worried about lack of access due to transportation issues\*\*.

Taken together, **41.9% of women in the sample answered yes to at least one of these questions and can be understood as having experienced Period Poverty** at some point in their life.

\*\*See References, page 22

## Demographic Trends: Who Experiences Period Poverty?

Who are the women who experience Period Poverty? In what follows, we discuss the age, relationship status, race, and socioeconomic background of women experiencing Period Poverty then consider which demographic characteristics and life circumstances are correlated with increased likelihood of experiencing Period Poverty.

**Age:** Period Poverty is more common for younger women. Of the women under 25 in our sample, 66% have experienced Period Poverty, compared to 49% of women between the ages of 25-54, and 16% of women over the age of 55.

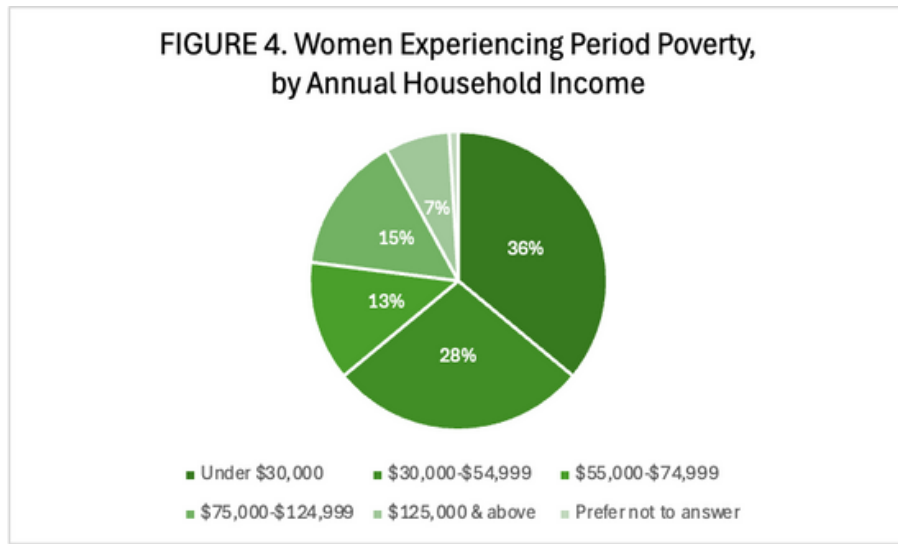
**Race:** In the United States, Period Poverty is more common for non-white women. 50% of non-white women have experienced Period Poverty, compared to 38% of white women. It is particularly common for Hispanic women, where 59% have experienced Period Poverty.

FIGURE 3. Ethnic Breakdown of Women in the Sample  
Who Experience Period Poverty (Simplified)

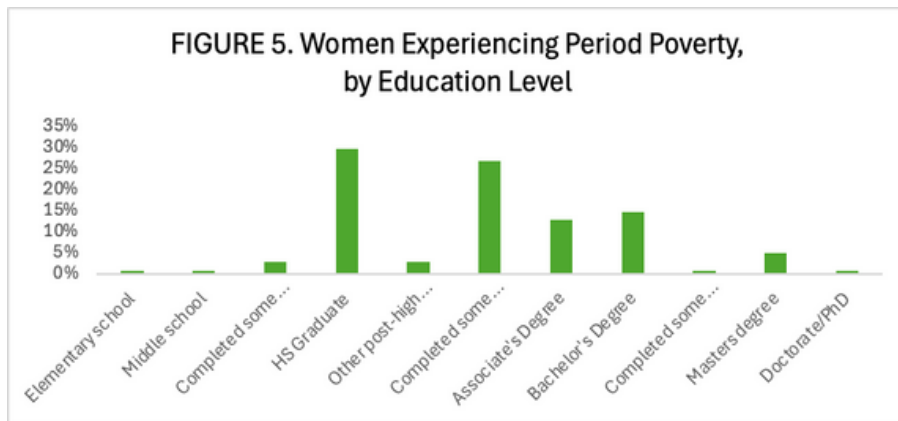
Ethnicity	Frequency	Percentage	Cumulative
American Indian or Alaska Native	12	1.43	1.43
Asian	27	3.23	4.66
Black or African American	152	18.16	22.82
Hispanic	138	16.49	39.31
Middle Eastern or North African	1	0.12	39.43
Skip	10	1.19	40.62
Some other race	18	2.15	42.77
White	479	57.23	100.00
Total	837	100.00	

**Social class:** Period Poverty is more common for women with lower household incomes, but does affect women across social class positions. Of the women in our sample whose household income was less than \$30,000 per year, 52% experience / have experienced Period Poverty. Of the women whose household income is between \$30,000-\$124,000 per year, 40% experience / have experienced Period Poverty. Finally, of the women whose income is above \$125,000, 25% experience / have experienced Period Poverty.

We also looked at the breakdown of current class position among women who do or have experienced Period Poverty. 64% of women who experience Period Poverty have a household income of less than \$55,000 per year, and 36% have a household income of less than \$30,000 per year. 29% of women who experience / have experienced Period Poverty have a household income of \$60,000-\$125,000 per year. 7% have a household income of over \$125,000



Educational attainment is associated with lower instances of Period Poverty. Of the women with a college degree (906), only 33% experience / have experienced Period Poverty, compared to 49% of women who do not have a college degree. That said, Period Poverty affects women at all education levels, which is clear when we look at the breakdown of the educational attainment of women who have or are experiencing Period Poverty.



In sum, of the women who experience Period Poverty, 21% have a bachelor's degree or higher, and 1.3% have a doctorate degree. 4% of women experiencing Period Poverty have less than a high school degree.

Finally, Period Poverty does not seem to be strongly associated with current employment status. Of the women who reported being unemployed, 47% had experienced Period Poverty compared to 41% of women who are currently employed.

**Motherhood status and household composition:** Pregnant women and women with children in the home (both under and over 18) are more likely to experience Period Poverty than those with no children living in their household. Almost 50% (991 women) had no children living at home and 35% of these women had experienced Period Poverty. Of the women currently pregnant or expecting (74 women, 41 of whom also had other children at home), 74% have experienced Period Poverty. Of the women with only adult children in their home, 27% have experienced Period Poverty, while 54% of the women with children under the age of 18 have experienced Period Poverty. Overall, these statistics suggest that Period Poverty is more common for mothers.

**Other factors.** Period Poverty is more likely for women who have their first period early (between the ages of 12 and 14). It also seems to vary by region: only 35% of women in the Midwest have experienced Period Poverty, compared to 45% of women in the South and West.

### **What are the strongest indicators of Period Poverty?**

Through regression analyses, we found that the following indicators are statistically significant as predictors of Period Poverty: being lower-income, the number of periods in one's household, education level (specifically, whether or not one has a college degree), and age (women under 25 are more likely to experience Period Poverty, and women over the age of 55 are much less likely to experience Period Poverty). All of these are significant and they reduce the significance of other variables that are significant on their own, specifically, race and being a mother who lives with one's children.

**Race.** Women who are non-white are more likely to be lower income and they are more likely to have more than one period in their household.

**Parenthood status:** Women who are expecting or living with their children are more likely to be middle or high income, but they are also more likely to have more periods in their household. In short, this suggests that women who live with adolescent or adult children are at greater risk of Period Poverty, but younger women (18-25) are also at risk, which may also be linked to the fact that they have less income and wealth and may be less likely to be in stable partnership relationships that bring in additional household income.

**Age:** Age is, unsurprisingly, a very significant predictor of Period Poverty since older women may have gone through menopause and thus have stopped having periods.

**SES Indicators:** The biggest difference from our earlier study is that SES and income does seem to be a *stronger* predictor of who experiences Period Poverty though caution is needed with this assertion since we do not have access to all the same variables (for example, relationship status was another strong predictor in our 2023 survey, but we do not have data on this in 2025).

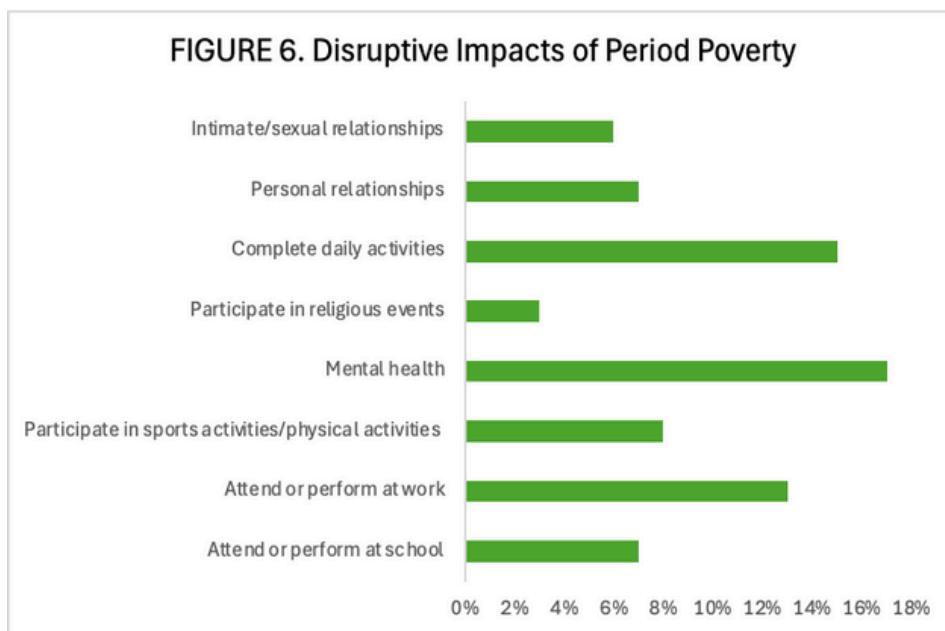
We also examined the most important indicators for how frequently women have gone without period products in the last 24 months. This “current” experience of Period Poverty was much more strongly associated with social class: the biggest predictors were a household income of less than \$35,000, not having a college degree, and the number of periods in one’s household. Race (whether or not the respondent was white), having children in the home, whether or not a person was employed, and whether or not they were young (under 25) were all insignificant for the frequency of experiencing Period Poverty.

## How Period Poverty Affects Women’s Lives

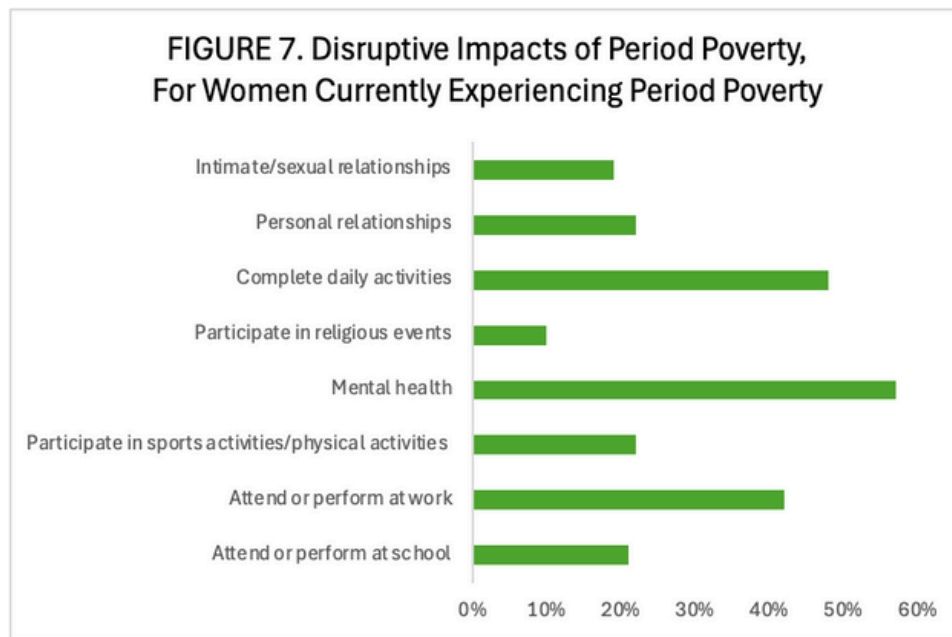
Period Poverty can significantly impact the lives of women who experience it, with potential long-term effects in some cases. It is these impacts that make the pervasiveness of Period Poverty a public health problem.

The women in the study were asked how they were affected by going without period products in eight aspects of life: ability to attend or perform at school, ability to attend or perform at work, ability to participate in sports or other physical activities, mental health (including depression, self-esteem, anxiety), participation in religious events, ability to complete daily activities, personal relationships, intimate or sexual relationships.

Among women who had experienced Period Poverty over the life course, 15% said they were less able to complete daily tasks, 7% reported Period Poverty affected their ability to attend or perform at school, 13% reported it impacted their ability to attend or perform at work, 8% said it disrupted their ability to participate in sports or other physical activities, 17% reported a decline in mental health, and 3% saw an impact on their ability to participate in religious events. 7% of the women reported impacts on their personal relationships and 6% noting negative effects on their intimate or sexual relationships.



Among the women currently experiencing Period Poverty, 48% were less able to complete daily tasks, 21% said it impacted their ability to attend or perform at school, 42% reported it impacted their ability to attend or perform at work, 22% said it disrupted their ability to participate in sports or other physical activities, 57% reported a decline in mental health, and 10% saw an impact on their ability to participate in religious events. Relationships were also affected, with 22% of the women reporting impacts on their personal relationships and 19% noting negative effects on their intimate or sexual relationships.



We also explored how these effects compound and relate to one another. While many women reported that Period Poverty did not impact their life in any of these areas (69%), the remaining 31% had lives that were often significantly impacted (the majority indicated that more than one area of life was impacted and a subset of women (n=49) noted that 4 or more areas of life were impacted).

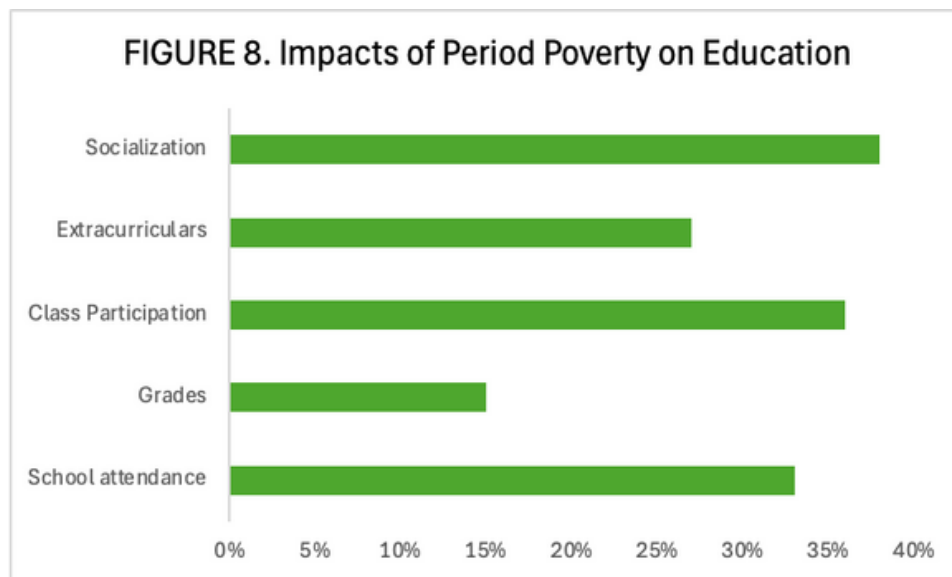
Likewise, when we consider compounding impacts for women who frequently experience Period Poverty, we found that the vast majority (95%) indicated that at least one area of their life was impacted, and 69% indicated that more than one area of life was impacted. The strongest correlations between areas of impact included personal relationships and sexual relationships, mental health and daily activities, and daily activities and sexual relationships.

“Chronic absenteeism rates rose over the past two years. We’ve taken a look at the root causes. One of the significant issues that contributes to absenteeism is not having the necessary access to basic menstrual hygiene resources to attend school.

former Superintendent of Schools, Hartford, CT

**Education impacts:** We also sought to understand the nature of the impact in specific domains of life including work and education. In terms of education, we asked about impact for women who had experienced Period Poverty over the life course: School attendance was affected for 11%, grades were affected for 5%, class participation was affected for 12%, extracurriculars were affected for 9% of women, and socialization was affected for 13% of the women.

For women currently experiencing Period Poverty, school attendance was affected for 33%, grades were affected for 15% of women, class participation was affected for 36%, extracurriculars were affected for 27% of women, and socialization was affected for 38% of the women.

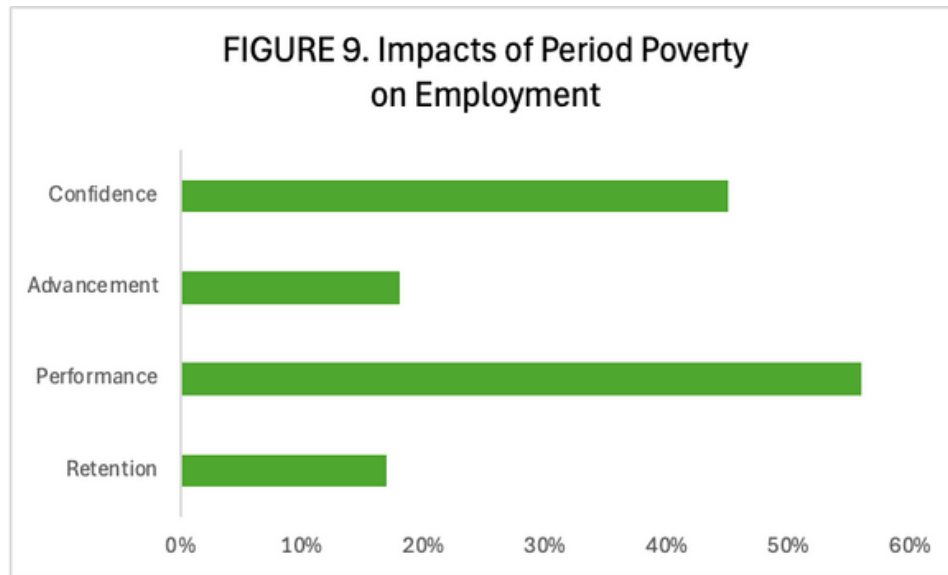


“ With free period products, I can finally focus on my job, instead of worrying how I’m going to just get through the week.

Anonymous, Age 36, Minneapolis, MN

**Employment impacts:** We asked a similar set of questions to understand the impact on employment. Among women who had experienced Period Poverty over the life course, retention at work was affected for 5% of women, work performance was affected for 17%, work advancement was affected for 5% of women, and confidence at work was affected for 16% of the women.

Among women currently experiencing Period Poverty, retention at work was affected for 17%, work performance was affected for 56%, work advancement was affected for 18%, and confidence at work was affected for 45% of the women.

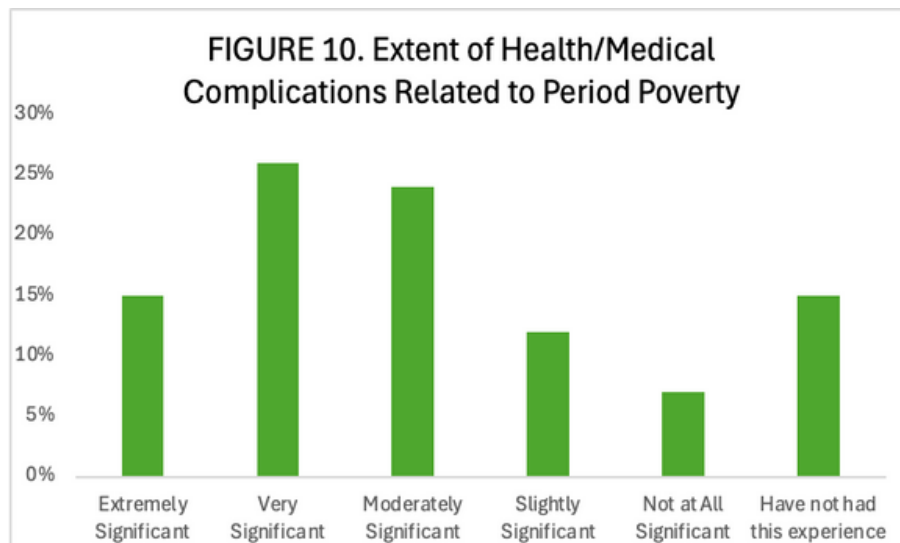


**Health impacts:** Finally, we asked questions about the impact Period Poverty over the life course had on women’s health and health related behaviors. 15% of women (n=126) experienced physical health or medical complications that were related to not having period products. The extent of these complications was often significant. 5% noted that the extent of these problems was extremely significant, while an additional 13% noted that the health impacts were very or moderately significant.

The nature of these health / medical complications for women who had experienced Period Poverty included sexual health (9% of women), maternal health (6% of women), drug use (2% of women), alcohol use, (3% of women), self-harm behaviors (3% of women), eating disorders (4% of women).

We also asked about how Period Poverty affects women’s behavior in terms of drugs and alcohol as well as self-harm. Not many women indicated that their behavior in these areas of life was impacted, but among those who did, we learned the following. Eight women indicated their behavior with drugs or alcohol was impacted, with 6 noting increased use, and 2 noting decreased use. 28 women indicated that Period Poverty impacted self-harm, with 20 indicating increased self harm behaviors, 5 indicating decreased self-harm behaviors and 3 unsure of how self-harm behaviors were impacted.

Among women currently experiencing Period Poverty, 49% said they experienced related health or medical complications. 65% noted that the extent of these problems was moderately - extremely significant.



The nature of these health / medical complications for women currently experiencing Period Poverty included sexual health (27% of women), maternal health (18% of women), drug use (8% of women), alcohol use (12% of women), self-harm behaviors (10% of women), eating disorders (11% of women).

## How Life Would Be Different Without Period Poverty

We asked women to reflect on how their lives would be different if they had unlimited access to period products. Among women who had experienced Period Poverty over the life course, 7% (60 women total) indicated that they would have explored different professional opportunities and 5.5% (46 women total) indicated that they would have explored different educational opportunities. 19% (161 women total) believe that they would feel more confident and 13% (110 women total) indicated that they believe they would worry less about finances. 6% of the women (53 women total) indicated that they were unsure but would feel relieved.

Among the women currently experiencing Period Poverty, 24% indicated they would explore different professional opportunities, 17% indicated they would explore different educational opportunities, 54% believe they would feel more confident, 37% believe they would worry less about finances, and 20% were unsure about how life would be different, but indicated they would feel relieved.

## Seeking Support for Period Poverty

We asked women who had experienced Period Poverty over the life course if they have sought support in navigating this issue. 43% have sought support from medical professionals, 18% have sought support at their work or school, 49% have sought free products from a nonprofit or other organization, and 2% have sought other forms of support for Period Poverty.

This raises an important follow-up question. Did women get the support they needed? Of those who sought support from medical professionals, 34% received support. Of those who sought support from work or school, 24% received support. Of those who sought support from organizations or nonprofits, 16% received support. In addition, 3.7% of women noted that they received support from other sources.

## Beliefs, Knowledge, and Access Patterns

**Products at home:** We asked women about their beliefs and knowledge regarding Period Poverty. First, we asked how important they think it is for women to have personal supplies of free products in their own home, as opposed to products in public spaces. 54% of women indicated that this is extremely important, 25% said that this is very important, and 13% said that this is moderately important. Less than 8% of all women said that this was slightly or not at all important.

For women who have ever or are currently experiencing Period Poverty, 90% said that it was extremely or very important for women to have personal supplies of free period products in their own homes. Almost all these women (99%) indicated that it was at least slightly important for women to have personal supplies in their own homes.

**Worrying about products:** We also asked women about whether they have worried they would run out of period products and not be able to afford more or access transportation to attain more products (or worried about running out of products for another reason). 28% of women worried this would happen to them because they would not be able to afford more products, and 10% worried about lack of access due to transportation limitations. 60% of women said they had not worried about either in the last 24 months.

**Awareness of Period Poverty:** Finally, we asked two questions about awareness of Period Poverty. First, we asked if women knew any friends, family members, or colleagues who have been unable to afford products when they need them. 29% of women said yes, 41% said no, 24% said “I am not sure but likely yes” and 7% said “I am not sure but likely no.” Second, we asked everyone if they were aware (prior to this survey) of the challenges women face when it is difficult to access period products due to financial constraints. 72.6% of women said yes while 27.4% said no. (Among women who had themselves experienced Period Poverty, 83% said yes and 17% said no.)

## Research and Social Policy Considerations

The findings of this survey are provocative and they suggest future directions in both research and social policy change. To summarize, Period Poverty is a pervasive issue experienced by more than two of every five American women, resulting in significant impacts on those affected. It is an issue that cuts across demographic backgrounds, including race, age, geographic region, and socioeconomic status, with income level, age, education level, and the number of periods in the household as statistically significant predictors.

The consequences of Period Poverty for women are broad and can have serious impacts on important areas of life. It can affect girls' and women's educational achievement and aspirations, their work success, mental and physical health, various activities, and relationships. Negative impacts often spanned multiple domains, with some women reporting disruptions in as many as four of the eight domains measured.

Considering these broad effects on women's lives, it would be helpful to understand more about the specific connections between Period Poverty and these various domains. For example, what is the connection between Period Poverty and the total number of people in one's household who are menstruating? Do mothers with older children prioritize their children's period products over their own? Does this connection appear primarily at certain income levels?

The questions added in the 2025 survey regarding where women sought support and whether they were successful in that search also suggest further opportunities for research into what is currently working to address Period Poverty. Learning more in this area could have important social service strategy implications.

The women in the study cited numerous ways that Period Poverty has impacted their lives. Have these effects been short-term, or have they had long-term consequences for the women involved? Some women who reported that they have experienced Period Poverty said that it had no impact on any of the eight life domains. How have they dealt with it in order to reduce possible issues?

The study revealed that some of the impacts of Period Poverty seemed to be closely correlated; i.e., women who reported impacts in one life domain often reported impacts in a specific other domain. For instance, areas that were strongly correlated included personal relationships and sexual relationships, mental health and daily activities, and daily activities and sexual relationships. It would be helpful to learn more about the nature of this correlation.

In terms of direct product distribution efforts intended to alleviate Period Poverty, it is crucial to identify distribution channels and opportunities that extend beyond those of lower socioeconomic status, given Period Poverty's prevalence across income levels. It is also critical that products are made available for women and girls to access autonomously, in their own homes or other living situations.

## Background and Organizational Context

In recent years, public awareness of Period Poverty has increased exponentially, along with the number of nonprofits and corporations that are engaged in addressing the problem through some sort of direct product support. Still, throughout most of our history, Period Poverty has been unrecognized, undiscussed, unaddressed, and unstudied. While we are now more aware that Period Poverty is a problem, we still know relatively little about it in terms of how widespread it is, its major causative factors, and the magnitude of its effects on women. Without a deep understanding of the problem, it is challenging to create solutions that will work for women. Our wayfinding surveys serve as a first step in remedying this challenge.

Dignity Grows is a national nonprofit movement that was founded in 2019 in Hartford, Connecticut, to address the hidden health crisis of Period Poverty. Its mission is to eliminate Period Poverty in America through direct support, research, and social policy change. The Dignity Grows model ensures direct hygiene support for 56,000 women and girls each year through its signature “Hope in a Bag” and “Hope in a Backpack” programs, powered by a collaborative curated nexus of 73 communities across 30 states. The Dignity Grows network now includes more than 5,000 professionals, volunteers, partners, and supporters. Dignity Grows hosts the biennial National Summit on Period Poverty, uniting cross-sector changemakers to build actionable solutions to Period Poverty.

Dignity Grows continues to expand in response to growing needs. This survey was born out of a desire to better understand those we serve and ensure our growth is aligned with and meeting their needs. What we have found is a more systematic and systemic approach to research and policy development in this field is not only warranted but is critically necessary. Accordingly, in 2024, Dignity Grows launched the Period Poverty Institute of America to combat this public health crisis through data-driven systemic change, advocacy, and providing essential support to those in need.

For more information, visit [dignitygrows.org](https://dignitygrows.org).

## Methodology

Survey respondents completed a quantitative mobile phone survey administered through an online survey platform in partnership with Pollfish, a leading market research platform that enables organizations to gain valuable insights from global audiences. Two thousand self-selected participants were eligible to participate; they indicated they were over the age of 18, lived in the US, and identified as female. Respondents answered twenty questions designed to gauge their experiences and the impact of Period Poverty on their lives. When applicable, a nonresponse option was offered to avoid opinion or attitude enforcement (Alwin, 2006).

**Participants:** 2,000 US-based females over the age of 18 completed the survey in April of 2025. Participants self-reported information regarding their location, education, income, race/ethnicity, marital status, employment, and number of children.

**Data Collection and Analysis:** Random Device Engagement (RDE) uses organic non-probability sampling (Rothschild and Konitzer, 2022). RDE relies on advertising networks to engage people where they already are. Survey respondents are asked to participate in a poll in exchange for an incentive token that corresponds to the app in which they are engaged.

Survey results were analyzed using inferential statistics to reflect the effect Period Poverty can have on an individual unable to access menstrual hygiene products.

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We wish to acknowledge the contributions of Lisa Chernikoff, whose guidance on survey design and implementation strengthened the methodological rigor of this study. We also thank Ceila Robbins and Dr. Lillian Reuman for their insight, which provided a strong foundation for the written presentation of this work.

We are indebted to Dignity Grows Chair and CEO, Jessica Zachs, for her unparalleled vision, and to the whole Dignity Grows professional team for tirelessly bettering the world for those facing Period Poverty.

Dignity Grows Inc. is solely responsible for the content of this study. For additional information on our national research on Period Poverty, our direct product support programs, and other efforts, visit [dignitygrows.org](https://dignitygrows.org).