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**Menstrual products and disability**

**Women With Disabilities Australia**

September 2024

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# Publishing Information

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## Acknowledgments

WWDA acknowledges the traditional owners of the land on which this publication was produced. We acknowledge Aboriginal and Torres Strait Islander people’s deep spiritual connection to this land. We extend our respects to community members and Elders past, present and emerging.

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# About Women With Disabilities Australia (WWDA)

[Women With Disabilities Australia (WWDA)](http://www.wwda.org.au/) is the national Organisation of Persons with Disabilities (OPD) for women, girls, feminine identifying and non-binary people with disability in Australia. As an OPD, WWDA is run by and for women, girls, feminine identifying and non-binary people with disability.

WWDA uses the term ‘women and girls with disability’, on the understanding that this term is inclusive and supportive of, women and girls with disability along with feminine identifying and non-binary people with disability in Australia.

WWDA represents more than 2 million women and girls with disability in Australia, has affiliate organisations and networks of women with disability in most States and Territories, and is recognised nationally and internationally for our leadership in advancing the rights and freedoms of all women and girls with disability. Our organisation operates as a transnational human rights organisation - meaning that our work, and the impact of our work, extends much further than Australia. WWDA’s work is grounded in a human-rights based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights.

Organisations of Persons with Disabilities (OPDs) are recognised around the world, and in international human rights law, as self-determining organisations led by, controlled by, and constituted of, people with disability. OPD’s are organisations of people with disability, as opposed to organisations which may represent people with disability. The United Nations Committee on the Rights of Persons with Disabilities has clarified that States should give priority to the views of OPDs when addressing issues related to people with disability. The Committee has further clarified that States should prioritise resources to organisations of people with disability that focus primarily on advocacy for disability rights and, adopt an enabling policy framework favourable to their establishment and sustained operation.[[1]](#endnote-1)

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# 1. Brief methodology

Women With Disabilities Australia (WWDA), developed a brief survey on menstrual products and disability, in response to the potential exclusion of menstrual products from the National Disability Insurance Scheme (NDIS) announced in August 2024, and the proposed categorisation of these products as ‘lifestyle related’ items.

The survey included both multiple choice and open-ended questions. People were invited to complete the survey based on their own experiences, or for and with someone they support.

Due to time constraints imposed by the brief public consultation period:

* All participants were recruited via social media.
* The survey was open for just two weeks.
* No Easy Read version of the survey was developed.

Regrettably, this mean that some members of the disability community were likely excluded from participation, including some people with intellectual disabilities and those living in segregated settings.

## Survey questions

The survey questions were:

1. Do you get support from the NDIS?
2. Do you identify as having a disability? If so, what type of disability do you have?
3. Do you know where to find help or information to manage your period?
4. Does your disability impact the kind of products or support that you need to manage your period?
5. Is it hard for you to afford the period products you need?
6. Do you use your NDIS funding for products that help you manage your period?
7. How does your disability impact the kind of products or support that you need to manage your period?
8. What products or support do you use with your NDIS funding, to help you manage your period?
9. What products or support do you use with your NDIS funding, to help you manage your period?

The qualitative data collected via these questions was analysed for themes. Once key themes were identified, we noted the number of responses that addressed each theme, to gain insight into the relative importance of various challenges to this sample (see demographic details below). Many responses addressed multiple issues and were coded accordingly.

## Research limitation: representation of the disability community

As noted above, important cohorts within the disability community were likely excluded from participation in this survey, due to the paucity of time allocated for public consultation. Potential exclusions include people who use Easy Read materials (including many people with intellectual disabilities) and those living in segregated settings.

This is a significant research limitation, as people with intellectual disabilities are less likely to receive accessible information and education about menstruation. Critically, those who live in segregated settings (who are most often people with intellectual disabilities) are more likely than other people with disabilities to experience forced menstrual suppression and forced sterilisation, and to be denied choice and control in managing their menstruation. It is regrettable that the consultation timeframes did not allow for further engagement with this community.

The results below should be interpreted with this limitation in mind.

# 2. Demographics

## Overview

Around 200 people responded to the survey, the majority of whom (almost 70%) were NDIS participants. Respondents were able to select more than one disability type. Almost 60% of respondents had some form of neurodivergence. Psychosocial disability/mental illness, physical disability and chronic illness or medical condition were the next most common types of disability.

## NDIS Funding

The majority of respondents had NDIS funding. One hundred and thirty-eight respondents (68%) received support from the NDIS, 29 (14%) did not, 15 (7%) were applying for funding and 9 (4.41%) preferred not to answer the question. Respondents were able to select as many options as applied to them.

Nineteen (9%) participants selected “not listed” for this question and were invited to specify their situation. Of these, most (n = 15, 7.35% of total respondents) supported or parented people who received NDIS funding. Others worked for the NDIS or with NDIS participants, or had disabilities but did not qualify for or choose to receive NDIS funding.

These data are presented in the graph and table below.

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| **NDIS participation** | **Percent** | **Number** |
| **Yes** | 67.65% | 138 |
| **No** | 14.22% | 29 |
| **Not listed (please specify)** | 9.31% | 19 |
| **I am applying to the NDIS** | 7.35% | 15 |
| **Prefer not to say** | 4.41% | 9 |
| **None of the above** | 0.49% | 1 |

Image description: Purple and white graph depicting NDIS funding. Data are included in-depth in the text above. The graph shows that nearly 70% of respondents were NDIS participants.

## Type of disability

Respondents were able to select multiple types of disability, as disabilities often co-occur. The most common type of disability amongst this sample was neurodivergence (n = 118, 58%), followed by psychosocial disability/mental illness (n = 76, 37%) and physical disability (n = 76, 37%), chronic illness or medical condition (n = 69, 33%), neurological disability (n = 40, 20%), cognitive/intellectual disability (n = 33, 16%), none of the above (n = 9, 4%), blind or vision impaired (n = 7, 3%) and prefer not to say (n = 7, 3%) , deaf/deaf or hard of hearing (n = 3, 1%).

Eleven (5%) participants selected “not listed” for this question and were invited to specify their situation. Most participants used the text box as an opportunity to provide more information about the type of disability they had. For example, one participant who had selected cognitive/intellectual disability entered “Downs Syndrome” here.

Respondents were able to select as many options as applied to them. These data are presented in the graph and table below.

|  |  |  |
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| **Type of disability** | **n** | **percent** |
| **Neurodivergence** | 118 | 57.84% |
| **Psychosocial disability / mental illness** | 76 | 37.25% |
| **Physical disability** | 76 | 33.82% |
| **Chronic illness or medical condition** | 69 | 16.0% |
| **Neurological disability** | 40 | 19.61% |
| **Cognitive / intellectual disability** | 33 | 16.18% |
| **None of the above** | 9 | 4.41% |
| **Blind / vision impaired** | 7 | 3.43% |
| **Prefer not to say** | 7 | 3.43% |
| **Deaf / hard of hearing** | 3 | 1.47% |

Image description: Purple and white graph depicting participants’ disability type. Data are included in-depth in the text above. The graph shows that nearly 60% of participants have neurodivergence.

# 3. How disability impacts period management needs

Three quarters of participants (n = 159, 78%) said that their disability impacted the kinds of products or support they needed to manage their period.

Three quarters (n = 153, 75%) of participants said that they knew where to find help or information to manage their period, while one quarter (n = 51, 25%) advised they did not. The potential exclusion of participants with cognitive/intellectual disabilities and those living in segregated settings may have impacted these proportions, as this segment of the community may be less likely to find the information and help they need than others.

One hundred and fifty-four respondents gave open-ended responses detailing how their disability impacted their period management needs, with many describing multiple impacts.

Key topics discussed included:

* The need for specific products to manage menstruation and disability
* How respondents’ disabilities impacted use of menstrual products
* Dignity, hygiene, participation, independence and safety at stake
* Complex interactions between disability and menstruation

Each of these topics is expanded on below, describing the proportion of responses that addressed each issue, and providing representative quotes from respondents.

## Specific products needed to manage menstruation and disability

The most common impact of disability on period management was a need to use period underwear or pants, which was mentioned in 57 (37%) of the 154 responses. Many respondents reported an inability to use pads or tampons, mentioned in 43 (28%) responses. Eighteen respondents (12%) said that they needed specialised products, such as adaptive period underwear with side-opening clasps.

Twelve (8%) respondents described using products to simultaneously manage their period and incontinence, while 9 (6%) said they had to use more products to manage their period because of their disability. Four (3%) said that they needed help from supporters to manage their periods; 4 (3%) said they struggled to keep up with laundry during their period; 3 (2%) said they used alarms or reminders to prompt them to change period products; and 3 (2%) said that they needed multiple products, either to figure out what worked for them or to match their level of disability at a given time.

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| **Period underwear the only option (37%)** | I have limited dexterity and strength in my hands and wrists, so I cannot use products like tampons and menstrual cups. I also have autism and pads are a sensory trigger. The only option I’m left with is period underwear which can become very expensive when you need a fresh pair 2-3 times per day for up to 7 days in a row every month. (Response 4)  Period pants are the only option available. You don't see the blood and you don't have to remember to change tampons, pads, etc. (Response 5)  Sensory need means wearing pads and tampons are overwhelming. Period underwear means there isn't a sensory overload during and already overwhelming time. It also means that I don't forget to change sanitary items and I'm not taken by surprise. (Response 80) |
| **Can’t use pads / tampons (28%)** | Can no longer insert a tampon. (Response 34)  Can't stand the feeling of pads. Can't use tampons due to being really forgetful and would forget how long I've used one for. Also Can't learn how to use tampons or menstrual cups properly even with help finding the information needed. Also knowing what types of absorbency I need for different flow days is really hard. As absorbent as pads are I still feel everything (the blood ect). (Response 58) |
| **Need adaptive products (12%)** | I sometimes need to use adaptive period underwear, with side opening clasps, as I can't lean over to get them over my feet (Response 32)  I have a spinal cord injury (T2), which impacts genital sensation. I have experienced autonomic dysreflexia from tampons (and struggle with insertion due to dexterity, lack of sensation and balance). I have had a pressure area from a menstrual pad getting caught on clothing, which I couldnt feel. This meant I had to rest off it for two weeks and increased my support worker use, which had a great impact of my mental and physical health. The best option I have is to use adaptive period underwear, which can be expensive… (Response 139) |
| **Managing periods and incontinence (8%)** | I often use ‘period products’ to help with my urine incontinence. I do buy incontinence pads and liners but I buy ‘sanitary’ disposable bags online to dispose of these as use many per day and sometimes can include poo incontinence. But often there is a lap over with bleeding and urine incontinence so it’s not straight forward and need both products. (Response 146) |
| **Use more products because of disability (6%)** | 2 disabled people in house who have periods. One (child) needs to use period underwear everyday, or won’t attend school or leave home. This is for both periods and continence issues. Cannot use pads or tampons. This is very expensive as she’s still growing and needs new sizes every year. Not able to use tampons. Will only wear a specific brand. This is disability related - others girls don’t use 2 pairs a day, every day. (Response 72) |
| **Rely on supporter (3%)** | My carer has to support me at all times (Response 119) |
| **Struggles with laundry (3%)** | I’ve had to switch to period undies but struggle to afford enough to not have to wash all the time but too tired to wash all the time. (Response 40) |
| **Use alarms / reminders (2%)** | Need reminders for self-care due to lack of interception, caused by inattentive ADHD. (Response 126) |
| **Need different products at different times (2%)** | When I had my periods, my level of mobility dictated the types of products I needed to use to manage my period. Sometimes it was impossible for me to insert or remove tampons or menstrual cups due to physical disabilities. Sometimes sensory overwhelm made it impossible for me to use pads or period underwear. So I had to have all the choices on hand, which can be expensive. (Response 118) |

**How respondents’ disabilities impacted use of menstrual products**

Sensory issues were the most common barrier to using mainstream disposable products, mentioned in 55 (36%) responses; followed by issues with dexterity and / or strength, mentioned in 22 (14%) responses; memory impairments, mentioned in 17 (11%) responses; executive functioning, mentioned in 14 (9%) responses.

Some respondents experience strong pain (10 responses; 7%) and a heavy or prolonged period (10 responses; 7%), which may be related to their disability or complicate its management. Others described vulnerability to tearing, infections and pressure sores, mentioned in 8 (5%) responses; a fear of or aversion to blood, mentioned in 6 (4%) responses; problems with body awareness, mentioned in 4 (3%) responses; allergies, mentioned in 4 (3%) responses; fatigue, mentioned in 3 (2%) responses; and previous trauma, mentioned in 2 (1%).

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| **Sensory issues (36%)** | I… cannot tolerate the sensory aspects of menstruation and cannot deal with pads or tampons. (Response 41)  As someone with an altered neurological threshold for sensory input I cannot go and buy the cheapest period products off the shelf. (Response 48)  Autistic. Periods are a sensory nightmare. The feeling, sight, smell of blood creates a level of overwhelm that sends me in to immediate and total emotional dysregulation. I spend the whole 7 days completely unable to function. …Period underwear has meant that I no longer have to see or smell blood- they are black which pads are not. (Response 84) |
| **Dexterity / strength (14%)** | Can not use products that require fine motors skills, grasping small items. (Response 87)  Because my hands and arms get really sore and stiff with my arthritis (and sore hand and arm muscles as well as joints) it makes changing pads really difficult (I just straight up don't use tampons). Having period undies means I can just take my full underwear off and put on a fresh one much more easily than dealing with pad packets unwrapping and trying to re'wrap' used ones for the bin etc. (Response 13) |
| **Memory impairments** | Forget to change pad. Then I smell. Plus bleed every where. (Response 140)  …Several clients struggle to remember to change pads or tampons. This leads to increased risk of leakage if they haven’t changed them frequently enough and also increases the risk of infection and toxic shock with tampons. Using period underwear can eliminate this problem as they can wear it all day without needing to change it. (Response 100) |
| **Executive functioning (9%)** | Executive function issues mean I need products that are safe and reliable over an extended time... (Response 117) |
| **Pain (7%)** | Experience extreme pain with any internally inserted products, and disposable products cause tearing around my vaginal canal due to my condition, so am only able to use reusable pads or period underwear that also meet my sensory needs. (Response 62) |
| **Heavy or prolonged period (7%)** | The medications I am on had led to a side effect of heavier periods, so I’ve had to change what I buy. (Response 36)  I have Endometriosis stage 3 my periods are like niagara Falls for 7days, affordability is an issue, not having enough sanitary products that are flexible when I'm in Extreme pain, hard to move and often flood the bed or floor with period blood from heavy flow and with multiple pain conditions makes it hard to clean and change my bed and clean the floor by myself as I have no support due to being knocked back from NDIS two times. (Response 19) |
| **Tearing, infections, pressure sores (5%)** | I have a condition that makes my skin fragile and prone to tearing so inserting tampons is not possible. I also have a connective tissue disorder which makes my fingers prone to dislocation. This makes tampons and pads tricky. I have been allergic to adhesives used on pads before and if they come unstuck they damage my skin… (Response 105) |
| **Aversion to blood (4%)** | Get sensory overload from period, can't handle blood touching skin (Response 67) |
| **Body awareness (3%)** | I cannot wear pads and tampons due to sensory issues. I struggle to sense what is happening in my body so often overflow. I can only wear period undies and they are expensive. (Response 76) |
| **Allergies (3%)** | Need to use reusable period knickers - for both sensory reasons and due to allergies to ingredients in the disposable options… (Response 90) |
| **Fatigue (2%)** | I wear ankle orthosis and have low muscle tone, poor strength , fine motor skills and associated fatigue as well as sensory difficulties… (Response 143) |
| **Trauma (1%)** | I was victimised by a carer as a teen, resulting in significant reproductive trauma and PTSD that is triggered by seeing/smelling/period pain. I was denied access to appropriate medical care then and the impact of not knowing the difference between a heavy period and a miscarriage means I get forced to relive that every time I have a cycle, and I'm 35. (Response 74) |

## Dignity, hygiene, participation, independence and safety

Concerns about leaks (12 responses; 8%) and hygiene (11 responses; 7%) were common, with respondents stating that they wished to avoid embarrassment and unpleasant smells. As noted above, 8 (5%) respondents described sustaining tearing, infections or pressure sores from inappropriate period products.

Respondents were motivated to maintain privacy and dignity (7 responses; 5%), continue to participate in employment, education and their community (7 responses; 5%), be as independent as possible (6 responses; 4%), and reduce the sense of difference they experienced (3 responses; 2%).

One respondent, who worked with a number of NDIS recipients, noted that there is a risk of toxic shock syndrome if people use tampons and forget to change them regularly.

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| **Leaks (8%)** | I have a very heavy period. I am visually impaired and can't always tell if I am leaking or so, so I prefer the use of period underwear. (Response 98) |
| **Hygiene (7%)** | Because I have issues with my hygiene, I need extra support when on my period. (Response 12) |
| **Privacy / dignity (5%)** | I use dri nites during my period as pad don’t work for me. I use modi bodi heavy period undies on all other days to help with bowel continence. I’m a teenage girl and I couldn’t go to my mainstream high school independently without these products. Or I would have to have a teacher aide help me with wiping my bum (which I know none of them want to do) and then my friends would know about my continence disability . I would smell and they would notice. It’s already hard to make friends when you have a disability. I would be so embarrassed. (Response 141) |
| **Participation (5%)** | I have trouble remembering to change my disposable period products. I use Modibodi heavy overnight so I can go through the day at work without having to change. (Response 92) |
| **Independence (4%)** | …If I can’t use period underwear, then I need support workers to help me change my pads and tampons because they don’t last long enough. I don’t wanna do that. It’s embarrassing and it’s a private matter… It’s absolute cruelty to force menstruating disabled women into situations. They need another person to help them with over something so deeply personal and private. (Response 8) |
| **Less difference (3%)** | I don’t want to use incontinence products to manage my menstruation. I want to look like other non-disabled people in the change rooms. I don’t want to take medication to stop my period because it’s convenient for everyone because I can’t manage my period on my own if I don’t have access to period Underwear… (Response 8) |

## Complex interactions between disability and menstruation

As noted above, most responses mentioned multiple impacts of disability on menstruation management.

A handful of responses noted the complexity of interactions between disability and menstruation management, observing that:

* Some disabilities and medications to treat disabilities can impact the pain, heaviness and duration of periods.
* Hormonal changes can impact disability traits or symptoms (5 responses; 3%).
* Periods have wide-ranging impacts on some people who menstruate (3 responses; 2%).
* One respondent needed additional medical treatment while menstruating.
* Several respondents described adverse health affects from using period products.

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| **Impact of hormonal changes on disability (3%)** | I have hypermobile Ehlers Danlos Syndrome. My menstrual cycle affects almost every aspect of my disability as it affects mood, hypermobility (more likely to dislocate joints as progesterone increases), and my disability affects my menstrual cycle because my collagen is faulty. This means I have very heavy, irregular periods. That GPs are unable to do Pap smears or IUD insertion/removal. That I frequently cannot use tampons, that I have prolapse and rectocele which means when I have my period I frequently also have an ulcerative colitis flare. Being Autistic, this also affects my ability to communicate and regulate emotions and is a further barrier to employment. (Response 31) |
| **Wide-ranging impact of periods** | Periods are not just about bleeding or feminine hygiene products. Period management and impact is not just limited to the days or products when someone is bleeding. Its dangerous to perpetuate otherwise. Periods can have significant sensory, sleep, mood, and medical challenges that interact and co-exist with disability. Do not punish women for not being disabled men. My endometriosis is a disability. It can cause me to be bed bound 4-8 days a month. Prior to being on the NDIS my period lost me multiple jobs because without the support I now have I didn’t have sufficient AT or other support workers to maintain food preparation, transport, medication management through my period. Without OT and communication help I couldn’t explain to HR or colleagues why I was taking additional and long breaks to go to the bathroom sometimes. I experience changes to balance, spatial awareness, and coordination, and energy at different times of my cycle; like all women. But because of my other disabilities, these changes for me mean that when I’m on/and just before my period I need walking aids and joint braces to avoid falls and dislocating my shoulder or dropping glasses and plates, or faint without safe supports. My ND sensory tolerances and energy regulation is also impacted by my period. I need additional support work, and strategies and support from my Psych and Mental Health OT. I’m much more likely to end up running away or confused and lost if I don’t have additional support workers during my period. During my period, my lower energy increases my falls risk. And my executive functioning and memory is impacted such that I won’t remember when I’ve had medication or food is impacted. Because of my physical disability the nausea and vomiting I get with my period can chose choking. Because of my other conditions I cannot use nausea management available to the general population. I need AT products and additional meal prep steps to be taken to help me be able to eat and drink without choking during my period. My disability impacts how regularly and easily I can access bathrooms. My period cycle coexists alongside my disabilities and conditions to have a profound and regularly life threatening impact on my body. My disabilities mean that I have much higher needs to safely manage independent living during my period and other peak times of my cycle. Do not artificially separate our periods from our disabilities because we don’t have the capacity to do that so we’ll be left doubly disadvantaged. For six-eight days a month; my other conditions are subject to much higher risk because of my period because they can flair/be triggered by hormonal change or inflammation; both occur with periods. I have had idiosympathic anaphylaxis on my periods. Because of disability I cannot call paramedics without assistance. On my period I experience nausea and vomiting episodes that can last for hours and if I havent adjusted my support work routine shifts to have overnight support then I’ll get stuck on the bathroom floor for hours because my disability prevents me from mobilising back to my bed independently. My physical disability also affects how safely and frequently I can access the bathroom. My disability also affects which textures and materials are suitable. This can change what products are available to me. |

# 4. Menstruation costs are a burden

Three quarters (76.47%) of respondents said it was hard for them to afford the period products they needed. Fewer than half (44%) used NDIS funding for products to help them manage their period.

## Current uses of NDIS funding to meet menstrual needs

Around 130 participants responded to an open-ended question asking them to specify the period products or support they funded through the NDIS (excluding participants who responded n/a or similar).

Of these respondents:

* 80 (61%) purchased period underwear, with 20 (25% of this group) specifying they used Modibodi
* 11 (8%) purchased incontinence products
* 7 (5%) purchased multiple (3 plus) products or supports
* 7 (5%) purchased specialised or adaptive period underwear
* 6 (5%) purchased wipes
* 4 (3%) purchased pads
* 4 (3%) purchased period-safe swimwear
* 3 (2%) paid for additional support from support workers
* 3 (2%) purchased gloves
* Individual respondents describe purchases such as bidets, sanitary disposal bags, chair protectors, period leggings, a waterproof mattress and laundry sanitiser.

As noted earlier in this report, some respondents manage periods and incontinence issues simultaneously. Many use period products and incontinence products interchangeably.

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| **Period underwear (61%)** | I use modibodi underwear everyday whether period or continence. (Response 113)  Period underwear (Modibodi). She has approximately 10 pairs of period underwear now. After 3 years, they are still in excellent condition. (Response 82)  I use period underwear to help manage incontinence (Response 40) |
| **Incontinence products (8%)** | Mainly continence disposables for travel, continence washables for every night and I use various period undies for a combination of menstruation and urine. (Response 115) |
| **Multiple products / supports (5%)** | - overnight supports - increased meal support - heat pain relief - nausea bags - walking aids - shoulder braces and corner protections around the house - falls prevention and hand rails - adaptive period underwear - dysphagia cups - physio - psych - mental health trained support workers - Ots (Response 72) |
| **Adaptive period underwear (5%)** | I use my NDIS funds to purchase period underwear because it has adaptive features which enable my access, is a much greater cost than my period management before, is only required because of my most recent diagnosis, and is therefore reasonable and necessary under the terms of NDIS. (Response 50)  I buy reusable period underwear which I wouldn’t be able to buy without ndis, I need to buy expensive ones due to multiple sensory issues and have tried more brands then most people, most people can just buy a cheap paid, I can’t. (Response 125) |
| **Wipes (5%)** | Purchasing period underwear and wipes for period care and hygiene maintenance (Response 11) |
| **Pads (3%)** | Sanity [sanitary] disposal bags. Sometimes pads that double up for urine incontinence which I have daily. (Response 136) |
| **Swimwear (3%)** | Bathers, undies, leggins. (Response 53) |
| **Support workers (2%)** | My support worker hrlps with washing my period undies and fix blood in my bed Plus i use period undies and soak thrm [them]. (Response 129) |
| **Gloves (2%)** | Modi bodi undies Dri nites nappies Wipes gloves laundry sanitizer Continence bathers (Response 130) |

## Desired uses of NDIS funds for period products and supports

Around 150 participants provided open-ended responses about the period products and supports they wish the NDIS would fund.

Again, the most common response was period underwear or pants, mentioned by 72 (49%) respondents. Increasing choice and meeting the needs of individual NDIS participants was the next most common theme, mentioned by 20 (14%) respondents.

Period swimwear, pads and adaptive period underwear were each mentioned by 7 (5%) respondents. Respondents also spoke of a need for funding to assist with period-related laundry (5; 3%) menstrual cups (4; 3%), pain relief (4; 3%), wipes (3; 2%), tampons (3; 2%); more help from support workers (3; 2%), and apps or alarms to help keep track of their period and the need to change menstrual products (3; 2%). These items have been included in the table below only if respondents provided details about their wishes.

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| **Period underwear (49%)** | I need to keep using pants because I struggle to use any others. Accidents are really embarrassing. (Response 99)  Modibodi & products like these to keep me out in the community. Having bladder issues that are related to my disability have a huge psychological impact on my self-esteem. Using these type of products give me the confidence to go out of the house with reduced fear of leakage & incontinence. (Response 141)  I tried a few - Moda Big W expensive $30 a pair. (Response 143) |
| **More choice; meet individuals’ needs (14%)** | Funding for any product that gives the person as much independence as possible. For example unable to manage a pad due to tremors and placing it so requires the underwear for more divinity [dignity?] and independence. (Response 117)  I wish there was more choice. NDIS try to say with funding for all things that periods are mainstream so you should fund. If I could manage the cheaper pads or tampons I would, so for them to say that is uneducated. (Response 20) |
| **Period swimwear (5%)** | What I have been using has worked so far. Undies bathers leggin[g]s. It is difficult having a disability. People judge you and don't understand that having these products help give us dignity and function like everyone else. (Response 50) |
| **Pads (5%)** | I wish I could use it to buy pads as I have to change it more due to skin so it’s very expensive. (Response 64) |
| **Laundry support** | Pants to be handwashed by carers (Response 121) |
| **Pain relief** | Ability to purchase necessary products to effectively manage my period. Options for support could include products provided for free or at a lower cost, access to information regarding options to reduce pain or the entire period in general (surgery, ablation etc) (Response 70) |
| **Support workers** | I wish I had a support worker able to come and help me with my hygiene and daily tasks (Response 9) |

## Confusion about whether the NDIS funds menstruation products and services

Of the 130 respondents to the question about current uses of NDIS funding, 23 (18%) noted that they did not receive funding for menstruation products and services from the NDIS. Reasons given included perceptions that such products and services were not eligible for funding and that funding had been denied.

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| **Don’t receive period product or service funding from NDIS (18%)** | None, I'm too scared I'll get in trouble. I need to replace my current ones as they're a few years old but it's very expensive for me (Response 57)  I currently have not used my NDIS funding for support with my periods as I didn’t think I could (Response 120)  None as it’s not funded. (Response 73) |

## Views on whether the NDIS *should* fund menstruation products and services

Some respondents used the open-ended questions described above to share their views on whether the NDIS *should* fund products and services to manage menstruation. When reading these responses, it is important to remember that a majority of respondents either currently use or wish to use NDIS funding for menstruation products and services, suggesting they support this use of NDIS funding; here we discuss those who explicitly supported or criticised NDIS funding of period products and services in their survey responses.

In response to the open-ended question about current NDIS funding, 4 (3%) out of 130 respondents spoke in favour of NDIS funding, while 3 (2%) spoke against.

In response to the open-ended question about desired NDIS funding, 14 (9%) expressed support for NDIS funding, while 10 (7%) did not support NDIS funding for menstruation products and services.

Some respondents specified that they supported funding for period products only when NDIS participants had greater period management costs than the general population. Other respondents said that period products and services should not be funded by the NDIS because they should be subsidised for *all* people who menstruate, through another government mechanism.

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| **NDIS should fund menstruation products and support** | …there are many participants that require this assistance which is reasonable and necessary. Those who struggle with hygiene issues or sensory issues, standard sanitary products purchased in the supermarket may not meet the participants essential needs which may be more costly and less easily sourced. (Response 105 – current funding)  I've spoken with a friend whose daughter is also neuro divergent and slightly older. We're both concerned about how our daughters will navigate using mainstream period care products. My daughter needs reminders to drink water, use the bathroom etc. she struggles to take a shower due to the feel of water on her body. I worry about how she will go with remembering to change pads etc. this is a topic I will research with her or, but already recognise that some women on the NDIS require alternative options for period products which are more expensive than supermarket type products. (Response 24 – desired funding)  Personally I don't think I currently need NDIS funding for help managing my period as I am able to meet my needs with mainstream products. However I believe menstrual products should be available to be funded by NDIS. Women who need adaptive solutions that aren't affordable or easily available should be able to access them! (Response 101 – desired funding)  Until we can eliminate period poverty, we need to support those who have disabilities and periods. Periods directly impact on a person's ability to take part in education, work, social activities, and health related activities. We can't separate the two, so why is it okay for our "support" to? (Response 55 – desired funding)  If the equipment or consumable is adaptive then it should be funded. At a minimum the difference in cost between standard off the shelf period products and what a person with a disability may need to manage their period should be funded. (Response 52) |
| **NDIS should not fund menstruation products and support** | NDIS funding should not be used for menstrual care. Women get periods. This is not related to a disability & if the NDIS is used for this, the NDIS is being rorted. (Response 84 – current funding)  I don't think the ndis should fund period undies for menstruation purposes as these are mainstream products which everyone can use and which actually cost less than disposable pads. (Response 69 – desired funding)  None, I don’t need assistance managing my period. Instead I think periods should be an every person thing to be helped with. Womens products are more expensive in general, it would be helpful if the federal government actually reduced prices or subsidised women’s sanitary period products. (Response 145 – desired funding) |

# 5. Recommendations

**Recommendation 1: NDIS funding assists NDIS participants to manage the impacts of disability on menstruation and vice versa.**

Based on the results of this survey, it is crucial that NDIS participants are able to use NDIS funding to purchase menstrual products, where the need for such products is related to the participant’s disability. Menstrual products should be included in the list of ‘assistive products for personal care’ to allow participants continued access to appropriate, accessible and adaptive menstrual products through the Scheme, if and when required.

**Recommendation 2: Greater clarity for scheme participants regarding eligibility to use NDIS funding to purchase menstrual products.**

NDIS participants should receive greater clarity regarding their eligibility to use NDIS funding to purchase menstrual products, to promote equity within the Scheme and avoid exposing participants to the harms and indignities of inadequate menstrual management.

# 6. Conclusion

In this sample of more than 200 women, girls and gender-diverse people with disabilities, disability is shown to impact the kinds of products and supports respondents need to manage menstruation safely and effectively, creating a cost burden that most struggle to manage.

Many respondents:

* Need period underwear or adaptive period products, which can be expensive.
* Must simultaneously manage periods and incontinence.
* Use more period products because of their disability.

As the respondents to this survey make clear, menstrual management and access to appropriate menstrual products impacts access to work, education and participation in the community, as well as the privacy, independence, dignity, health and safety of women, girls and gender-diverse people with disabilities.

1. [↑](#endnote-ref-1)