



## NEGOTIATING AUTONOMY: A FOUCAULDIAN ANALYSIS OF MENSTRUAL SUPPRESSION AND DISABILITY

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### Abstract

*With menstrual studies continuing to expand, this article foregrounds the experiences of disabled menstruators, exploring menstruation in relation to disability, accessibility, and bodily autonomy. Demonstrating the unaddressed dimension of disabled menstruators who encounter various challenges for effective menstrual management, this research article firmly addresses menstrual education, awareness, promoting menstrual activism, and the need to eradicate period poverty. Besides, it also highlights the 4A's of marketing sanitary products, and how it should include diverse menstruators' needs. Further, this article critically examines the practice of menstrual suppression, particularly of disabled menstruators', as their decisions concerning their own bodies are limited. Alluding to Michel Foucault's conceptualisation of biopower, it interprets such practices through the lens of bodily regulation and the exercise of power over disabled menstruators. By bridging disability studies with menstrual activism and Foucauldian concept, the article advocates the need for menstrual education, equity, informed awareness, autonomy, and ethical decision-making.*

### Keywords

*Disability, Menstruation, Disabled Menstruators, Menstrual Activism, Period Poverty, Menstrual Suppression, etc.*

### Full Article

#### **Introduction:**

Menstruation is a routine biological process during which a woman's uterine lining sheds. Albeit natural and ubiquitous, there are numerous women who find menstruation painful and challenging like being stuck in a rooster coop each month. Disability on the other hand affects how a person thinks, learns, moves and experiences the world. The umbrella term disability is diverse as it may affect an individual's mental, emotional, physical, sensory, communication or cognition state. Some types include Attention Deficit Hyperactivity Disorder (ADHD), Hearing and Visual impairments, Cerebral Palsy, and many more. Apart from the visible disabilities, there are hidden or invisible disabilities which include learning disabilities, chronic pain, mental health issues, dementia and others (One Education). This research, blending both fields of study focuses on the experiences of disabled menstruators.

For the woman without disabilities, menstruation becomes a disabling experience owing to the societal stigmas and taboos, despite its physical pain and mood swings. For menstruators who are disabled, it becomes an additional hurdle to face the entire process of menstruation. While menstruation makes the abled menstruators 'disabled,' the disabled menstruators become 'doubly disabled' owing to it. This paper explores the menstrual challenges like how individuals with disabilities are prepared to navigate puberty, be aware of menarche; the 4A's of marketing



sanitary products, menstrual management and more. Furthermore, it supports ‘Menstrual Activism’ and advocates to end ‘period poverty.’ It also focuses on how their bodily autonomy is negotiated through menstrual suppressors.

Menstrual products are basically used and managed by the menstruating user. But, the most challenging and sensitive subject for the disabled menstruators are utilizing carers to manage their menstrual hygiene. From not being able to change the sanitary napkins, to not being able to communicate their discomfort, disabled menstruators face a lot of difficulties during their menstruation (Thapa and Sivakami). Some disabled menstruators can learn to be independent during menstruation, only if they are independent in their toilet hygiene. If not, they can be aided with continence products and the support of their care takers (Tracy et al.).

Thus, a vital concern for dependent disabled menstruators during their menstruation is to lose their self-determination and self-reliance. One suitable example of a disabled individual who became dependent in the book *No Looking Back: A True Story* by Shivani Gupta, is as follows: “. . . the entire country was celebrating independence, I became dependent on my carer . . . would help me in grooming, going to the toilet, sitting, turning, eating. . .” (Gupta, 50-51). Shivani was paralysed and bound to a wheelchair after she met with a tragic accident. She was shattered by the thoughts of losing her independence and to depend on her caretaker for almost every action she has to carry out. Shivani who was a self-reliant person, was now succumbed as she had to rely on her carer for almost all her daily routine.

Shifting the focus to menstrual management and the hardships encountered by disabled menstruators, the troubles vary in nature during their menstrual cycle. Menstruators with locomotory disabilities find their menstruation troublesome as they need assistance to move, change their absorbent products like pads, tampons or cups. One menstruator with cerebral palsy, named Layla points out that her “periods truly are punctuation points in her life. Every four to five weeks, her life slows to a crawl,” she suffered from dysmenorrhea, which means severe menstrual pain. Managing periods in a wheel chair besides reduced mobility was miserable as she experienced clots, and the pain accelerated and worsened her spasticity (The Period Purse).

For an intellectually disabled menstruator, it may take time in order to grasp and understand their menstruation. Also, the instructions and guidance on menstruation should be catered to their level of understanding accordingly (Tracy et al.). For visually-impaired menstruators, it is difficult to manage their menstruation independently. One big challenge they experience is to know when their menstruation has started or ended and when their sanitary products are to be changed (Funk). Likewise, other disabled menstruators face various challenges in varying shapes and sizes based on their type of disability. Thus, this paper aims to promote education, awareness, to consider the 4A’s of marketing, keeping every consumer in mind while preparing sanitary products, management of sanitation and hygiene, thereby aiming to promote menstrual activism, and eradicating period poverty.

### **Education: Menstrual Activism:**

One common experience that every girl who is ignorant about menarche worries about is witnessing their first menstrual blood and assuming ‘they have acquired some disease or they are going to die’ (Nair). To shatter this wrong notion, girls should be educated about menstruation earlier. Anne Wanjiru, a Kenyan individual with congenital mobility disability started to educate and create awareness regarding menarche and reproductive health. Wanjiru herself is an example of such a tragic experience, as she lacked understanding of why she was bleeding, the cause behind the discomfort and the pain she experienced during her menarche (Nairobi).

Fundamentally, to eradicate this pre-conceived myth, education and awareness about menstruation is significant, considering the disabled individual’s cognition to avoid chaos and



confusion. Additionally, it is also essential to educate the care takers of the disabled menstruators. Menstrual activism challenges the taboos surrounding menstruation and focuses on ending 'period-poverty' (Fabber). One fundamental issue this article addresses is to eradicate 'period poverty', which means menstruators' lack of access to menstrual products, education and sanitation.

### **Period Poverty:**

Period Poverty is the lack of access to proper menstrual products and the education to use them (Jaafar et al.). For disabled menstruators, the challenges during menstruation amplify with the use and management of sanitary products. The sanitary products readily available in the market, becomes an additional barrier when the disabled menstruators are given limited consideration while designing and creating such healthcare and sanitary products. Besides, the sanitary products should also be affordable and accessible for the disabled menstruators.

While Menstrual Activism focuses on accessibility and awareness, it also aligns with the concept of 4A's of Marketing: Acceptability, Affordability, Accessibility, and Awareness (Dinu). Acceptability is about the satisfaction of the product users. Affordability refers to the capacity to buy the product. Accessibility refers to product availability. Awareness refers to the education about the product (Dinu).

This research accentuates that Period Poverty could be eradicated by sticking on to the 4A's of marketing. A disabled individual who took such initiative is Jane Hartman Adamé. She is a person with hypermobile Ehlers-Danlos Syndrome (HEDS causes hypermobility, joint instability and stretchable skin). In a chapter of 'The Palgrave Handbook of Critical Menstruation Studies,' she has stated that sanitary products are "made without consideration of their specific experiences" and chronic pain she experiences out of the syndrome is "greatly exacerbated by the pain caused by menstruation." She was distressed when she was no longer able to use her menstrual cup (Perianes and Roberts). As the saying goes, "failures are the stepping stones to success," she designed and created menstrual cups with "Release Ring," which made the cup to be removed easily (Perianes and Roberts). With this innovation, Adamé has eliminated the risks faced by many menstrual cup users who experienced difficulties in removing the cups.

Apart from educating individuals about menstruation, it is also essential to educate about the different sanitary products and their menstrual health management (MHM). In an article titled "Period Poverty: A Neglected Public Health Issue," it is noted that the menstrual health is a key factor which has been affected by period poverty" (Jaafar et al.). Menstruation demands good hygiene and health. Poor menstrual hygiene poses serious health effects in the reproductive and urinary tract infections. Therefore, for a harmless menstrual cycle that demands hygiene, every menstruator should have access to WASH (Water, Sanitation and Hygiene) in order to avoid infections and lead a quality life (Menstrual Health and Hygiene).

### **Menstrual Suppressors:**

"Menstruation often seems to be a considerable issue of concern for families or carers who have a daughter with a significant disability, either physical or developmental" (Grover). With the arrival of menarche comes their concern of how the disabled menstruator would understand and manage menstruation, its pain, discomfort, hygiene and above all, to be free from abuse. With this consideration, caretakers of menstruating individuals opt for menstrual suppressions due to several reasons, which include decreasing pain and other premenstrual symptoms, limiting blood loss, lowering the burden of menstrual hygiene, and improving the quality of life (Buck et al.).

Grover in an article entitled "Gynaecological issues in adolescents with disability" opines that menstrual suppression reduces the menstrual loss and the possibilities of pregnancy. Some



suppressors are oral contraceptive pills, sterilisation like tubal ligation (cutting or removing fallopian tubes to avoid pregnancy), inserting IUDs (Intra Uterine Device), and for complete cessation of menstruation is 'hysterectomy' (removal of uterus). In all such cases, the bodily autonomy of the disabled menstruator is either neglected or negotiated (Grover).

Alluding to an article "Lost in Transition: Menstrual Experiences of Intellectually Disabled School-Going Adolescents in Delhi, India" which illuminates on the menstrual experiences of intellectually disabled: "the complete dependency of the disabled menstruators for menstrual management resulted in the families to opt for the removal of the uterus or hysterectomy" (Thapa and Sivakami). The reasons behind their choice for the elective surgery of the disabled menstruators were: lack of understanding and sufficient training, no benefits in training repeatedly, caretaker could not manage any further, to avoid unwanted pregnancy and various other reasons.

In several countries, sterilisation of disabled individuals is authorised by medical professionals, court judges, and the parents or caretakers, however, the bodily autonomy of the disabled individual is neglected. Medical suppression enhances the quality of the disabled menstruators' lives by alleviating pain, distress and anxiety, but still the reproductive decisions raise concerns owing to the ethics, consent and bodily autonomy of the disabled menstruators. This can be alluded to the 'Biopower' concept by Michel Foucault. By the term 'biopower', Foucault meant a technology through which populations are controlled. In simple terms, it is the power over human bodies (Taylor). Menstrual suppressors without the consent of the disabled menstruators, is also a form of biopower exerted upon the disabled menstruators by stripping their agency.

### Conclusion:

This paper has focused on the menstrual challenges experienced by the disabled individuals, it has accentuated on Menstrual Activism, and the need to address and end period poverty. The study has further focused on the need to take into consideration the diverse needs and specific concerns pertaining to menstrual products, thereby fostering inclusivity and menstrual equity. It has also emphasised on how medical suppressors rip the disabled menstruators of their agency and voices for the ethics to be considered drawing upon Foucault's Biopower. This research ultimately accentuated the challenges faced by disabled menstruators and fosters menstrual health, hygiene and supportive menstrual management.

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