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## Shedding Shame: Menstrual Stigma and Period Sex in Women, Gender Minorities, and Sexual Minorities

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### ABSTRACT

Research on menstrual sex often centers on cisgender, heterosexual experiences. Across two studies (N = 1,911), we investigated menstrual stigma and sexual activity (penetrative and oral) among sexual and gender-diverse AFAB individuals. Sexual minority participants, particularly bisexual and pansexual individuals, reported significantly greater comfort and higher frequency of menstrual sex than heterosexual counterparts. While gender minority identity correlated with heightened menstrual shame, it generally did not influence comfort or frequency. Centering diverse embodied experiences challenges traditional stigmas and highlights menstrual sex as a vital, yet overlooked, component of sexual health and well-being.

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In North American culture, women and people assigned female at birth (AFAB) receive the message that vulvas are repulsive (Nurka, 2019; see Oswald et al., 2022a, 2022b). Extensive and longstanding cultural disgust for female genitalia (see Nurka & Jones, 2013) extends also to the genitals as a site of menstruation. Menstrual product advertisements, though presented as empowering, contribute to misogynistic attitudes toward menstruation (Przybylo & Fahs, 2020), joining a barrage of cultural messages portraying menstruation as a shameful and disgusting taboo in need of management and concealment (see Kissling, 2006; LeBlanc, 2024a). These attitudes damage the self-concepts and diminish the sexual well-being of women (Fahs, 2011; Schooler et al., 2005) and may also impact people assigned female at birth (AFAB) who do not identify as women; gender diverse AFAB people may be differentially impacted, relative to cisgender women, by the stigma surrounding menstruation due to the intersecting stigmas of female embodiment and transgender/nonbinary identity (see Rubinsky et al., 2021).

In addition to general cultural distaste surrounding women's bodies and menstruation, menstrual sex (i.e., sexual activity during menstruation) is particularly taboo in North American culture (see Barnhart et al., 1995; Fahs, 2014). Existing research exploring menstrual sex focuses primarily on cisgender heterosexual women's engagement in penile-vaginal intercourse during menstruation (cf., Ciaralli & Fahs, 2024; Fahs, 2011; Rubinsky et al., 2021). Past research has primarily focused on women as the person menstruating during menstrual sex, aligning with heteronormative conceptions of women as the passive receivers of (heterosexual) sex (see Hayfield & Clarke, 2012). In the current studies, we adopt a feminist approach and focus on women not only as receivers of sex during menstruation but also as potential providers of sex during a partner's menstruation. Another significant omission in previous research is an examination of menstrual sex in people AFAB who do not identify as women; in the current studies, we extend on prior research with a gender-diverse AFAB sample and by employing a quantitative approach to examine menstrual sex, menstrual shame, and identity factors in this population.

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## Menstrual Stigma, Menstrual Sex

A breadth of literature from diverse fields including media studies, feminist theorizing, and social science points to normative body discontent among women; negative body image and body shame are a prevalent aspect of women's lives (Mellor et al., 2010; Pruis & Janowsky, 2010; Rodin et al., 1985; Striegel-Moore & Franko, 2002). The vulva specifically is subject to persistent negativity, often perceived as inherently disgusting, including in relation to its proximity to menstruation (Braun & Wilkinson, 2001; Oswald et al., 2022b; Skoda et al., 2021). The taboo status of menstruation engenders shame and self-stigma (Fahs, 2011) which can manifest as body-image self-consciousness, less body comfort, lower sexual assertiveness, decreased sexual experience, and increased sexual risk-taking (Schooler et al., 2005).

Menstrual stigma also affects whether and how women and people AFAB pursue sexual pleasure. Many women view menstrual sex negatively (Fahs, 2011, 2014), and individuals AFAB report shame and anxiety surrounding menstrual sex (Ciaralli & Fahs, 2024). Women who internalize menstrual stigma avoid menstrual sex in part due to discomfort or shame surrounding their menstruating bodies (see Rempel & Baumgartner, 2003; Schooler et al., 2005). Demonstrating these effects, sex occurs least often during menstruation (Hedricks, 1994), with up to 70% of women avoiding sex during menstruation (Barnhart et al., 1995). Both heterosexual and sexual minority women who do engage in menstrual sex are burdened by the emotional labor of managing their partners' disgust (Fahs, 2011).

Menstrual stigma is not only correlated with sexual behavior during menstruation; women's comfort with menstruation is also related to comfort with sexuality in general (Rempel & Baumgartner, 2003). Furthermore, women who engage in sexual activity during menstruation report enjoying a broader range of sexual activities that are stigmatized in the broader culture (Rempel & Baumgartner, 2003) and are less likely to use messy or disgust language when discussing menstruation (Allen & Goldberg, 2009). These findings suggest that comfort with menstruation and menstrual sex in particular may be linked to overall sexual well-being. Yet, as Ciaralli and Fahs (2024) emphasize, the intersection of menstruation and female-bodied sexuality has been largely overlooked in the current discourse surrounding sexuality and embodiment. It is of particular importance to extend this discourse into sexual and gender minority populations, studying sex and sexuality inclusively and outside the traditional paradigm that limits sex acts to penile-vaginal sexual intercourse (see Henkelman et al., 2023).

## Menstrual Sex and Identity

Previous qualitative research with cisgender samples reveals that sexual experience and being in a committed relationship are associated with more positive attitudes toward menstrual sex (Allen & Goldberg, 2009). Increased sexual experience may be a function of age, and some evidence suggests that younger adults endorse heightened menstrual stigma (LeBlanc, 2024b); thus, age may be related to one's engagement in and beliefs about menstrual sex. In terms of relationship status, women report being more comfortable and secure having menstrual sex in committed relationship contexts than in hookup or casual contexts (Allen & Goldberg, 2009), and many people who menstruate report having open conversations about menstrual sex with committed relationship partners, but avoiding the topic with hookups (see Allen & Goldberg, 2009; Rubinsky et al., 2021). Thus, relationship status appears to shape approaches to and discussions about menstrual sex.

Other identity variables that appear to be important include sexual orientation and gender identity. We are aware of three studies that have directly addressed the experience of menstrual sex amongst sexual minority women and people AFAB: Fahs (2011), Rubinsky et al. (2021), and Ciaralli and Fahs (2024), which we review below. No study that we are aware of has purposely examined these experiences amongst sexual minority women and people AFAB using a quantitative methodology. The limited literature that does include sexual minority women and people AFAB suggests that both sexual orientation and gender may affect the internalization of menstrual stigma, resulting in varying comfort with and engagement in menstrual sex; quantitatively investigating both penetrative and oral sex amongst these populations will provide insight into the generalizability of extant qualitative findings

in this area, and expand the quantitative literature on menstrual sex beyond heteronormative conceptions of sex as penile-vaginal penetration.

### ***Sexual Orientation, Partner Gender, and Menstrual Sex***

We emphasize sexual and gender diversity given emerging literature including sexual minority women (Fahs, 2011) and others AFAB (Ciaralli & Fahs, 2024; Rubinsky et al., 2021) suggesting that sexual orientation positively influences attitudes toward menstrual sex. This may in part be due to increased distance from the male gaze amongst sexual minority women and people AFAB (Fredrickson & Roberts, 1997; though see also Oswald & Matsick, 2020). The male gaze engenders negative perceptions of women's bodies and menstruation in particular through the objectification of women's bodies, demanding conformity to an aesthetic (and nonmenstrual) ideal associated with heterosexual male desire (Kozak et al., 2009). Women are targeted as the objects of the male gaze, and heterosexual women in particular are culturally positioned to perceive themselves through this lens as those who are "gazed upon" by heterosexual men (Oswald et al., 2022a, p. 827). Supporting this view, some research suggests that lesbian women experience less body dissatisfaction than their heterosexual counterparts (e.g., Alvy, 2013), and that internalized heterosexism among women predicts greater body surveillance, depression, and body shame (Haines et al., 2008).

Sexual minority women or people AFAB who are not the traditional targets of the male gaze – and thus further removed from heterosexualized aesthetic ideals – may thus be less likely than cisgender heterosexual women to view their menstruating bodies as inherently negative. Indeed, overt (typically male) partner discomfort repeatedly arises as a major theme influencing women's negative views of menstrual sex (Fahs, 2011; Gunning et al., 2020; Rubinsky et al., 2021). Cisgender, heterosexual women report that their partner's views of menstruation have a direct impact on their own feelings around menstruation, whether positive or negative (Gunning et al., 2020). Qualitative investigations suggest that having a minority sexual orientation may be associated with reduced menstrual shame and increased engagement in menstrual sex (Fahs, 2011).

Yet, this may not be a function solely of the gender of one's partner, as bisexual women who have sex with men still feel more positively about menstrual sex than heterosexual women who have sex with men (Fahs, 2011). In particular, a heterosexual identity (rather than heterosexual activity) may predispose women to hold negative attitudes toward menstrual sex (Fahs, 2011). In samples of sexual minority women and people AFAB, the sex and gender of one's partner appears relevant to one's own perceptions of menstrual sex (Ciaralli & Fahs, 2024; Rubinsky et al., 2021). Having a partner who also menstruates changes "the nature of the conversation around menstruation and menstrual sex" (Rubinsky et al., 2021, p. 1379). Negative reactions are expected (though not actually delivered) more from male partners (Rubinsky et al., 2021), and worries about partner reactions are discussed primarily in reference to partners using he/him pronouns (Ciaralli & Fahs, 2024). In the current studies, we sought to better understand what drives sexual orientation differences in menstrual sex by assessing the impact of both sexual orientation and the gender of one's partner on menstrual shame and menstrual sex practices.

### ***Gender and Menstrual Sex***

People AFAB who do not identify as women must navigate a complex nexus of expectations surrounding their gender, sex, and the social meaning surrounding menstruation. Various contexts, such as the menstrual product aisle, the bathroom, and the physician's office, threaten to impose unwelcome social meaning upon the gendered and sexed self of a person AFAB (see Frank & Dellaria, 2020). Scant research has examined how these pressures may impact menstrual sex in this population (cf. Rubinsky et al., 2021). Some transgender and gender nonconforming menstruators report experiencing menstrual sex as dysphoria-inducing, but hold positive attitudes toward menstrual sex as a practice (Rubinsky et al., 2021). This can manifest as being open to sexual activity during a partner's menses, but not feeling comfortable being touched during their own (Rubinsky et al., 2021). Similarly, in another qualitative study, gender fluid and gender nonconforming individuals AFAB reported shame

and anxiety surrounding menstrual sex, but also reported efforts to overturn traditional gender expectations (Ciaralli & Fahs, 2024).

In general, members of the LGBTQ+ community tend to hold more liberal attitudes regarding sexuality than heterosexual individuals (Grollman, 2017). It is possible that distance from the male gaze and social sexual scripts afforded by a nonconforming gender identity (see Dolezal et al., 2024) may increase one's openness to engaging in menstrual sex. This openness may reflect a broader desire to subvert and distance oneself from limiting heteronormative expectations around sexuality. The relationship of gender dysphoria to menstrual sex may be revealed quantitatively through differences in attitudes and behaviors toward menstrual sex during both one's own and one's partner's menses, which are both assessed in Study 2.

## The Present Research

In two studies, we focused on the relationship of menstrual sex, menstrual shame, and sexual well-being and sought to (a) replicate and expand on quantitative findings among sexual minority and heterosexual cisgender women and (b) replicate and expand on qualitative findings amongst a gender-diverse AFAB sample using a quantitative approach. In Study 1, we explored sexual orientation and other demographic variables to examine differences in sexual activity during menstruation in a sample of cisgender women. In Study 2, we explored gender, sexual orientation, and other variables to examine heterogeneity in sexual activity during menstruation and menstrual shame in a gender-diverse sample of AFAB participants.

### Study 1

Study 1 used a subset of data from a larger study on menstrual regularity ( $N=1002$ ), collected between August 2019 and May 2021.<sup>1</sup> No other publications from the larger dataset exist at the time of writing. The objective of Study 1 was to replicate previous findings that heterosexual women have less comfort with menstrual sex than sexual minority women, and that women in committed relationships have greater comfort with menstrual sex. We also explored whether age positively correlates with comfort with menstrual sex, and assessed comfort with oral sex during menstruation.

## Methods

### Participants

Participants were recruited from several sources, including a research participant pool at a large Western Canadian university; adverts placed in local businesses and other universities; via snowball sampling on social media sites (e.g., Facebook, Instagram, Reddit); research recruitment website sex-&psychology.com; [www.orgasmresearchlab.com](http://www.orgasmresearchlab.com); and the Social Psychology Network. Participants identified as women who were actively menstruating ( $N=1002$ ). The sample ranged in age from 16 to 61 years ( $M=23.36$ ;  $SD=6.31$ ). Table 1 provides detailed sample demographics.

### Measures

Participants responded to various measures related to menstrual regularity and sexual function that were part of the broader study (see [Online Supplementary Materials](#)). Only a demographic questionnaire and two researcher-generated questions designed to measure participants' comfort with sexual

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<sup>1</sup>The Ethics Review Committee at KPU approved this study (#2018-063). Respondents gave online consent before beginning the survey.

activity during menstruation were analyzed for the purposes of the current study. The researcher-generated questions were: (a) How comfortable are you having penetrative sexual intercourse during your menstrual cycle? (b) How comfortable are you receiving oral stimulation to your genitals (i.e., cunnilingus) during your menstrual cycle? Participants responded on a Likert scale from 1 (*extremely uncomfortable*) to 6 (*totally comfortable*). See Table 2 for descriptive information.

### Procedure

Participants completed an anonymous online survey on Qualtrics with a median completion time of nine minutes and 44 seconds. Participating university students received course credit. Members of the public were offered no incentive for participation. After providing informed consent, participants completed a demographic questionnaire and several questions related to menstrual status. Participants who reported not menstruating were redirected to the end of the survey. Next, participants responded

**Table 1.** Study 1 Distribution of participant demographic characteristics (N=1002).

	Participants (%)
Age	23.35 (SD=6.30)
Sexual Orientation	
Heterosexual	707 (70.6)
Lesbian	42 (4.2)
Bisexual	253 (25.2)
Relationship status	
Single	380 (37.9)
Casually dating	119 (11.9)
Nonmarried committed	381 (38.0)
Married/civil union	111 (11.1)
Separated/divorced	8 (.8)
Ethnicity	
African/Black	33 (3.3)
White	562 (56.1)
South Asian	197 (19.7)
Southeast/East Asian	87 (8.7)
Indigenous/Aboriginal	9 (.9)
Hispanic or Latinx	35 (3.5)
Middle Eastern/North African/Central Asian	10 (1.0)
Pacific Islander	10 (1.0)
Multiethnic/Specify	52 (5.2)
Prefer not to say	7 (.7)
Education	
Some high school	87 (8.7)
High school diploma	178 (17.8)
Some college/university	480 (47.9)
Completed college/university	162 (16.2)
Vocational degree/certificate	29 (2.9)
Postgraduate studies	66 (6.6)

Note: Three participants did not answer the question regarding relationship status.

**Table 2.** Descriptives for comfort during menstruation questions (N=1002).

	Frequency (%)
How comfortable are you having penetrative sexual intercourse during your menstrual cycle?	
Extremely uncomfortable	351 (35.1)
Moderately uncomfortable	200 (20.0)
Slightly uncomfortable	121 (12.1)
Slightly comfortable	88 (8.8)
Moderately comfortable	119 (11.9)
Totally comfortable	101 (10.1)
How comfortable are you receiving oral stimulation to your genitals (i.e., cunnilingus) during your menstrual cycle?	
Extremely uncomfortable	666 (66.5)
Moderately uncomfortable	128 (12.8)
Slightly uncomfortable	81 (8.1)
Slightly comfortable	36 (3.6)
Moderately comfortable	26 (2.6)
Totally comfortable	39 (3.9)

Note: Missing responses (n=22) for question 1. Missing responses (n=26) for question 2.

to the questions regarding comfort with menstrual sex. After completion of all measures, participants were presented with a debriefing form.

## Results

Study 1 had less than 5% missing data for all scale items, well below the widely used threshold of 30% for psychology studies (Graham, 2009); series mean replacement was used to replace all missing values.

### Demographic Characteristics and Menstrual Sex

Two separate post-hoc Bonferroni corrected one-way univariate analyses of variance examined differences in comfort with penetrative and oral sexual activity during menstruation depending on relationship status. For the first ANOVA, results revealed that participants who were married or in a civil union ( $M=3.02$ ,  $SE = .20$ ) or in a nonmarried committed relationship ( $M=2.59$ ,  $SE = .13$ ) were significantly more comfortable with penetrative sexual activity during menstruation than single participants ( $M=2.02$ ,  $SE = .11$ ),  $F(3, 512) = 8.38$ ,  $p < .001$ , partial  $\eta^2 = .047$ . No differences were found between any relationship category and participants who were casually dating ( $M=2.27$ ,  $SE = .20$ , all  $ps > .05$ ). The second ANOVA examining comfort with oral sexual activity did not yield any significant differences among relationship statuses,  $F(3, 509) = .283$ ,  $p = .837$ .

A positive correlation was found between age and comfort with penetrative vaginal sex ( $r = .23$ ,  $p < .001$ ) and comfort with oral sex ( $r = .42$ ,  $p < .001$ ) during menstruation; the older the participant, the more comfortable they were with having both penetrative and oral sex during menstruation.

### Sexual Orientation and Menstrual Sex

Two separate one-way univariate analyses of variance examined sexual orientation (heterosexual versus sexual minority)<sup>2</sup> and comfort with oral and penetrative sex during menses. Participants who identified as a sexual minority (i.e., nonheterosexual) were significantly more comfortable with penetrative sex ( $M=2.98$ ,  $SE = .10$ ) during menstruation than their heterosexual identified counterparts ( $M=2.62$ ,  $SE = .07$ ),  $F(1, 978) = 8.76$ ,  $p = .003$ ,  $\eta^2 = .01$ . Due to unequal variance in the data, a Welch test was performed to assess differences between heterosexual and sexual minority participants on comfort with oral sex. Participants who identified as a sexual minority were significantly more comfortable with oral sex ( $M=1.89$ ,  $SE = .09$ ) during menstruation than their heterosexual identified counterparts ( $M=1.64$ ,  $SE = .05$ ),  $F(1, 461.14) = 6.23$ ,  $p = .013$ , adjusted  $\omega^2 = .01$ .

## Discussion

The objective of Study 1 was to investigate sexual orientation and other demographic characteristics and their relationship to comfort with menstrual sex. In line with previous qualitative research (e.g., Fahs, 2011), participants who identified as a sexual minority (i.e., nonheterosexual) were significantly more comfortable than heterosexual-identified participants with sex during their menses, including both penetrative and oral sex. Age was positively correlated with comfort with both penetrative and oral sex during menstruation; this may reflect extant findings that more sexual experience correlates with more positive views of menstrual sex (Allen & Goldberg, 2009). Furthermore, participants who were married or in a civil union reported more comfort with sexual activity during menstruation than single participants, replicating previous findings (Allen & Goldberg, 2009). These results add to the quantitative literature, which has either asked specifically about penetrative sex or has not

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<sup>2</sup>Sexual orientation was collapsed into categories of heterosexual and sexual minority participants due to low numbers of both bisexual and lesbian participants.

specified that sexual activity includes oral stimulation, by assessing comfort with both oral and penetrative menstrual sex among diverse cisgender women participants.

Study 1 confirmed previous findings that sexual minorities are more comfortable with menstrual sex (see also Fahs, 2011), but could not explain these differences in further detail. In Study 2, we sought to expand on significant findings in Study 1 regarding relationship status and sexual orientation. To do so, we expanded the sexuality, gender, and relationship variables and included a measure of menstrual attitudes to investigate the potentially complex associations of gender identity and menstrual stigma.

## Study 2

Study 2<sup>3</sup> was guided by several research questions. We examined (a) how gender identity relates to one's attitudes toward menstruation (i.e., menstrual shame); (b) how sexual orientation relates to one's attitudes toward menstruation; (c) how menstrual shame correlates with engagement in and comfort with sexual activity during menstruation; and (d) whether the gender of one's sexual partner is associated with comfort with menstrual sex.

We hypothesized that sexual orientation-based differences in menstrual sex comfort may be driven by increased distance from the male gaze (as a result of a sexual minority orientation) and distance from heteronormative conceptions of menstruation (see Dolezal et al., 2024), which facilitate more positive perceptions of one's menstruating body (see Fredrickson & Roberts, 1997; Oswald et al., 2022a); that is, less menstrual shame. To test this hypothesis, we explored whether menstrual shame acts as a mediator between sexual orientation and menstrual sex. We expected that sexual minorities would report greater comfort with and frequency of engaging in menstrual sex, and that this would be partially explained by reduced menstrual shame compared to their heterosexual counterparts.

## Methods

### Participants

The initial sample comprised 1032 participants. Participants were recruited from several sources, including a research participant pool at a large Western Canadian university; adverts placed in local businesses; and via snowball sampling through various social media sites (e.g., Facebook, Instagram, Reddit). The survey was open to anyone who had ever menstruated. We excluded 116 responses due to an insufficient completion rate (< 75%) and seven participants who reported being cisgender men for not meeting our inclusion criteria of having ever menstruated. The final sample comprised 909 participants. Detailed demographic characteristics of the sample are shown in Table 3.

## Measures

### Menstrual Sex

The Sexual Activity During Menstruation (SADM) scale is a 9-item scale created for Study 2 to expand on the researcher-generated questions employed in Study 1. The SADM comprises three subscales. The 3-item Comfort with Receiving subscale (SADM-R) assesses one's comfort engaging in sexual activity when one is menstruating (i.e., receiving penetrative intercourse, oral, or manual stimulation of one's own vulva). The 3-item Comfort with Providing subscale (SADM-P) assesses one's comfort engaging in sexual activity when one's partner is menstruating (i.e., providing penetrative intercourse, oral, or manual stimulation of the partner's vulva). Participants respond on a 6-point Likert scale ranging from 1 (*extremely uncomfortable*) to 5 (*extremely comfortable*). Participants also had the option to indicate *'this does not apply to my/my partner's body.'* The 3-item Frequency

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<sup>3</sup>The Ethics Review Committee at KPU approved Study 2 (#2023-15) and respondents gave online consent before beginning the survey.

**Table 3.** Study two sample demographics ( $N=909$ ).

Age (years)	$M = 24.90$ ( $SD = 8.09$ )
<b>Sexual Orientation</b>	
Heterosexual	595 (65.5%)
Bisexual	243 (26.7%)
Gay/Lesbian	26 (2.9%)
Asexual	14 (1.5%)
Pansexual	11 (1.2%)
Queer	8 (0.9%)
Other identified	12 (1.3%)
<b>Ethnicity</b>	
White	409 (45.0%)
South Asian	250 (27.5%)
Asian or East Asian	91 (10.0%)
Hispanic or Latinx	44 (4.8%)
Multiethnic or something else not listed here	35 (3.9%)
African/Black	32 (3.5%)
Middle Eastern, North African, or Arabic	14 (1.5%)
Pacific Islander	10 (1.1%)
Indigenous or Aboriginal	3 (0.3%)
Other	18 (2.0%)
Prefer not to say	3 (0.3%)
<b>Gender</b>	
Woman	847 (93.2%)
Man	14 (1.5%)
Nonbinary	37 (4.1%)
Genderfluid, genderqueer, expansive	11 (1.2%)
<b>Gender Congruity</b>	
Cisgender	846 (93.1%)
Transgender	48 (5.3%)
Intersex	9 (1.0%)
<b>Relationship Status</b>	
Single	314 (34.5%)
Casually Dating	114 (12.5%)
Non-Married Committed Relationship	348 (38.3%)
Married/Civil Union	121 (13.3%)
Legally Separated/Divorced	10 (1.1%)
Widowed	2 (0.2%)
<b>Relationship Structure</b>	
Monogamous	478 (52.5%)
Nonmonogamous	105 (11.6%)
<b>Partner Gender/Sex</b>	
Man	531 (58.4%)
Woman	31 (3.4%)
Non-binary/third gender	14 (1.5%)
Prefer not to say	7 (0.8%)
<b>(Primary) Partner's Sexual Orientation</b>	
Heterosexual	492 (54.1%)
Bisexual	59 (6.5%)
Gay/Lesbian	14 (1.5%)
Pansexual	7 (0.8%)
Queer	2 (0.2%)
Asexual	1 (0.1%)
Other	8 (0.9%)
<b>Education</b>	
Some high school	56 (6.2%)
Highschool diploma	219 (24.1%)
Some college/university	379 (41.7%)
Completed undergraduate college/university	160 (17.6%)
Vocational degree/certificate	14 (1.5%)
Postgraduate studies	81 (8.9%)

subscale (SADM-F) assesses how frequently a person engages in sexual activity (i.e., penetrative intercourse, oral, or manual stimulation of their/their partner's vulva) when they or their partner is menstruating. Participants respond on a 6-point Likert scale ranging from 1 (*never*) to 5 (*always*). The SADM-R subscale had good reliability ( $\alpha = .83$ ), as did the SADM-P ( $\alpha = .88$ ) and the SADM-F ( $\alpha = .84$ ). As a combined scale the SADM also showed good reliability ( $\alpha = .86$ ). See OSM for further details.

## Menstrual Shame

Participants completed the Attitudes Toward Menstruation (ATM) subscale of the Menstrual Self-Evaluation Scale (Roberts, 2004). The ATM is a 16-item subscale that captures four factors. In the present study, we used six items from the ATM that capture the factor “menstruation as disgusting or shameful” (e.g., “I am embarrassed when I have to purchase menstrual products;” “I find menstrual blood disgusting”). Participants respond on a Likert scale ranging from 1 (*disagree strongly*) to 5 (*agree strongly*), with higher scores indicating more negative attitudes toward menstruation. The ATM demonstrated adequate reliability ( $\alpha = .77$ ).

## Procedure

The study was approved by the Research Ethics Board at the authors' institution. Participants completed an anonymous online survey on Qualtrics with a median completion time of 10 minutes and four seconds. Participating university students received course credit. Members of the public were offered no incentive for participation. Upon completing a consent form, participants were asked about their menstrual history. Participants who reported never having menstruated were directed to the debriefing form. All other participants proceeded to the demographic questions, then the SADM and the ATM in random order. After completion of these measures, participants were presented with a debriefing form.

## Results

### Data Analysis Plan

Study 2 had less than 5% missing data for all scale items, however, results of a Little's MCAR test<sup>4</sup> revealed that data was not missing at random. Therefore, multiple imputation was used to replace missing values over five iterations. In addition to between-groups analyses, a Hayes (2018) PROCESS Model 4 was employed to assess our mediation model testing whether sexual orientation (i.e., heterosexual, bisexual/pansexual, and other) would predict one's comfort with and frequency of engaging in menstrual sex, and whether this relationship was mediated by menstrual shame. The data were analyzed with 5,000 bias-corrected 95% bootstrap confidence intervals. A multicategorical independent variable with three dummy-coded (D1 and D2) sexual orientation conditions was created, with heterosexual as the reference condition. D1 represents a comparison between other sexualities and the reference group, whereas D2 represents a comparison between bisexual/pansexual sexualities and the reference group. Statistically significant indirect effects were determined via point estimates and confidence intervals (Hayes, 2018).

## Menstrual Sex

### Comfort with Receiving

A series of one-way univariate analyses of variance were conducted to examine differences in sexual activity (i.e., penetrative intercourse, oral, or manual stimulation of one's own vulva) during one's own menstruation (“receiving”) depending on various demographic factors. Our first ANOVA examining comfort in receiving across sexual orientation groups indicated significant differences,  $F(2, 906) = 6.52, p = .002, \eta^2 = .02$ . Bonferroni corrected follow-up analyses revealed that bisexual/pansexual participants ( $M = 3.35, SE = .09$ ) reported significantly higher comfort receiving sexual activity during their menstruation compared to heterosexual participants ( $M = 2.98, SE = .06, p = .001$ ) but not

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<sup>4</sup> $\chi^2(2481) = 2833.03, p < .001$ .

compared to other sexual minorities<sup>5</sup> ( $M=2.92$ ,  $SE = .18$ ,  $p = .103$ ). Heterosexual and sexual minority participants did not differ ( $p_{adj} = 1.00$ ).

Our next ANOVA examining comfort in receiving sexual activity during their menstruation across gender identity groups indicated no statistically significant differences between cisgender and transgender participants on comfort with receiving,  $F(1, 892) = .057$ ,  $p = .812$ .

Our final ANOVA examining comfort receiving sexual activity during menstruation across the gender of one's partner (i.e., woman, man, or non-binary/third gender person) indicated no significant differences,  $F(2, 573) = .314$ ,  $p = .731$ .<sup>6</sup>

### Comfort with Providing

A series of one-way univariate analyses of variance were conducted to examine differences in comfort engaging in sexual activity (i.e., penetrative intercourse, oral, or manual stimulation of the vulva) during a partner's menstruation ('providing') depending on various demographic factors. Heterosexual women and participants in relationships with men were excluded from analyses of comfort with providing as we could not determine whether partners reported to be men were capable of menstruation and hence whether provision of sex during their menstruation would be possible.

Our first ANOVA examining comfort in providing between bisexual/pansexual and other sexual minorities indicated significant differences,  $F(1, 298) = 6.40$ ,  $p = .012$ ,  $\eta^2 = .02$ . Other sexual minorities ( $M=3.15$ ,  $SE = .26$ ) reported more comfort providing sexual activity during their partner's menstruation compared to bisexual/pansexual participants ( $M=2.44$ ,  $SE = .11$ ).

Our second ANOVA exploring comfort in providing sexual activity during menstruation across gender identity groups revealed no significant differences between cisgender and transgender participants in comfort with providing,  $F(1, 50) = .036$ ,  $p = .850$ .

Finally, no significant differences were found in comfort providing sexual activity during menstruation across genders of one's partner,  $F(1, 43) = 1.01$ ,  $p = .320$ .<sup>7</sup>

### Frequency

A series of one-way univariate analyses of variance were conducted to examine differences in frequency of sexual activity during menstruation (penetrative, oral, and/or manual sex when the participant and/or their partner are menstruating) depending on various demographic factors. To provide additional context for these analyses, exploratory analyses of average frequency scores for oral ( $M = .73$ ,  $SE = .04$ ), penetrative ( $M=1.38$ ,  $SE = .05$ ), and manual ( $M=1.42$ ,  $SE = .05$ ) sex were compared. Oral sex was lower than penetrative ( $t(908) = -16.0$ ,  $p < .001$ ) as well as manual ( $t(908) = 18.6$ ,  $p < .001$ ) sex during menstruation. Frequency scores of penetrative and manual sex did not differ significantly,  $p = .269$ . All subsequent analyses include all three forms of sexual activity in one combined frequency score.

Our first ANOVA examining frequency of sexual activity during menstruation across sexual orientation groups revealed significant differences,  $F(2, 906) = 8.79$ ,  $p < .001$ ,  $\eta^2 = .02$ . Bonferroni post hoc follow up analyses indicated that bisexual/pansexual participants ( $M=4.29$ ,  $SE = .21$ ) reported significantly greater frequency of sexual activity compared to heterosexual participants ( $M=3.23$ ,  $SE$

<sup>5</sup>Participants were grouped into three categories: (1) Heterosexual, (2) Bisexual/Pansexual, and (3) Other Sexual Minorities. Due to low numbers of participants who identified as lesbian, asexual, queer, and other identities, these participants were grouped into (3) Other Sexual Minorities and are heretofore referred to as such.

<sup>6</sup>An exploratory analysis found no interaction effects for sexual orientation by partner gender on comfort with receiving,  $F(3, 563) = 1.79$ ,  $p = .148$ .

<sup>7</sup>An exploratory analysis found no interaction effects for sexual orientation by partner gender on comfort with providing,  $F(1, 36) = 1.04$ ,  $p = .315$ .

= .14,  $p < .001$ ) but not compared to other sexual minorities ( $M=3.36$ ,  $SE = .44$ ,  $p = .173$ ). Further, heterosexual participants did not differ from other sexual minorities ( $p_{adj} = 1.00$ ).

We also found no statistically significant differences between cisgender and transgender participants on frequency of sexual activity during menstruation,  $F(1, 892) = .005$ ,  $p = .944$ , nor any significant differences dependent upon the gender of one's partner,  $F(2, 573) = .322$ ,  $p = .725$ .<sup>8</sup>

## Menstrual Shame<sup>9</sup>

A series of one-way univariate analyses of variance were conducted to examine differences in menstrual shame depending on various demographic factors. An analysis of menstrual shame across sexual orientations indicated significant differences,  $F(2, 892) = 5.10$ ,  $p = .006$ ,  $\eta^2 = .01$ . Games-Howell post hoc follow-up analysis indicated that heterosexual participants ( $M=2.56$ ,  $SE = .04$ ) reported significantly more menstrual shame than bisexual/pansexual participants ( $M=2.35$ ,  $SE = .06$ ,  $p = .005$ ), but neither heterosexual ( $p = .816$ ) nor bisexual/pansexual ( $p = .689$ ) participants differed from participants with other sexual orientations ( $M=2.47$ ,  $SE = .14$ ).

A second ANOVA revealed significant differences in menstrual shame between gender minorities (i.e., transgender men, nonbinary, intersex, and genderfluid participants) and cisgender women,  $F(1, 901) = 11.28$ ,  $p = .001$ ,  $\eta^2 = .01$ , such that gender minorities ( $M=2.87$ ,  $SE = .15$ ) reported significantly more menstrual shame than their cisgender counterparts ( $M=2.47$ ,  $SE = .03$ ). No differences in menstrual shame were found for the gender of participants' sexual partner (man, woman, or nonbinary/third gender),  $F(2, 573) = 1.44$ ,  $p = .237$ .

## Path Analysis

The full model examining the mediating role of menstrual shame in the relationship between sexual orientation and comfort with and frequency of engaging in menstrual sex (the full SADM measure), was statistically significant,  $F(2, 892) = 16.35$ ,  $p < .001$  and explained 4% of the variance in overall menstrual sex scores. Pathway coefficients are presented in Figure 1.

Statistically significant relative total effects of sexual orientation on menstrual shame were found when comparing bisexual/pansexual to heterosexual individuals (D2:  $\beta_{c1} = -.21$ ,  $SE = .07$ ,  $t = -3.19$ ,  $p = .001$ ,  $CI_{95\%} = [-.34 \text{ to } -.08]$ ), but not when comparing heterosexual to other sexualities (D1:  $p = .519$ ). Overall, relative to the heterosexual participants (i.e., the reference category), no differences were found for other sexualities, but bisexual/pansexual individuals scored significantly lower on menstrual shame than heterosexual individuals.

We further examined whether menstrual shame mediated sexual orientation and overall menstrual sex (i.e., combined comfort with and frequency of engaging in menstrual sex). Small significant relative indirect effects of menstrual shame were found for the D2 condition comparing bisexual/pansexual to heterosexual participants, but not for the D1 condition comparing heterosexual to other sexualities. Relative to heterosexual participants, bisexual/pansexual sexualities ( $a_1 b = .06$ ,  $SE_{boot} = .02$ ,  $CI(95\%_{boot}) = [.02 \text{ to } .11]$ ) predicted less menstrual shame, and less menstrual shame predicted higher comfort with and frequency of engaging in menstrual sex. In the D1 condition comparing heterosexual to other sexualities, other sexualities did report greater comfort with and frequency of engaging in menstrual sex (D1:  $\beta_{c1} = .57$ ,  $SE = .17$ ,  $t = 3.43$ ,  $p < .001$ ,  $CI_{95\%} = [.25 \text{ to } .90]$ ), but this was not mediated by menstrual shame ( $CI(95\%_{boot}) = [-.06 \text{ to } .11]$ ).

<sup>8</sup>An exploratory analysis found no interaction effects for sexual orientation by partner gender on frequency,  $F(3, 563) = 1.08$ ,  $p = .358$ .

<sup>9</sup>Exploratory analyses are included in the OSM investigating differences in menstrual shame based on relationship status and relationship structure (i.e., monogamous, non-monogamous).

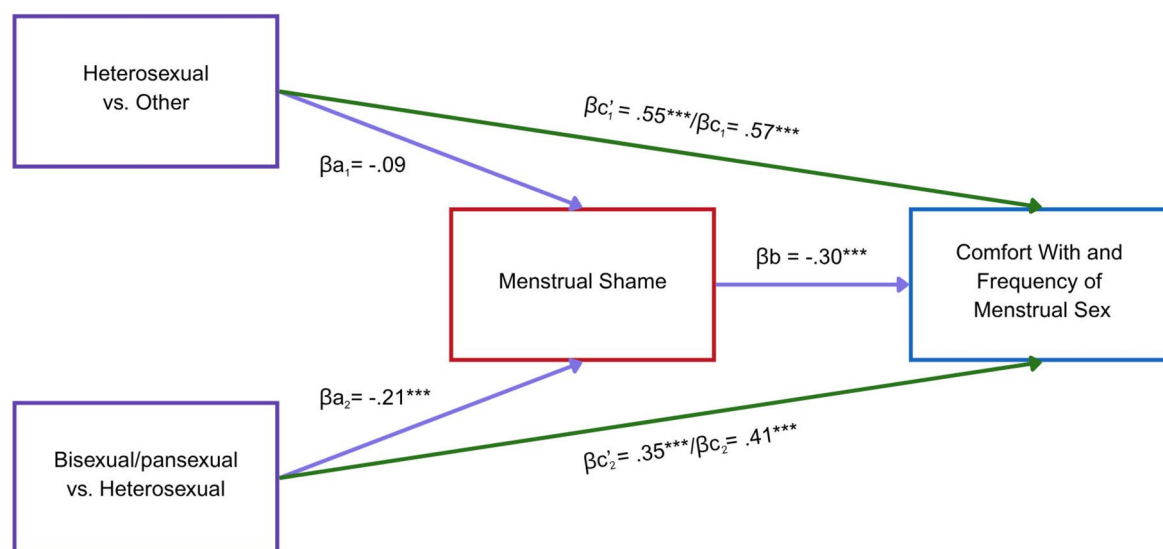


Figure 1. Menstrual sex mediation model for heterosexual, bisexual/pansexual, and other sexualities.

## Study 2 Discussion

Bisexual/pansexual people AFAB were more comfortable with menstrual sex during their own menses than heterosexual people AFAB in our sample, and report engaging in menstrual sex more often. This appears to be related to differing levels of menstrual shame, with heterosexual individuals reporting more menstrual shame and enjoying menstrual sex less. The reason that bisexual/pansexual and heterosexual individuals AFAB differ in their engagement in menstrual sex has not previously been teased apart quantitatively. Given that the large majority of bisexual/pansexual people in our sample reported being in relationships with men,<sup>10</sup> we suggest first that our results support Fahs (2011) view that a heterosexual identity – rather than heterosexual activity – is a decisive factor in one’s attitudes toward menstrual sex. Previous literature suggests that partner views can positively or negatively impact women’s perceptions of menstruation (Fahs, 2011; Gunning et al., 2020; Rubinsky et al., 2021). In our study, menstrual shame did not differ depending on the gender of one’s partner. We believe that a plausible interpretation of these points is that while the views of one’s partner may impact menstrual shame, adherence to a sexual script associated with heterosexuality is a more powerful predictor of menstrual shame and associated avoidance of menstrual sex in people AFAB.

Identifying as transgender did not influence most outcomes in our study. However, our findings that gender minorities experience more menstrual shame than cisgender women aligns with extant narratives of tension between menstruation-induced dysphoria and the desire to overturn stigmatizing sexual scripts amongst AFAB gender minorities (Rubinsky et al., 2021). Increased engagement in menstrual sex may reflect distance from the male gaze via the adoption of more inclusive and progressive attitudes toward sexuality.

## General Discussion

In two studies with 1,911 women and AFAB participants, we quantitatively examined identity-based differences in menstrual sex experiences and related attitudes. Specifically, building on prior research, we sought to diversify the literature on menstrual sex by better understanding how gender and sexual minorities AFAB engage with a range of sexual activity during menstruation. In line with prior research (Fahs, 2011), in both studies we found that sexual minority participants were more

<sup>10</sup>Of the individuals in this sample who reported the gender of their partner, 86% indicated that they were in relationships with men.

comfortable than heterosexual participants with menstrual sex. In Study 2 we also found that bisexual and pansexual AFAB participants specifically reported greater frequency of menstrual sex than heterosexual AFAB participants, and that other sexual minorities reported more comfort providing sexual activity during their partner's menstruation compared to bisexual/pansexual participants. We contend that our results support an objectification theory framework wherein menstruation and menstrual sex in sexual minority populations is not perceived through the lens of the heterosexual male gaze (see Oswald et al., 2022a), which sees menstruating bodies as deviating from an aesthetic ideal (Kozak et al., 2009). Because partner gender tended not to influence comfort or frequency of menstrual sex, we see our results as supporting Fahs (2011) suggestion that heterosexual identity, rather than heterosexual activity, facilitates negative menstrual attitudes. This may be explained by the relinquishing of heterosexual scripts (see Dolezal et al., 2024) that sexual minorities consciously and actively subvert (Ciaralli & Fahs, 2024; see Lamont, 2017).

Despite bisexual and pansexual participants' greater comfort with and frequency of menstrual sex, we did find that other sexual minorities (i.e., participants in Study 2 who identified as nonheterosexual, but not as bisexual or pansexual; see Footnote 5) were more comfortable than bisexual/pansexual participants with providing sexual activity to a partner during the partner's menses. It is possible that this is because bisexual and pansexual participants may have had less sexual experience with menstruating partners than other sexual minorities, resulting in lower levels of comfort. Supporting this theorizing, large-scale data indicate that bisexual youth are about 50% more likely to have opposite-sex than same-sex sexual partners (Wolfinger, 2023), and that only about 1 in 10 bisexual adults are in same-sex relationships, a much smaller proportion than for other sexual minorities (Brown, 2019; Parker, 2015). Taken together, our findings suggest that bisexual and pansexual participants' heightened comfort and frequency of menstrual sex are driven by experiences in which they, rather than their partner, are menstruating.

Notably, while Study 1 found that sexual minorities were more comfortable with oral sex during menstruation than their heterosexual identified counterparts, both heterosexual and sexual minority participants in Study 2 less frequently engaged in oral sex compared to manual and penetrative sex during their own or their partner's menstruation; these findings bolster qualitative results from one previous study in which sexual minority women and AFAB participants felt that vaginal sex was more comfortable or acceptable than oral sex during menstruation (Ciaralli & Fahs, 2024). Thus, although some forms of menstrual sex are embraced more by sexual minority and AFAB people, they may retain some notions of menstruation as messy or unclean in the context of oral sex (Allen & Goldberg, 2009). Oral sex also exposes the receiver's body to unwanted visual scrutiny, heightening the emotional vulnerability of the act (Sovetkina et al., 2017). Low comfort with oral sex during menstruation across sexual orientations may reflect fear of this scrutiny due to internalized cultural perceptions of menstruating vulvas as visually unappealing (Kozak et al., 2009).

Bisexual and pansexual participants also reported the lowest levels of menstrual shame in our sample, though these levels did not significantly differ from those of other sexual minorities; our results suggest that these lower levels of menstrual shame may mediate the relationship between bisexual and pansexual orientations and greater comfort with and frequency of menstrual sex. Although these pathways are supported by earlier qualitative research (see Fahs, 2011), our study provides the first quantitative evidence of these mediation effects. In line with prior research, we suggest that lower menstrual shame among bisexual/pansexual participants may result from resistance to femininity norms, particularly as they relate to menstruation (see Kruk et al., 2021), and distancing from the male gaze and heterosexual scripts as outlined above. In contrast, though gender minority identity tended not to influence comfort or frequency of menstrual sex, gender minority identity was associated with heightened menstrual shame relative to cisgender women participants. Rubinsky et al. (2021) found that transgender and gender-nonconforming AFAB people felt less comfortable with sex during their own menses but not their partner's due to feelings of gender dysphoria arising from their menstruating bodies; it is likely that menstrual shame among AFAB gender minorities is heightened by the discongruency between one's bodily functions and one's gender identity (see Arshed et al., 2024; Weisberg, 2022). These links between menstruation, gender identity, and sexuality should be further explored in future studies with a particular focus on sexual health and well-being.

We also found that people in relationships were more comfortable with menstrual sex and held less menstrual shame than single individuals. This aligns with qualitative accounts wherein women who have menstrual sex are more often in committed relationships, and do not speak about menstrual sex using disgust language (Allen & Goldberg, 2009). Sexual partners need to navigate stigma-laden conversations prior to engaging in menstrual sex. For people in committed relationships, these conversations become natural and positive over time (Rubinsky et al., 2021). Among emerging adults, the primary age range of our sample, casual sex is common among singles (Bergström et al., 2024). Single individuals may feel less comfortable having taboo discussions about menstrual sex with casual partners, and thus less often have their negative expectations of stigma overturned (Rubinsky et al., 2021).

Finally, in both Study 1 and Study 2 participants were relatively young, positioned in the period of emerging adulthood that spans ages 18–29 (Wood et al., 2017). It is possible that the low endorsement of menstrual sex in our sample reflects their developmental stage and still burgeoning sexual lives (see Allen & Goldberg, 2009). Our results emphasize the importance of menstrual shame in emerging adults who develop sexual esteem in part through exploring different forms of sexual activity (Maas & Lefkowitz, 2015). Normalizing menstruation and menstrual sex may facilitate sexual esteem building by enabling stigma-free experimentation.

Overall, our findings provide novel quantitative evidence of sexual orientation and gender identity-based differences in experiences of and attitudes toward menstrual sex, including both oral and penetrative sex. Our results demonstrate the importance of menstrual shame in predicting menstrual sex attitudes and behaviors, bolstering the importance of links between stigma, sexuality, and identity. We build upon calls to center women and sexual and gender minorities' embodied experiences to better understand sexuality, menstruation, and stigma, particularly as they relate to broader systems of power (heterosexism, sexism, etc., see Ciaralli & Fahs, 2024) and consider menstrual sex as one indicator of comfort with sexuality as well as overall sexual health and well-being.

## Limitations and Future Directions

Although our findings provide novel insights and bolster earlier findings on menstrual sex and related attitudes among a diverse sample of women and AFAB participants, there are a number of limitations of the current studies. First, it should be noted that although a mediation model implies causation, the cross-sectional nature of our data prevents causal pathways from being fully tested. Moreover, our findings should be interpreted with caution with regard to their practical significance, given our generally small effect sizes. Further, we asked participants only about their engagement in penetrative, manual, and oral sex; these questions could have been more specific (e.g., differentiating between penile and digital penetration as well as penetration with sex toys or external appendages) and more inclusive of a broader range of sexual practices (e.g., vulva-to-vulva contact). Importantly, the 3-item Frequency subscale of the Sexual Activity During Menstruation scale cannot differentiate between frequency of sexual activity during one's own versus one's partner's menses. Future work in this area should ensure that these can be quantitatively distinguished as it is possible that differences will emerge, especially amongst gender minorities (see Ciaralli & Fahs, 2024).

Additionally, although our samples were relatively diverse in terms of gender identity and sexual orientation, low sample sizes of certain identities required us to group sexual minorities in order to meet statistical assumptions. Although this grouping allows for more robust and generalizable conclusions, it does so at the cost of obscuring within-group variability among sexual minority participants. Future research should thus aim to recruit larger samples of sexual minorities to better understand how specific identities shape menstrual sex attitudes and behaviors. In particular, examining these relationships among transgender men and lesbian women would extend beyond the current findings.

Furthermore, additional variables may help to explain the relationships observed in the current studies – and our generally small effect sizes. For example, variables such as adherence to heterosexual sexual scripts, self-objectification, and internalization of the male gaze may help to explain the identity-based differences we identified in menstrual shame, comfort, and frequency with menstrual sex. The inclusion of these variables in future studies may also provide avenues for better

characterizing differences between heterosexual identity and heterosexual activity (Fahs, 2011) and understanding how these differences shape menstrual sex behaviors and attitudes.

## Conclusion

In two studies, we demonstrate that sexual minority women and people AFAB tend to endorse higher comfort with and frequency of menstrual sex relative to cisgender and heterosexual women. We utilize an inclusive, quantitative approach building on prior qualitative research to develop more generalizable findings. We situate these findings in feminist theorizing, understanding distance from objectification and the male gaze as likely predictors of lower menstrual shame among sexual minority women and AFAB people, resulting in greater comfort with menstrual sex.

## Author Contributions

CRedit: **Pearl M. B. Meredith**: Conceptualization, Formal analysis, Methodology, Writing – original draft, Writing – review & editing; **Flora Blanchette**: Conceptualization, Formal analysis, Methodology, Writing – original draft, Writing – review & editing; **Cory L. Pedersen**: Conceptualization, Formal analysis, Methodology, Project administration, Resources, Supervision, Writing – review & editing.

## Disclosure Statement

No potential conflict of interest was reported by the author(s).

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## Data Availability Statement

Data will be made available upon reasonable request to the corresponding author.

## References

- Allen, K. R., & Goldberg, A. E. (2009). Sexual activity during menstruation: A qualitative study. *Journal of Sex Research*, 46(6), 535–545. <https://doi.org/10.1080/00224490902878977>
- Alvy, L. M. (2013). Do lesbian women have a better body image? comparisons with heterosexual women and model of lesbian-specific factors. *Body Image*, 10(4), 524–534. <https://doi.org/10.1016/j.bodyim.2013.06.002>
- Arshed, A., Madanes, S., Pottinger, S., Ackerman, M. G., & Deutch, A. B. (2024). Menstrual management in transgender and gender diverse individuals: Psychiatric and psychosocial considerations. *Frontiers in Psychiatry*, 15, 1422333. <https://doi.org/10.3389/fpsy.2024.1422333>
- Barnhart, K., Furman, I., & Devoto, L. (1995). Attitudes and practice of couples regarding sexual relations during the menses and spotting. *Contraception*, 51(2), 93–98. [https://doi.org/10.1016/0010-7824\(94\)00014-N](https://doi.org/10.1016/0010-7824(94)00014-N)
- Bergström, M., Maillochon, F., & Envie. (2024). Couples, one-night stands, sexfriends: The varied intimate lives of the under-30s. *Population & Societies*, 623(6), 1–4. <https://doi.org/10.3917/popsoc.623.0001>
- Braun, V., & Wilkinson, S. (2001). Socio-cultural representations of the vagina. *Journal of Reproductive and Infant Psychology*, 19(1), 17–32. <https://doi.org/10.1080/02646830020032374>
- Brown, A. (2019). *Bisexual adults are far less likely than gay men and lesbians to be 'out' to the people in their lives*. Pew Research Center. <https://www.pewresearch.org/short-reads/2019/06/18/bisexual-adults-are-far-less-likely-than-gay-men-and-lesbians-to-be-out-to-the-people-in-their-lives/>
- Ciaralli, S., & Fahs, F. (2024). Period sex for queer cis women and queer individuals assigned female at birth: Navigating gender, power, and heteronormativity in sex during menstruation. *Women's Reproductive Health*, 11(1), 89–107. <https://doi.org/10.1080/23293691.2023.2206381>

- Dolezal, M. L., Decker, M., & Littleton, H. L. (2024). The sexual scripts of transgender and gender diverse emerging adults: A thematic analysis. *Psychology of Women Quarterly*, 48(2), 271–289. <https://doi.org/10.1177/03616843231218699>
- Fahs, B. (2011). Sex during menstruation: Race, sexual identity, and women's accounts of pleasure and disgust. *Feminism & Psychology*, 21(2), 155–178. <https://doi.org/10.1177/0959353510396674>
- Fahs, B. (2014). Genital panics: Constructing the vagina in women's qualitative narratives about pubic hair, menstrual sex, and vaginal self-image. *Body Image*, 11(3), 210–218. <https://doi.org/10.1016/j.bodyim.2014.03.002>
- Frank, S. E., & Dellaria, J. (2020). Navigating the binary: A visual narrative of trans and genderqueer menstruation. In C. Bobel, I. T. Winkler, B. Fahs, K. A. Hasson, E. A. Kissling, & T. A. Roberts (Eds.), *The Palgrave handbook of critical menstruation studies*. Palgrave Macmillan. [https://doi.org/10.1007/978-981-15-0614-7\\_7](https://doi.org/10.1007/978-981-15-0614-7_7)
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173–206. <https://doi.org/10.1111/j.1471-6402.1997.tb00108.x>
- Graham, J. W. (2009). Missing data analysis: Making it work in the real world. *Annual Review of Psychology*, 60(1), 549–576. <https://doi.org/10.1146/annurev.psych.58.110405.085530>
- Grollman, E. A. (2017). Sexual orientation differences in attitudes about sexuality, race, and gender. *Social Science Research*, 61, 126–141. <https://doi.org/10.1016/j.ssresearch.2016.05.002>
- Gunning, J., Cooke-Jackson, A., & Rubinsky, V. (2020). Negotiating shame, silence, abstinence, and period sex: Women's shift from harmful memorable messages about reproductive and sexual health. *American Journal of Sexuality Education*, 15(1), 111–137. <https://doi.org/10.1080/15546128.2019.1669511>
- Haines, M. E., Erchull, M. J., Liss, M., Turner, D. L., Nelson, J. A., Ramsey, L. R., & Hurt, M. M. (2008). Predictors and effects of self-objectification in lesbians. *Psychology of Women Quarterly*, 32(2), 181–187. <https://doi.org/10.1111/j.1471-6402.2008.00422.x>
- Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). The Guilford Press.
- Hedricks, C. A. (1994). Female sexual activity across the human menstrual cycle. *Annual Review of Sex Research*, 5(1), 122–172. <https://doi.org/10.1080/10532528.1994.10559895>
- Henkelman, M., Friedman, J., Mcinnis, M., & Pukall, C. (2023). What is sexuality?: Moving toward inclusive and comprehensive measurement. *The Journal of Sexual Medicine*, 20(Supplement\_2), 1150–1151. <https://doi.org/10.1093/jsxmed/qdad061.088>
- Kissling, E. A. (2006). *Capitalizing on the curse: The business of menstruation*. Lynne Rienner Publishers.
- Hayfield, N., & Clarke, V. (2012). “I'd be just as happy with a cup of tea”: Women's accounts of sex and affection in long-term heterosexual relationships. *Women's Studies International Forum*, 35(2), 67–74. <https://doi.org/10.1016/j.wsif.2012.01.003>
- Kozak, M., Frankenhauser, H., & Roberts, T.-A. (2009). Objects of desire: Objectification as a function of male sexual orientation. *Psychology of Men & Masculinity*, 10(3), 225–230. <https://doi.org/10.1037/a0016257>
- Kruk, M., Matsick, J. L., & Wardecker, B. M. (2021). Femininity concerns and feelings about menstruation cessation among lesbian, bisexual, and heterosexual women: Implications for menopause. *Journal of Women's Health* (2002), 30(12), 1751–1760. <https://doi.org/10.1089/jwh.2020.8757>
- Lamont, E. (2017). “We can write the scripts ourselves”: Queer challenges to heteronormative courtship practices. *Gender & Society*, 31(5), 624–646. <https://doi.org/10.1177/0891243217723883>
- LeBlanc, S. S. (2024a). Breaking the cycle: Memorable messages of “grin n' bear it” and silence in menarche narrative recall. *Qualitative Research in Medicine & Healthcare*, 8(2), 12239. <https://doi.org/10.4081/qrmh.2024.12239>
- LeBlanc, S. S. (2024b). School nurses and menstrual communication: Destigmatizing the stigma among adolescents. *Women's Health (London, England)*, 20, 17455057241247793. <https://doi.org/10.1177/17455057241247793>
- Maas, M. K., & Lefkowitz, E. S. (2015). Sexual esteem in emerging adulthood: Associations with sexual behavior, contraception use, and romantic relationships. *Journal of Sex Research*, 52(7), 795–806. <https://doi.org/10.1080/00224499.2014.945112>
- Mellor, D., Fuller-Tyszkiewicz, M., McCabe, M. P., & Ricciardelli, L. A. (2010). Body image and self-esteem across age and gender: A short-term longitudinal study. *Sex Roles*, 63(9–10), 672–681. <https://doi.org/10.1007/s11199-010-9813-3>
- Nurka, C. (2019). The colonial race sciences. In *Female genital cosmetic surgery* (pp. 83–124). Palgrave Macmillan.
- Nurka, C., & Jones, B. (2013). Labiaplasty, race and the colonial imagination. *Australian Feminist Studies*, 28(78), 417–442. <https://doi.org/10.1080/08164649.2013.868332>
- Oswald, F., & Matsick, J. L. (2020). Examining responses to women's same-sex performativity: Perceptions of sexual orientation and implications for bisexual prejudice. *Journal of Bisexuality*, 20(4), 417–455. <https://doi.org/10.1080/15299716.2020.1820420>
- Oswald, F., Pedersen, C. L., & Matsick, J. L. (2022a). Gayzing women's bodies: Criticisms of labia depend on the gender and sexual orientation of perceivers. *Journal of Sex Research*, 60(6), 827–840. <https://doi.org/10.1080/00224499.2022.2112647>

- Oswald, F., Walton, K. A., Khera, D., Champion, A., & Pedersen, C. L. (2022b). Evaluations of black and white female genitalia by labiaplasty status: A pre-registered contextualization, replication, and extension of findings on labial perceptions. *Journal of Sex Research*, 59(9), 1163–1174. <https://doi.org/10.1080/00224499.2022.2050667>
- Parker, K. (2015). *Among LGBT Americans, bisexuals stand out when it comes to identity, acceptance*. Pew Research Center. <https://www.pewresearch.org/short-reads/2015/02/20/among-lgbt-americans-bisexuals-stand-out-when-it-comes-to-identity-acceptance/>
- Pruis, T. A., & Janowsky, J. S. (2010). Assessment of body image in younger and older women. *The Journal of General Psychology*, 137(3), 225–238. <https://doi.org/10.1080/00221309.2010.484446>
- Przybylo, E., & Fahs, B. (2020). Empowered bleeders and cranky menstruators: Menstrual positivity and the “liberated” era of new menstrual product advertisements. In C. Bobel, I. T. Winkler, B. Fahs, K. A. Hasson, E. A. Kissling, & T. A. Roberts (Eds.), *The palgrave handbook of critical menstruation studies*. Palgrave Macmillan. [https://doi.org/10.1007/978-981-15-0614-7\\_30](https://doi.org/10.1007/978-981-15-0614-7_30)
- Rempel, J. K., & Baumgartner, B. (2003). The relationship between attitudes towards menstruation and sexual attitudes, desires, and behavior in women. *Archives of Sexual Behavior*, 32(2), 155–163. <https://doi.org/10.1023/A:1022404609700>
- Roberts, T.-A. (2004). Female trouble: The menstrual self-evaluation scale and women’s self-objectification. *Psychology of Women Quarterly*, 28(1), 22–26. <https://doi.org/10.1111/j.1471-6402.2004.00119.x>
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1985). Women and weight: A normative discontent. In T. Sonderegger (Ed.), *Psychology and gender: Nebraska symposium on motivation* (pp. 267–307). University of Nebraska Press.
- Rubinsky, V., McMahon, T., Cooke-Jackson, A., & Gunning, J. N. (2021). “Just put a towel down:” Approaching conversations about period sex with an intimate partner. *Sexuality & Culture*, 25(4), 1366–1382. <https://doi.org/10.1007/s12119-021-09821-0>
- Schooler, D., Ward, L. M., Merriwether, A., & Caruthers, A. S. (2005). Cycles of shame: Menstrual shame, body shame, and sexual decision-making. *Journal of Sex Research*, 42(4), 324–334. <https://doi.org/10.1080/00224490509552288>
- Skoda, K., Oswald, F. E., Shorter, L., & Pedersen, C. L. (2021). Perceptions of female genitalia following labiaplasty. *Journal of Sex Research*, 58(7), 943–950. <https://doi.org/10.1080/00224499.2020.1808563>
- Sovetkina, E., Weiss, M., & Verplanken, B. (2017). Perception of vulnerability in young females’ experiences of oral sex: Findings from the focus group discussions. *Cogent Psychology*, 4(1), 1418643. <https://doi.org/10.1080/23311908.2017.1418643>
- Striegel-Moore, R. H., & Franko, D. L. (2002). Body image issues among girls and women. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 183–191). Guilford Press.
- Weiselberg, E. (2022). Menstrual considerations for transgender male and gender diverse adolescents who were assigned female at birth. *Current Problems in Pediatric and Adolescent Health Care*, 52(8), 101239. <https://doi.org/10.1016/j.cppeds.2022.101239>
- Wolfinger, N. H. (2023). *Research brief: Bisexual America*. Institute for Family Studies. <https://ifstudies.org/blog/bisexual-america>
- Wood, D., Crapnell, T., Lau, L., Bennett, A., Lotstein, D., Ferris, M., & Kuo, A. (2017). Emerging adulthood as a critical stage in the life course. In N. Halfon, C. Forrest, R. Lerner, & E. Faustman (Eds.), *Handbook of life course health development* (pp. 123–143). Springer. [https://doi.org/10.1007/978-3-319-47143-3\\_7](https://doi.org/10.1007/978-3-319-47143-3_7)