



## Queer periods: attitudes toward and experiences with menstruation in the masculine of centre and transgender community

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### ABSTRACT

Menstruation has long been viewed as an important aspect of women's health. However, scholars and healthcare providers have only recently begun to recognise that transgender men and people with masculine gender identities also menstruate, thus little is known about their attitudes toward and experiences with menstruation. A sample of masculine of centre and transgender individuals with a mean age of 30 years was recruited online to complete measures of attitudes toward menstruation and menstrual suppression and to answer exploratory questions about their experiences managing menstruation. Participants reported mixed attitudes toward menstruation, but generally positive attitudes toward menstrual suppression. Many participants said that they try to avoid public restrooms during menstruation because of practical and psychological concerns. Implications of our findings for the transgender health are discussed.

### ARTICLE HISTORY

Received 3 November 2015  
Accepted 21 April 2016

### KEYWORDS

Transgender; reproductive health; menstruation; menstrual suppression; attitudes toward menstruation

## Introduction

As the transgender community in countries such as the USA grows in size and prominence, there has been increased interest in their healthcare needs (Reisner et al. 2015). As a result of 'long-standing marginalization', the transgender community is underserved (Unger 2015, 114) and experiences significant health disparities. For example, the transgender community has higher than average rates of smoking, drug and alcohol abuse, HIV infection and suicide attempts; HIV infection rates are approximately four times higher in the transgender community than the community at large, and the rate is even higher among transgender people of colour (Grant et al. 2011).

Surveys (Feldman and Bockting 2003; Xavier and Simmons 2000) have shown that fewer than 50% of transgender respondents receive routine medical care. In a recent survey (Grant et al. 2011), 19% of participants reported that they had been refused care because of their

transgender status; medical care was often delayed because of financial constraints (48%), but respondents also mentioned worries about revealing their transgender status because of experience with (or anticipation of) negative attitudes on the part of healthcare providers (28%). Almost 20 years ago the Fenway Health clinic in Boston founded the Transgender Health Program to provide respectful, gender affirmative and culturally sensitive healthcare. Their patient roster listed 8 people in 1997, 90 people in 2006 and over 1200 people in 2014 (Reisner et al. 2015). However, most transgender people are not lucky enough to have access to good quality services. Health disparities and inadequate access to quality healthcare are global challenges for the lesbian, gay, bisexual and transgender community in general, but especially so for transgender individuals (Duvivier and Wiley 2015).

Much of the research available on transgender people's health is focused on gender affirmation surgery and hormone treatments, with little attention given to other issues. For example, sexual and reproductive health is an area likely to be neglected among the transgender community. Transgender individuals may avoid gynaecological examinations because of worry about transphobic healthcare providers, dislike of breast and/or cervical examinations or providers' lack of understanding of the patients' bodies. For example, physicians may not realise that transgender men may require Pap tests and mammograms, and transgender women may require prostate examinations (Ellin 2016). Avoidance of regular gynaecological examinations and breast cancer screening is an obvious problem for the transgender community's health, but the concerns that result in avoidance are not unfounded. A recent survey (Unger 2015) of 141 obstetrician-gynaecologists in the USA showed that 80% of them had not received any training about transgender patients. Only 29% rated themselves as comfortable caring for female-to-male transgender patients. Lack of knowledge and discomfort were not related to age or length of time in practice; recently trained physicians were not more knowledgeable than those trained years ago. Training for physicians' assistants is no better. A recent survey (Seaborne, Prince, and Kushner 2015) of 106 such programmes in the USA showed that only 10 of them required students to take a course on human sexuality. Total training time spent on sexual health over the course of the programme ranged from 2 to 60 hours, with a median of 12 hours of training. The transgender community's sexual health received the least attention of all of the topics covered by the survey. Thus, it is not surprising that 50% of the respondents in Grant and colleagues' (2011) survey reported that they had had to teach their healthcare providers about how to provide care to transgender patients.

## Menstruation

Menstruation has long been viewed as an important aspect of women's health, and scholars and healthcare providers have begun to recognise that transgender men and people with masculine gender identities also menstruate. Yet, our literature search yielded no articles on menstruation in the transgender community. Nor did the articles about gynaecological care and sexual health that we reviewed contain any mention of menstruation or reproductive health beyond HIV, other sexually transmitted infections and breast and cervical cancer screening. Little is known about masculine of centre<sup>1</sup> and transgender individuals' attitudes toward and experiences with menstruation and menstrual suppression, including how they prefer to manage hygiene matters. An iconic scene in the film *Boys Don't Cry* (Vachon, Kolodner, and Peirce 1999) shows transman Brandon Teena (played by Hilary Swank) hiding

tampons under his mattress to avoid detection. The need to keep menstruation secret is arguably more important to transgender people than it is to cisgender<sup>2</sup> women for both safety and identity reasons, especially when using public toilets. Transgender men and masculine of centre people may fear being 'outed' by leaks, by being seen carrying tampons or pads, by the sounds made when hygiene products are unwrapped and by the challenge of discarding used products. In real life, as in the film, discovery can result in violence (Testa et al. 2012). Avoiding discussion of menstruation as a way to preserve masculine identity might result in lack of knowledge about the normal menstrual cycle and lack of healthcare seeking for menstrual disorders (e.g., menorrhagia, endometriosis), which could contribute to health disparities.

Although there has been little or no work on this topic by social scientists or healthcare providers, the topic is of interest to the transgender community, their allies and progressive companies that seek to serve their needs. For example, the website of the menstrual hygiene product *Lunapads* notes that '*Lunapads* users and staff are cisgender, transgender, nonbinary, and genderqueer individuals who span the gender spectrum,'<sup>3</sup> and *Thinx* (makers of sturdy underwear that can replace tampons or pads on light-flow days) recently adopted a new slogan: 'For People with Periods.'<sup>4</sup> In a post written for the Society for Menstrual Cycle Research's blog *Re:Cycling*, Kissling (2013) proposed use of the term 'menstruators' to acknowledge that not all women menstruate and some men do. Blog posts by transgender authors (e.g., Atozinc 2010; Cassata 2013; Reading 2014) provide advice for men who menstruate, and there are several videos on *YouTube* in which transmen discuss menstruation. Thus, this study was designed to serve as a first step toward understanding attitudes toward and experiences with menstruation among members of the masculine of centre and transgender community.

### ***Attitudes toward menstruation***

Studies of attitudes toward menstruation have previously been conducted with (or primarily with) cisgender individuals. Those studies generally show negative attitudes overall, but men's attitudes are typically more negative than women's. For example, men tend to view menstruation as more debilitating than women do; women describe it as merely bothersome (e.g., Brooks-Gunn and Ruble 1980, 1986; Chrisler 1988). Men are also more likely than women to consider menstruation embarrassing, to report that their sources of information about menstruation have been negative, to associate menstruation with danger and stigma and to endorse more proscriptions and prescriptions for menstruating women's behaviour (Brooks-Gunn and Ruble 1986; Heard and Chrisler 1999; Marván et al. 2006). People who score high on a measure of hostile sexism (who are most often men) (Forbes et al. 2003; Marván, Vázquez-Toboada, and Chrisler 2014) and women who have internalised a more sexually objectified view of their own bodies (Johnston-Robledo et al. 2007; Roberts 2004) have been found to report more negative attitudes toward menstruation and menstruating women than other people do.

Menstruation complicates the behaviour and experiences of gender queer individuals assigned the female sex at birth who have masculine gender identities or live their lives more strongly identified with masculinity or with men, regardless of whether or not they engage in hormonal or surgical transitioning. Given that a common aspect of masculinity is rejecting connection to anything perceived as feminine or womanly (Englar-Carlson,

Stevens, and Scholz 2010), those assigned female sex at birth who develop a masculine gender identity might also develop more negative attitudes toward menstruation because it is a reminder that some bodily processes do not align with their gender identity. Perhaps some masculine of centre and transgender individuals adopt negative attitudes toward menstruation commonly held by cisgender men as a result of what the culture teaches is a manly view of a stigmatised process. Or perhaps, given their unique experiences along the gender spectrum, transgender men's attitudes are closer to cisgender women's attitudes toward menstruation, a mix of negative and positive attitudes.

Negative attitudes toward menstruation, and a desire to avoid the stigma associated with being a menstruator (Johnston-Robledo and Chrisler 2013), may lead people to use hormone medications that suppress the menstrual cycle. Continuous oral contraceptives (e.g., Seasonale, Yaz) are used by some cisgender women to suppress their cycles, and these drugs have become more popular in recent years (Barnack-Tavlaris 2015). Studies (e.g., Andrist et al. 2004; Granzow 2014; Johnston-Robledo et al. 2003; Marván and Lama 2009; Repta and Clarke 2013; Rose, Chrisler, and Couture 2008; Szarewski, von Stenglin, and Rybowski 2012) of cisgender women's attitudes toward menstrual suppression show considerable interest in it, particularly among younger women, for reasons of convenience, military deployment, sports participation, sex life, menstrual disorders and body dissatisfaction. However, there is a subset of women who report that they would not suppress menstruation because of positive attitudes toward it, beliefs that it is 'natural' or a sign of good health, a tendency to conform more closely to feminine norms or it being practical evidence that they are not pregnant.

Some masculine of centre and transgender individuals assigned the female sex at birth use testosterone to alter the shape and features of their bodies so that their physical appearance becomes more masculine and thus more congruent with their gender identity. Testosterone also suppresses menstruation. Some individuals (e.g., the artist/videographer Morty Diamond, who spoken openly about this) choose to use testosterone in doses low enough that it does not interfere with the menstrual cycle. Others have chosen to stop using testosterone in order to try to become pregnant. Still others would like to suppress menstruation, but for medical, psychological or financial reasons, do not use testosterone. Much of this information is anecdotal; little is known about transgender individuals' attitudes toward menstrual suppression or how they determine whether or not to suppress menstruation and how to do it.

### ***The present study***

The purpose of the present study was to gather information about attitudes toward and experiences with menstruation in the masculine of centre and transgender community. Participants completed measures of attitudes toward menstruation and menstrual suppression and responded to items about how menstruation affects their sense of masculinity. We hypothesised that attitudes toward menstruation would be largely negative both because of practical matters and because menstruation might undermine their sense of masculinity. We also hypothesised that attitudes toward menstrual suppression would be even more positive among the masculine of centre and transgender community than among cisgender women, and we expected that attitudes of those who believe that menstruation makes them feel less masculine would be particularly positive toward menstrual suppression. As so little

is known about this topic, we also asked those who menstruate exploratory questions about how they manage menstruation and how they believe others perceive their decision to continue to menstruate.

## Methods

### Participants

Participants were recruited online through posts on Listservs, discussion boards, blogs and Facebook pages maintained by members of the transgender and queer communities (e.g., the Consortium of LGBTQ Higher Education Professionals). The call for participants was headed 'Attention: Masculine of Center People'.<sup>5</sup> The text said that researchers were seeking volunteers who identify as 'trans, butch, stud, aggressive, boi, masculine of centre, or gender queer' to participate in 'a study of attitudes and beliefs about an important health issue for people who were assigned the female sex at birth.' Potential participants were assured that their responses would be anonymous. As an incentive, participants were invited to enter a raffle for one of several \$25 Amazon.com gift cards.

Participants were 150 masculine of centre and transgender people. Their ages ranged from 18 to 64 years; the mean age was 30.6 years. They self-identified as follows: trans (43%), queer/gender queer (21%), butch (14%), woman/female (7%), agender (6%), fluid/gender fluid (3%), masculine of centre (2%), and other/'don't characterise me' (4%). They described themselves as European American/White (89%), multiracial (5%), African American/Black (3%), Hispanic (1%) and Asian American (1%). Seventy-three percent of the participants said that they menstruate.

### Measures

A revised version of the Beliefs about and Attitudes toward Menstruation scale (BATM: Marván et al. 2006) was used. The original scale consists of 45 items, which are rated on a 7-point Likert scale. Five of the items were excluded and the wording of some other items was altered to suit the transgender community. Lower scores indicate stronger agreement with the items on the five subscales: (1) Pleasant (e.g., Some people who menstruate enjoy having their periods), (2) Secrecy (e.g., It is important to buy sanitary napkins without being seen), (3) Annoyance (e.g., There are times when it is hard to tolerate having a period), (4) Disability (e.g., Menstruation is disabling) and (5) Proscriptions and prescriptions (e.g., People must avoid swimming when they have their period). Cronbach's alphas for Marván et al.'s original scale and our altered version were similar: Pleasant = .71, .70; Secrecy = .82, .84; Annoyance = .83, .92; Disability = .75, .85; Proscriptions and prescriptions = .76, .72, respectively.

The Attitudes toward Menstrual Suppression Scale (ATMS: Marván and Lama 2009), which includes items from the Menstrual Suppression Scale (Johnston-Robledo et al. 2003) and the Attitudes Toward Menstrual Suppression Tool (Andrist et al. 2004), consists of 15 items that were rated on a 7-point likert-type scale. Low scores on the ATMS indicate higher agreement with items on the three subscales: (1) Support suppression (e.g., I would be willing to try delaying or stopping my periods), (2) Do not support suppression (e.g., Even if it were free and completely safe, I would not be interested in stopping my periods), (3) Desire more information (e.g., I am interested in learning more about menstrual suppression). Cronbach's alphas

for Marván and Lama's original scale and the present study were: Support suppression = .89, .92, Do not support suppression = .71, .74, Desire more information = .80, .64, respectively.

Several items were written for this study to assess whether menstruation makes masculine of centre and transgender individuals feel less masculine (FLM). The four items, which were scattered among the ATMS items, were rated on a 7-point Likert scale. Low scores indicate greater agreement that menstruation detracts from masculinity. The items are: (1) 'I feel less like a man when I menstruate', (2) 'I feel less masculine when I menstruate', (3) 'Others would see me as less masculine if they knew I menstruated' and (4) 'Others would not consider me a man if they knew I menstruated'. The Cronbach's alpha is .68.

Additional questions asked about whether participants menstruate, to whom they have disclosed their menstrual status, what knowledge they have about menstrual suppression drugs/therapies (e.g., T, Yaz, Seasonale), how they manage menstrual hygiene and how safe and comfortable they feel doing so (at home, at work, in public restrooms), and what they think other people's attitudes are toward men who menstruate. The final main item was an open-ended request for participants to tell us anything they would like us to know that we did not ask. Participants then completed demographic questions about gender, gender identity, race/ethnicity, age and sexual orientation.

### **Procedure**

The call for participants included a link to the survey on Qualtrics. Participants first provided informed consent, then were presented with the first section of the survey (the BATM). Participants who answered 'no' to the question 'Do you menstruate?' were directed to the demographics questions at the end of the survey; they were not presented with the ATMS, FLM and menstrual management items. The items appeared in the order in which they are described above. It took approximately 20 minutes to complete the entire survey.

Finally, participants read a debriefing statement, which provided URLs for Internet sites where they could learn more about menstrual cycle research, menstruation in popular culture and menstrual activism, and then they were invited to provide their email address in order to be entered into the draw for a gift card. The email addresses were entered on a separate page from the survey itself in order to preserve anonymity. Email addresses were discarded after the draw. The study was approved by the Institutional Review Board at Connecticut College.

### **Results**

Attitudes toward menstruation were mixed. Participants agreed that menstruation is annoying ( $M = 2.81, SD = 1.05$ ); however, they did not subscribe to proscriptions and prescriptions about menstruation ( $M = 5.22, SD = .78$ ) and did not believe that menstruation should be kept secret ( $M = 5.13, SD = .94$ ). Their scores on the Pleasant ( $M = 3.88, SD = .97$ ) and Disability ( $M = 4.16, SD = 1.42$ ) subscales of the BATM were neutral. Age was slightly correlated with the disability subscale,  $r(148) = .20, p = .015$ . Older participants were less likely to describe menstruation as disabling.

Participants who menstruate (73%) said that they are open about their menstrual status; 96% said that people other than their sexual partners know that they menstruate and 94% said that people they told were not surprised to hear it. They reported that managing

menstruation is easy or very easy at home (68%), but it can be difficult or very difficult at school or work (32%) or in other public places (42%). In response to items about managing menstruation in 'busy public restrooms', 66% of those who use men's restrooms ( $n = 56$ ) felt unsafe or very unsafe, and 68% felt uncomfortable or very uncomfortable; 39% of those who use women's restrooms ( $n = 101$ ) felt uncomfortable or very uncomfortable, but only 16% felt unsafe or very unsafe in women's restrooms (53% felt safe or very safe there). One participant wrote:

I only rarely use men's restrooms, as I have a lot of anxiety about doing so around strangers. I am physically small and out of shape, and have encountered some transphobia before, so I feel safer, if out of place, in a women's restroom. While on my period, I would not go into a men's restroom in a public place.

Participants were asked an open-ended question about what steps, if any, they take to keep menstruation secret/private when using public restrooms. Thematic analysis was used to code the responses. Three of the authors worked collaboratively to develop a list of themes that represented the content to the responses. They then independently coded the responses for the themes and later discussed any discrepancies until consensus was achieved. Seven themes emerged: (1) No steps taken (33%), (2) Avoid public restrooms (13.4%), (3) Use long-lasting hygiene products (10.3%), (4) Be quiet (12.4%), (5) Hide hygiene products (11.3%), (6) Be alone (8.2%) and (7) Keep the restroom clean (5.2%). One participant wrote:

Actually, I wear men's *Depends* for my period. Who would suspect that? Ha! Eliminates judgment and I don't mind wearing them since they're not for women. If a guy found out, who would care? It could be for a temporary medical issue ...

Another wrote:

I have my pants high enough around my legs that it hides my underwear. I don't take off/remove pads in public restrooms if I know someone's there. I only change my pad when I have to pee as well so I can mask the sound of the pad with the sound of the toilet flushing.

Sixty-six percent of participants said that they thought that most people's attitude toward masculine people who menstruate is negative or very negative. However, attitudes of friends matter more to participants than attitudes of 'most people'. The item on perceptions of friends' attitudes was correlated with scores on the Secrecy subscale of the BATM,  $r(108) = -.24$ ,  $p = .01$ , the Annoyance subscale of the BATM,  $r(108) = -.21$ ,  $p = .03$ , the Pleasant subscale of the BATM,  $r(107) = .21$ ,  $p = .03$ , and the Do Not Support Menstrual Suppression subscale of the ATMS,  $r(108) = .21$ ,  $p = .03$ , whereas the item on perceptions of 'most people's attitudes' was not. Perceptions of friends' attitudes and most people's attitudes were both correlated with the Support menstrual suppression subscale of the ATMS,  $r(107) = -.30$ ,  $p = .002$  and  $r(108) = -.19$ ,  $p = .05$ , respectively, and with FLM,  $r(108) = -.32$ ,  $p = .001$  and  $r(109) = -.24$ ,  $p = .01$ , respectively.

Ninety-five percent of participants were aware of medications that suppress menstruation, and 40% had taken medications to suppress their cycles (53% of those participants had used T, and 44% had used continuous oral contraceptives). Participants held more positive attitudes toward menstrual suppression than did cisgender women in previous studies (see Table 1). Independent samples *t*-tests showed that there are no significant differences between people who have and have not taken medications to suppress menstruation on any of the subscales of the BATM, the ATMS or on the FLM,  $p > .05$ . In all, 50% of participants said that they would suppress menstruation if they could do so without taking T, and 50% agreed that not menstruating would enhance their sense of their masculine gender identity.



**Table 1.** A comparison of attitudes toward menstrual suppression in the present study ( $n = 109$ ) and attitudes toward menstrual suppression in Johnston-Robledo et al. (2003) ( $n = 103$ ).

Item	Present study		Previous study	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
I would be willing to try delaying or stopping my periods.	5.57	1.62	3.98	1.80
I think stopping periods is a good idea.	5.02	1.48	3.29	1.57
It seems strange to argue that having a period every month could be harmful to a person's health.	3.83	2.03	5.08	1.97
A lot more research should be done about menstrual suppression.	6.04	1.12	5.55	1.60
I am interested in learning more about menstrual suppression.	5.40	1.45	5.12	1.85
Even if it were free and completely safe, I would not be interested in stopping my period.	2.07	1.50	3.29	1.91
If my period disappeared, I would not miss it.	6.22	1.78	5.66	1.81

Note: Items were reverse coded in the present study for comparisons. Ratings were on a 7-point Likert scale; high scores = stronger agreement.

One participant wrote: 'if people want to suppress their menstruation, party on. I don't really care whether people take testosterone or other drugs or not.'

More positive attitudes toward menstruation (BATM Pleasant subscale) were correlated with more negative attitudes toward menstrual suppression (ATMS),  $r(108) = -.20, p = .04$ . The belief that menstruation makes participants FLM was correlated with more positive attitudes toward menstrual suppression,  $r(108) = .47, p < .001$ , and with more negative attitudes toward menstruation on the BATM Secrecy subscale,  $r(109) = .47, p < .001$ , the BATM Annoyance subscale,  $r(109) = .46, p < .001$ , the BATM Proscriptions/Prescriptions subscale,  $r(108) = .22, p = .02$ , and the BATM Pleasant subscale,  $r(108) = -.29, p = .003$ .

## Discussion

Like cisgender women, masculine of centre and transgender people report mixed or ambivalent attitudes toward menstruation on the BATM. As one participant noted: 'It's complicated.' Our participants reported that menstruation is annoying, but it does not stop them from engaging in any particular activities, nor require them to engage in any particular activities. As in previous research (Chrisler 1988; Stubbs 1989), older participants perceived menstruation as less disabling or debilitating than younger participants did. This might be because dysmenorrhoea is more common in adolescents and young adults than in other adults and



because older participants have more experience managing menstruation and concomitant symptoms. In general, our participants do not believe that menstruation should be kept secret. That is, they are open to talking about it and sharing with their friends and partners that they are both masculine and menstruators.

The more positive participants' friends were about the decision to be a menstruating masculine person, the less they believed secrecy was important, the less annoying and the more pleasant they rated menstruation and the less they agreed that menstruation made them feel less masculine. Participants with more supportive friends were also more supportive of menstrual suppression, which seems to contradict the other correlations. However, it is possible that supportive friends make people feel comfortable doing whatever they want to do: menstruate or suppress menstruation.

It is also possible that being part of a close transgender community protects individuals from feeling body or menstrual shame. Although this was not tested in the present study, responses to open-ended questions suggest that being part of a supportive network of friends may help in this way. For example, one participant wrote:

I'm a part of a large queer community that includes many, many trans people of all genders. Many, many men, masculine people, trans people, etc. menstruate. We all talk about it all the time. It's not a big deal .... Men bleed, have breasts, give birth, etc. I'd like to live in a world where ideas about what makes a 'man' isn't contingent on essentialist physiological characteristics.

Another participant wrote:

I have a network of trans friends and close ties to the trans community, so I feel like masculine people menstruating is not unusual and is 'normal'.

Not feeling able to talk to friends about menstruating feels uncomfortable and isolating for some. For example, one participant wrote:

Sometimes I want to talk to my butch friends about my period, but even though I'm ok with it, I'm afraid it will be triggering for them so I don't, which can feel isolating ... I feel hesitant to seek camaraderie with other butches about it until I know them better and can broach the topic sensitively.

Secrecy in public is more important to the transgender community than it seems to be in private. The majority of participants who menstruate felt unsafe or very unsafe (66%) and uncomfortable or very uncomfortable (68%) using men's public toilets during their menstrual periods. The majority (67%) told us that they take extra steps of some kind to manage menstruation in public restrooms, such as avoiding restrooms unless they are alone, keeping quiet and using long-lasting hygiene products (e.g., menstrual cups, adult diapers) to minimise the number of times the products need to be changed or cleaned. As one participant said, 'the menstrual cup has been a saving grace for my ability to manage my cycle discretely.' Some participants noted that they try to avoid public restrooms in general, unless they are single-toilet, gender-inclusive rooms that can be locked. A number of participants said that they do not 'pass easily' (might be perceived as female), thus using a men's restroom could result in some danger for them. Others noted the difficulty of disposing of used menstrual pads in men's rooms, which do not have disposal units in the stalls and sometimes have no trashcan at all.

Participants want to talk about menstruation, but most indicated that they are hesitant to discuss it with people they do not know well, including healthcare professionals. For example, one participant noted discomfort in pharmacies: 'It can be embarrassing buying menstrual products.' Another wrote:

Many female-identified people I have met ... have found the medical community less than helpful in managing their periods. As a transman, I find periods both physiologically uncomfortable (cramps), as well as psychologically uncomfortable, as it makes me feel like less of a man.

In addition to its obvious association with women's reproductive processes, menstruation might make transgender individuals feel less like men because some popular hygiene products (i.e., tampons, menstrual cups) are inserted into the vagina to collect menstrual fluid. Masculine of centre individuals may actively dislike and resist any form of penetration, which is another reason why products such as *Depends* and *Thinx* might be preferred. Aversion to penetration might also explain the reluctance of the participant quoted above to discuss menstruation with a butch acquaintance he does not know well in case it might be 'triggering'. Aversion to penetration, uneasiness discussing menstruation (and other gynaecological issues) and healthcare professionals' discomfort with (or ignorance of) transgender patients' health needs can combine to deter patients from seeking routine care. As one participant put it: 'People in these identity categories might not be seeing medical professionals especially related to sexual health. It's stressful, humiliating, and easier to just not go at all.'

The vast majority (95%) of participants were aware of menstrual suppression as an option for them, and 40% had tried it. These numbers are much higher than have been reported for samples of cisgender women; for example, Andrist et al. (2004) reported that 27% were aware of it and 22% had tried it. In a recent multi-nation study (Szarewski, von Stenglin, and Rybowski 2012), 15% of cisgender women reported a desire to suppress menstruation entirely and 33% indicated an interest in menstruating every 2–3 months rather than monthly; the authors did not report the percentage of participants who had actually suppressed menstruation. Our transgender participants were more willing to stop or delay menstruation and thought more strongly that doing so is a good idea than did cisgender women participants in Johnston-Robledo et al. (2003) and Repta and Clarke's (2013) studies. Cisgender women generally report that they would need more information about menstrual suppression before trying it (Barnack-Tavlaris 2015), but participants in our sample were already well informed. Considerations about how to transition to living openly as masculine identified are likely to force individuals to become informed, through consulting healthcare professionals and online sources and through information sharing within the queer community.

### **Limitations**

Like most surveys, this study has its limitations. We advertised widely and were able to recruit a good-sized sample ( $n = 150$ ), but our participants may not be representative of the masculine of centre and transgender community. For example, 89% of our participants described themselves as European American/White, and the majority of them (73%) said that they menstruate. Those who chose to respond to our call for participants may differ in relevant ways from those who chose not to respond. Although we did not advertise the study as concerning menstruation, the mention of 'an important health issue for those who were assigned the female sex at birth' may have served as a clue that the study concerned reproductive health. Thus, potential participants who do not menstruate might have been less likely to respond. It would be interesting to know whether adoption of different identity labels (e.g., trans, butch, agender) predicts different attitudes toward, or concerns related to, menstruation or menstrual suppression. However, we were not able to test for that

because the wide range of identities reported left us with too few participants in some categories to make comparisons meaningful.

### **Future research**

As this study is, to our knowledge, the first of its kind, there is much more work to be done. We would like to know, for example, whether aversion to penetration predicts choice of menstrual products, attitudes toward menstruation and body attitudes more generally. How would a sample of masculine of centre and transgender individuals be similar to or different from cisgender men in their attitudes toward menstruation? Would scores on a measure of masculinity predict attitudes in both groups? Would more positive (or less negative) attitudes toward menstruation and body comfort more generally predict whether masculine of centre and transgender individuals are more likely to seek routine gynecological care and other health screening? Do stronger connections to the transgender community and/or better access to information about how other masculine menstruators manage hygiene improve attitudes toward menstruation and body attitudes? And why did having friends who support the decision to menstruate correlate with supportive attitudes toward menstrual suppression?

### **Conclusion**

The results of the present study show that masculine of centre people as well as self-identified members of the transgender community have attitudes toward menstruation that are similar to those of cisgender women. However, their attitudes toward menstrual suppression appear to be more positive than those of cisgender women. One reason for that difference may be the difficulty of managing menstruation in the public sphere, which is difficult for both practical (e.g., disposal problems) and psychological (e.g., concerns about safety if discovered) reasons. Our results support the efforts of queer activists to create more single-toilet, gender-inclusive public toilets, which could address both of those concerns. Public health efforts<sup>6</sup> to declare menstruation a vital sign and indicator of the state of bodily health can only succeed if everyone who menstruates is comfortable discussing menstruation and cycle-related changes with their healthcare providers. Our data indicate concerns about how people outside the circle of intimacy react to masculine menstruators. Therefore we encourage healthcare professionals to take the time to learn more about the healthcare needs of masculine of centre and transgender people and to become more comfortable in raising these issues with their patients. Only then can progress be made to reduce health disparities between straight and queer communities.

### **Notes**

1. Masculine of centre is a term coined by Cole (2011) to address the 'cultural breadth and depth of identity for lesbian/queer womyn who tilt toward the masculine side of the gender scale'; it refers to 'a wide range of identities such as butch, stud, aggressive/AG, tom, macho, boi, dom, etc.' (128). has been adopted by a broad range of people of all races who seek to celebrate their relationship to masculinity without being boxed into any one rigid identity. This term is also understood to include transgender people, which makes it a broadly conceptualised and

inclusive category that is popular in the lesbian, gay, bisexual and transgender community today.

2. *Cisgender* refers to people whose assigned sex and gender identity are in alignment (Aultman 2014).
3. See <http://lunapads.com/blog/2011/12/all-genders-all-bodies/>
4. See [www.shethinx.com/blogs/periodical/25,561,473-for-people-with-periods](http://www.shethinx.com/blogs/periodical/25,561,473-for-people-with-periods)
5. We intentionally used language in the call that would be inclusive of a diverse array of people.
6. See, for example, [www.projectvitalsign.org](http://www.projectvitalsign.org)

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