

INVISIBLE MENSTRUATORS: TRANSGENDER AND GENDERQUEER
INDIVIDUALS' PERCEPTIONS AND EXPERIENCES
WITH MENSTRUATION

by

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DEDICATION

To my mother, Lisa, for always supporting my dreams and giving me the courage to pursue them.

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I. INTRODUCTION

Burrowing underneath the blankets, Alex clung to the hot water bottle and tried to sleep. As Alex tossed back and forth, the cramps and bloating made it difficult to get comfortable. Then Alex began to worry that with such a heavy flow, blood might escape the pad and end up on the sheets. While these symptoms and worries occupied Alex's conscious thoughts in those moments, in the back of his mind, his period acted as a constant reminder of a body he did not connect with. It would be months until the testosterone stopped his period, a moment he felt could not come soon enough.

In the vignette presented above, Alex is a transgender man experiencing discomfort and distress caused by his body's menstrual cycle. Alex is not an actual person, rather his story represents an aggregation of the experiences of those who participated in the research presented in this article. As such, his story exemplifies the very real physical and emotional experiences of transgender men who experience menstruation after realizing their gender identities.

Experiences with menstruation, similar to the narrative above, are discussed commonly on social media platforms¹ by transgender and genderqueer individuals who promote transparency about the joys and struggles with their bodies and gender identities. Although the rising visibility of transgender men and genderqueer individuals who menstruate appears in such sources, academic research concerning the menstruation experiences of these individuals is limited. While cisgender women's experiences with menstruation have been more commonly researched, the experiences and perspectives of

¹ Examples of these individuals include Cass Bliss (@theperiodprince)—a trans advocate for reproductive justice on Instagram and Jamie (Jammidodger)—a trans man sharing his experiences having a period as a man on YouTube.

transgender and genderqueer individuals have often been overlooked. The silence surrounding the topic not only brings up questions about how transgender and genderqueer individuals experience menstruation, but also raises questions about how transgender and genderqueer individuals manage their periods, and what kind of medical information and resources they receive in regard to menstruation and reproductive health.

Understanding the challenges and needs surrounding menstruation is the first step in supporting and serving the needs of transgender and genderqueer individuals who menstruate. The narratives provided by transgender men and genderqueer individuals in this qualitative and phenomenological study expose the unique physical, emotional, and social challenges associated with menstruation and attempts to bring awareness to the needs of these individuals.

II. LITERATURE REVIEW

The Process and Management of Menstruation

U.S. culture often associates cisgender women² with menstruation, although transgender men³ and genderqueer individuals⁴ also experience this bodily phenomenon. The biological process of menstruation occurs when the innermost cells of the uterine lining shed and the body expels tissue and blood. Bleeding may be accompanied by an array of symptoms including abdominal cramps, fatigue, and bloating⁵. Typically, menstruation occurs monthly, although a variety of factors like age, body weight, or stress may alter its length and occurrence.

Transgender men, genderqueer individuals, and cisgender women who actively menstruate may utilize several methods to manage their periods. Some menstruators may turn to oral contraceptives or intrauterine devices (IUDs) to prevent pregnancy and suppress menstruation (Chrisler et al. 2016; Francis, Jasani, and Bachmann 2018, 3-4; Bentsianov et al. 2018, 74-75). These individuals may also use traditional products such as pads, tampons, menstrual cups, menstrual discs, or period underwear to absorb the flow of blood.

² Cisgender refers to those who identify as the gender they were assigned at birth. Cisgender women are those who identify as women and are assigned female at birth.

³ The term transgender describes a person whose gender identity does not match their biologically assigned sex (Kessler and McKenna 2000, 223-224). Transgender men are those who identify as men but are assigned female at birth.

⁴ Given the evolving nature of gender terminology, the terms genderqueer and transgender (sans man or woman) represent those who may not identify as one gender or the other but may fall somewhere in between or even outside of the dichotomous gender categories of man or woman (Kessler and McKenna 2000, 223-224). To ensure clarity in this paper, the term genderqueer will be used to describe those who identify somewhere in between or outside of the normative gender categories of man and woman.

⁵ The description of menstruation and menstrual symptoms is situated within the understanding in Western medicine and U.S. culture. It is important to understand that those who menstruate in other cultures may perceive and experience menstruation differently.

Cisgender Women's Views Towards Menstruation

Cisgender women's views of menstruation vary greatly, depending on each person's symptoms, perceptions, and experiences with this bodily phenomenon. Several studies explore cisgender women's experiences, suggesting that some cisgender women hold positive views towards menstruation and are more likely to regard it as a 'natural' process, that is "a part of being a woman" (Lee 2002, 30-31; Morrison et al. 2010, 95). Conversely, those with negative outlooks on menstruation are more likely to report experiencing painful symptoms, more likely view the process as a 'nuisance,' and less likely to regard menstruation as 'natural' (Morrison et al. 2010, 95; McPherson and Korfine 2004, 196). Although some cisgender women view menstruation negatively, it has been suggested that cisgender women may also try to neutralize their negative feelings by justifying the process as natural and associating it with womanhood or reproduction (Britton 1996, 648; Lee 2002, 30-31).

The Social Stigma Behind Menstruation

Social stigma influences cisgender women's perceptions and management of their periods. Within the U.S., the existing social stigma positions menstruation as a disgusting phenomenon that is associated with waste of the body (Bramwell 2001, 92). Our culture's gender roles expect women's bodies to be 'beautiful', 'fresh', and 'pure', yet menstruation as a 'bloody', 'dirty', 'smelly' process contradicts societal views of femininity (Winkler and Roaf 2015, 3-4). The stigma that menstruation is dirty and embarrassing is perpetuated by menstrual product marketing that promotes femininity, freshness, and concealment of women's periods (Kissling 2006, 12-14). A slogan for Stayfree Ultra Thin Tampons, for example, promoted: "No one ever has to know you

have your period” (Merskin 1999, 951). The perpetuation of this stigma creates pressure for women to stay fresh and clean, therefore driving them to buy certain menstrual products to manage their periods.

Ads for oral contraceptives also capitalize on negative menstruation symptoms by suggesting they interfere with cisgender women’s lives (Johnston-Robledo, Barnack, and Wares 2006, 358). The option to use oral contraceptives to regulate or alter one’s menstrual cycle provides a way for women to work around their periods in order to enjoy certain activities without negative menstrual symptoms and menstrual management getting in the way (Johnston-Robledo, Barnack, and Wares 2006, 358; Granzow 2014). Cisgender women may use oral contraceptives to suppress menstruation for events such as weddings, honeymoons, holidays, dates, and sexual encounters (Granzow 2014). While this provides cisgender women with a way around their period, this suggests that periods should not only be concealed, but eliminated in order to engage in social activities (Granzow 2014, 626).

Trouble with Transgender Health Care

Transgender individuals’ experiences with gynecological care provides insights into issues with reproductive health care, body dysphoria, and gender identity, all key factors in the experience of menstruation. Gynecological exams prove emotionally challenging for some transgender patients due to the exposure and touching of body parts (Dutton, Koenig, and Fennie 2008, 334). Extreme discomfort may arise from not only exposing their bodies, but when their perceptions of self and gender identity do not correlate to their body parts (Dutton, Koenig, and Fennie 2008, 334). Negative experiences with health care providers, such as insensitive and inaccurate provider

assumptions about a patient's sexual activity and desires for children, also influenced transgender patients' comfort receiving exams and decisions about future care (Wingo, Ingraham, and Roberts 2018, 355).

LGBTQ patients assigned female at birth who reported negative reproductive health care experiences generally described a lack of provider understanding about their health concerns and gender identity and reported a lack of professionalization and discriminatory practices from their health care providers (Wingo, Ingraham, and Roberts 2018, 353-354). Several patients encountered providers who blatantly used incorrect gender pronouns and shamed patients for their choice to pursue gender affirming surgeries (Wingo, Ingraham, and Roberts 2018, 353-354). The literature addresses important factors in gynecological care for transgender individuals (Dutton, Koenig, and Fennie 2008; Wingo, Ingraham, and Roberts 2018), yet overlooks the patients' experiences with menstruation specifically. Without this information, providers may overlook health concerns about menstruation for transgender individuals.

Transgender Menstruation

One of the few studies to address the topic of menstruation among transgender individuals (Chrisler et al. 2016) employed online survey methods to understand how transgender men and masculine of center individuals experience menstruation. While many participants in this study agreed that menstruation should not be kept a secret, menstruation in public spaces posed a problem for the majority of participants (Chrisler et al. 1246). They expressed feeling unsafe using men's restrooms and conveyed a need for secrecy and discretion while changing menstrual products (Chrisler et al. 1246). Some transmasculine individuals also reported feeling an aversion towards penetrative

menstrual products, such as tampons, and many expressed a dislike towards the femininity associated with menstrual product marketing (Chrisler et al. 2016, 1247).

While this study by Chrisler et al. (2016) provides much needed insight into transgender men's attitudes and experiences with menstruation, several limitations exist. Most participants in this study actively menstruated at the time of the survey, suggesting that the voices of those who actively suppress menstruation or have undergone hormone therapy or gender affirming surgery may not be well represented. Additionally, the online survey method utilized eliminated conversations between the participants and the researcher, and possibly valuable narratives about these individuals' experiences of menstruation.

The personal narratives of transgender men and genderqueer individuals remain largely overlooked, yet are important for gaining insight into these individuals' lived experiences and perceptions of menstruation. This study sought to understand how transgender men and genderqueer individuals viscerally experience menstruation and perceive it within the greater context of their identities. The phenomenological approach employed in this study explored the physical aspects of menstruation, the emotions and thoughts that occurred during this experience, and what menstruation means socially in the broader context of these individual's lives.

III. METHODS

The study design was rooted in a phenomenological approach in an attempt to deeply understand the experience of menstruation for the participants. The framework of phenomenology, including two in-depth interviews with research subjects, provided a way to explore the lived experiences of each individual with the goal of understanding the essence, or the fundamental experiences, of the phenomenon and its meanings to those who experience it (van Manen 1984, 37-38). In this study, this approach allowed participants to reflect upon, and even relive, their experiences surrounding menstruation. During the interviews, topics discussed included experiences participants had in regard to their gender identity; how participants experienced menstruation before, during, and after testosterone use; if family or community support affected their experiences with menstruation; how participants experienced menstrual suppression; and what, if any, health-related resources were available to them.

The research took place in central Texas and included participants from rural and urban areas. Participants were limited to self-identifying transgender and genderqueer individuals 18 years or older living in the research area. Participants were recruited through the use of flyers, emails, and announcements made to several university classes and LGBTQIA+ organizations in the local area. The three participants who agreed to partake in the study were asked to complete two, one-hour interviews and a short demographic survey. All interviews were recorded and later transcribed by the author.

Due to the marginalized population recruited and the sensitive nature of the topic at hand, confidentiality measures were put in place to protect participants' identities.

Participants were asked to verbally consent⁶ to this study at the beginning of the first and second interview and were provided a pseudonym in the research for identification and clarity. Names and other identifying information provided during interviews were redacted during the transcription process by the author. All research protocol were approved by the Texas State University Institutional Review Board.

Before and after the interviews were conducted, the author used bracketing to maintain openness and to address the author's preconceptions towards the topic (Kleinman 2004, 12). To bracket, the author used a reflective diary to comment and document her own beliefs, biases, assumptions, and issues during the research process. This activity of self-reflection allowed the author to acknowledge her own preconceptions towards the project and focus on the participant's true experiences and meanings. A short synopsis of the author's bracketing experience from the beginning of the research process is presented below to show how she is situated within the topic at hand:

The two-part nature of this research topic allows me to relate partially to the project and the participants. I was born female at birth and have experienced menstruation for the past 11 years. I have been able to experience the awkwardness of my first period, the pain and discomfort of menstrual cramps, bloating, and irritability. I have been a victim of the surprise period, wadding up toilet paper when I had no pads or tampons, and have thrown out my fair share of blood-stained underwear. My experience with menstruation has been fairly negative, not only due to the uncomfortable management of blood and symptoms, but also due to my perceived shame surrounding menstruation. I regard myself as a feminist, and conduct research to normalize taboo topics of the body; however, part of me still carries this socially ingrained shame that periods are to be hidden. Through this project, I am constantly reminded to check my negative assumptions surrounding menstruation, and I attempt to conduct interviews from a neutral standpoint, asking about the positive, the negative, and the neutral experiences these participants feel are crucial to their stories.

⁶ Verbal consent was used to ensure there was no record of participants' actual names.

The second aspect of this project, having a transgender or genderqueer identity, is something I am unable to experience. I identify as a cisgender woman and, therefore, even though periods are a somewhat taboo topic, menstruation is generally socially accepted as it relates to me. Transgender and genderqueer individuals do not necessarily have this luxury, and through this project, I am curious to see how their experiences may be similar or different to my own, and what unique factors influence their own experiences and perceptions. My education in LGBTQIA+ topics and previous conversations with transgender individuals leads me to the assumption that period experiences for these participants will be extremely negative, not only regarding the physical symptoms, but resulting from the emotional and social complications that arise with their gender identity. I realize, however, this may not be the case and must allow the participants to share their stories without leading them to only share the negative parts.

After the interviews were conducted and transcribed, interview texts were analyzed using a phenomenological approach, as described by van Manen (1984), Giorgi (1997), Giorgi and Giorgi (2003), and Kleiman (2004). To begin the analysis process, the author read and reread the transcripts to gain a complete sense of the data, noting key elements and commonalities within the texts. Next, the transcript texts were divided into meaning units to determine shifts in meaning or topic. Once this was completed for all transcripts, similar meaning units among the participants were grouped together and assigned to an essential theme.

Using these essential themes, the author created a common narrative that was written and re-written until the essence, or fundamental understanding, of the participants' common experiences were found. The importance of this narrative is to expose the most basic experience of menstruation without allowing one participant or another's personal details to influence the overall understanding of this phenomenon. This narrative provides an example of some of the most fundamental and shared experiences found in the participants' stories in an attempt to exemplify the joys and

struggles related to menstruation for the transgender and genderqueer individuals in this study. These fundamental menstruation experiences for the participants are exposed through Alex's narrative provided in italics in the results section below.

In addition to creating the common narrative, the participant's interviews were analyzed, and the results were discussed based on the essential themes found. Personal quotes and individual stories were provided in addition to the common narrative to illustrate individual experiences that aid in contextualizing the themes at hand. Again, bracketing played a key role in this process as the author checked her assumptions while writing and reviewing the narrative and results in order to preserve the participants' truth.

IV. RESULTS

A total of three individuals participated in the phenomenological interviews⁷. The sample included two transgender men and one masculine of center, genderqueer, transgender individual. All participants were white and ranged in age from 22 to 42. Every participant previously experienced menstruation, had experience using pads and tampons, and had undergone hormone replacement therapy to assist with their gender affirming transition. Details of participants' demographics is provided in Table 1, and a short synopsis of the participants' backgrounds is as follows⁸:

Bennett is a white 42-year-old transgender man, who grew up in Texas in the late 70s and early 80s. From the young age of 2 years old, Bennett identified with boys, preferring to play with “rocks and snakes” over “picking daisies.” During graduate school, Bennett felt a “wave of relief” once he discovered the term transgender. Recognizing his transgender identity gave him answers about his past experiences and conflict with his biologically female body. Through this discovery process, Bennett aligned his body with his identity through the use of testosterone and gender affirming surgeries.

Eric is a white 25-year-old from central Texas who identifies more fluidly, as a genderqueer, masculine of center, transgender man. Eric describes the realization of his gender identity as a process, first identifying as genderqueer at 19 and then slowly transitioning to incorporate a masculine of center and transgender presence by 25 years

⁷ The limited number of participants in this study could be attributed to the sensitive nature of the topic, marginalization of the transgender population, fear and/or past negative experiences or trauma with menstruation. These factors may have deterred more individuals from participating.

⁸ Again, pseudonyms were used to provide clarity to the study while protecting the identity of the participants.

old. He explains his transition as a journey of self-acceptance. Prior to realizing his identity, Eric felt an obligation to “take up space” and “fight the patriarchy” to maintain his feminist stance. In realizing his gender identity, Eric finds himself doing what feels natural to him, acting as his “authentic self.” This past year, Eric began using testosterone to align his body with his authentic self and describes excitement and gratification with his physical changes.

Marshall is a white 22-year-old from “backwoods” Texas who identifies himself as a transgender man. He realized his gender identity around 16 years old after facing a rough childhood “bouncing around” from school to school. Before coming out, Marshall described himself as shy and reserved, but this changed once he realized his trans identity. Marshall “came out of his shell” and began researching and vocalizing his newfound transgender identity. Through this exploration, Marshall recognized his need to go on testosterone, and began taking testosterone about a year and half ago.

Table 1. Demographic Survey Results

Pseudonym	Bennett B.	Eric M.	Marshall R.
Age	42	25	22
Race/Ethnicity	White	White	White
Gender Identity	Male	Genderqueer, Trans, Masculine of Center	Trans Male
Age Realizing Gender Identity	2	19 (Genderqueer) 24 (Transgender)	16
Age of First Period	12	11	14-15
Menstrual Products Used	Pads, Tampons	Pads, Tampons	Pads, Tampons, Toilet Paper/Paper Towel
Hormone Replacement Therapy?	Yes (Testosterone)	Yes (Testosterone)	Yes (Testosterone)
Gender Affirming Surgeries?	Yes, Total Hysterectomy, Top Surgery	No	No
Menstrual Suppression Methods	Hormonal Contraceptives, Testosterone, Total Hysterectomy	Testosterone	Testosterone

Three major essential themes were identified through the phenomenological analysis process: participants' experiences with menstruation and gender identity during childhood and into puberty, participants' recognition of their transgender or genderqueer identity and associated bodily conflict with periods, and participants' transformation and bodily unity during the transition process. Participants' personal stories exhibiting the physical, mental, and social aspects of menstruation presented rich data that exposed these essential themes critical to the participants' experiences. The overall essence, or fundamental experiences, of the phenomenon is exemplified through the narratives provided below. Again, Alex represents the aggregation of the participant's experiences and his narrative presents the overall essence, or fundamental experiences relating to the phenomenon of menstruation for these individuals. Following Alex's narrative for each theme, further results detailing the participants' individual experiences help to describe and contextualize each theme.

Grappling with Puberty and Confusion about Identity

Alex always felt different from the other girls but never found the words to describe this feeling. Puberty was an especially difficult time, filled with hormone fluctuations, bodily changes, and embarrassing middle school experiences. Before school one day, Alex felt something warm and sticky dripping into his underwear. He ran to the restroom, pulled down his shorts, and looked down to find bloodstains in his underwear. Overwhelmed by the sight of blood, Alex realized his first period had started. A mixture of panic, confusion, and embarrassment washed over him as he attempted to clean up the bloody mess. While many young girls feel similarly about starting their first period, Alex felt particularly uneasy about this pivotal moment in his life. He wondered why his body

had to endure heavy blood flow and cramps every month.

The embarrassing, nerve-wracking, and exciting emotions that accompany an adolescent's first period, whether cisgender or not, undeniably marks their transition into puberty. Feelings desiring normalcy and belonging appear for many throughout this crucial time. The 22-year-old participant Marshall recalled wanting to fit in as young female. He says, "I was excited because that's like one of the last things you hit with puberty typically. Yay I'm not a freak, or not completely a freak."

Not all developing adolescents feel this way, however, and some dread the thought of a first period. Bennett, for example, remembered the overwhelming and "awful" nature of his first spotting encounter because he identified with the boys at an early age. He recalls, "I remember when there were spots on my underwear and being in denial about what that was, and throwing that underwear away so nobody would know, and not telling anybody and not taking care to buy pads or anything." The overarching feelings of denial and secrecy surrounding such a pivotal moment in Bennett's development exemplified his aversion towards his period from the beginning.

While Eric and Marshall both viewed their first periods as an exciting coming of age, they also experienced extreme bodily discomfort resulting from agonizing emotions and painful physical symptoms. Eric recalled his own difficulties during the first week of his period saying, "I felt like pretty overwhelmed and stressed out because there was stuff coming out of me the entire time, and the flow just didn't stop the first time I had it. [I was] super, super bloated. I felt really ballooned up and, like, air and stuff in my stomach." The constant flow of blood created a chaotic and unmanageable element to Eric's experience.

This unmanageable element emerged in Bennett's description of his subsequent periods as well. The constant flow of blood weighed heavily on Bennett during a middle school basketball game. While his heavy blood flow made for a problematic physical experience, he worried the blood would overflow his pad mid-game. Unfortunately, this worry became a haunting reality:

I ended up overflowing during the game. It was just, you know, one of those traumatic, emotional experiences. I was embarrassed. I was scared. I was mad at myself for not knowing better. I was mad because I couldn't control it...[There was] that lack of understanding, why couldn't my mind stop my uterus from doing that....

Through deep personal reflection, the participants connected their challenging early period experiences to their confusion about their gender identities. While the words were not there, the participants alluded to feeling "off" or "different" compared to other girls, and they described themselves as tomboys at this point in their lives. Their uncertain identities created a disconnect with their menstruating, developing bodies. Eric's body-identity disconnect became evident when he reflected on his sexual education class in middle school:

Looking back on it now it's a little bit weird. Like in hindsight I was like a little bit disconnected from it, but not in like a way that I understood as a 12- or 11-year-old.... I definitely took it more as a science or learning biology lesson more than a learning about myself lesson. I think a lot of my peers were able to ask questions and wanted to know what it was going to be like or what it was like to be pregnant and that kind of thing and had kind of like this curiosity about the experience that I sort of didn't.

The confusion surrounding their identities continued to create a dysphoric experience with the participants' menstruating bodies. Bennett and Marshall both expressed further affliction caused by the absence of fundamental knowledge about LGBTQ people. Marshall described:

My childhood might not have been me just wondering what's wrong with me this entire time. I can recall being a child and knowing there is something vastly different between myself and my family and the people around me, but I didn't have the language to explain it. Thinking you're the only one, that's a lonely way to live.

In sum, the participants regarded their menstruation experiences as a pivotal and agitating moment in their adolescence. Physically and emotionally, menarche complicated their lives through new sensations of bodily pain and discomfort, such as heavy blood flow, cramps, and bloating. Their first periods also brought about feelings of confusion, worry, and a loss of control. The participants' reflections on their adolescent experiences exposed ways in which their gender identities may not have exactly matched other young cisgender females at the time, creating further dissonance between their menstruating bodies and non-normative identities.

Dealing with Bodily Conflict and Unwanted Periods

Alex finally found the words to describe his gender identity during young adulthood. As a person assigned female at birth but who does not identify as a woman, he understood why his early experiences with puberty and menstruation made him feel conflicted and out of place. Alex's male identity clashed with his biologically female body, and he knew he wanted to transition physically into a man. Before Alex started testosterone, he felt dysphoric about his feminine figure and menstrual cycle. He used a binder to conceal his breasts and wore men's clothing to mask his curvy silhouette. His period, though, acted as a bloody, uncontrollable reminder of his female reproductive organs. Every month he tried to ignore both the uncomfortable physical symptoms and the mental agitation that accompanied his unwanted period.

In their late teens and early twenties, the participants began to explore and

recognize their gender identities as transgender or genderqueer. Although the participants felt like something was “off” for quite a long time, they expressed a general surprise at their newfound gender identities. Educational resources and LGBTQ support groups aided in the recognition of their gender identities, and at some point, they realized the desire to transition to make their bodies match how they felt internally. Before transitioning, however, the experience of menstruation and having female body parts became distressing for Marshall, Eric, and Bennett.

After coming out as transgender, Marshall felt distraught by his period, looking forward to distractions to keep himself from thinking about this monthly event: “For the first few years of it, it was just really dysphoric. I managed to get through it at some point... I would end up getting distracted by something or another and soon enough it’d be done.”

This physical sensations of blood flow, cramps, and bloating reminded the participants of their biologically female bodies and furthered their irritation while they identified as transgender men or masculine of center/genderqueer. When recalling his own painful period experience, Marshall described running into the bathroom of the grocery store, debilitated by extreme abdominal cramps: “I had dumped over the little trash can and I had my feet up and [I was] just kind of curled up in the fetal position on the toilet because I need to use the restroom, but everything hurt so bad.”

For Eric, the physical symptoms of breast tenderness, bloating, and bleeding intensified his awareness of his biologically female body during his period. Describing this discomfort, he said:

...my breasts would hurt on top of having breast dysphoria. And then like I would bloat on top of having chest dysphoria. It felt, in a very small way,

felt like my body was like highlighting just a little bit. And it would just, like, highlight all of the worst things and all of the stuff I didn't want.

In addition to Eric's difficult period symptoms heightening his bodily dysphoria, his aversion towards his period increased when using pads and tampons to manage the flow of blood:

By the time I was out and ready to transition, like that penetration feeling, I couldn't relax with it or tune it out or anything. It was very mentally itchy. And so I didn't have a very comfortable way to have a period because it was either like the pad sensation of like sitting in something or with a tampon in. And to go into the dysphoria of that, I don't know if it was that I had genitalia that I didn't want, or that I didn't have genitalia that I did want.

The feeling of penetration or sitting in a blood-soaked pad throughout the day was difficult for not only Eric, but for Bennett as well. While reflecting on a similar experience to his middle school basketball game, Bennett shared a story about a late night hang out session with a cisgender male friend. Bennett's period unexpectedly arrived, and blood leaked down his legs in front of his friend:

So that was a really interesting experience to have that same sense I couldn't get my body to move once the blood had run down my legs. I couldn't get my mind to do anything except have fear, fear, fear. And you know, they talk about fight, flight, or freeze. I was frozen. And he took over and then I had that automatic disconnect. I was like, why does a man know how to do this? Because in my realm of existence there had never been a man knowing these kind of things. We didn't see that on TV. We didn't read about that in the books.... So this was totally different and it kind of, I think, made a change for me where it was okay for me to have these male thoughts in my head with a female body.

Negative and dysphoric emotions were entangled with the very visceral, bodily sensations the participants experienced. As seen through these stories, having a period at this point in their gender recognition produced internal bodily conflict as the participants realized their discomfort with their bodies and expressed aggravation and aversion

towards their periods.

Transformation: Masculinization and Bodily Unity

After several doctor's visits, Alex finally received testosterone. The hormone made him feel like something incredible coursed through his veins. Masculinization began rapidly, and he first noticed an increase in body hair and then his voice began to drop. A few months into hormone therapy, Alex realized something was missing—his period. His doctor told him this would happen, but nevertheless he was extremely surprised. A sense of relief washed over him as he realized he was free from the agony caused by his period. The stopping of his period combined with the other physical changes aligned his body with his identity as a man, and Alex felt in tune with his masculine body for the first time in his life.

The process of transformation acted as a turning point for these participants. Transformation, in this sense, includes not only the physical transition from biologically female to male, but includes the participants' improvement in mindset and feelings of connectedness to their bodies.

When receiving testosterone at their doctor's offices, every participant was told that their periods would stop within a few months of treatment. Although they were expecting this change, each was generally surprised once they realized its disappearance. Marshall, in particular, expressed panic when he first realized his period stopped:

I thought I was pregnant and it took me two pregnancy tests to prove to myself that no, I wasn't pregnant. It just stopped. My period was a little iffy but it would always show up. So when it just didn't show up at all I was, well, while it was expected, it was still a little bit of a surprise.

The cessation of their periods marked a turning point in the participants' transformations. An overwhelming sense of relief washed over Eric and Bennett as they

realized their periods stopped. For Eric, the cessation of his period deeply related to his masculine identity:

It's not just that I don't have one, it's like I stopped having one. Does that make sense? And the sense of like not having one... that's convenient as hell. But in the sense that I used to have one and I stopped, like that kind of progression plays like really heavily into the reality of me transitioning.

The transition process as a whole lead to feelings of increased bodily unity.

Feelings of connectedness developed throughout their bodies as they felt in sync with their masculine form and admired the physical shape and feel of their bodies. This alignment of body and identity is the key element to their transformations. Bennett, who not only underwent hormone replacement therapy, but also had a total hysterectomy and top surgery, described this bodily unity as something he never experienced before, saying:

I never was really good at knowing my body and knowing what my body wanted or needed or was doing, like I told you about how I never knew when my period was going to come. It may be, you know, I'm injecting it into myself but at least I know...I can feel that now in my body. It's interesting to know my body that way, in a way that I didn't know it before.

The unification of body and identity increased the participants' emotional confidence and physical connection with themselves. During this bodily unity, however, the cessation of menstruation became an afterthought for Eric, compared to the other more outward changes seen during hormone replacement therapy. He described the excitement of sharing his bodily changes with friends and family, and when asked if he shared the cessation of his period, Eric admitted this was not a change he shared:

I mean like when I realized it, I was really excited about it. It definitely didn't occur to me to tell anyone. Whereas like when my voice was dropping, I was trying to wait for it to drop enough that when I called someone on the phone, they would be surprised....Like with my friend, I

was talking to her about like hair and shaving and acne and I just never mentioned that like when my period stopped, like it did not occur to me at all to tell anyone or celebrate that socially at all. I didn't even tell my mom.

Bennett, however, described actively conversing with his step-daughter in her late 20s, and occasionally his postmenopausal wife, about his experiences with menstruation well after his transition:

[My step-daughter] and I talked about menstruation all the time, like more than I ever thought I'd talk about menstruation with anyone and I don't know why I'm who she comes to about it, but I am....When [my wife] was still having her period, she and I would talk sometimes. She would say something about that was going on with her and want to know, again about my experience.

Conversations with doctors during transitioning remained fairly basic concerning testosterone's effect on menstruation. Marshall, Bennett, and Eric all explained that the doctors only talked about menstruation to mention that it would eventually stop when using testosterone. Although every participant expressed a certain joy knowing their periods would eventually stop, when reflecting on these conversations, Eric and Marshall both expressed concerns about how little they knew about the effects of testosterone on their body's reproductive organs. Marshall conveyed this concern by relaying some of his own questions during the interview:

Now I'm not sure if someone stops taking it (testosterone) in the age when people would get menopause, if that would kick it (menstruation) back up or not. I'm not really quite sure about what happens if that would stop. Would there still be egg release? Does it leave? What's going on? I don't know. It's not like they cover this shit in school.

The positive effects of testosterone on the body and personal satisfaction of these physical changes seemed to diminish these concerns in the long run. During the interview, Eric described the visceral experience of living in his newly transitioned body

and describes his masculinization as a sense of accomplishment for his transition experience. While grabbing the back of his calves, he explained:

I'm sitting here grabbing my calf muscles like, yeah those are mine. I grew those myself. Like seeing my shadow on the sidewalk...I remember the first time I looked down and that looked like me. That was like, I was myself blocking the sunlight and what I was seeing on the sidewalk was like... I was looking at me. And it very much means physically existing as a self rather than just inhabiting a physical form as a self.

Marshall, Bennett, and Eric's experiences transitioning exposed a certain urgency and importance finding bodily unity, and showed how their period experiences influenced, and were influenced, by their gender identities and development into their true selves.

V. DISCUSSION

A common narrative in the U.S. strongly links menstruation to sexual identity. Earlier notions of menstruation correlate this process to womanhood and reproductive ability (Roberts 2016). The literature on cisgender women's menstruation experiences reflect this view, where several cisgender women linked their menstrual experiences to womanhood and motherhood (Lee 2002; Britton 1996; Morrison et al. 2010).

Alternatively, more recent views situate menstruation as a coming of age or sexual awakening experience (Lee 2009, 662). Through this view, menstruation acts as a reminder of maturation and sexual activity, complicating young female bodies by positioning them as sexual objects (Lee 2009, 662; Lee 1994, 351-354).

This study sought to explore how these views may be similar or different for transgender men and genderqueer individuals who menstruate. At first glance, the participants connected menstruation to ideas about coming of age, as reflected by the experiences of Eric and Marshall. The maturation of the preteen body becomes an important coming of age and sexualization experience, seeing how the body changes externally and internally (Lee 1994, 351-354). After the initial excitement at this stage, however, the participants primarily engaged in narratives that exposed the embarrassing and painful aspects of this bodily phenomenon. These types of experiences furthered the participants' confusion surrounding their gender identities and complicated their perceptions of menstruation.

The participants' descriptions of menstruation as an embarrassing phenomenon reflects another common stigmatized perception of menstruation that situates it as a dirty and embarrassing phenomenon that must be hidden (Lee 2009, 261; Winkler, and Roaf

2015, 3-4). While some cisgender women experience menstruation as contradicting norms of femininity, (Lee 2009, 261), the participants in this study did not identify as women. Instead, while identifying as men, they recognized the social stigma surrounding menstruation, and felt embarrassment about their periods and pressure to conceal this bodily process to an even greater degree.

Like cisgender women, the participants felt the stigma associated with menstruation, but the conflict between the participants' gender identities and biological bodies heightened their negative emotional response to menstruation. The participants' recognition of menstruation as a biologically female and feminine process escalated their discomfort with menstruation because they identified as masculine individuals. The participants' need to conceal, and even ignore, their periods became an attempt to conceal their feminine attributes. In order to identify as masculine, the need for concealment and eventually cessation became even greater, as men in the U.S. are culturally understood to not have periods.

Similar to cisgender women, negative physical and emotional symptoms played into the participants' period experiences, although an added sense of dysphoria towards their changing bodies became problematic. Similar to studies addressing chest dysphoria and chest binding (Lee, Simpson, Haire 2019; Dutton, Koenig, and Fennie 2008, 335), the participants experienced physical and emotional discomfort with their breasts, female genitalia, and periods. The participants' periods and struggles with period management became an internal source of bodily conflict that heightened their body dysphoria.

This study found that through transitioning, the alignment of body and identity plays a large role in the overall transformation of the participants' physical, mental, and

social transformation. As noted in Chrisler et al.'s (2016, 1244) study, half of transgender or masculine of center individuals expressed that the cessation of menstruation would improve their "sense of their masculine identity." While half of the participants in Chrisler et al.'s (2016, 1244) study said they would consider suppressing menstruation without the use of testosterone, the participants in the current study strongly considered and used testosterone as a means for menstrual suppression and masculinization of the body. This in turn led to an improved sense of masculine identity and bodily unity.

The cultural link between menstruation and cisgender women's bodies reflects Michel Foucault's notion of docile bodies, which, from a feminist perspective, suggests that docile bodies equate to appropriately gendered bodies (1984a). The notion of docile bodies relates to mid-20th century ideas of essentialization, which attempted to define people and their identities based on their biological characteristics (Foucault 1984a; Roberts 2016). Through essentialization, certain bodies are deemed inherently more valuable and powerful over other bodies, and their value is typically discerned through characteristics such as race, gender, or class. The power of social norms reinforces these inequalities and relies on the power of docile bodies to establish acceptable social roles for different groups of people (Roberts 2016). In this case, docile bodies, or appropriately gendered bodies, are ascribed acceptable gender categories, gender roles, and bodily processes, which may deeply affect the way people perceive themselves (Foucault 1984b). According to this framework, transgender and genderqueer individuals fall outside of docile, or appropriately gendered bodies, challenging gender norms and gender binaries within U.S. society. Those who were born biologically female are expected to identify and perform as women, bodily processes like menstruation included.

The participants in this study go against docility, as they identify as men or genderqueer/masculine of center but were assigned female bodies at birth. The notion of docile bodies helps explain the participants' bodily conflict and dysphoria. The participants identify as men or masculine of center and socially recognize menstruation as a female bodily process commonly associated with women. The dissonance between their biologically female bodies and masculine identities creates conflict because they want their bodies and identities to align⁹.

The notion of docile bodies provides a framework that explains why U.S. gender binaries and norms exist and are reinforced. The participants in this study, being from the U.S., experienced the prevalence of gender binaries and felt the pressure to be docile bodies within this system. This created a conflict when their gender identities did not match their biological bodies. Menstruation, seen as belonging to women and female bodies within this framework leaves no room for people with alternative gender identities to experience menstruation and still be considered docile bodies. Thus, the participants' aversion to menstruation and need for cessation correlates to the male gender identity within the binary, and the participants achieved cessation when beginning their transformation.

Through a constructionist lens, perceptions of menstruation are created within their own context, time, place, and circumstances (Roberts 2016, 115-116). Bennett was born in the late 70s and experienced menstruation in the late 80's and early 90s. Bennett's coming of age and clarity surrounding his gender identity into 90s may position Bennett's experiences within a slightly different historical context compared to Eric and Marshall.

⁹ Not all transgender or genderqueer individuals feel this way, but this is one explanation behind the participant's identity body conflict.

Into the 90s, the meaning of transgender—or more commonly termed ‘transsexual’ during this time—was defined more rigidly, where a transsexual man was expected to perform as masculine and transition into a man (Kessler and McKenna 2000, 223-224). Although identifying as transsexual fell out of the norm, even transsexual men were more expected to follow the gender binary as men (Kessler and McKenna 2000, 223-224). This may have impacted Bennett’s identity and understanding of what it means to be a transgender man. His narrative falls in line with this view of what it means to be transgender during this time period as he expressed his extreme aversion towards menstruation and the importance of masculinization to his male identity.

Eric and Marshall, on the other hand, were both born in the 90s and experienced menstruation into the 2000s. During this time, the understanding of transgender became more fluid, allowing for aspects of femininity, masculinity, and nonbinary expressions to emerge. Both Eric and Marshall expressed their aversions towards menstruation and their need for physically transitioning, but also held onto some feminine aspects when expressing their gender. For Eric, in particular, his journey to his transgender identity started out more fluid, as he at first identified as genderqueer, then masculine of center, and now transgender. Although both Eric and Marshall grew up in a time where gender fluidity became more prevalent, they still perceived and experienced social stigma surrounding their gender identities, therefore affecting their perceptions and experiences with menstruation.

Gender identity, relating deeply not only to one’s internal sense of self, but often times one’s outward sense of self, may influence how one perceives their bodily processes. Several studies concerning cisgender women’s menstruation experiences

found that some cisgender women link menstruation to their sense of womanhood and femininity (Lee 2002, 30; Morrison et al. 2010, 95). While the transgender participants in this study were born biologically female, they did not correlate menstruation to a sense of womanhood because they possess masculine identities. Although the participants did not link menstruation to a sense of personal womanhood, they did correlate menstruation to women's bodily processes more broadly, which amplified their dysphoric experiences of having female bodily processes while identifying as a man or genderqueer/masculine of center.

VI. CONCLUSION

The results of this study are not an exhaustive view of transgender men's experiences with menstruation. The transgender individuals in this study all underwent hormone replacement therapy and ceased menstruation, thus the experiences of those who actively menstruate is not represented in this study. Also, the qualitative nature of this research, marginalized study population, and limited geographic location resulted in a small sample size. Varying perceptions and experiences regarding menstruation exist among transgender men, and due to the limited sample size, not all experiences may be represented in this research. Future research expanding the number of participants and geographic location may aid in these limitations, while adding to the understanding of menstruation for transgender men and genderqueer individuals.

The compelling narratives offered by Marshall, Bennett, and Eric in this study provide an in-depth and personal view of the experiences of menstruation for transgender men and genderqueer individuals. Their stories not only bring awareness to menstruation experiences for this overlooked population, but expose issues concerning LGBTQ identities, menstruation in transgender health care, and menstrual products. Future efforts to educate youth about LGBTQ identities and health may provide crucial knowledge and language that may aid in their identities. By normalizing LGBTQ identities through education, younger individuals may recognize and receive the attention and care necessary to their mental and physical wellbeing.

In addition to education, health care providers should thoroughly address the topic of menstruation with transgender individuals and provide further information on testosterone's effects on the body and menstrual cycle. Transgender individuals have a

right to know how their bodies will be affected by the use of testosterone. Providing more comprehensive information will enable transgender individuals to make informed decisions concerning their health. Providing this information may also create a better bond between transgender patients and healthcare providers, allowing transgender patients to feel more comfortable knowing their physician is competent and sensitive towards transgender patients. Physicians such as these will be seen as an asset and an ally to this marginalized population.

In addition to this, menstrual product manufacturers must be willing to explore alternative designs for menstrual products and cater to the needs of transgender individuals who menstruate. This may include looking into alternative forms of nonpenetrative options for menstrual products. Options like menstrual underwear have recently begun to cater to transgender individuals with periods (DeVuyst, n.d.), yet several modifications can be made to make these underwear friendly to all genders and all people of different socioeconomic backgrounds. In addition, changing menstrual product packaging and marketing from less feminine to more gender inclusive may create better comfort to those purchasing menstrual products. Even cisgender women may find these gender inclusive products and marketing more appealing and less embarrassing to purchase.

It is essential, therefore, that all of those providing care for transgender and genderqueer individuals understand how periods are being experienced and should consider how we can better meet the needs of these individuals. Providing educational resources, comprehensive and sensitive health care, and gender inclusive changes to menstrual products will not only benefit transgender individuals experiences with

menstruation, but may provide a window into social changes the destigmatize menstruation and transgender identities in the future.

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