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doi: <https://doi.org/10.57709/20192062>

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BUILT ON BLOOD: UNDERSTANDING MENSTRUATIONAL ATTITUDES IN SEX WORK

by

ATHANASIA PLATIS

Under the Direction of Daniel Pasciuti, PhD

ABSTRACT

There exists a stigma at the intersection of sex work and menstruation, as well as an intersection of stigma with menstruation and other social identities. The purpose of this research is to examine these intersections of stigmas, as well as examine the possible shift in menstrual understandings and attitudes. This is an exploratory study conducted of this intersection. Based on a survey of 261 individuals, primarily white women from the Southern United States, I argue that there exists a special stigma at the intersection of sex work and menstruation because of stigma management as a result of deviant identities. I also examine menstrual stigma and attitudes in the group surveyed, and compare menstrual attitudes based on race, education, and other social identities and factors. Finally, I consider the results of these attitudes, intersections, and stigmas associated with sex work and menstruation, to better understand contemporary menstrual hygiene, stigma, and attitudes.

INDEX WORDS: Menstruation, Social Construction of Periods, Sex Work, Period Stigma, Menstrual Attitudes Questionnaire, Attitudes, Stratification, Gender, Patriarchy

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by

ATHANASIA PLATIS

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2020

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Athanasia Platis
2020

BUILT ON BLOOD: UNDERSTANDING MENSTRUAL ATTITUDES IN SEX WORK

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December 2020

DEDICATION

This paper is dedicated to menstruators. No one would exist without them.

ACKNOWLEDGEMENTS

I would like to acknowledge multiple people for their help, encouragement, time, and talents. Firstly, I would like to thank my committee members--Dan, Erin, and Eric—as they put up with my tears, stress, and helped me grow as I undertook this project. I would also like to acknowledge Kate from Johns Hopkins and her willingness to help a student she didn't even know. I also thank Dr. Adina Nack and Dr. Jonathan Cordero of California Lutheran University; they inspired me into sociology and helped me stay there. I am also grateful for Juliana Hilliard, my high school English teacher who inspired my love of literature and feminism. This project would not be possible without Marla Renee Brown and her insider knowledge. I am eternally grateful to my wife, Bailey, and my church-wife, Shelby. They eased the transition to graduate school and this process in multiple ways. I am also grateful for all my friends from GSU who helped me and encouraged me. My mother and sister Christina supported me with unconditional love despite the ups and downs of it all. I thank my church community for their prayers, support, and helping distribute the survey. I extend this same thankfulness to my burlesque community who supported me, watched me work on this thesis at shows, and also distributed the survey. I am truly surrounded by incredible people. And, as silly as it sounds, I am obliged to Cheddar, my sweet Beta fish, who stood—swam—behind me through all this. Also, none of this would be possible without God and the faith and prayers I put into Them for the sake of helping Their people. I hope I succeeded. Finally, I am indebted to the menstruators who took this survey—to the people who put up with stigma every day—and the sex workers who provide an unappreciated service. None of this would be possible if not for you. Thank you.

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1 INTRODUCTION

You could see there was blood coming out of her eyes, blood coming out of her wherever. In my opinion, she was off base. –President Donald Trump about Fox news commentator Megyn Kelly 2015

People always look down their noses on hookers. Never give you a chance because they think you took the easy way out, when no one would imagine the willpower it took to do what we do, walking the streets night after night, taking the hits and still getting back up. –Prostitute and serial killer Aileen Wuornos, who killed seven of her customers in 1989 and 1990

Menstruation is the only blood that is not born from violence, yet it's the one that disgusts you the most. –Maia Schwartz translated from Spanish

2 SEX WORK AND MENSTRUATION

The above excerpts all pertain to two topics: sex work and periods and the intersection of the social and biological. The link between these two things might seem obvious—women have periods and women are usually sex workers—but cisgender females have to find unique means of dealing with menstrual blood or risk losing money while working jobs, especially those women who do sex work. The social consequences of a biological reality go as far as a president insinuating that menstruation could make a woman unfit for her job.

This research examines the social consequences of menstruation and how menstrual social consequences intersect with the social consequences of being a sex worker. I am specifically looking to see if there is a difference in menstrual attitudes between cisgender female sex workers and cisgendered female non-sex workers. My reasoning for the possibility of a difference is that both of these groups are socialized with the same scripts about menstruation (menstruation as dirty, menstruation as failed reproduction), and therefore, both are deviant for having periods, yet some women then go a step further in their deviancy. Menstruation is deviant and so is sex work, therefore female sex workers must manage two

deviant identities. I pose the following research questions: is there a difference in menstrual attitudes and menstrual sex practices between sex workers and non-sex workers? If so, how does this difference manifest itself? Are sex workers more period-positive to their non-sex working counterparts? I posit that sex workers *overconform* to societal scripts of silencing menstruation because it is a means by which they can conform to the status quo despite being deviant for being sex workers—*they might be sex workers but at least they do not visibly bleed*; they negate one deviant identity by not being deviant in their femaleness. Additionally, I posit that many sex workers overconform to making their periods invisible so that they are still seen as sexual beings and can maintain their workplace status.

This research will fill a gap in that it will address a broader range of sex workers instead of just strippers and/or prostitutes. For example, most academic research about pornography is about the effects of watching porn but not the actors themselves or how they experience stigma for their career. I go against this, including pornographic film actresses as a type of sex worker. Additionally, this investigation will also add to the growing research about the socialization of periods, specifically focusing on menstrual sex and other sexual activities during menstruation, as well as addressing stereotypes of women being seen as incompetent during their menstrual cycle. It will fill the gap by studying the societal scripts of women who sell sex and have periods.

This research is grounded in theories of sexual scripts, neutralization of stigma (Sykes and Matza 1957), and menstrual social scripts. Focusing on the intersection of these three areas will broaden current understanding of how people who are multiply stigmatized or are in multiple deviant categories manage their identities, providing specific insight on two aspects of society that are typically hidden. Sex work and menstruation are not easily

acknowledged and conducting formalized research will give a voice to two populations that have remained relatively voiceless. Additionally, in potentially proving that sex workers hold similar menstrual values as non-sex workers, the greater population can understand that sex workers are not that different from the “normal” person after all.

In order to answer the research questions, an explorative, quantitative, anonymous online survey was administered to both sex workers and non-sex workers, so that a comparison could be made. The basis for the survey was the Menstrual Attitudes Questionnaire (MAQ) developed by Jeannie Brooks-Gunn and Diane Ruble in 1980. The MAQ was modified to include questions about sexual acts during menstruation and workplace attitudes about menstruation. Emphasis was placed on surveying people in sex workers in Florida, Alabama, Tennessee, North and South Carolina, and Georgia because of the unique social and political climate of the southern United States; the survey did expand to a national scale. Social media was instrumental to administering the survey so that sex workers—especially those in illegal sex work—could remain anonymous and protected.

3 LITERATURE REVIEW

The intersection of sex work and menstruation seems obvious in that both relate to the use of the vulva. Sex workers include people who do not have vulvas, but for the purpose of this study, cisgender females will be the focus. Cisgender sex workers experience this menstrual shame because their master status is as women. Trans sex workers’ master status is as someone who is trans, negating their sex worker status or their ability to have a period. This literature review demonstrates that the link between sex work and menstruation goes beyond the physical vulva and is instead tied to deviancy, shame, and stigma. Simone de Beauvoir states that “one is not born, but rather, becomes a woman” (de Beauvoir 2010: 283). This *becoming* happens via

menstruation and via sexual activity, and by extension, shame, as associated with both. Periods are concealed and sex workers are relegated to damaged goods. Failure to address the complexities of menstruators, sex workers, and menstruating sex workers reflects that female sexuality is to be hidden. All three of these groups use similar management strategies to hide the shame of blood and sex work. They are all deviant and managing deviant identities. This literature review will focus on sexual scripts, the sex worker hierarchy, and deviance theories to demonstrate that menstruators, sex workers, and menstruating sex workers alike all suffer from the patriarchy and are crippled by being deemed “deviant” by a patriarchal society that finds the vulva—and by extension, femininity— abnormal.

3.1 Stigma

Goffman’s (1963) stigma theories are applicable to both understanding sex work and menstruation.

Stigma is a process in which an attribute, behavior, or a reputation discredit a person (Goffman 1963). Goffman (1963) identifies three key types of stigma: tribal, physical, and blemishes of character. Tribal stigma applies to the formation of groups, such as race/ethnicity, or being a member of a religion. Physical stigma applies to physical deformities, such as deafness or infertility. Blemished character stigma applies to moral failures as determined by the broader culture; Goffman (1963) uses the example of homosexuality. Ashforth and Kreiner (1999) expanded these three bases of stigma into being bases for “dirty workers”.

Markers of any of these stigma can either be discreditable or discredited (Goffman 1963). To be discreditable, a person can avoid protentional stigmatization by avoiding stigma symbols, such as a Jewish person not wearing a Star of David (Goffman 1963). On the other hand, when a person cannot avoid a stigma symbol—such as a Black person not being able to hide their skin

tone—they become discredited (Goffman 1963). This can then lead to the process of covering one's stigmatized characteristic, such as bleaching one's skin.

Sykes and Matza (1957) propose stigma neutralization techniques so that persons can justify their deviant behaviors. These techniques are: denial of responsibility (saying “I was a victim of circumstance), denial of injury (“no one got hurt), denial of the victim (“She was asking for it”), condemnation of the condemners (“You did the same stuff too when you were younger”), and appeal to higher loyalties (“Wouldn't you do that for a friend?”) (Sykes and Matza 1957). In 2018, two more neutralization techniques were included: appeal to good character (“I'm not racist—I voted for Obama”) and victimization (“I had to do it—they were going to murder me”)(Bryant, Schimke, Brehm, and Uggen 2018). These techniques can overlap and work to assuage the deviant person's guilt by explaining themselves to others.

3.1.2 Menstrual Stigma

I tied a tampon to my keyring, so my brother wouldn't take my car. It worked. –Print ad for U by Kotex

The concept of “menotoxins” (toxins found in menstrual blood) was popular until the 1920s and 1930s; though the word no longer is used, the consequences of the attitude are still visible (Kelland et al. 2017). Menarche (first period) is an unofficial rite of passage in which girls transition into womanhood, losing their innocence, freedom, and are more strictly policed in order to police burgeoning sexuality brought on by puberty (Johnston-Robledo and Chrisler 2011, Kelland et al. 2017). This shame and policing are also evidenced in that women lose their freedom as bodily agents because of anxiety caused by fear of menstrual leaks and/or visible blood (Kelland et al. 2017).

While “menotoxins” are an historical artifact, the continued shaming and policing of menstruation has been written by society as something greater than a biological function—it is a means of social control and a means by which a person should gauge self-value; therefore a clear example of stigma. The people usually kept in the shadows about menstruation are non-menstruators, usually males of any age (Stubbs 2008; Johnston-Robledo and Chrisler 2011) This stigmatization process usually begins with institutionalized sex segregation for sex education in elementary school (Reitzer 2018). With young males kept ignorant to menstruation from a young age, menstruation transforms from a biological act to a gendered act (Kelland et al. 2017). In the process of this transformation, menstruation becomes a means by which patriarchy can judge women. In order to not be discredited than they already are for being female, women conceal their menstrual cycles so as to avoid physical stigma. Menstruators then live in a vaginal surveillance cycle (Fahs 2014). Men’s reactions were key to alienating women from their own bodies (Kelland et al. 2017), as emphasized by the jokes and gag products about periods (Johnston-Robledo and Chrisler 2011).

Thus, periods are associated with gender identity and performance, sexuality, body image, and (obviously) reproductive lives and status (Johnston-Robledo and Stubbs 2012). Women who menstruate are seen as less sexy, more irritable, and generally impure (Johnston-Robledo and Chrisler 2011, Thorton 2011, Erchul 2013, Kelland et al. 2017). Menstrual advertisements work to create the idealized state of a woman—beautiful, sexually available *and not on her* period—into the norm; a norm that does not coincide with the reality of menstruation (Erchull 2013). Furthermore, this idealized norm does not allow for the normal to be subjective or for women to learn about their own bodies (Subbs 2008), aiding in the objectification of

women and the upholding of patriarchal values. This objectification creates a process of stigma by which women work to avoid menstrual markers so they fit the ideal state of womanhood.

A key component of discrediting stigma is the ability to hide it (Goffman 1963); therefore, secrecy plays an important role in managing menstrual stigma. Menstrual product advertisements and menstrual hygiene education pamphlets emphasize secrecy, as evidenced by taglines that tout discretion and allegorical images for vulvas and menstrual blood, as evidenced by the infamous blood liquid (Erchull, Chrisler, Gorman, and Johnston-Robledo 2002; Johnston-Robledo and Chrisler 2011). In addition, mass produced joke products and gag gifts make menstruation visible only as a joke, proliferating a script of menstruating women as “bitches” or “psycho” (Johnston-Robledo and Chrisler 2011). These labels are a consequence of the stigmatized nature of menstruation and how the labels can discredit someone (Goffman 1963). Secrecy is also achieved by slang terms and euphemisms for menstruation (Johnston-Robledo and Chrisler 2011; Reitzer 2018); words such as “period”, “communists in the fun house”, “on the rag” and “the crimson wave” are used to hide menstruation and sanitize the idea of it.

Because the tribal stigma of being women cannot be shed, other means of stigma neutralization are accessed. Menstruators rely on hormones and menstrual hygiene items to negate their bleeding status. In Roberts’s et al. (2002) study, women gave disgusted looks at women who dropped menstrual products—therefore distancing themselves from the stigma marker. Menstruators create cover stories to avoid certain activities during menstruation—such as sports or sex—instead of admitting to menses. Some women who did not use cover stories but rather directly engaged in menstrual sex (Allen and Goldberg 2009; Fahs 2011) went through “dirty” job reframing (Ashforth and Kreiner 1999) to reassure themselves that menstrual sex not something to be ashamed of. These women had to make the intentional choice to choose to view

their bodies, their choices, their sexuality in a personal way that was separate from societal expectations and norms. An example of this stigma neutralizing (Sykes and Matza 1957) was in how women engaged with menstruation regarding others. Some menstruators saw menstrual sex as an empowering form of patriarchal rejection and rebellion (Fahs 2011) or used their menstruation to tease men on purpose (Johnston-Robledo and Chrisler 2011). Interestingly, the women more likely to embrace period sex are white and/or lesbians or bisexual (Fahs 2011). Therefore, the women embracing or not embracing period sex were not only managing their menstrual identities but also their racial and/or sexual identities. This leads to layered stigmas and therefore different management techniques (Cohen 1999) based on what identities are being managed.

Others avoided sex during menstruation for several reasons; personal disgust, the labor of cleaning up after sex, a partner's view of the woman's body as disgusting and managing their judgment, as well as negative self-perception (Fahs 2011). Women typically used phrases involving the word "gross" to describe menstruation (Allen and Goldberg 2009, Fahs 2011). Of the sexually experienced women who admitted to having menstrual sex with no restrictions, their reasons why were couched in language of meeting their own or a partner's needs or seeing period sex as an act of love (Allen and Goldberg 2009), which is an example of stigma reframing.

3.1.3 Sex Work Stigma

Society's entire relationship with sex work is a hypocritical one. We create the demand for this specialized labor, only to then demonize and denigrate anyone who specializes in that field.

This is especially true in communities that are already marginalized. –Aurora Morris, "Stormy Daniels isn't the only sex worker who matters", 2018

“Whore” is used as a derogatory term for any woman whose sexuality does not fit into societal norms (Berthe 2018), indicating that being labeled whore has consequences because of the stigmatizing nature of what it means to sell one’s body for sex. Sex workers were denied access to goods and services, such as housing, employment opportunities (Banach 1999) or having PayPal accounts shut down (Stardust 2017). Melissa Petro was fired from her job as a New York public school teacher for being a *former* prostitute (Petro 2017). In conflict with this villainization (Petro 2017), many laws also victimize; sex workers are given softer penalties than clients (ProCon.Org 2018). This paradoxical tension makes it so that sex workers can never fully ingratiate into society, reflecting stigma: they are wanted and abhorred. This is clear in the number of politicians who degrade sex workers while accessing their bodies, such as Eliot Spitzer (Hakim and Rashbaum 2008) or Donald Trump (Morris 2018).

Sex worker stigma exists in two ways: from within the community and from outside the community. In both instances, blemish of character stigma applies because sex work subverts norms of sex being an expression of love and sexuality as private (Pheterson 1994). Pheterson (1993) pointed out seven types of whore dishonor, associated with failed feminine sexuality: a woman having sex with strangers, a woman taking sexual initiative, a woman having sex with many partners, a woman asking for payment for sex, a woman satisfying impersonal male lust, a woman dressing provocatively (the “asking for it” narrative), and a woman being in a dangerous situation. Any type of sex worker commits at least one form of whore dishonor. Whore dishonor (Pheterson 1993) represents how a woman’s body is both in danger and dangerous (Bruckert and Frigon 2003). Pheterson (1993) found that prostitutes have their own forms of whore dishonor, with each woman defining what makes a woman a good prostitute differently.

Belle Knox, a pornographic film actress, wrote that she expected judgment from classmates for her job choice, but not from strippers who stated that all she was “sitting on a dick for a living”—finding that this lack of sex worker support hurt more than judgment from outsiders (Knox 2014: 1). This is sex worker stigma from within the community. The women in Koken’s (2012) study worked independently, setting themselves up to be better than prostitutes who worked on corners or had pimps, because they made significantly more money. Strippers are seen as a step-above prostitutes because they do not have sex with the men in their clubs. The professional dominatrixes in Levey and Pinsky’s (2014) study were able to acknowledge that they benefited from not having sex with clients and from having a higher socio-economic status. For example, many of the pro-dommes interviewed stated that prostitutes were not equipped to provide BDSM services and that many prostitutes did not enjoy providing the services because it was “weird” (Levey and Pinsky 2014). Thus, similar to mainstream jobs, specialization in a certain sexual arena provided extra capital (Sanders 2005). *But*, in emphasizing that they do not have sex with clients, both strippers and professional dominatrixes reaffirm that certain sexual activities should not be outsourced: certain sexual activities should not be commodified. Tilly, an Australian sex worker, says that sex workers do create these good/bad binaries “in order to distance themselves from and make themselves seem more respectable” (Sciortino 2016: 8). This is an example of how respectability politics work to undo discrediting stigma.

Sex workers work to avoid the moral stigma of being labeled a “prostitute” because the discrediting repercussions of such a label—even if true—can make a person lose social status or be unemployable (Sanders 2005, Koken 2012, Reitzer 2018); therefore, sex workers used impression management behavior to hide their jobs. Prostitutes in one study suffered from emotional and mental health detriments from their attempts to pass as non-sex workers (Koken

2012). Passing meant the creation of cover stories, such as other types of jobs, and a fear of rejection from loved ones; this led to increased social isolation. Dominatrixes, escorts, and strippers all worked to balance cover stories with selective disclosure, creating anxiety because of fear of exposure (Thompson, Harred and Burks 2003; Koken 2012; Levely and Pinsky 2014).

Sex workers had to learn to take pride in their job, choosing not to see it as something deviant, but rather as providing a service (Koken 2012, Levey and Pinsky 2014). This relearning is a form of stigma neutralization (Sykes and Matza 1957). This a way that “dirty workers” become socialized into their “dirty work”: by accepting the ideology (Ashforth and Kreiner 1999). Ashforth and Kreiner (1999) define this reframing as a technique by which people doing “dirty jobs” transform the meanings attached to their jobs. This is similar to how those doing “dirty work”—including sex work—come to see themselves not as good people doing dirty work but as *good people doing good work* (Ashforth and Kreiner 1999). Thus, sex workers must relearn how to think about sex work, learning to other others in the process (Ashforth and Kreiner 1999).

3.2 Conclusion

Application of Pheterson’s (1994) seven types of whore dishonor demonstrates that menstruating sex workers commit two types of dishonor simultaneously: having sex with strangers, taking sexual initiative, having sex with many partners, asking for payment for sex, and satisfying impersonal male lust. Granted, a sex worker commits these types of whore dishonor by simply being a sex worker, the combination of menstruation and sex work compounds the whore dishonor of sexual initiative, as well as the additional whore dishonor of being in a dangerous situation. The dangerous situation in question is the menstrual sex because—as previously noted—menstruation is dangerous.

Many sex workers and menstruators both relied on the aforementioned neutralization techniques (Sykes and Matza 1957, Bryant et al. 2018). Menstruators tease males about menstruation to neutralize stigma via the victimization and condemning of condemner technique (Johnston-Robledo and Chrisler 2011). Menstruators tease men because men tease the menstruators about periods. Dominatrixes used similar thinking in their preferences for dominating males (Sanders 2005, Koken 2012). Additionally, denial of injury and appeal to good character techniques were used by sex workers, reasoning that they provided a service that helped people (Ashforth and Kreiner 1999

For most menstruators and sex workers, their stigmas are discreditable. Sex workers create cover stories of fake jobs (Thompson et al. 2003, Koken 2012, Levey and Pinsky 2014). Menstruators use feminine hygiene items to collect blood, rendering it invisible. Sex workers become discredited when their profession becomes known; they cannot remove themselves from the title of “sex worker” (Knox 2014). Menstruators become discredited when there is visible blood on their clothes or when they are seen with menstrual hygiene products (Roberts et al. 2002).

The process of stigma devalues and discredits a person. Applied to the menstruator, this discrediting process creates a narrative of women as emotional slaves to their hormones (Fahs 2011), which invalidates their experiences, and therefore reifies patriarchy. Applied to the sex worker, this discrediting process creates a narrative of sex workers as morally loose and riddled with disease (Pheterson 1993); this reifies sexual double-standards, such as the virgin-whore dichotomy. When combined, a menstruating sex worker is subject to a discrediting process in which her body is seen as abnormal twice: once for bleeding and once for being a potentially-

diseased sex worker. In having the female body denigrated, the phallus is upheld and patriarchy is maintained.

Sex workers neutralize their stigma by judging other types of sex workers as less than themselves (Clictira 2004, Barton 2007, Koken 2012, Knox 2014, Levey and Pinsky 2014), such as seeing dominatrix work or pole dancing as a specialized skill. In having to neutralize two stigma, a burden is put on the shoulders of sex workers because they must navigate a paradox of being disgusted but also wanted.

In sum, then, Goffman's (1963) stigma theory applies to both sex workers, menstruators, and menstruating sex workers because of their inclusion in all three types of stigma. This then opens the door to a very important question: does stigma compound or offset?

3.2.1 Hypotheses

Hypothesis 1: Sex workers will have different menstrual attitudes than non-sex workers.

Hypothesis 2: Cisgender and trans/non-binary people menstruators will have different menstrual attitudes.

Hypothesis 3: People of color will have different menstrual attitudes than white people.

Hypothesis 4: Younger menstruators will have different menstrual attitudes than older generation menstruators.

Hypothesis 4: Southern menstruators will have different attitudes from menstruators in other parts of the United States.

Hypothesis 5: People who have attained higher education will have more positive menstrual attitudes than those without.

Hypothesis 6: Straight people will have different menstrual attitudes than non-straight people.

Hypothesis 7: Polyamorously-oriented menstruators will have different menstrual attitudes than monogamously-oriented menstruators.

Hypothesis 8: Parents will have different menstrual attitudes than non-parents.

4 DATA AND METHODS

4.1 Constructions and Operationalization

4.1.1 Sex work and sex workers

For the survey, I built from Overs' (2002) definition and sought to center people's self-identification as sex workers. The survey utilized two separate questions to allow self-identification and serve as a reliability check on classifying participants. At the beginning of the survey, participants were asked to select between sex worker, non-sex worker, or someone who has traded sexual favors for goods/services. The second opportunity came in the middle of the survey so that a skip pattern could be applied. The question simply asked if a person identified as a sex worker or not. Participants who identified as sex workers were then asked to select all the type of sex work they have done with categories being based off of Sciortino's (2016) whorearchy.

4.1.2 Menstruation and Menstrual Attitudes

Questions were specifically asked to understand how women feel about themselves when on their periods; particularly how they see themselves as sexual beings and as workers while bleeding. Seven aspects of menstruation attitudes were queried: debilitation, menstruation as a natural bothersome event, anticipation, denial, embarrassment, and conversation, as developed in the Menstrual Attitudes Questionnaire (MAQ). Further, four components of menstruation beliefs were examined: physiological detriments, ways to deal with menstruation, performance effects, and general beliefs (Brooks-Gunn and Ruble 1980). Questions were thus linked to five attitude

factors; menstruation was seen as: a psychologically and physically debilitating event, a natural event, a bothersome event, a predictable event, and as an event that does not and should not affect one's behavior (Brooks-Gunn and Ruble 1980).

These five factors can be linked to ideas of shame and stigma. The literature pointed to women constantly surveilling their bodies to prevent accidental blood leaks; this is tied to menstruation being predictable. Furthermore, the stories of women seeing their periods as disgusting or seeing themselves as unsexy during menstruation is an example of how menstruation can be psychologically debilitating. The women who spoke of choosing period sex despite their discomfort for it paint menstruation as a bothersome event. That statement of women who have period being sluts is an extreme example of menstruation affecting one's behavior. Combined with the tropes that Chrisler and Johnston-Robledo (2013) pointed out exist about periods making women psychotic, there is a societal idea that periods are psychologically debilitating and this psychosis changes behaviors.

The original study found the five attitudes previously but does acknowledge the existence of other attitudes, such as "attitudes about sexuality during menstruation have been studied by Paige (16)" (Brooks-Gunn and Ruble 1980: 508). This call to action is being taken in up in studying attitudes about (sex) work and menstruation. The original study found that most women did see menstruation as natural and routine, but they still experienced the negative consequences. I would argue that this is the result of socialization to see periods as unnatural as related to a patriarchal power structure.

4.1.3 The Menstrual Attitudes Questionnaire

The adult version Menstrual Attitudes Questionnaire (MAQ), developed by Jeanne Brooks-Gunn and Diane Ruble in 1980 was edited to expand on menstrual attitudes by including

questions about sex work and other types of work, as well as questions about period regulation/management. The original survey contained thirty-three questions on a seven-point Likert scale, ranging from *strongly disagree* to *strongly agree*; the higher the score, the higher the agreement. Skip patterns were utilized so that the survey was divided off into questions about sex work and questions about non-sex work. There were similar questions for both sex workers and non-sex workers in order to address how menstruation and menstrual attitudes affect work ability, work performance, and feelings of their period undermining their work. Questions mirrored each other for both sex workers and non-sex workers but are separated to account for linking attitudes to the proper job. The attitudes questions open the survey and were the same for both groups. Both groups answered questions about age, race, education level, and sexuality preferences. Survey order was as follows: demographic questions, menstrual attitude questions, work questions. The original age range for survey qualification was 18 years old to 40 years old. Because of a small N and an increasing number of women continuing to menstruate past 40, the survey was changed to include women of all ages *so long as they were still menstruating*.

Many studies combine the MAQ with other questionnaires and scales about self-objectification and more-specific attitudes (such as *joy*) in regard to menstruation. Both Tomi-Ann Roberts in *Female Trouble: The Menstrual Self-Evaluation Scale and Women's Self-Objectification* (2004) and Herdis Sveindottir in *The Role of Menstruation in Women's Objectification: A Questionnaire Study* (2017) address self-objectification in regard to the MAQ using the Objectified Body Consciousness Scale (OBCS) developed by McKinley and Hyde in 1996. Roberts (2004) additionally used the Self Objectification Questionnaire (SOQ) and a 1988 modification of the Differential Emotions Scale. Sveindottir (2017) also used the SOQ but coupled it with the Attitudes Towards Menstrual Suppression Questionnaire and Beliefs and

Attitudes Towards Menstruation Questionnaire. All questionnaires employed the seven-point Likert scale, making it easy for participants to take the study. All this considered, Sveindottir (2017) did have to translate the questionnaires from English to Icelandic because of the location of the study. But as mentioned, the fact that the MAQ has been used almost globally from its inception speaks to its usefulness and generalizability. The study was recently used and tested for internal validity in Greece (Bargiota et al. 2016). This speaks to the ability for the MAQ's adaptability for my research purposes. The Icelandic study measured Cronbach's alpha for all three subscales of the OBSC scale, yielding a 0.77 for body shame, 0.71 for body surveillance, and 0.63 for appearance control beliefs. With two of the three subscales meeting the 0.70 threshold necessary for Cronbach's alpha and with appearance control beliefs almost reaching the threshold, the OBSC—even in translation—has high internal reliability (Sveindottir 2017). The BATM subscales were also measured, yielding Cronbach alphas well over the 0.70 threshold, again suggesting high internal validity (Sveindottir 2017). While Sveindottir's study did not include Cronbach's alpha for the MAQ itself, a 2016 Greek study did. Multiple Cronbachs were run based on "factors" as the study broke down the 33 questions of the MAQ into groups based on similarity of the questions, such as questions that measured menstruation as a natural event, and so on. These factors were based on the original MAQ of 1980 and all subscales in the original and Greek translation yielded Cronbach alphas of at least 0.706 with a range of (0.706, 0.885) (Bargiota et al. 2016). With consistently acceptable Cronbach alphas throughout translations, the MAQ is clearly a questionnaire of value.

4.2 Additional Questions: Qualitative and Quantitative

In addition to the questions from the MAQ, I added these questions so that could specifically pinpoint menstrual attitudes about sexuality and work, as well as empowerment. The

MAQ provides a general understanding of menstrual attitudes, but the additional questions were required to be more precise and specific to my areas of interest. I used these questions to construct three scale variables similar to the MAQ: Menstrual Sex Attitude Score (MSA), Menstruation in the Workplace Score (MWA), and a Menstruation as Empowering Score (MAE). The survey ended with a final question, asking participants to type in any additional information they wanted to share. This allowed a qualitative component to the survey to provide additional in-depth responses and further illuminate the particular quantitative scores.

4.3 Survey and Survey Response

The survey was created in Qualtrics. Fliers were created using a link to the survey (bit.ly/BloodyHellSurvey), as well as a QR code. Survey completion rates were checked approximately every two weeks and the Qualtrics results were exported as Excel sheets. Data was saved to a password protected laptop. The original goal was to survey one hundred sex workers and one hundred non-sex workers; Subjects were based on convenience sample and by snowballing—participants were asked to share the survey as well. Because of the stigmatizing and sometimes illegal nature of sex work, surveys were distributed with the use of an online link so that they could remain completely anonymous. A flier was created with both a link to the survey and QR code; the survey link and code were also posted throughout social media. Approximately one hundred fliers were handed out at Atlanta's Pride festival on Saturday October 12, 2019. The first official day of flier distribution was on Thursday, October 10, 2019 at a local Atlanta drag show where twenty fliers were distributed. An additional 80 fliers were handed out at various burlesque shows in Atlanta, Georgia. The flier was digitally shared on Instagram and Facebook, as well as being distributed to Georgia State University's Sociology Graduate Student listserv. The online survey was officially closed at 1:00pm, Eastern Standard

Time, on January 1, 2020. Snowball sampling was frequently used; various burlesque dancers in Atlanta, Georgia posted the links on their social media accounts. Respondents were also asked to text out the survey in any way they felt comfortable. Non-sex workers were targeted in a similar fashion: being handed the fliers and asked to share. There was the possibility that one of these random people approached will be a sex worker but the location by which they came by the survey does not matter. In total, I estimate that between 500 and 1000 people who given information to the survey. 261 people began and/or completed the survey, leading to an estimated response rate of between 26 and 52%.

Of the 261 responses to the survey, 127 cases were lost because of either ineligibility (not being a menstruator, not having had sex in the past year) or because participants failed to complete the survey. This left me with a completion rate of 52%. Of those who failed to complete the survey, if they answered at least 30 of the 33 Menstrual Attitudes Questionnaire question, a mean imputation was used for the missing scores. Using this methodology, resulted in the regaining of 4 cases to the data set and a final N of 138 cases. Therefore, the overall imputed completion rate was 53%.

4.4 Methods of Analysis

Initial cleaning of data was done in Microsoft Excel. Statistics were run using IBM's SPSS 25. A codebook was created to keep track of these changes and so that what values were replaced as 0 or 1 for dichotomous variables, and 1 through 7 for Likert scale variables, could be understood.

Scale variables were created for the five factors of the Menstrual Attitudes Questionnaire (Cronbach's $\alpha=0.882$) as outlined by Brooks-Gunn and Ruble: Debilitating (Cronbach's $\alpha=0.868$), Bothersome (Cronbach's $\alpha=0.730$), Natural Event (Cronbach's $\alpha=0.798$), Anticipatory

(Cronbach's $\alpha=0.639$), and Denial Factors (Cronbach's $\alpha=0.758$), as well as three scale variables I created: Menstrual Sex Attitude Score (MSA) (Cronbach's $\alpha=0.722$), Menstruation in the Workplace Score (MWA) (Cronbach's $\alpha=0.687$), and a Menstruation as Empowering Score (MAE) (Cronbach's $\alpha=0.723$). These new scale variables show sufficient internal validity, on par with the MAQ, to be incorporated in the analysis.

The MAQ, its factors, the MSA, and MAE ranged from 1 to 7. MWA had a range of 15 to 58—15 being the most negative attitude and 58 the most positive. Attempts were made to have the MSW be a 1 through 7 scale but weighting distorted the variable; this was the only variable to be composed of more than Likert scale questions. The MWA, MSA, and MAE mimicked the MAQ and were created to understand these specific components of the menstruation. The variables were a combination of other variables that were not related to or asked in the MAQ. Certain variables had to be reverse coded; this was done using the original Brooks-Gunn codebook, as well correlation matrices. Additionally, dichotomous-dummy variables were used to make for easier combining.

The MWA has a range of 15 to 58 because it combined a series of yes or no variables and a number of 1 through 7 Likert scale questions. One of these Likert scale questions had to be reverse coded. Several efforts were made to force this variable into a 1 through 7 scale. Variables were multiplied and/or divided to account for weighting; this introduced too much variance into scale variable, rendering it unusable. Two separate work variables were created—a Likert scale variable and dichotomous variable—and then combined with proper multiplication and division. This also introduced too much variance. In the end, the MWA scale variable was simply a combination of the dichotomous variables worth 0 or 1 and the Likert scale variables worth between 1 and 7.

Two tail t-tests were used when comparing one generation with another; an ANOVA was run when comparing all the generations were compared and a Sheffe test was used for post-hoc tests. Again, two t-tests were run to compare Southern workers to non-Southern workers, heterosexual/straight people to non-heterosexual/non-straight people, people of color and whites, sex workers and non-sex workers and parents and non-parents. Two tail-tests between genders could not be run because of the small number of menstruating trans individuals. Also, again, ANOVAs with post-hoc Sheffe tests were used to compare single, monogamous, and polyamorous people and the various education levels. Pearson's R correlations were run between all the scale variables (including the MAQ factors). Listwise deletion was used to create the MAQ, its factors, and my original scale variables, the MSW, MAE, and MSA. Pairwise deletion was used for the analysis in order to retain the maximum sample size possible. Although listwise deletion is generally preferable in statistical analysis because it allows for rigorous comparison across groups with unbiased standard errors (Allison, 2010), pairwise deletion was utilized in order to maximize sample sizes and because of the exploratory nature of the study. Due to the limited sample size (listwise N) and lack of differentiation across all groups, conducting higher order statistical analysis proved unfeasible.

Finally, qualitative analysis was done for the final question of the survey "Is there anything else you'd like to add or share about your menstrual period and your sexuality or your menstrual period and work experiences?" Approximately twenty people answered this question, offering thanks, criticisms, or experiences. This qualitative data helped to explain and expand on some of the quantitative results of the survey.

5 RESULTS

5.1 Descriptives

As indicated in Table 5.1, the average survey participant was a heterosexual, white, cisgender, non-sex working woman, in a monogamous marriage without children categorized as Generation X and living in the Southern United States with a Bachelor's degree earning less than \$30,000 a year.

Table 5.1: Descriptives

<i>Categorical Variables</i>	Frequency	Percent
<i>Sex Worker Status</i>	<i>N=209</i>	
Yes, sex worker	79	37.8
No, not a sex worker	130	62.2
<i>Age</i>	<i>N=177</i>	
Generation Z	5	2.8
Millenials	40	22.6
Generation X	86	48.6
Boomers	40	22.6
Silent Generation	6	3.4
<i>Location</i>	<i>N=181</i>	
United States South	143	79
Not the US South	38	21
<i>Gender</i>	<i>N=210</i>	
Cisgendered woman	195	92.9
Transgendered person with a menstrual cycle	15	7.1
<i>Highest Education Level Completed</i>	<i>N=142</i>	
High School	7	4.9
Some College/Associates Degree	40	28.2
Bachelor's	55	38.7
Master's	22	15.5
Advanced Post-Graduate Degree	16	11.3
Other	2	1.4
<i>Children</i>	<i>N=142</i>	
Have children	47	33.1
Do NOT have children	95	66.9
<i>Total Income Per Year</i>	<i>N=121</i>	
Less than \$30,000	44	36.4

\$30,000 to \$49,999	34	28.1
\$50,000 to \$69,999	25	20.7
\$70,000 or more	18	14.9
<i>Race</i>	<i>N=142</i>	
White	108	76.1
Black/African-American	10	7
Latinx/Hispanic	5	3.5
Mixed	19	13.4
<i>Relationship Status</i>	<i>N=142</i>	
Single	22	15.5
Monogamous marriage	50	35.2
Polyamorous marriage	16	11.3
Monogamous partnership	36	25.4
Polyamorous partnership	9	6.3
Separated/divorced	9	6.3
<i>Sexuality</i>	<i>N=143</i>	
Heterosexual	60	42
Homosexual	13	9.1
Bisexual	47	32.9
Pansexual	16	11.2
Asexual	1	0.7
Other	6	4.2

<i>Numerical Variables: Menstrual Attitudes Questionnaire</i>	Mean	Std.	Range
General (N=140)	3.15	0.72	(1.39, 5.55)
Debilitating Factor (N=143)	3.72	1.07	(1.25, 6.25)
Bothersome Factor (N=143)	2.87	1.14	(1.00, 7.00)
Natural Event Factor (N=143)	3.94	1.28	(1.00, 6.20)
Anticipatory Factor (N=143)	3.01	0.93	(1.20, 6.60)
Denial Factor (N=142)	2.25	0.57	(1.29, 4.86)
<i>Numerical Variables: Menstrual Sex Attitude (N=101)</i>	3.72	0.86	(1.92, 5.62)
<i>Numerical Variables: Menstruation in the Workplace Attitude (N=104)</i>	30.61	8.67	(15.00, 58.00)
<i>Numerical Variables: Menstruation as Empowering (N=114)</i>	3.34	1.50	(1.00, 7.00)

In regards to the average scores on the Menstrual Attitudes Questionnaire (MAQ), Menstrual Sex Attitude (MSA), Menstruation in the Workplace Attitude (MWA), and the Menstruation as Empowering Score (MAE), Table 3.2.1 (below) shows that, on average,

participants had a neutral to slightly below neutral attitude about their periods, in general attitude, sex, work, and empowerment. Both groups had a general MAQ score of 3.15 (n=140), indicating neutral-slightly-negative attitudes. The lowest score of the MAQ was the Denial factor with a mean of 2.25 (n=142). Scores about menstrual sex attitudes and menstruation as empowering were only slightly more positive at 3.72 (Menstrual Sex Attitude; n=101) and 2.24 (Menstruation as Empowering, n=114), respectively. Similarly, Menstrual Workplace scores averaged at 30.61, indicating a slightly positive to neutral attitude.

Table 5.2: Average Menstrual Attitudes Scores

<i>Numerical Variables: Menstrual Attitudes Questionnaire</i>	Mean	Std.	Range
General (N=135)	3.15	0.73	(1.39, 5.55)
Debilitating Factor (N=137)	3.71	1.08	(1.25, 6.25)
Bothersome Factor (N=138)	2.85	1.14	(1.00, 7.00)
Natural Event Factor (N=137)	3.95	1.30	(1.00, 6.20)
Anticipatory Factor (N=137)	3.01	0.94	(1.20, 6.60)
Denial Factor (N=137)	2.25	0.57	(1.29, 4.86)
<i>Numerical Variables: Menstrual Sex Attitude (N=99)</i>	3.69	0.84	(1.92, 5.46)
<i>Numerical Variables: Menstruation in the Workplace Attitude (N=103)</i>	30.57	8.70	(15.00, 58.00)
<i>Numerical Variables: Menstruation as Empowering (N=112)</i>	3.30	1.49	(1.00, 7.00)

5.2 Correlation Between Scale Variables

Psychometric statistics were run to ensure that the scale variables made sense. This was done with the MAQ and its factors to confirm that it is still a reliable menstrual attitudes measurement tool. The MAQ general score was strongly and positively correlated with its factors. The MAQ still held up with only two factors not correlating: the Anticipatory factor and

the Natural Event factor. All other sub-factors correlated with each other. As illustrated in Table 5.3: Correlation Matrix, below, all other sub-factors were significantly correlated with one another. Of the variables I created, the Menstrual Sex Attitude Score, the Menstruation in the Workplace Attitude score, and the Menstruation as Empowerment score, were overall correlated with themselves and the MAQ. The exception being the MSA and the Anticipatory factor. A possible reason for this could be the use of birth control. Use of birth control makes the arrival of a period routinized or gives people the option to not have a period at all; it also eases period symptoms, making sexual activity more available.

The suspected reason for the moderate to weak negative correlations that are significant between the MWA and most other variables is that too much variance was introduced when creating the MWA scale because it could not be weighted to fit the 1 through 7 scale like the other variables. Another possible reason for this association lies in the difference between the public and private spheres: menstruators might feel more confident about their periods *in general* but struggle with them at work because of the public nature of most workplaces, as well as the fact that not every workplace is sex-segregated anymore.

Table 5.3: Correlation Matrix\

<i>MAQ</i>	<i>MAQ</i>	<i>Deb.</i>	<i>Bother</i>	<i>Nat.</i>	<i>Ant.</i>	<i>Den.</i>	<i>MSA</i>	<i>MWA</i>	<i>MAE</i>
Gen.	1	0.88***	0.66** *	0.61** *	0.64***	0.61***	0.14	- 0.55** *	0.39***
Deb.		1	0.37** *	0.28**	0.58***	0.50***	0.08	- 0.56** *	0.21^
Bot.			1	0.64** *	0.15	0.18^	0.24 *	-0.22*	0.53**
Nat.				1	0.17	0.27**	0.21 ^	- 0.34**	0.51***
Ant.					1	0.51***	-0.10	- 0.31**	0.034
Den.						1	0.08	- 0.35** *	0.17
<i>MSA</i>							1	0.098	0.638** *
<i>MW</i>								1	-0.14
<i>A</i>									
<i>MAE</i>									1

^=.10 *=.05 **=.01 ***=.001

5.3 Sex Workers Versus Non-Sex Workers

A central tenant of this study was to see if there was a difference in menstrual attitudes towards periods between sex workers and non-sex workers. I hypothesized that sex workers would have different menstrual attitudes from non-sex workers because of having to balance the deviance of menstruation and sex work. I was partially correct. Table 5.4 below shows that all other scores were analogous and were overall slightly below neutral with averages ranging from 2.18 to 4.03 for sex workers and 2.30 to 3.90 for non-sex workers for the MAQ and its factors. The MAE score was the only statistically significant difference ($p=0.05$). The reason for the higher MAE score among sex workers might be because in contending with sex worker stigma, they were able to contend with menstrual stigma and negate both. More normative women may

not necessarily have to balance stigmas and therefore felt negatively towards their periods, period sex, and working during their periods. There is the possibility that sex workers are already empowered by sex and sexuality—sex during periods, therefore, are another way to be empowered via other atypical sexual behaviors. This goes back to Ashforth and Kreiner’s (1999) idea that people in “dirty jobs—such as sex work—have reframed themselves to be good people doing good work.

Table 5.4: Sex Workers versus Non-Sex Workers

MAQ	Sex Workers				T-Test	Non-Sex Workers			
	Pairwise N	Mean	Std .	Range		Pairwise N	Mean	Std .	Range
Gen.	55	3.20	0.63	(2.03, 4.55)	-0.63	80	3.12	0.79	(1.39, 5.55)
Deb.		3.85	1.04	(2.08, 6.25)	-1.20		3.62	1.10	(1.25, 6.00)
Both.		2.94	1.07	(1.00, 5.00)	-0.83		2.78	1.19	(1.00, 7.00)
Nat.		4.03	1.37	(1.00, 6.20)	-0.60		3.90	1.25	(1.00, 6.20)
Ant.		3.00	0.91	(1.20, 6.00)	0.03		3.01	0.97	(1.20, 6.60)
Den.		2.18	0.48	(1.29, 3.43)	1.19		2.30	0.63	(1.29, 4.86)
MSA		38	3.86	0.88	(2.08, 5.31)		-0.166	70	3.58
MWA	37	32.45	7.67	(20.00, 56.00)	-1.66	66	29.52	9.12	(15.00, 58.00)
MAE	42	3.71	1.67	(1.00, 7.00)	2.30*	61	3.06	1.32	(1.00, 6.00)

^=.10 *=.05 **=.01 ***=.001

5.4 Gender and Race

Because the sample size for non-women menstruators was extremely small (n=9), no statistical analyses were performed. This would lend itself marvelously to a qualitative study in the future. Please refer to Table 9.1 in Appendix B for a full breakdown.

Where the race variable contained a larger sample size (n=33 for POC and n=106 for whites), there was only a statistical significant difference between the general MAQ and the Debilitating factor. Both groups averaged a slightly below neutral score in the MAQ and its factors, the MAE, the MSA, and the MWA. Whites had slightly higher scores in the MAQ, MSA, MAE, but POC had a higher MWA score ($\mu=32.90$, n=33). Appendix B contains a full breakdown and possible explanations for the differences. My hypothesis was partially upheld.

5.5 Age, Location, and Education

5.5.1 *Generational Differences*

Respondents' ages were categorized into six generations: Generation Z (listwise n=1), Millennials (listwise n=9), Generation X (listwise n=31), Boomers (listwise n=19), and the Silent Generation (n=3). (Average scores of these groups are available in Table 9.3 in Appendix B.) Because of the small sample size, no tests were run on the Silent Generation or Generation Z. An ANOVA with Sheffe post-hoc was run to compare all three groups. When all three groups were compared using a one-way ANOVA, the Bothersome and Anticipatory factors were both marginally significant (p-value=0.06 and 0.09, respectively). Menstruation education has not changed much throughout the years, consequently making differing attitudes between generations difficult. The difference in these two areas might be related to the advent of the acceptance of birth control and the greater understandings of illnesses that affects female reproductive organs (such as endometriosis). Although results seem to indicate no significant generational differences (as I had hypothesized), these results must be tempered by sample size limitations.

Table 5.5.1: Generational Differences

	<i>Millennials</i>	<i>Generation X</i>	<i>Boomers</i>
<i>Menstrual Attitudes Questionnaire</i>	<i>Listwise</i> <i>N=9</i>	<i>Listwise</i> <i>N=31</i>	<i>Listwise</i> <i>N=19</i>
General	<i>Non-Significant</i>		
Debilitating Factor	<i>Non-Significant</i>		
Bothersome Factor	<i>p-value=0.06[^]</i>		
Natural Event Factor	<i>Non-Significant</i>		
Anticipatory Factor	<i>p-value=0.09[^]</i>		
Denial Factor	<i>Non-Significant</i>		
<i>Menstrual Sex Attitude</i>	<i>Non-Significant</i>		
<i>Menstruation in the Workplace Attitude</i>	<i>Non-Significant</i>		
<i>Menstruation as Empowering</i>	<i>Non-Significant</i>		

[^]=.10 *=.05 **=.01 ***=.001

5.5.2 Geography

I had hypothesized that there would be a difference in menstrual attitudes based on location because of the laws and culture of the South. These results show that culture can influence menstrual attitudes, because, as previously discussed, sex work in the South is explicitly stigmatized through laws in ways not seen elsewhere; it would therefore make sense that the female form is overall seen as a body to be stigmatized as reflected in menstrual attitudes. When conducting T-tests, as seen in Table 5.5.2, there was a statistically significant difference in the general MAQ, the MAQ Debilitating, Anticipatory, Denial factors. These results show that culture can influence menstrual attitudes. This can also be a result of the difference in sex education in various parts of the nation; this is especially salient regarding understanding the general MAQ score and its Anticipatory factor. Non-Southerners had a mean of 3.48 (n=30)—a relatively neutral score—compared to the Southern mean score of 2.89 (n=110).

Beyond legal stigmatization, the vulva is also socially controlled via birth control and medicalization, capitalism, and sex education. All these forms of social control are especially salient in the South. Therefore, alternative explanations of the Debilitating and Denial factors could be because of how birth control usage differs between the two locations. In future studies, birth control usage for period elimination and sex education history can act as additional mechanisms to measure stigmatization of the female body.

Table 5.5.2: Geography

MAQ	Southern United States				T-Test	NOT-Southern United States			
	Pairwise N	Mean	Std.	Range		Pairwise N	Mean	Std.	Range
Gen.	110	3.07	0.67	(1.39, 4.85)	-2.74**	30	3.46	0.83	(2.27, 5.55)
Deb.		3.61	1.06	(1.25, 6.25)	-2.80**		4.19	1.02	(2.17, 5.83)
Both.		2.86	1.19	(1.00, 7.00)	-0.40		2.94	1.00	(1.33, 5.00)
Nat.		3.87	1.30	(1.00, 6.20)	-1.08		4.17	1.18	(1.60, 6.20)
Ant.		2.89	0.87	(1.20, 6.60)	3.21**		3.48	1.06	(2.00, 6.00)
Den.		2.18	0.49	(1.29, 3.57)	2.77**		2.51	0.76	(1.86, 4.86)
MSA		76	3.72	0.88	(1.92, 5.62)		0.06	25	3.71
MWA	82	31.30	8.82	(15.00, 58.00)	1.35	22	28.40	7.87	(19.14, 47.00)
MAE	91	3.31	1.53	(1.00, 7.00)	-0.42	23	3.46	1.40	(1.00, 6.00)

^=.10 *=.05 **=.01 ***=.001

5.5.3 Education

Like the age variable, analysis was run on the three education levels with the largest number of respondents: some college/associates degree, Bachelor's degree, and post-graduate degrees (average scores of these groups are in Table 9.3 in Appendix B). T-tests were run between pairings of these three groups, as seen in Table 9.4 in Appendix B and a one-way

ANOVA was run between all three. When comparing some college/associates degrees (listwise $n=22$) with Bachelor's degrees (listwise $n=27$), the general MAQ score ($p\text{-value}=0.10$) and the Debilitating ($p\text{-value}=0.05$) factor were significant. When comparing some college/associates degrees with post-graduate degrees (listwise $n=16$), there were differences between the general MAQ scores ($p\text{-value}=0.10$), the Debilitating factor ($p\text{-value}=0.05$), and the Denial factor ($p\text{-value}=0.10$). There were no differences between Bachelor's degrees and post-graduate degrees. The ANOVA test revealed no significant differences, proving my hypothesis wrong. These results, accordingly, indicate that education differences influence menstrual attitudes at the some college/associates degrees level. Completion of college—be it four years or more—does not really affect menstrual attitudes. This points to a need for greater sex and body education at lower-levels—the same lower-levels that all people have access to—as opposed to allowing menstrual to only be influenced by institutions (such as higher education) for those that can afford it.

Table 5.5.3: Education Levels

	<i>Some College</i>	<i>Bachelor's</i>	<i>Post-Graduate</i>
<i>MAQ</i>	<i>Pairwise N=22</i>	<i>Pairwise N=27</i>	<i>Pairwise N=16</i>
Gen.	<i>Non-Significant</i>		
Deb.			
Bother.			
Nat. Event			
Ant.			
Den.			
<i>MSA</i>			
<i>MWA</i>			
<i>MAE</i>			

5.6 Sexuality, Relationships, and Children

Sexuality was split into two comparative categories: straights and non-straights. Non-straights captured people in the dominant sexuality: gays, lesbians, bisexuals, pansexuals, and

asexuals. These groups did not have statistically significant differences in the MAQ or its factors or in their menstrual sex attitudes. They did have statistical difference in their attitudes about the Bothersome and Natural Event factors, as well as menstruation in the workplace and in understanding menstruation as empowering, seen in Table 5.6.1. Heterosexual people had an average of almost 29 (n=42) in their MWA score and heterosexual people had negative MAE score ($\mu=3.19$, n=48), while non-heterosexual people had a slightly higher MAE score of 3.44 (n=66). Therefore, my hypothesis was partially correct. A possible reason for the more neutral attitudes in non-heterosexual people is that in dealing with possible stigma of to their sexuality, they also dealt with stigma related to menstruation, making it natural part of life and the workplace. Additionally, lesbian women might not be as afraid of menstruation because they are used to constantly being surrounded by periods—their own and their partners. They might find periods less bothersome because they can have more empathetic support from a partner that also has a similar experience. Accepting multiple stigmatizing parts of themselves as “normal”, “natural”, or simply “a part of life” might include sexuality, periods, and other things society has deemed non-normative. If sex workers can neutralize their compounded stigmatizations, non-straight people can also do the same. In fact, as evidenced in the literature, sex workers have the ability to pass as non-sex workers; if a non-heteronormative person cannot pass for heterosexual, the neutralization of this stigma is even more important.

Table 5.6.1: Sexuality

MAQ	Heterosexual/Straight				T-Test	Not-Heterosexual/Not-Straight			
	Pairwise N	Mean	Std.	Range		Pairwise N	Mean	Std.	Range
Gen.	59	3.24	0.7	(1.82, 5.55)	1.33	81	3.08	0.7	(1.39, 4.85)
Deb.		3.76	1.1	(2.00, 6.25)	0.12		3.72	1.0	(1.25, 6.00)
Bother.		3.12	1.2	(1.00, 7.00)	2.22*		2.70	1.0	(1.00, 5.00)
Nat.		4.19	0	(1.40, 6.20)	2.25*		3.75	1.3	(1.00, 6.00)
Ant.		2.94	0.9	(1.20, 5.80)	-0.76		3.07	0.9	(1.20, 6.60)
Den.		2.29	0.6	(1.29, 4.86)	0.58		2.22	0.5	(1.29, 3.43)
MSA		46	3.60	0.8	(2.23, 5.50)		-1.31	55	3.82
MWA	42	28.8	6.7	(18.00, 47.00)	-1.74^	62	31.8	9.6	(15.00, 58.00)
MAE	48	3.19	1.2	(1.00, 5.00)	-0.91	66	3.44	1.6	(1.00, 7.00)

^=.10 *=.05 **=.01 ***=.001

Three relationship statuses were compared using one-way ANOVAs: unattached/single people, monogamous people (be it long term relationships, marriage, etc.), and polyamorous people (also known as consensual non-monogamists). (Average scores in these groups is in Table 9.5 in Appendix B.) This ANOVA in Table 5.6.2 below only yielded statistically significant results in regards to menstruation as empowering (p-value=0.08), with the difference being between menstruators in monogamous relationships and menstruators in consensually non-monogamous relationships. My hypothesis was partially correct. Consensual non-monogamists were the only ones to have a truly neutral MAE score of 4, while single people averaged a 3.89 and monogamous people had the lowest average at 3.10. This might be because menstruators with multiple partners are more likely to have at least one partner who does not mind period sex; if they are bisexual, a relationship with a woman might also increase their empowerment score

via a mutual empowerment between the couple. Furthermore, polyamorous people are already a part of a deviant group and in neutralizing that stigma, may have also neutralized period stigma. Single women do not have to contend with anyone about their periods except themselves—it would therefore posit that they would have the most neutral or positive score. While they do not have the most positive/neutral score, they were not that far behind. By contrast, monogamous menstruators had the lowest score. This is probably due to the heteronormativity that surrounds monogamy and the idea of disgust that many males expressed in the literature review.

Additionally, it is possible that menstruation was not empowering because of the emotional labor that goes into having menstrual sex (as indicated in the literature review) and therefore, monogamous couples—especially heterosexual ones—might struggle with viewing their periods as empowering. Overall, unattached people had the closest and most positive to neutral scores. Despite the high empowerment score, consensual non-monogamists had the lowest MAQ score ($\mu=2.91$, $n=15$). This gap suggests that empowerment does not mean that a menstruator has to have a high regard of their period to find it empowering; perhaps there is empowerment in have a negative period attitude and embracing that menstruation, for many people, is a painful experience, both physically and mentally. Monogamists only had the most neutral score in one area: the debilitating factor ($\mu=3.78$, $n=51$). Otherwise, their scores were some of the lowest. A potential reason for this is that most people with medical conditions that made periods difficult just so happened to be single or polyamorous. Another reason is that having a continuous partner to rely (as opposed to no partner or having to explain the debilitating nature of menstruation to multiple partners) provided a way to ease the difficulties of menstruation and source of reliability in accomplishing daily tasks that menstruation might render impossible.

Table 5.6.2: Menstrual Attitudes in Various Relationship Styles Using ANOVA

	<i>Unattached</i>	<i>Monogamy</i>	<i>Consensual Non-Monogamy/Polyamory</i>
MAQ	<i>Pairwise N=14</i>	<i>Pairwise N=51</i>	<i>Pairwise N=15</i>
Gen.	<i>Non-Significant</i>		
Deb.			
Bother.			
Nat.			
Event			
Ant.			
Den.			
<i>MSA</i>			
<i>MWA</i>			
<i>MAE</i>	<i>p-value = 0.08[^]</i>		
	[^] =.10 *=.05 **=.01 ***=.001		

There were no statistically significant differences between parents and non-parents, making my hypothesis incorrect. Table 9.6 in Appendix B contains a full-breakdown and T-test results.

5.7 Qualitative Analysis

At the end of the survey, respondents had the option to add in additional comments. Approximately twenty comments were left in total. Many stood out because of their description of period sex, judgment, and the difficulties of having an illness that affects menstruation. One respondent wrote, "My periods are heavier than average, so even at jobs where I work with other women, I'm usually the one who has to go to the bathroom "too often" or is generally weak and doesn't perform as well for a whole week every month. Cisgender male employers and co-

workers, and even some women, definitely underestimate how bad periods can actually be, and I end up feeling embarrassed about how much they affect me. I've only had to work a couple of burlesque shows while on my period so far, and luckily, I felt comfortable talking about it backstage with my cast mates; I feel more support and sympathy from this line of work. I'm dreading the inevitable occasion where I might have to drop out of a show because it lands on the heavy flow days.” Inclusion words and phrases such as “underestimate”, “even some women”, and “feeling embarrassed” indicate that periods are difficult for menstruators even when surrounded by other women; this participant surprisingly found sex workers kinder about her period than others. Again, this might be related to stigma management. This discomfort in the workplace was echoed by a participant who worked in people’s homes as part of their job and did not feel comfortable using their bathrooms (Comment 14, Appendix C). A different respondent, because of their job, worried about infection because of a lack of places to stop and change out pads/tampons—this poses a workplace hazard for women that most employers probably do not consider.

Another participant expressed a tension between her want for period sex and her period symptoms: painful cramps made sex impossible but surging hormones made her want sex, but said sex also made her period pains worse. Considering how many women and magazines tout period sex as a cure for menstrual pains, this person has had to be on the receiving end of the opposite experience. Moreover, another participant was able to use period sex as a weapon of sorts, denying all sex to the male partner that refused period sex (Comment 8, Appendix C). Additionally, one more comment expressed that accidental period sex “wasn’t so bad but still doesn’t appeal to me if I know I’m bleeding.” She then went on to explain that she relied on birth control to limit periods and so that “it wouldn’t interfere with my life so much” but the effects of

birth control are making her have to experience a period for the first time again in a while. This period was described as having a “knack for being irregular and VERY [respondent emphasis] inconvenient (i.e. starting as we leave on a sex-oriented vacation even though I tried to plan around it)”. Finally, the other interesting component of this response was that it directly referred to polyamorous period planning and menstruator-menstruator relationships: “I also dislike having to accommodate two menstrual cycles in my relationships with women when our time is limited to begin with due to poly saturation. I’m hoping menopause happens soon”. Menopause is the ultimate break from the labor of period management. This woman’s response of poly saturation and multiple-menstruator planning might also indicate why polyamorous people had general lower attitudes about menstruation: the inconvenience aspect tainted all other aspects.

When discussing job interference, one person ended their comment with “I feel very lucky to have a moderate cycle”. This idea of luck in how a body reacts to conducting a normal biological function indicates extreme social control and that women can be pitted against each other for who has the “better” or “worse” period, and therefore, who can succeed at femininity better. Only one person expressed a positive attitude towards menstruation as a normal biological function: “Having my period is part of what makes me feel like a woman. It’s natural, it’s annoying; but at the end of the day, it’s all part of the workings of the universe”.

5.8 Limitations

This work is limited in its ability to make generalizations due to limited sample size and the exploratory nature of the study itself. Accrual of more participants, especially sex workers, would greatly expand the applicability and generalizability of the study. The limited sample size did not allow for higher order statistical analyses to be performed and existing analyses within this paper must be tempered. Furthermore, the next rendition of this survey

would do well to include questions about medical conditions that affect menstruation (such as endometriosis or poly-cystic ovarian syndrome); many participants in this survey left comments to such an effect in the open response question. Therefore, I was not able to apply a medicalization framework. Having sex-workers self-identify is a limitation because there are certain jobs that I classify as sex work but that the workers of these jobs may not identify as sex workers. Additionally, some sex workers may not have identified as such because their main work is not sex work and therefore disassociate from sex work.

5.9 IMPLICATIONS AND DISCUSSION

The overall results of this study indicate that there is no significant difference between menstrual attitudes, workplace attitudes, menstrual sex attitudes, or menstrual empowerment attitudes between and within sex workers and non-sex workers. However, that was because all menstruating females showed high levels of dislike(?) towards their periods, regardless of occupation, age, or other differences. Thus, the results of this exploratory analysis indicate a critical gap in research on the continuing stigma of menstruation. Shame and stigma are used as means of social control over sex workers and menstruators. Stigma layering makes power condensing easier for the dominant group. Failure to even address the intersection of sex work and menstruation in previous research is an example of power at play: being willing to bring the topic out of the darkness makes it so that future researchers can ask the questions I did with more fruitful results. The results of this study point to a deeply needed change in menstrual education, understanding, and construction. With countering messages of empowerment and shame, menstruators are left feeling ambivalent about their periods, making a true change in menstrual attitudes seem near impossible. Combined with changing understandings of gender and

biological sex—not all cisgender women have periods, men can have periods, not all women bleed—change is needed.

First through education. If, as the cliché goes, knowledge is power, than telling both boys and girls in their elementary public school classes about menstruation and all aspects of puberty to both groups of students *at the same time*, children with penises will not judge or mock their menstruating classmates and not have them fear periods as they become adults. Additionally, education will benefit future-menstruators because they will not think of menstruation as abnormal or unnatural. The idea is that menstruation should be put forth as any other biological function—it is like how some people have nose bleeds and others never do. This shift in ideology will result in the veil of stigma being pulled back from menstruation.

Secondly, change needs to occur at the national political and medical level. Doctors possess much power over menstruator's bodies and if they are not properly educated or held accountable for how medicalization has harmed menstruators, change will not happen. At the national level, the taxation of menstrual hygiene products as a luxury further compounds the idea that periods are abnormal. This tax reifies patriarchy. This tax also is another way in which poor people are penalized, comparable to how higher education benefits those that can afford. Yes, people can work harder and make more money and receive a college education and maybe even one day splurge on a tampon made of organic cotton, but the point is that *these social structures only benefit one social group*. These policies continue to other the other.

Like most women's work, sex work is disregarded as “easy”. It is both physically and emotionally demanding. I ask: if sex is a natural human want and function and it “natural” for men to pay for it, why is a period “unnatural”? Why are human bodies—particularly those of women, trans people, and people of color—policed, prodded, and controlled into submission?

Who does this benefit? Menstruation is a mark of a person failing to control their body to social constructed rules that, at best, do nothing to help the body, or, at worst, cause the body to risk infection, blood clots, and pain. To quote Maia Schwartz, “Menstruation is the only blood that is not born from violence, yet it’s the one that disgusts you the most” (Malpani 2017).

6 CONCLUSION AND FUTURE RESEARCH

Still thinking about Sis in Atlanta who was arrested+detained for 14hrs because she was buying tampons past curfew. And when she told the BLACK officer, he told her it's her fault because she wasn't prepared and his wife+daughter always are. 14hrs in jail for tampons. Tweet by Candice Marie Benbow on June 2, 2020 about Bekah Topaz

The general conclusion from this study is that menstruators do not like their periods. Despite contemporary ideas that menstruation is more accepted now than ever, women still feel that periods are a burdensome event. Considering some of the advertisements from the literature review and some of the comments left at the end of the survey, menstruators feel an ambivalence towards their periods because of the conflicting messages. In many ways, the matter boils down to a patriarchy that does not women to feel empowered about their periods unless it is for the benefit of capitalism via the purchasing of organic pads and tampons and reusable period underwear or via the pharmaceutical industry with the redefining of a “pill period”. Ambivalence—instead of hatred—might very well be the only menstrual empowerment current society can hope for.

The above quote demonstrates the extreme results of compounded stigma. I conducted this study to provide evidence that menstrual stigma is a toxic stigma that is further made toxic by other stigmas associated with social control. A period is a means to control a vulva with physical evidence. Bekah Topaz’s situation, from above, brings together so many of my concerns from this research: race, gender, location, and menstruation. Bekah’s story is an example of the punishments women face for menstruating. In this instance, not even a pandemic can prevent

menstrual stigma—instead, it provided another means by which to punish menstruators. While results from this study must be tempered by its exploratory nature, it offers evidence that menstrual stigma and negative menstrual attitudes are ubiquitous, and the consequences are *real and injurious*. Compounded stigmas of menstruation and sexual control are theoretically grounded with traumatic consequences.

6.1 Future Research

My future research will continue to focus on menstruation, in both quantitative and qualitative research. In addition, I would like to streamline my current survey and include components of the Menstrual Distress Questionnaire and Menstrual Joy Questionnaire. Also, questions about religion would be interesting. These questions could then be used in a comparative study of secular menstruators, secular menstruators, and religious menstruators; this is especially salient because of how patriarchy is embedded into the three major Abrahamic religions. I would have liked to have asked about a parent's child's gender; I now hypothesize that parents who have daughters would have a different understanding of periods than if they did not have children or had sons. I also think age would play a difference—teen daughters experiencing menstruation would influence a parent's menstrual attitude differently than a newborn girl child would. I do this in the hopes that I can capture multiple aspects of the menstrual experience, though I risk creating a very long survey. I additionally hope to be able to expand the survey into an interview guide to be used for qualitative research that can then be used to probe survey participants who consent to interviews. I likewise hope to expand to my research of menstruation to research about other “biologically” female phenomena, such as pregnancy, birth control, or Pap smears. I am interested in looking more into the experiences of religion and menstruation, pregnancy, and infertility. Religion has long remained a key social

force of controlling the female body and sexuality and though not codified into US law, the effects of religion are still seen.

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8 APPENDIX A

8.1 Recruitment Script

Hello, my name is _____. I am a graduate student at Georgia State University in the Sociology Department. I am conducting research on menstrual attitudes and the types of work women do. I am asking if you would be interested in taking a survey related to this topic.

Participation in this research includes taking a survey about your attitudes toward periods and your type of work (sex work or non-sex work). The survey takes approximately 30 minutes and is online and completely anonymous.

If you have any questions or would like to participate in the research, I can be reached at *the phone number or email on this slip of paper that also contains the link to the survey.*

Hand potential participant the slip of paper that contains link to survey and contact information.

8.2 LET'S TALK ABOUT SEX, BABY!

Over 18 years old?
Have a period?

Take the “Menstrual Attitudes and Work” Online Research Survey

Scan the code or follow this link:

bit.ly/BloodyHellSurvey



The purpose of this study is to study the relationship of work, sex, and menstrual period cycles.

Participation is entirely voluntary and appreciated!

Questions? Contact Athanasia Platis (aplatis1@student.gsu.edu) or Dr. Daniel Pasciuti (dpasciuti@gsu.edu)

8.3 Title: “Menstrual Attitudes and Sex Work”

Principal Investigator: Athanasia Platis

I. Purpose:

You are invited to participate in a research study. The purpose of the study is to investigate the relationship between types of work (sex work or not) cisgender women do and their attitudes towards their periods. You are invited to participate because you are a cisgender-appearing woman. A total of 200 participants will be recruited for this study. Participation will require 30 minutes of your time to complete this survey.

II. Procedures:

If you decide to participate, you will be asked to answer a series of questions about your menstrual attitudes and the type of work you do. This is a one-time online survey that is anonymous, totaling 30 minutes.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life.

IV. Benefits:

Participation in this study may not benefit you personally. Overall, we hope to gain information about attitudes about periods.

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any potential known or unknown benefits to which you are otherwise entitled.

VI. Confidentiality:

We will keep your records private to the extent allowed by law. Athanasia Platis will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly. All surveys will be completely anonymous; your name will not appear on study records. The IP address and location associated with the IP address will not be collected. The information you provide will be stored on a password protected One Drive that only Athanasia Platis will have access to. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

VIII. Contact Persons:

Contact Athanasia Platis at aplatis1@student.gsu.edu or 7029855624 if you have questions, concerns, or complaints about this study. You can also call if you think you have been harmed by the study. Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, offer input, obtain information, or suggestions

about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

IX. Copy of Consent Form to Participant:

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research, please sign below.

Participant

Date

Principal Investigator or Researcher Obtaining Consent

Date

8.4 “Menstrual Attitudes and Work”

1. How old are you? _____
2. What is your education level?
 - Less than high school
 - High school
 - Some college/associates degree
 - Bachelor’s degree
 - Master’s degree
 - PhD
3. What is your race/ethnicity?
 - White
 - Black/African-American
 - Asian
 - Latinx/Hispanic
 - Native American/Indian
 - Native Hawaiian/Pacific Islander

Circle the number that best approximates that how much you agree or disagree with the statement.

1 means you strongly disagree.

4 means you neither agree nor disagree.

7 means you strongly agree.

1. A woman’s performance in sports is not affected negatively by menstruation.
1 2 3 4 5 6 7
2. I feel as fit during menstruation as I do during any other time of the month.
1 2 3 4 5 6 7
3. Menstruation is something I just have to put up with.
1 2 3 4 5 6 7
4. The recurrent monthly flow of menstruation is an external indication of a woman’s general good health.
1 2 3 4 5 6 7
5. Most women show a weight gain just before or during menstruation.
1 2 3 4 5 6 7
6. Cramps are bothersome only if one pays attention to them.
1 2 3 4 5 6 7

7. Women are more tired than usual when they are menstruating.
1 2 3 4 5 6 7
8. Women just have to accept the fact that they may not perform as well when they are menstruating.
1 2 3 4 5 6 7
9. Menstruation provides a way for me to keep in touch with my body.
1 2 3 4 5 6 7
10. Menstruation is a reoccurring affirmation of womanhood.
1 2 3 4 5 6 7
11. My own moods are not influenced in any major way by the phase of my menstrual cycle.
1 2 3 4 5 6 7
12. I barely notice the minor physiological effects of my menstrual periods.
1 2 3 4 5 6 7
13. I expect extra consideration from my friends when I am menstruating.
1 2 3 4 5 6 7
14. I realize that I cannot expect as much of myself during menstruation compared to the rest of the month.
1 2 3 4 5 6 7
15. In some ways, I enjoy my menstrual periods.
1 2 3 4 5 6 7
16. I can tell my periods is approaching because of breast tenderness, backache, cramps, or other physical signs.
1 2 3 4 5 6 7
17. Others should not be critical of a woman who is easily upset before or during her menstrual period.
1 2 3 4 5 6 7
18. The physiological effects of menstruation are normally no greater than other usual fluctuations in physical state.
1 2 3 4 5 6 7
19. I don't believe my menstrual period affects how well I do on intellectual tasks.
1 2 3 4 5 6 7
20. Men have a real advantage in not having the monthly interruption of a menstrual period.
1 2 3 4 5 6 7

21. Menstruation is an obvious example of the rhythmicity which pervades all of life.

1 2 3 4 5 6 7

22. I am more easily upset during my premenstrual or menstrual periods than at the other times of the month.

1 2 3 4 5 6 7

23. A woman who attributes her irritability to her approaching menstrual period is neurotic.

1 2 3 4 5 6 7

24. I don't allow the fact that I'm menstruating to interfere with my usual activities.

1 2 3 4 5 6 7

25. I hope it will be possible someday to get a menstrual period over within a few minutes.

1 2 3 4 5 6 7

26. Menstruation allows women to be more aware of their bodies.

1 2 3 4 5 6 7

27. I have learned to anticipate my menstrual period by the mood changes which precede it.

1 2 3 4 5 6 7

28. Woman who complain of menstrual distress are just using that as an excuse.

1 2 3 4 5 6 7

29. Menstruation can adversely affect my performance in sports.

1 2 3 4 5 6 7

30. Avoiding certain activities during menstruation is often very wise.

1 2 3 4 5 6 7

31. The only thing menstruation is good for is to let me know I'm not pregnant.

1 2 3 4 5 6 7

32. Most women take too much of the minor physiological effects of menstruation.

1 2 3 4 5 6 7

33. Premenstrual tension/irritability is all in a woman's head.

1 2 3 4 5 6 7

34. What type of work do you do?

Non-sex work

Sex work (including but not limited to stripping, selling of sexual favors, BDSM work)

QUESTIONS FOR NON-SEX WORKERS

1. What type of work do you do?
 - Office work
 - Medical field
 - Educator
 - Childcare
 - Retail
 - Unemployed
 - Stay-at-home parent

2. Have you ever had to take a day off work because of your period?
 - Yes
 - No

3. If yes, why have you had to take off of work or leave work early because of your period? (Check all that apply).
 - Pain (back pain, uterine pain, general achiness related to bleeding)
 - Cramps
 - Digestion problems
 - Did not have a pad/tampon/cup with me
 - Other (please explain): _____

4. Rate how much you agree with the following statements:

I feel sexy on my period.

1 2 3 4 5 6 7

I feel less sexy on my period.

1 2 3 4 5 6 7

I feel sexier on my period.

1 2 3 4 5 6 7

I enjoy having sex on my period.

1 2 3 4 5 6 7

I think period sex is gross/disgusting/unnatural.

1 2 3 4 5 6 7

I only have/would have menstrual sex to please a partner.

1 2 3 4 5 6 7

I would let a partner give me oral sex during my period.

1 2 3 4 5 6 7

I judge women who have period sex negatively.

1 2 3 4 5 6 7

I cannot complete my job as well when I am on my period.

1 2 3 4 5 6 7

I worry I will be judged by coworkers for being on my period at work.

1 2 3 4 5 6 7

I worry I will not be taken as seriously as worker because I am on my period.

1 2 3 4 5 6 7

I think other women at my job do not perform as well when they are bleeding.

1 2 3 4 5 6 7

I feel empowered during my period.

1 2 3 4 5 6 7

I feel especially good at my job when I am on my period.

1 2 3 4 5 6 7

Is there anything else you'd like to add or share about your menstrual period and your sexuality or your menstrual period and work experiences?

That was the final question of this survey. Thank you! Your story is of value and important. Your time and talents are appreciated.

QUESTIONS FOR SEX WORKERS

1. Have you ever exchanged sexual favors/behaviors for goods and/or money?
 Yes
 No

2. What type of work do you do or have done? (Check all that apply)
 Stripping/exotic dancing/burlesque
 Full service sex worker (prostitute, escort, call girl)
 Professional dominatrix
 Pornographic actress
 Sugar baby
 Erotic masseuse/ "happy ending" masseuse
 Cam girl
 Phone sex operator

3. Do you identify as a sex worker?
 Yes
 No

4. Have you ever had to take a day off of your sex-based work because of your period?
 Yes
 No

5. If yes, why have you had to take off of work or leave work early because of your period?
(Check all that apply).
 Pain (back pain, uterine pain, general achiness related to bleeding)
 Cramps
 Digestion problems
 Did not have a pad/tampon/cup with me
 Other (please explain): _____

6. Have you ever been rejected by a client for having your period?
 Yes
 No
 I don't know

7. Have you ever been sought out by a client because you are bleeding?
 Yes
 No
 I don't know

8. Rate how much you agree with the following statements:

I feel sexy on my period.

1 2 3 4 5 6 7

I feel less sexy on my period.

1 2 3 4 5 6 7

I feel sexier on my period.

1 2 3 4 5 6 7

I enjoy having sex on my period.

1 2 3 4 5 6 7

I think period sex is gross/disgusting/unnatural.

1 2 3 4 5 6 7

I only have/would have menstrual sex to please a partner.

1 2 3 4 5 6 7

I would let a partner give me oral sex during my period.

1 2 3 4 5 6 7

I judge women who have period sex negatively.

1 2 3 4 5 6 7

I cannot complete my job as well when I am on my period.

1 2 3 4 5 6 7

I think other women at my job do not perform as well when they are bleeding.

1 2 3 4 5 6 7

I feel empowered during my period.

1 2 3 4 5 6 7

I enjoy working more on my period.

1 2 3 4 5 6 7

I lose money during my period.

1 2 3 4 5 6 7

I have to resort to extreme means of keeping my period hidden at work.

1 2 3 4 5 6 7

Sex work has made me feel better about my period.

1 2 3 4 5 6 7

Sex work has made me feel better about my body.

1 2 3 4 5 6 7

Sex work has empowered me.

1 2 3 4 5 6 7

I worry I will be judged by coworkers for being on my period at work.

1 2 3 4 5 6 7

I worry I will not be taken as seriously as worker because I am on my period.

1 2 3 4 5 6 7

Sex workers who have do sexual things with clients while on their periods are not good sex workers.

1 2 3 4 5 6 7

I would do sexual things with a client while on my period unless the client said no.

1 2 3 4 5 6 7

I would have period sex with a client but not a non-client partner.

1 2 3 4 5 6 7

I would have period sex with a non-client partner but not with a client.

1 2 3 4 5 6 7

I would charge a client more if I was working during my period.

1 2 3 4 5 6 7

I base my work schedule around the heaviness of my bleeding.

1 2 3 4 5 6 7

I feel especially empowered when working on my period.

1 2 3 4 5 6 7

Is there anything else you'd like to add or share about your menstrual period and your sexuality or your menstrual period and work experiences?

That was the final question of this survey. Thank you! Your story is of value and important. Your time and talents are appreciated.

9 APPENDIX B

Table 9.1:: Average Menstrual Scores by Gender

MAQ	Cisgender Women				Non-Cisgender People			
	Pairwise N	Mean	Std.	Range	Pairwise N	Mean	Std.	Range
Gen.	131	3.17	0.72	(1.39, 5.55)	9	2.89	0.71	(2.06, 3.70)
Deb.		3.75	1.07	(1.25, 6.35)		3.56	1.06	(2.00, 4.67)
Bot.		2.88	1.16	(1.00, 7.00)		2.85	1.06	(1.33, 4.67)
Nat.		4.00	1.25	(1.00, 6.20)		2.91	1.23	(1.00, 5.00)
Ant.		3.02	0.96	(1.20, 6.60)		2.98	0.72	(2.00, 4.20)
Den.		2.25	0.58	(1.29, 4.86)		2.27	0.55	(1.57, 3.00)
MSA	95	3.70	0.84	(1.92, 5.62)	6	3.94	1.10	(2.46, 5.15)
MWA	99	29.95	7.84	(15.00, 29.95)	5	43.66	14.33	(23.00, 58.00)
MAE	108	3.34	1.48	(1.00, 7.00)	6	3.25	2.04	(1.00, 6.00)

Table 9.2: T-Test Between Races

MAQ	People of Color				T-Test	Whites			
	Pairwise N	Mean	Std.	Range		Pairwise N	Mean	Std.	Range
Gen.	33	2.93	0.58	(2.06, 4.27)	1.93^	106	3.20	0.7	(1.39, 5.55)
Deb.		3.37	0.94	(1.25, 5.00)	2.35*		3.83	1.0	(2.00, 6.25)
Bot.		2.76	1.34	(1.00, 7.00)	0.59		2.91	1.1	(1.00, 5.83)
Nat.		3.81	1.29	(1.00, 6.00)	0.30		3.96	1.2	(1.00, 6.20)
Ant.		2.80	0.91	(1.20, 5.00)	1.44		3.07	0.9	(1.20, 6.60)
Den.		2.16	0.55	(1.29, 3.57)	1.04		2.27	3.0	(1.29, 4.86)
MSA	23	3.59	0.98	(2.23, 5.46)	0.78	77	3.75	0.8	(1.92, 5.62)
MWA	26	32.90	8.84	(16.00, 56.00)	-1.56	78	29.85	8.5	(15.00, 58.00)
MAE	26	3.29	1.70	(1.00, 7.00)	0.22	87	3.36	3.3	(1.00, 7.00)

^=.10 *=.05 **=.01 ***=.001

Black bodies are stigmatized. A possible explanation for the difference in general MAQ scores between POC and whites could be because of how white sexuality and white babies are

upheld as the status quo, as pointed out in the literature review. Additionally, women of color are typically not taken as seriously by medical professionals (Anwar 2019, Sabin 2020), making their debilitating menstrual cycles even worse.

Table 9.3: Average Menstrual Attitude Scores by Education Levels

	High School	Some College/Associates	Bachelor's	Post-Grad.	Other
<i>MAQ</i>	<i>Pairwise N=4</i>	<i>Pairwise N=22</i>	<i>Pairwise N=27</i>	<i>Pairwise N=16</i>	<i>Pairwise N=1</i>
Gen.	2.88	3.00	3.08	3.08	3.70
Deb.	3.58	3.64	3.61	3.73	3.58
Both.	2.58	2.50	2.93	2.82	5.00
Nat. Event	3.65	3.31	2.93	3.85	6.00
Ant.	2.35	3.05	2.96	2.76	3.20
Den.	2.07	2.38	2.16	2.08	2.29
<i>MSA</i>	4.06	2.60	3.62	4.02	3.54
<i>MWA</i>	33.75	30.82	33.31	29.52	23.00
<i>MAE</i>	4.25	3.14	2.46	3.41	6.00

Table 9.4: T-Test Between Bachelor's Degrees & Post-Graduate Degrees

	<i>Bachelor's Degree</i>	<i>T-Test</i>	<i>Post-Graduate Degrees</i>
<i>MAQ</i>	<i>Pairwise N</i>		<i>Pairwise N</i>
Gen.	39	-0.46	53
Deb.	40	-0.49	54
Bother.		-0.78	55
Nat. Event	39	-0.76	
Ant.	40	-0.37	54
Den.		0.79	
<i>MSA</i>	29	-0.12	35
<i>MWA</i>	29	-1.10	37
<i>MAE</i>	32	-0.81	40

$\wedge = .10$ $* = .05$ $** = .01$ $*** = .001$

Table 9.5: Average Menstrual Attitude Scores By Relationship

	<i>Unattached</i>	<i>Monogamy</i>	<i>Consensual Non-Monogamy/Polyamory</i>
<i>MAQ</i>	<i>Pairwise N=14</i>	<i>Pairwise N=51</i>	<i>Pairwise N=15</i>
Gen.	3.15	3.14	2.91

Deb.	3.74	3.78	3.41
Bother.	3.04	2.85	2.80
Nat. Event	3.91	3.81	3.48
Ant.	2.74	2.99	3.00
Den.	2.26	2.22	2.03
<i>MSA</i>	3.91	3.59	3.93
<i>MWA</i>	30.62	30.90	31.30
<i>MAE</i>	3.89	3.10	4.00

Table 9.6: Parents versus Non-Parents

<i>MAQ</i>	<i>Parents</i>				<i>T-Test</i>	<i>Non-Parents</i>			
	<i>Pairwise N</i>	<i>Mean</i>	<i>Std.</i>	<i>Range</i>		<i>Pairwise N</i>	<i>Mean</i>	<i>Std.</i>	<i>Range</i>
Gen.	47	3.18	0.7	(2.06, 5.55)	-0.46	92	3.13	0.7	(1.39, 4.85)
Deb.		3.64	1.0	(1.25, 5.83)	0.56		3.78	1.0	(2.00, 6.25)
Bot.		2.97	1.1	(1.17, 5.83)	-0.76		2.82	1.1	(1.00, 7.00)
Nat.		4.20	1.3	(1.20, 6.20)	-1.70		3.80	1.2	(1.00, 6.20)
Ant.		3.10	1.1	(1.20, 6.00)	-0.82		2.97	0.8	(1.20, 6.60)
Den.		2.29	0.6	(1.29, 4.86)	-0.56		2.22	0.5	(1.29, 4.29)
<i>MSA</i>		36	3.76	0.9	(1.92, 5.46)		-0.36	65	3.70
<i>MWA</i>	37	29.73	8.3	(15.00, 56.00)	0.77	67	31.10	8.8	(16.00, 58.00)
<i>MAE</i>	39	3.60	1.7	(1.00, 7.00)	-1.37	75	3.20	1.3	(1.00, 7.00)

^=.10 *=.05 **=.01 ***=.001

10 APPENDIX C

1. I use a menstrual cup and have for the past 5 years and feel like it has been so freeing for me as a woman to not have to worry about my period as much or if I have the pads/tampons I need. The cup is awesome!!

2. There was no option for surgical pregnancy prevention, but both I and my partner have been fixed.
3. My periods are heavier than average, so even at jobs where I work with other women, I'm usually the one who has to go to the bathroom "too often" or is generally weak and doesn't perform as well for a whole week every month. Cisgender male employers and co-workers, and even some women, definitely underestimate how bad periods can actually be, and I end up feeling embarrassed about how much they affect me. I've only had to work a couple of burlesque shows while on my period so far, and luckily I felt comfortable talking about it backstage with my cast mates; I feel more support and sympathy from this line of work. I'm dreading the inevitable occasion where I might have to drop out of a show because it lands on the heavy flow days. *Just a note about the language in this survey, as an earlier question referred to men: remember that trans men can have periods too! Thanks for the opportunity to talk about this, and good luck on your thesis!
4. Kind of confused about the more likely and less likely questions. More or less than when I'm not on my period? Most things are usually the same...
5. No. Thank you for doing this.
6. Up the age group for those born before 1979
7. Just a note on my personal experience with period sex. I often find that my libido is stronger during my cycle but period sex causes me prolonged and more painful cramps.
8. Real note before I came out I was in a relationship with a guy who refused sex when I was on my period! I told him if he wasn't going to then he wasn't going to have sex at

all. Long story short it was 6 months before he got it again. It's not gross! It's completely normal!

9. I only have bad cramping and body pains on the first day, which makes doing my job very difficult. I have only ever had it severely interfere a few times. I consider myself very lucky to have a moderate cycle.
10. Having my period is part of what makes me feel like a woman. It's natural, it's annoying; but at the end of the day, it's all part of the workings of the universe.
11. *several spelling typos in the survey
12. I have accidentally had period sex a few times and realized it wasn't so bad but it still doesn't appeal to me if I know I'm bleeding. I used to take hormonal birth control primarily to control my period and limit the number of them (picked about 4 times a year to have it) so that it wouldn't interfere with my life so much. Recently had to stop due to developing a blood clot in my leg and I'm dreading having to deal with a natural cycle that seems to have knack for being irregular and VERY inconvenient (i.e. starting as we leave on a sex oriented vacation even though I tried to plan around it). I also dislike having to accommodate two menstrual cycles in my relationships with women when our time is limited to begin with due to poly saturation. I'm hoping menopause happens soon.
13. I think inclusion of folx that have medical conditions that worsen periods would be helpful, also some men have periods....
14. My job involves me working in other people's houses so sometimes I do feel uncomfortable using their bathrooms when I am on my period, mainly because I use a menstrual cup.

15. Having PCOS severely affects my menstruation; sometimes I will go months without a period, or have a period lasting several months consistently. And because of the ailment my period cannot even be relied upon to function as it is supposed to.
16. It's hard to have a cycle that doesn't end in infection at my job. I don't have many places to stop and change everything, plus when I do they're several hours apart. So many times infection/sickness is a worry.
17. One thing that greatly impacts my experience with menstruation is my severe endometriosis. I noticed that you didn't ask if respondents have any such medical conditions, and I think that could be relevant. Endometriosis, PCOS, and similar conditions really impact the experience of menstruating in a way I suspect will alter the responses.
18. I'm on a non-hormonal IUD. Prevents pregnancy without the hormonal imbalances / side effects.