

Review of Attitudes Toward Menstruation from the Perspective of Ambivalent Sexism Theory

Menstrüasyona İlişkin Tutumların Çelişik Duygulu Cinsiyetçilik Kuramı Perspektifinden Gözden Geçirilmesi

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ABSTRACT

Menstruation is a biological process that is a natural part of reproductive health; however, it is also socially and culturally gendered. Social stigmas around menstruation often construct it as a form of "illness", "impurity", or "restriction". This sociocultural construct defines which activities are considered "forbidden" or "permissible" for women during menstruation, thereby regulating their behaviors and social involvement. Furthermore, menstruation is usually seen as a "private" or "taboo" topic, and when it is discussed, it is often linked with derogatory or shameful language. Discriminatory attitudes toward women's bodies during the menstrual process are more explicit in developing and underdeveloped countries, while in developed societies, they exist in more subtle forms. Nonetheless, these attitudes are shared by both women and men, emphasizing the universal link between menstruation and gender ideology. This article seeks to conceptualize attitudes toward menstruation through the lens of Ambivalent Sexism Theory, examine the interconnectedness of hostile and benevolent sexism within these cultural representations, and analyze women's and men's attitudes toward menstruation. The existing literature is reviewed within a comprehensive framework, aiming to establish a theoretical foundation for future empirical studies on this topic.

Keywords: Menstruation, ambivalent sexism, benevolent sexism, hostile sexism

ÖZ

Menstrüasyon, üreme sağlığının doğal bir parçası olan biyolojik bir süreçtir; ancak yalnızca biyolojik değil, aynı zamanda toplumsal olarak da cinsiyetlendirilmiş bir olgudur. Toplumlarda menstrüasyona ilişkin damgalamalar, bu süreci sıklıkla bir "hastalık", "kirlenme" ya da "kısıtlama" biçiminde inşa eder. Bu sosyal inşa, kadınlara menstrüasyon dönemlerinde hangi etkinliklerin "yasak" ya da "izinli" olduğuna dair normatif sınırlar koyarak, onların davranışlarını ve toplumsal rollerini kısıtlar. Ayrıca menstrüasyon genellikle "özel" veya "mahrem" bir mesele olarak görülür ve hakkında konuşulurken çoğunlukla aşağılayıcı veya utandırıcı bir dil kullanılır. Menstrüasyon üzerinden kadınlara yöneltilen ayrımcı tutumlar, gelişmekte olan ve az gelişmiş ülkelerde açık biçimde gözlemlenirken, gelişmiş ülkelerde ise daha örtük biçimlerde varlığını sürdürmektedir. Bununla birlikte, bu tutumların hem kadınlar hem de erkekler tarafından paylaşılıyor olması, menstrüasyonun toplumsal cinsiyet rejimleriyle olan ilişkisini evrensel bir olgu hâline getirmektedir. Mevcut makale, menstrüasyona yönelik tutumların Çelişik Duygulu Cinsiyetçilik Kuramı perspektifinden nasıl kavramsallaştırılabileceğini ortaya koymayı, bu temsillerde düşmanca ve korumacı cinsiyetçilik boyutlarının nasıl iç içe geçtiğini tartışmayı ve nihayetinde kadınlar ile erkeklerin menstrüasyona ilişkin tutumlarını karşılaştırmalı olarak incelemeyi amaçlamaktadır. Bu kapsamda alanyazındaki bulgular bütüncül bir çerçevede değerlendirilerek, gelecekteki ampirik araştırmalara kuramsal bir temel oluşturması hedeflenmektedir.

Anahtar sözcükler: Menstrüasyon, çelişik duygulu cinsiyetçilik, korumacı cinsiyetçilik, düşmanca cinsiyetçilik

Introduction

The menstrual cycle refers to the biological and morphofunctional changes triggered by hormones in the ovaries and uterus (Rosner et al. 2022, United Nations Population Fund [UNFPA] 2025). Although the cycle's duration varies across individuals, it typically recurs at an average interval of 28 days (Thiyagarajan et al. 2022). Menstruation, or vaginal bleeding, which constitutes a phase of this cycle, generally lasts between 2 and 5 days, and under physiological conditions may extend up to 8 days (UNFPA 2025). Menstruation is a natural biological process that usually begins during adolescence in individuals with a uterus and ovaries (United Nations Children's Emergency Fund [UNICEF] 2025) and constitutes a fundamental aspect of health and well-being (Boyers et al. 2022). Accordingly, the United Nations (UN 2022) defines menstruation as a right linked to human dignity and a key component of sexual and reproductive health rights.

While menstruation is widely recognized as a natural and biological process associated with health (e.g., Rosner et al. 2022, Boyers et al. 2022, UNICEF 2025, UNFPA 2025), social science researchers assert that this phenomenon is embedded within a broader sociocultural context due to its gendered nature. As individuals make sense of the world they inhabit and establish an order to control it through social representations (Moscovici 1984), perceptions of menstruation are shaped by both personal knowledge and societal discourse on the subject (Duveen and Lloyd 1990). Social representations of menstruation are shaped through the formation of knowledge, discourse, and emotions within a sociocultural context, and they have significant consequences at the societal, intergroup, and individual levels (Burrows and Johnson 2005, Batel and Castro 2009, Chrisler and Johnston-Robledo 2018). In other words, societal perception and approach to menstruation directly influence attitudes towards individuals who menstruate, as well as the menstrual experiences of those individuals themselves (Mansfield and Stubbs 2007, Bobel and Kissling 2011).

Central to this issue is the perception of menstruation as a "private" or "intimate" phenomenon that should not be discussed publicly. For instance, a study conducted in Türkiye found that married women frequently regarded their menstrual experiences as a secret that needed to be concealed (Çevirme et al. 2010). Research has indicated that women often do not receive prior information regarding menstruation before menarche, their first menstrual cycle (Shankaraiah et al. 2013, Morrison et al. 2018, Chidya et al. 2024). Women's main sources of information are typically mothers, friends, teachers, and relatives (Morrison et al. 2018, Ekeanyanwu and Uzoechi 2023). Nevertheless, information obtained from oral and folkloric sources is often fraught with inconsistencies (Ekeanyanwu and Uzoechi 2023). For example, while teachers may convey scientific facts regarding menstruation, families may concurrently transmit non-rational beliefs to adolescent girls, such as the misconception that menstruation can be fatal or that they should not go out alone during their menstruation period (Ekeanyanwu and Uzoechi 2023).

Similarly, research indicates that men continue to be largely excluded from menstrual education (e.g., Swenson et al. 1995, Marván et al. 2005, Allen et al. 2011). This exclusion is also mirrored in the research, which predominantly focuses on women as participants in menstruation-related studies. Among the limited research involving male participants, one study included interviews with 70 primarily white, university-aged males in the United States (Zablock and Fei 2023). The findings revealed that nearly half (42.9%) of participants initially received information about menstruation from family members, underscoring the lack of formal menstrual education for males. Nevertheless, the generalizability of these findings is constrained by the study's small, homogeneous sample and cross-sectional design. Even so, the study contributes valuable descriptive insights to the literature and highlights the importance of examining men's perceptions of menstruation in larger and more diverse samples.

This lack of information, together with the widespread presence of misinformation, is illustrated by two distinct studies conducted in the United States demonstrating that female university students are "no more knowledgeable" about menstruation than middle school students (Koff et al. 1990, Koff and Rierdan 1996). Furthermore, university students enrolled in the course "Psychology of Women" report that they derive much of their knowledge from popular culture and stereotypes (Chrisler 2013). A study conducted by Hassan and colleagues (2023), involving 400 female students aged 16 to 27 in Palestine, revealed that 30.5% of participants had not received any information prior to menarche, and 65.3% were inadequately

prepared for their initial menstrual experience. The most common sources of information regarding this significant physiological process were identified as family (74.1%) and school (69.3%).

This study aims to examine the relationship between persistent societal attitudes toward menstruation and the theoretical framework of Ambivalent Sexism Theory (Glick and Fiske 1996, 1997, 2001). This foundational theory offers potential insights when explained in the context of menstruation: On one hand, beliefs that menstruating individuals are “sick, tense, mentally fragile, weak, and vulnerable” (Chrisler and Johnston-Robledo 2000, Marván et al. 2006) can trigger a tendency to “protect and shelter” them during their periods. On the other hand, perceptions of women as “unstable” or even “dangerous” can lead to the restriction of their social and professional opportunities and their exclusion, thereby reinforcing their confinement within traditional patriarchal roles (Marván et al. 2014). These ambivalent attitudes toward menstruation arise from its instrumentalization in perpetuating gender inequality and its characterization as a sexist social practice. Menstruation is regarded not merely as a biological process but also as a realm through which the patriarchal order is perpetuated via the ways female bodily experiences are regulated. The stigmatization, concealment, and control of menstruation serve to constrain women’s social roles and strengthen male-dominated norms. Consequently, these ambivalent attitudes represent more than mere individual perceptions; they actively contribute to the ways a sexist system is perpetuated. It is precisely at this point that Ambivalent Sexism Theory (Glick and Fiske 1996, 1997, 2001), introduced as a multifaceted construct encompassing both negative/hostile and ostensibly positive beliefs about women, offers a comprehensive and rigorous theoretical framework for understanding this dualistic structure. According to Ambivalent Sexism Theory, sexist attitudes manifest in two main categories: hostile sexism, which involves openly negative and derogatory views toward women, and benevolent sexism, which, although seemingly positive and protective, stereotypes women and aims to confine them to traditional gender roles. Building on this definition, the aim of the present study is structured around three main goals: (1) to explore how societal perceptions of menstruation can be understood from the perspective of Ambivalent Sexism Theory, (2) to review how the dimensions of hostile and benevolent sexism are interconnected in this view, and (3) to analyze the specific ways attitudes related to menstruation are expressed.

A review of the current literature indicates that, although there has been a significant rise in the number of studies concerning perceptions of menstruation in recent years, the connection between the social representation of menstruation and Ambivalent Sexism Theory has not been sufficiently explored. Therefore, this study aims to address the intersections between attitudes toward menstruation and Ambivalent Sexism Theory (Glick and Fiske 1996, 1997, 2001), thereby enabling a comprehensive discussion of the findings within a consistent framework. By doing so, this study seeks to provide a comprehensive synthesis of the existing literature on the topic, thereby offering a guiding foundation for future empirical research.

To accomplish this aim, it is initially essential to comprehend the social and cultural framework within which attitudes toward menstruation are formed, as they are manifested in Türkiye. Therefore, before presenting the study’s theoretical framework, the goal is to outline a profile of attitudes toward menstruation in Türkiye based on empirical findings. Subsequently, the social reflections on menstrual perceptions will be discussed, encompassing menstrual perceptions within the frameworks of stereotype threat and the gendering of the body, as well as the cultural depictions of menstruation. Following these discussions, the theoretical framework of the study will be presented.

Furthermore, since the existing literature mainly examines social contexts centered on the experiences of cisgender women, it should be acknowledged that most analyses in this study primarily reference this group. Therefore, the phrase “individuals who menstruate” used throughout the text should be understood within this context as referring to cisgender women.

Research Findings on Menstruation Perceptions in Türkiye

One of the most basic factors shaping perceptions of menstruation is how and where people first learn about it, and how this knowledge is subsequently reinforced. Research findings on sources of information about menstruation in Türkiye have varied over the years. For instance, a study involving 5th and 6th-grade

female students revealed that over half (57.5%) had not received any information regarding menarche and menstruation. Among those who had received such information, the majority (70.7%) reported their mothers as the primary source (Demirel and Füsunoğlu 2003). Another study found that 90.8% of 6th–8th-grade female students primarily learned about pre-menarche and menstruation from friends and older sisters (Gölbaşı et al. 2012). A recent study showed that half of the female students aged 10–19 reported learning about menstruation from school, while the other half got their information from family or the internet (Özel et al. 2018). Another recent study examining the effect of menstrual hygiene education provided to adolescent girls on their menstrual behaviors and self-efficacy levels found that 87.2% of participants were knowledgeable about menstruation, and of those, 66% had received this information from their mothers (Ayar et al. 2024). These findings suggest a gradual shift over time in how menstruation is discussed and information is gathered in Türkiye, but they also highlight the persistent influence of family-based knowledge-sharing and silence.

This silence represents not only an individual's reluctance to speak but also a persistent "public silence" at the societal and institutional levels. The cultural view of menstruation as a private, even "shameful" or "dirty" topic, constrains women from openly expressing this experience. Men's lack of knowledge and their frequent avoidance of the subject further strengthen this silence. Furthermore, findings such as insufficient information concerning menstruation in educational curricula and reports indicating that even health professionals may refrain from addressing the subject (e.g., Boyers et al. 2022) highlight the institutional aspect of this silence. Therefore, the silence around menstruation in Türkiye reflects both cultural taboos and educational and gender-based inequalities. This layered silence points to the fact that menstruation is still regarded as a taboo that must be hidden, both physically and verbally (Kissling 2002, Bobel 2015).

Social Reflections on Perceptions of Menstruation

Menstrual products advertisements offer a concrete manifestation of this taboo: Marketing discourse that commercializes the fear of "leakage" characterizes the menstrual body as "leaking", rendering it uncomfortable, unhygienic, and shameful (Erchull 2013). As a result, this restrictive communication, which treats menstruation as a taboo, reinforces the idea that the female body and its normal reproductive functions are "disgusting" or "shameful", thereby increasing feelings of shame among women (Chrisler et al. 2015).

This configuration is associated with several adverse outcomes. Firstly, women who believe that the menstrual cycle specifically affects mood are more likely to report mood changes related to the cycle (and possibly attribute them to the issue or avoid routine daily activities). For example, the World Health Organization (WHO 1981) conducted a survey with more than five thousand women from ten different countries. Women across all nations included in the study reported experiencing mood fluctuations and/or physical discomfort related to menstruation. Women who regarded menstruation as an illness reported more menstrual discomfort and refrained from working during their menstruation. During the same period, a survey conducted in the USA with over a thousand participants revealed that widespread beliefs persisted that the menstrual period could negatively impact women's work performance and cognitive functions; similarly, perceptions of menstruation as a "dirty" or "shameful" condition, along with experiences such as difficulty concentrating and negative mood, were also reported (Tampax Report 1981). In another early study, Ruble (1977) conducted pioneering research that experimentally separated a woman's actual physiological cycle phase from her cognitive belief about it to examine the source of menstrual symptoms. In the study, participants were told that their menstrual dates could be predicted with high accuracy using "new scientific techniques", and women were randomly led to believe that they were in either a "premenstrual" (the few days before menstruation) or an "intermenstrual" (the period between two menstrual cycles) phase. In reality, however, all participants were tested about one week before their period started, meaning they were all in the same physiological phase. Thus, with the physical cycle phase kept constant, the researchers examined whether simply believing about which cycle phase one was in could affect symptom reporting.

The findings of the study indicated that women who were led to believe they were in the premenstrual phase reported experiencing greater negative emotions, increased tension, and physical discomfort. This finding shows that menstrual symptoms are influenced not only by biological factors but also by cultural expectations and socially learned schemas. Furthermore, Ruble's (1977) experimental design shows that women's symptom reports are influenced not only by their biological cycle phase but also by their beliefs about which phase they think they are in. In this case, one can argue that when women are asked to describe their experiences, they may list the "expected" symptoms, thereby reinforcing stereotypes that reflect societal norms and beliefs. Indeed, symptoms related to the menstrual cycle mostly depend on women's expectations and attitudes toward menstruation (Marván et al. 2005). This pattern can be interpreted through the lens of stereotype threat.

Menstrual Beliefs as Stereotype Threat

When women are aware of stereotypes attributed to them by society such as being "sensitive", "emotional", or "unstable during menstruation" and accept them either explicitly or implicitly, they may adapt their behavior to align with these stereotypes due to a concern about confirming expectations. Consequently, culturally "taught" stereotypes have the potential to become internalized within women's subjective experiences. Consequently, the perception that menstruation affects both women's daily functioning and their work performance can lead many women to engage in self-handicapping behaviors or withdraw from responsibilities and activities; besides, it may also contribute to the restrictions imposed on women's social opportunities (Chrisler and Caplan 2002).

For instance, in a study conducted by Wister et al. (2013) involving 92 female participants, it was observed that even an implicit induction of stereotype threat had a measurable impact on their performance. In this study, participants completed a six-item questionnaire asking about their age at first menstruation, the typical duration of their menstrual cycle, the estimated days since their last period, the number of days until their next expected period, their menstrual status on the day of participation, and their usage of hormonal contraception (birth control methods). This questionnaire additionally functioned as a manipulation of menstrual stereotype threat. The questions aimed to make the topic salient in participants' minds without conveying any explicitly negative stereotypes about menstruation. The study also used a positive prime (a short text prepared by the researchers, referencing positive cognitive characteristics such as increased creativity and enhanced divergent thinking during the menstrual period), the Menstrual Attitude Questionnaire (Brooks-Gunn and Ruble 1986), and two cognitive tasks (a Stroop test with 50 boxes where the named color and the ink color did not match, and a math test with moderately difficult problems).

The results showed that participants exposed to menstrual stereotype threat performed significantly worse on the Stroop test compared to those not exposed to the threat. This finding suggests that merely thinking about menstruation can function as a threat that impairs performance in at least one cognitive domain. The highest performance on the Stroop test was observed in the group not exposed to either menstrual stereotype threat or the positive prime.

The group subjected to the positive prime, but not to menstrual stereotype threat, also achieved high scores; however, these scores did not differ significantly from those of the highest-performing group. The lowest Stroop performance was observed in the group initially exposed to the positive prime, followed by exposure to menstrual stereotype threat. This result suggests that the positive priming intervention might have amplified, rather than counterbalanced, the adverse impact of menstrual stereotype threat.

One of the notable findings of the study comes from the results on the attitude scales. Participants in the menstrual stereotype threat condition initially rated menstruation as less debilitating and less bothersome, and reported a more limited impact on their cognitive performance. In contrast, participants in the non-threat condition, despite holding more negative attitudes toward menstruation, performed better on the cognitive tests. This is significant because it suggests that an implicit cue activating a negative stereotype can substantially impair performance, regardless of an individual's subjective attitudes.

Findings examining the link between proximity to the menstrual cycle and cognitive performance suggest a possible moderating role of the positive prime. Accordingly, participants in the group exposed to menstrual stereotype threat but not the positive prime showed significantly lower Stroop performance as they neared their menstrual period. Conversely, the opposite tendency was observed in participants who were exposed solely to the positive prime and not to menstrual stereotype threat; their performance on the Stroop task improved as they approached their menstrual period. These results provide salient evidence suggesting that a positive prime may have the capacity to moderate the potential effect of the menstrual cycle on cognitive performance. Interestingly, however, the study's overall findings show that the positive prime neither completely neutralized the menstruation threat nor directly enhanced cognitive performance. Wister et al. (2013) emphasize that additional research into the impact of positive information regarding menstruation on cognition may yield significant contributions to this particular domain as well as to the broader literature on stereotype threat.

On the other hand, this study has significant limitations. The use of only two cognitive tasks and the absence of a significant effect of stereotype threat on mathematical performance call for caution regarding the impact of this phenomenon on overall cognitive functioning performance. Nonetheless, the fact that simply mentioning menstruation can produce a stereotype threat, and that positive information may, counterintuitively, reinforce it, highlights the power of stereotypes. Future research should more comprehensively examine the impact of these mechanisms on women's attitudes and experiences. It seems promising for stereotype threat research to help develop intervention strategies that counteract these negative effects, rather than just focusing on the disabling impacts of menstruation.

Other consequences of negative beliefs about menstruation are also notable. One significant consequence involves restricting practices and isolating women. Such responses impose restrictions on women's daily experiences and lead to their treatment characterized by exclusion, rejection, and subjugation (Bitzer et al. 2005).

Another significant consequence of the representation of menstruation as a shameful taboo is the adoption of inappropriate hygiene practices (van AnDEL et al. 2008, Shankaraiah et al. 2013, Thapa et al. 2019, Thakuri et al. 2021, Boyers et al. 2022). For example, Boyers et al. (2022) criticized the lack of research on menstrual health in developed countries and examined the menstrual experiences and perceptions of women living in poverty in the United Kingdom, along with the views of professionals supporting these women in organizations. The study showed that many women see menstruation as: (1) physical discomfort and pain, (2) psychological anxiety, and (3) shame and stigma. At the same time, participants reported having to use hygiene products longer than recommended due to limited financial means, a practice associated with an increased risk of infection. Furthermore, the majority of women participating in this study indicated that such products should be provided free of charge, and many remarked, "If men required similar products, they would be supplied to them". This shows women's awareness of discrimination due to menstruation.

However, apart from this awareness, another notable finding of the aforementioned research concerns the silence around menstruation. The professionals interviewed by the researchers indicated that existing products do not adequately meet women's needs; however, despite this, they expressed hesitation in discussing even basic necessities like hygiene products with their own clients. This finding shows that professionals in official institutions, even though it is part of their duties, are hesitant to talk with women about menstruation, which leads to negative effects at both the individual and societal levels. The widespread scientific silence surrounding menstruation has only recently started to be broken. Menstruation research is still growing, mainly focusing on female subjects. The term "menstrual period" started to be deployed within the framework of rights related to sexual and reproductive health, adolescent health, or family planning during the United Conference on Population and Development (ICPD) in 1994. Nonetheless, the main focus of early studies in this area has been "menstrual hygiene management". Hygiene management was initially defined in 2012 by the WHO/UNICEF Joint Monitoring Programme and was later added to the advocacy agenda for the Sustainable Development Goals. However, this definition within UNICEF's Joint Monitoring Programme does not include the discriminations, taboos, and stigmas

experienced during menstruation, nor the sexual and reproductive health rights of individuals who menstruate (Thomson et al. 2019). Examining these gaps inevitably brings the issue of sexism into focus.

The Gendering of the Body and Cultural Representations of Menstruation

Multiple studies have shown that menstruation is treated as a societal taboo, and silence surrounds this topic in both public (collective) and private (individual) spheres (Thuren 1994, Kissling 1996a, Costos et al. 2002, Stubbs and Costos 2004, Burrows and Johnson 2005, Chrisler 2008, 2013, Chrisler et al. 2015, Jackson 2018, Spadaro et al. 2018). To gain a better understanding of how the prevailing silence and negative perceptions regarding menarche, the initial menstrual experience, generate a form of double standard for women, this experience can be compared to male circumcision rituals observed in certain cultures. According to Bozok (2011), circumcision symbolizes the boy's separation from his mother and the characteristics associated with her femininity, thereby marking his symbolic transition into the "world of men". This ritual is designed to make a transitional phase visible, both on an individual level through the surgical procedure and on a societal level through the circumcision ceremony. It can be seen as integral to initiation rituals, which have been widely discussed in anthropological literature. In society, circumcision is recognized as a sign of boys "stepping into manhood" in line with gender roles; meanwhile, menarche, which symbolizes the start of fertility, is seen in many cultures as a boundary that marks the transition from girlhood to womanhood (Dhingra et al. 2007). Still, the social meaning difference between these two experiences is striking: circumcision is accepted as a ritual that can be discussed publicly, celebrated, and revered as symbolizing the "transition to manhood", while menarche is usually surrounded by silence, shame, or dismissive discourse (Costos et al. 2002, Sveen 2016).

In some cultural contexts, menarche can become socially visible through celebratory rituals, seemingly in a positive way. For example, in certain regions of India, girls are dressed in special garments, adorned with jewelry, and receive training on preparing and cleaning the cloths to be used during their menstrual periods (Narayan et al. 2009). Although these rituals may seem to foster a positive sense of belonging and readiness for menstruation among adolescent girls, they also prepare them for socially prescribed gender roles through the dyadic transmission of knowledge among women. Thus, the culturally "celebrated" menarche can actually create a foundation for the reproduction of benevolent sexist discourses that idealize and constrain women's social roles.

Attitudes toward menstruation are closely tied to a society's level of development, cultural traditions, the socioeconomic structure of the family one is born into or raised in, and the educational level of both women and those around them (Uskul 2004, Bhatt and Bhatt 2005, Marván et al. 2005). Although the strength of these attitudes and how practices are expressed differ across societies (Turan and Ceylan 2007), negative attitudes toward menstruation are almost universal. Indeed, studies conducted in various parts of the world have identified the belief that menstruation is a shameful condition associated with "dirt" (Snow and Johnson 1977, McKee et al. 2009, Morrison et al. 2018, Thapa et al. 2019, Duby et al. 2020, Boyers et al. 2022). For example, in Myanmar, superstitions hold that menstruating women should not eat certain foods, participate in spiritual rituals, or touch male family members (Chandra and Gomez 2019). In Congo, restrictions prevent menstruating women from joining groups or crossing water streams (Paudel 2019a). In Morocco, the terms used for menstruation are the same as those for things regarded as "disgusting", such as defecation, and there are restrictions on menstruating women praying (Lacher 2019). While these cultural practices clearly illustrate discrimination against menstruation, a more detailed engagement with their historical context, gender roles, and power relations would strengthen the literature.

For example, the challenge of accessing essential hygiene products during menstruation shows that menstruation intersects not only with cultural beliefs but also with systemic inequalities. Research conducted in Brazil has revealed significant deficiencies in the availability of hygiene products, and this situation, combined with exclusionary cultural stigma, negatively affects women's physical and mental health, limiting their participation in school or work; consequently, this results in gender inequality regarding the opportunity for financial independence (translated by Monteiro and Côte-Real 2019). Similarly, a study conducted in Palestine found that economic difficulties significantly affect access to

menstrual hygiene products: 14.5% of participants reported that the products are expensive, and 15.3% said they have to use products they do not prefer, either always or sometimes, because they are cheaper (Hassan et al. 2023).

A similar situation is seen in Türkiye; particularly, women and girls in low-income households face 'menstrual poverty' in accessing hygiene products (Demircan Yıldırım 2024). Furthermore, societal taboos surrounding the menstrual process restrict women's roles in the public sphere, indirectly impeding equal participation in education and employment, which deepens socio-economic inequalities (Yılmazbilek 2022). While these findings highlight that structural barriers to menstrual hygiene and access, when combined with cultural taboos, can indirectly restrict women's participation in education and employment, a more comprehensive discussion of the intersectional dimensions involving economic inequalities, public policies, and menstrual poverty and addressing these issues within a holistic framework will provide a more pragmatic and integrated perspective.

Discrimination related to menstruation persists even in societies where gender equality is relatively well established; menstruation-related crises continue to occur not only in underdeveloped or developing countries but also in developed ones. Reports and declarations published by international organizations like the UN, UNICEF, and UNFPA, aimed at raising awareness about menstruation (UN 2020, UNICEF 2025, UNFPA 2025), confirm these crises exist. While these documents highlight ongoing structural inequalities, information gaps, and cultural taboos on a global scale, they are mostly descriptive and only briefly address differences between regions.

For example, in Germany, half of women report feeling uncomfortable in social settings during their menstrual periods (Paudel 2019b). This finding is notable for showing the stigmatizing effect of menstruation even in a developed country; that said, since the research relies only on participants' self-reports, it is hard to fully ascertain to what extent these narratives are shaped by cultural norms.

Giroux (2008) states that young French women have ambivalent feelings about menarche; they experience both happiness over the "beginning of womanhood" and guilt about the possibility of starting sexual activity. In line with these findings, another study conducted in France involving only female participants regarding menstrual hygiene products showed that even in a developed country like France, there are significant knowledge gaps about menstrual health, which may be linked to "shame" (Parent et al. 2022). On the other hand, the all-female samples in these studies restrict a more comprehensive view of how gender norms influence the issue. Therefore, the studies' focus on "shame" offers a limited perspective within the larger context of gender dynamics.

Similarly, the Women in Sport (2022) survey conducted in the United Kingdom showed that 78% of women avoid sports during their menstrual periods, highlighting a significant issue. Yet, the cross-sectional and descriptive nature of this research prevents a deeper understanding of the underlying causal factors (such as lack of knowledge or cultural taboos) behind the avoidance behavior. Therefore, while the findings highlight implicit norms within sports culture, they offer a limited view of how these norms are formed and maintained.

Women in North America report that being unprepared when they got their first period caused feelings of shame and anxiety (Paudel 2019c). The common theme of these studies is to highlight the widespread negative views of menstruation, lack of information, and feelings of shame, even in developed countries. Patriarchal norms, which regulate the female body, frame menstruation as something "dirty," "to be hidden," or "to be regulated"; in doing so, they generate feelings of shame, anxiety, and avoidance at the individual level while also reproducing structural inequalities at the societal level. Even so, their methodological limitations highlight the need for more nuanced research designs that examine causal relationships to better understand the complexity of the issue. Therefore, understanding discrimination related to menstruation calls for an analytical approach that moves beyond description and engages with cultural norms, sexist ideologies, and underlying power structures. Such an analytical framework will elucidate the reasons behind the enduring negative representations of menstruation, examine their variations across different societies, and the specific points at which gender equality policies are insufficient.

In another study, qualitative content analysis was used to examine how menstruation is depicted in advertisements published in Arabic and produced in Western countries (Chabih and Elmasry 2022). The research examined 65 Arabic and 157 Western advertisements produced between 2000 and 2020, with coding questions focusing on social interactions in the ads and the language used to describe menstrual bleeding. The results showed that advertisements published in Arabic were notably more conservative than their Western counterparts. These advertisements more frequently emphasized privacy, whereas the likelihood of explicitly referring to menstrual fluid as "blood", depicting blood in red, or featuring male and female models together was notably less frequent. Similarly, some hygiene product advertisements in Türkiye depict women in line with gender norms (Güreşçi 2019).

Findings from diverse cultural contexts reveal striking similarities between conditions in socio-economically disadvantaged areas of developed countries and those in developing or low-income countries. These similarities suggest that the female body is systematically regulated within patriarchal systems across different regions. Consequently, the ability to manage menstruation in a healthy way remains constrained by structural and cultural factors on a global scale.

When discussing discrimination related to menstruation, it is especially important to focus on how stereotypical beliefs and norms influence individuals' perceptions and behaviors. Studies from around the world show that stereotypes about menstruation such as being "tearful, tense, weak, physically ill, mentally unbalanced, easily angered" are reflected culturally to varying degrees and are widely accepted in society during the menstrual and premenstrual periods (Chrisler and Johnston-Robledo 2000, Marván et al. 2008). These perspectives on menstruation and the stereotypes associated with menstruating or premenstrual women may contribute to the perpetuation of sexism and adverse attitudes towards women. As evidenced by the examples cited in the literature, these negative attitudes persist in a more implicit manner within Western societies, whereas they manifest in a more explicitly restrictive manner towards women in underdeveloped or developing societies. This corresponds respectively to a configuration that can be characterized as "benevolent" and "hostile" sexism. Indeed, the findings of a study conducted by Hoerster et al. (2003), which compared American and Indian women, show that while cultural differences significantly influence attitudes toward menstruation with "knowledge" being prominent in the first group and "acceptance of naturalness" in the second, there are also some commonalities in awareness.

On the other hand, the menstrual cycle, similar to the male circumcision ritual, creates a clear distinction and even a categorical divide between women and men. The root of negative social and cultural taboos about menstruation is at the intersection of this biological process and gendered experience. While the process is biologically unique to a specific bodily experience (individuals with a uterus and ovaries), this very fact forms the basis for a sociological perception of "otherness". This experiential distinction has rendered the process difficult to understand, mysterious, and thus vulnerable to social stigmatization and control mechanisms by dominant social groups who do not directly experience it (traditionally men). The biological difference, intersecting with gender inequality and power structures, has become an effort to define, restrict, and control the female body and its functions. Similarly, feminist scholarship on the body argue that in patriarchal cultures, women's subordinate position is built on characteristics that distinguish or differentiate them from men (e.g., Rich 1976, Martin 1992). Men, possessing a dominant position and the authority to name, specify their own bodies and behaviors as "normal" and "acceptable", while often characterizing the traits that distinguish women from men as deviant or abnormal.

Menstruation goes beyond a purely physiological occurrence and evolves into a socio-cultural phenomenon that reinforces gender roles, constrains the experience of womanhood within specific paradigms, and perpetuates patriarchal norms. This social stigmatization, through psychosocial mechanisms like "stereotype threat", influences individuals' daily lives and self-view, reinforcing gender inequality at both institutional and personal levels. Furthermore, the fact that negative stereotypes about menstruation are shared by both women and men demonstrates that this biological process is not merely a bodily phenomenon but also a deeply rooted social construct of gender. This social stigmatization and the perception of "otherness" it fosters have been institutionalized through sexist discourses over historical processes.

To illustrate this continuity and transformation, a study by Zita (1988) revealed that a belief in men being mentally stronger and healthier than menstruating women was prevalent at that time. Considering the Ambivalent Sexism Theory, which is the main focus of this study, the following can be proposed: The sexism that in those years found expression in hostile statements such as “Men are healthier than menstruating women” persists today in a seemingly benevolent form, for instance in claims like “Women are quite fragile during their menstrual period and should avoid certain activities”. The fact that perceptions of menstruation have remained largely unchanged for nearly half a century, and that sexism has simply taken on a different (benevolent) form, reveals how the patriarchal system adapts while retaining control. To address these significant, implicit, or inherent inequalities concerning women, it is essential to understand the relationship between menstruation and sexism, and to undertake further research on the subject in the future.

The Dual Nature of Ambivalent Sexism and Its Relationship with Attitudes toward Menstruation

The theoretical framework of this study is based on the Ambivalent Sexism Theory, developed by Glick and Fiske (1996, 1997, 2001). The theory was introduced to address the paradox that, unlike other intergroup dynamics, gender relations, while often involving a desire for dominance like many other intergroup relationships, also uniquely involve close romantic and familial ties between women and men. This duality suggests that prejudice against women doesn't follow a simple pattern of hatred or outright rejection. For example, a man and a woman wishing to marry does not imply a rejection of sexism (Glick and Fiske 2011).

Therefore, Glick and Fiske (1996) introduced the Ambivalent Sexism Theory, suggesting that the intertwined areas of competition and cooperation between men and women lead to two related attitudinal dimensions: hostile sexism and benevolent sexism. According to Glick and Fiske (1996), hostile and benevolent sexism are like two sides of the same coin. Metaphorically speaking, benevolent sexism functions as the “carrot” used to encourage women to adopt traditional roles, whereas hostile sexism functions as the “stick” used to punish them when they resist. They are expressed through different values one emphasizing reward, the other punishment, yet both serve a common purpose: to maintain the gender status quo (Glick and Fiske 2011).

The dual structure of ambivalent sexism finds a concrete counterpart in the literature specifically concerning menstruation. Existing research has already emphasized sexism as a contributing factor that fosters negative attitudes toward menstruating women (Chrisler et al. 2014, Marván et al. 2014). Furthermore, Ussher (2006) argues that patriarchal ideologies portray the female body as monstrous, as menstrual blood is regarded as a “sign of a dangerous feminine excess”. Accordingly, Ussher (2006) states that the positioning of the female body as monstrous centers on the ambivalence created by the perceived power and danger inherent in the reproductive female body; the leaking, flowing, bleeding uterus is seen as a “source of contamination and an object of fear”. Therefore, women are expected to keep this threatening body under control by “complying” with hygiene rules and “concealing” their menstrual blood. This perceptual contradiction in the biology of menstruation helps explain why societal discourses on menstruation are shaped by ambivalent sexist attitude (Chrisler 2013).

Furthermore, framing menstruation as an “illness” or “restriction” (Kissling 1999) has two main implications that influence social interaction and communication (Chrisler et al. 2015, Spadaro et al. 2018). First, it directly influences women's behavior; activities deemed “forbidden” or “permissible” during menstruation are prescribed, and sexual and physical activities are restricted (Oxley 1998, Schooler et al. 2005). Researchers have documented various practices that impose specific behaviors, such as rest and seclusion, and prohibit certain activities, like cultivating plants or cooking and eating specific foods, with the goal of protecting women (and shielding others from women) (Marván et al. 2006). Second, communication about menstruation is constrained, and when it is discussed, it often employs exclusionary or derogatory language (Costos et al. 2002, Sveen 2016). An examination of these expectations shows that the belief in women's impaired thinking ability or cognitive skills is a form of hostile sexism. Conversely, trying to “protect” them and others by discouraging them from work and certain activities is a

manifestation of benevolent sexism. The coexistence of these two manifestations illustrates how hostile and benevolent attitudes are intertwined.

The process of reproducing gender inequalities through the intertwined mechanisms of ambivalent sexism relates not only to discourses surrounding the female body but also to how "feminine identity" is defined. The acceptance of menstruation as a phenomenon "specific to womanhood" serves to consolidate identity through a biological essentialist perspective. Therefore, women who do not experience menstruation such as trans women after gender transition may face perceptions of othering, being viewed as "deficient" or "not fully women". Ultimately, recognizing menstruation as exclusive to women and its subsequent tabooing does not just mean hiding a bodily process. It can also be seen as the solidification of feminine identity boundaries through processes of association, identification, and exclusion. Precisely this mechanism, by nourishing the reproduction of gender roles and hierarchical dualities (pure/impure; woman/man), ensures the continuity of sexist ideology.

Examining Attitudes toward Menstruation through the Lens of Ambivalent Sexism Theory

Labeling uterine bleeding, which usually occurs every 28 days, as "specific to women" itself reflects a dual perspective that promotes ambivalent sexism. This sexist maneuver exposes both protective and hostile aspects. The marking of a biological phenomenon as feminine, by confining the individuals who experience it to a specific gender category, assumes a continuity between the biological and social worlds. This results in all ambivalent perceptions of femininity being evaluated from the same source, which consequently causes attitudes towards menstruation to appear in an ambivalently contradictory way.

Furthermore, studies across numerous countries highlight the lack of formal menstruation education for men (Marván et al. 2005, Zablock and Fei 2023). Consequently, men often gain their knowledge gradually through social conversations, which naturally leads to misunderstandings and prejudices forming. These kinds of incomplete and implicit learning methods lead men, who cannot directly experience menstruation, to view it as a mysterious, uncomfortable, or "women-specific" issue. This perception, within the context of Ambivalent Sexism Theory, can be evaluated as a reflection of benevolent sexism, which idealizes menstruation as a "special domain belonging to women". This overall picture is also supported by the findings from the aforementioned study by Zablock and Fei (2023), showing how limited, superficial, and intertwined with cultural stereotypes men's knowledge about menstruation tends to be.

In that study, more than two-thirds of participants said that menstruation education is "necessary" or "very important" for all genders. The most frequent responses to the qualitative question, "How would you describe the changes that occur in the body during menstruation?" were "cramps, mood fluctuations", and the vaguely expressed "hormonal changes". Nevertheless, the expression "hormonal changes" in this context frequently does not pertain to biochemical processes; rather, it conveys a collective negative connotation linked to emotional fluctuations (Zablock and Fei 2023). This same discourse exemplifies a common form of hostile sexism, as it depicts women's biological cycles as an emotional and unstable realm outside of rational control. The findings of the study suggest that men often describe women as "hormonal", which subsequently contributes to the perception of women as "emotionally unstable". This perception reinforces structural sexist patterns, including disparities in wages, leadership roles, and opportunity inequalities (Zablock and Fei 2023). This situation reflects a dual mechanism that both calls women's cognitive ability into question (hostile sexism) and portrays them as needing protection, guidance, or control (benevolent sexism).

In a study conducted by Marván et al. (2014) with Mexican female participants, valuable data were contributed to the literature by examining the relationships between ambivalent sexism and beliefs/attitudes toward menstruation, as well as the effects of these variables on menstrual cycle-related symptoms. According to the findings, individuals who score high on the "hostile sexism" subscale tend to exhibit a rejection of menstruation and feelings of shame regarding it. On the other hand, the same study highlights the relatively subtle manifestations of "benevolent sexist" attitudes. While individuals with high

scores in benevolent sexism show relatively positive attitudes toward menstruation, they also more strongly endorse beliefs that there are certain activities women should or should not do during menstruation and that menstruation hinders women from their daily routines. Accordingly, benevolent sexism offers a coherent framework grounded in the assumption that women are fragile and weak and therefore in need of protection, and that they should be valued only when they conform to traditional roles. In addition, benevolent sexist attitudes were positively correlated with menstrual symptoms related to distractibility. This point is also significant from the perspective of other possible projections: For women with traditional attitudes, menstruation is an important part of a woman's life (Marván and Lama 2009) and aligns with their understanding of seeing themselves as wives and mothers; indeed, it may even be essential for this understanding (Miller and Smith 1975). Therefore, it can be assumed that a woman who endorses benevolent sexist statements, by subscribing to the stereotypical belief that premenstrual and menstrual phases are characterized by weakness and inadequacy, might believe that a menstruating female peer should be "protected" from certain daily activities and stresses. Thus, these attitudes held by women predict how they lead their lives, and it is clear that the sexist attitudes women hold can be a factor that draws them "from the center of life to its margins". Nevertheless, these findings should be interpreted considering the limited contextual characteristics of the study's sample. All the women who participated in the research were individuals with middle to high education levels, living in urban areas, and belonging to the middle-upper socioeconomic class. This heterogeneous structure generates significant uncertainty about how the relationships identified in the study might appear in different class, cultural, or educational settings. For example, it is known that Mexican women with low incomes or living in rural areas tend to have more traditional views on menstruation and feminine roles, and gender norms are more strictly enforced in these groups (Marván et al. 2014). Therefore, the level, type, and interaction patterns of sexist beliefs related to menstruation in these populations may differ greatly from those observed in the present study. Furthermore, since the study is based on a cross-sectional design, it is not possible to draw causal inferences about whether sexist attitudes shape symptom experiences or whether symptom experiences reinforce these attitudes. While the study by Marván et al. (2014) is important for showing the extent to which menstruation experience is intertwined with gender beliefs, further research with more diverse sociocultural samples is necessary to enhance the generalizability of the findings. Additionally, future studies that include objective measurements of traditional gender roles will better clarify the mechanisms by which sexist attitudes influence menstrual experiences.

Another study conducted by Mondragon and Txertudi (2019) also supports the dual structure of ambivalent sexism. This study examined the relationships between attitudes toward menstruation and the variables of gender (female/male), political ideology (conservative/liberal), and feminist identity. The sample included 250 participants aged 18-25 living in Spain, with 78.3% female and 21.7% male. The participants' narratives were analyzed using hierarchical content analysis and classified into two main thematic clusters: (1) negative/traditional representations (hygiene crisis, negative effects of menstruation, variable emotional state) and (2) positive/progressive representations (between biology and social taboo, positive acceptance of menstruation).

The negative/traditional representations cluster consists of depictions that frame the menstruation experience negatively. In this cluster, expressions that structure the process as a "hygiene crisis", highlighting constant precaution and fear of contamination, are noteworthy. Additionally, themes such as the "negative effects of menstruation" defined by physical pain and negative emotions, and a "variable emotional state" focusing on emotional fluctuations and unstable moods, outline this negative framework. Moreover, at the negative/traditional level, menstruation was strongly defined as a "dirty and disgusting event", particularly through an emphasis on blood leakage. Indeed, within this group, menstruation was described by participants as a hygiene crisis because a menstruating woman is seen as someone constantly at risk of being "dirty" or "leaking", and this risk must be eliminated at all costs. Based on this representation, it is easy to acknowledge the importance of menstrual products, as for the vast majority, these products are the sole means of preventing the "dirt" of menstruation, which is precisely why they are termed "hygienic protection" (Bobel, 2015). The media and industrial activities behind these products portray the female body as dirty; advertisements for panty liners, pads, and tampons are produced with this perspective (Kissling 2006, Malefyt and McCabe 2016). Much like how menstruation is often regarded

as a secret process at a community level, participants in the study by Marván et al. (2006), while not explicitly setting restrictions on menstruating women, suggested that a "leaking" body was inappropriate for certain active tasks. This research finding shows how restricting women can easily be justified as "hygienic measures" through benevolent sexist attitudes.

Conversely, the positive/progressive representations cluster presents a narrative that frames menstruation as a natural biological process while also addressing the social taboos that come with it. Finally, the "positive acceptance of menstruation" theme offers an empowering portrayal that goes beyond usual assumptions about the female body by linking the process to pride, self-love, and health. Within this cluster, only the discourses of feminist women presented menstruation in a distinctly positive emotional light.

The findings indicate that women are significantly more likely than men to approach menstruation from both a hygiene crisis perspective and a positive acceptance perspective. In contrast, men discussed biological aspects of menstruation more frequently than women. With respect to ideological positioning, participants who identified as "not feminist" focused more on the negative effects of menstruation, while those who identified as "feminist" highlighted the positive acceptance of menstruation. Additionally, "liberal" participants emphasized themes related to the biological aspects and social taboos. In the study, the notion of "limited capability" was linked to non-feminist discourses. Consequently, the authors especially emphasize that this issue should be considered in the future, or at least that the negativity surrounding menstruation should be addressed from a sociocultural perspective.

Indeed, the fact that perceptions and representations surrounding this biological phenomenon are not exclusive to either women or men underscores its collective gendering. As noted in a previously mentioned study (Marván et al. 2006), men, in general, associated menstruation more with prohibitions and rules and viewed it as more restrictive compared to women. Women, on the other hand, reported finding menstruation more bothersome than men did. Ultimately, both men and women contribute to the dynamics of gendering the menstrual phenomenon (which is often associated with negative attitudes).

However, it is important to recognize that this research has some notable methodological limitations. First, the sample is clearly biased; most participants were women who identified as feminist and held liberal ideological views. It can be assumed that this group holds more positive views of menstruation; however, it is notable that negative discourses still appeared frequently despite these demographic characteristics. This is a finding that requires separate consideration. Additionally, the method used does not fully capture how discourse about menstruation is built within the larger social context or how this discourse is shaped dialogically.

The limited number of studies conducted with male participants indicates that men mostly hold negative attitudes toward menstruation and women during their menstrual period. In an experimental study examining this reciprocal dynamic, Roberts et al. (2002) investigated the effect of a menstrual status reminder influences individuals' reactions with 32 female and 33 male participants at a U.S. university. Participants were invited to an experiment on "group productivity" and paired with a 20-year-old female research assistant for a problem-solving task. As part of the experimental manipulation, the researcher's confederate (the research assistant) was made to accidentally drop either a wrapped tampon or a hair clip while trying to retrieve a lip balm from her purse. Participants were randomly assigned to either the tampon or hair clip condition, and the confederate's behavior was standardized across both conditions. The dependent variable in the experiment was measured by the distance between the chair the participant selected while sitting in the corridor with the confederate and the confederate's chair. This measurement was considered an indirect indicator of the participant's tendency to distance themselves from the confederate. At the end of the study, participants were fully debriefed. This study utilized a 2 (condition: tampon, hair clip) X 2 (gender: male, female) factorial design. The findings showed that the condition had a significant main effect on the perceived competence of the confederate. The confederate's competence was rated significantly lower in the tampon condition compared to the hair clip condition. In contrast, no main effects or interactions based on condition or gender were found in the competence scores participants assigned to themselves. Notably, there was no main effect of gender or interaction with

condition, indicating that both men and women were equally affected by the manipulation. Among the limitations of this research are its relatively small and homogeneous sample, mainly consisting of Western men and women with an average age under 20. Because the entire sample was American, the findings cannot be readily generalized to other cultures and societies. Nevertheless, it is noteworthy that the researchers found the results surprising, even though the sample group consisted of Western, young, and likely open-minded university students. Additionally, since dropping a tampon might provoke emotions beyond those related to menstruation, such as embarrassment, alternative explanations for the findings could be considered. This makes it hard to interpret the results clearly. Besides the tampon being linked to women's biology, its associations with shame and inappropriateness add another difference between the experimental conditions. This difference might explain some outcomes, such as women being perceived as less competent or participants showing a greater tendency to distance themselves from or feel less favorable toward women. However, it does not alone provide sufficient evidence to conclude that women are generally more objectified. Indeed, the researchers themselves noted that the tampon, due to its strong association with reproduction, could be evaluated as shameful and inappropriate. Future research is required to clarify whether the effect observed here is specific to menstrual bleeding or extends to other female-specific biological characteristics, such as breastfeeding.

In another study conducted by Eyring et al. (2023) with both male and female participants, factors related to attitudes toward menstruation such as heteronormative attitudes, sexism, and family influences were examined. When evaluating the findings based on gender differences, it was observed that men had more negative attitudes toward menstruation than women. However, this difference was found to be associated with sexist attitudes rather than directly with gender. Being female was linked to more secrecy and fewer avoidance attitudes about menstruation compared to being male. Consequently, the hypothesis that men would have more negative attitudes toward menstruation was only partially confirmed. When assessed in relation to heteronormative attitudes and gender role expectations, the findings indicate that attitudes toward openness and secrecy regarding menstruation are strongly associated with both gender role expectations and hostile sexism. Bodily reproductive functions such as menstruation, which are incompatible with the idealized "feminine form", require secrecy and often lead to social disapproval of openness. Furthermore, benevolent sexism was found to be associated with the tendency to perceive menstruation as a hindrance, to deny menstrual symptoms, and to avoid specific activities during menstruation. This finding aligns with the results of Roberts et al. (2002); in that study, both women and men were more affected by the disclosure of information about women's menstruation when they more strongly identified with stereotypical gender characteristics appropriate to their biological sex. Both hostile and benevolent sexism were found to be associated with various dimensions of attitudes towards menstruation. Specifically, an increase in hostile sexism was significantly associated with four of the five subscales (decreased openness, denial of menstrual symptoms, increased secrecy, and activity avoidance). This result is also consistent with the findings of Forbes et al. (2003), which showed that hostile sexism is linked to negative attitudes toward women experiencing menstruation.

Taken together, these findings suggest that menstruation is not merely a biological process but also a social construct influenced by gender beliefs and sexist attitudes. Menstruation is a domain through which both women and men reproduce gender roles, and the "ambivalent" nature of sexist norms becomes visible. One of the most current and clear examples of this ambivalence is the debate over providing women with paid leave from work during menstruation. On one hand, such a policy can be seen as a reflection of benevolent sexism, as it claims to 'protect' women, which may strengthen the idea that menstruation is "debilitating" by framing it as a medical issue or an "illness". On the other hand, to the extent that it renders the experience of menstruation in the workplace visible and legitimizes demands for structural accommodation of bodily needs, it is also seen as a way to strengthen gender equality. This debate thus clearly shows how menstruation is intertwined with ambivalent gender norms capable of triggering both protective and discriminatory approaches simultaneously. Although there is currently no legal regulation concerning menstrual leave in Türkiye, the issue remains a debate today, as it has been during different periods. This debate is not unique to Türkiye; it also persists in many other countries around the world. In countries like Spain, Indonesia, Taiwan, and Japan, menstrual leave is legally allowed. Proponents of menstrual leave argue that such a regulation would help reduce the stigma surrounding

menstruation and support menstrual health. Conversely, opponents of the practice claim that the leave could have negative consequences for individuals who menstruate. According to the opposing view, menstrual leave could increase workplace discrimination by reinforcing the stereotype that “women are weak”; employers might prefer male employees, citing the cost of the leave; and the regulation could even widen the gender pay gap (Barnack-Tavlaris et al. 2019, King 2021).

Altay's (2024) study conducted in Türkiye with 734 participants (including 645 women) reveals that attitudes toward menstrual leave are closely linked to gender ideologies. According to the findings, being male, exhibiting hostile sexist attitudes, denying menstrual symptoms, and advocating for hiding menstruation significantly decreased support for menstrual leave. Furthermore, hostile sexism and the denial of symptoms increased concerns that the policy would be abused and lead to negative consequences for women. Denying menstrual symptoms and believing that menstruation should be kept secret were also linked to concerns that taking leave would lead to the disclosure of menstrual days in the workplace. Finally, a secrecy orientation, hostile sexism, and symptom denial were found to be significant predictors of believing that menstrual leave would lead to negative outcomes in the workplace.

A similar debate is ongoing in Australia, where lawyers, researchers, and unions are advocating for the implementation of national legislation for paid menstrual leave. A study by Wong et al. (2025) in Australia with 923 women found that most participants (85%) supported paid menstrual leave either “somewhat” or “definitely”; 4% were undecided, and 11% opposed it. Participants preferred paid leave instead of unpaid leave or compensation for unused leave; they also supported having the leave available monthly and requiring a one-time doctor's approval to access it. In responses to open-ended questions, 73% of participants stated that menstrual leave would have several positive effects on employees. To gain a comprehensive understanding of menstrual leave, further studies are needed that examine the attitudes not only of women but also of men, colleagues, employers, labor law experts, and economists.

Discussion

Menstruation is a socially constructed taboo and a stigmatized subject worldwide. Although menstruation is a normal and physiological process that belongs to women and is even recognized as a human right by the United Nations (2022), it is experienced in a gendered way within the sociocultural context (Kissling 2006, Bobel 2015). Commonly, in societal discourses, menstruating women are unfairly stigmatized with attributions such as “dirty” and “disgusting”, and this derives its power from the sexist system (Ussher 2006). Indeed, popular culture products like television series and films often depict menstruating women as “sick, irritable, and unstable” (Hughes 2018).

These discourses that emotionally frame menstruating individuals are harmful because they expose them to “ridicule, rejection, and trivialization” (Fahs 2016). In forming this perception, various factors contribute alongside gender inequality, including poverty (Boyers et al. 2022), economic vulnerability (Salawu et al. 2022), and the “harmful” projections of certain traditions (UNFPA 2025). Furthermore, due to the stigmas produced by sexist discourses and reinforced by sexist attitudes, women face discrimination, restrictions, contempt, and exclusion in numerous areas of their lives (Bitzer et al. 2005, Blanco 2018). The depiction of the menstrual cycle as a process that weakens women is an implicit and unconscious way of maintaining the menstruation taboo, while also limiting women's participation in public life and further reducing their opportunities in society (Chrisler and Caplan 2002, Burrows and Johnson 2005).

Studies in the literature examining women's attitudes towards menstruation and their effects (Chrisler and Johnston-Robledo 2000, Roberts et al. 2002, Forbes et al. 2003) clearly show that negative attitudes predict, at the individual level, more severe menstrual and premenstrual distress (Marván et al. 2014), a higher tendency toward objectification (Johnston-Robledo et al. 2003, Grose and Grabe 2014), a more negative body image (Chrisler et al. 2015), and beliefs that women cannot perform certain daily activities during menstruation (Marván et al. 2006).

When literature studies are examined by gender, different findings emerge. Some studies find that men have more negative attitudes toward menstruation than women (Marván et al. 2005, Chrisler et al. 2014,

Peranovic and Bentley 2017), while others find no significant gender difference in negative attitudes toward menstruation (Roberts et al. 2002, Mondragon and Txertudi 2019). However, when attitudes toward menstruation are examined in the context of sexism, hostile sexist attitudes are clearly intertwined with negative views of menstruation (Roberts et al. 2002, Lee 2009), while benevolent sexist attitudes, although expressed through positive feelings and views toward menstruation, have a quality that impedes women's daily lives and activities (Marván et al. 2014). Indeed, the study by Zablock and Fei (2023) found that attitudes of openness or secrecy about menstruation were closely linked to gender role expectations and hostile sexist beliefs.

Conclusion

This review has examined the relationship between attitudes towards menstruation and ambivalent sexism within a multidimensional framework. However, the existing literature indicates a need for more comprehensive and methodologically rigorous empirical studies, particularly in culturally specific societies, to reveal the underlying mechanisms of this relationship. Many studies (Snow and Johnson 1977, McKee et al. 2009, Morrison et al. 2018, Thapa et al. 2019, Duby et al. 2020, Boyers et al. 2022) have identified the belief that menstruation is a dirty and shameful condition. One of the main reasons for this is clearly that sexism has a negative impact on attitudes toward menstruation. Furthermore, negative attitudes towards menstruation are not only produced by men but also by women and are reinforced through social processes. Therefore, a model that uncovers all factors influencing or potentially influencing the menstrual experience is essential for a comprehensive understanding of attitudes toward menstruation (Hennegan and Montgomery 2016). Models examining attitudes toward menstruation within intergroup relations would be especially useful.

Additionally, future research would benefit from adopting the methodological approaches outlined below. First, mixed-methods designs have significant potential for future research. Combining quantitative measures with qualitative data collection allows for a more comprehensive understanding of both women's and men's cognitive and emotional responses regarding menstruation. Second, experimental studies that present participants with different types of information (such as biological facts, gender norms, menstruation education, or myth-debunking content) can help examine how attitudes toward menstruation and ambivalent sexist tendencies change in response. This approach clearly shows how the cultural depiction of menstruation influences or transforms sexist beliefs. Third, studies utilizing computer-assisted content and language analyses can examine how discourses about menstruation are produced, particularly in social media environments, and how they intersect with gender ideologies. Such studies will provide a significant contribution to understanding how digital culture reinforces the taboo or invisibility of menstruation.

When addressing menstruation comprehensively, it is essential not to exclude men from this discussion (Courtenay 2000, Peranovic and Bentley 2017). Research on men's attitudes towards menstruation in the literature is more limited compared to studies focusing on women's experiences. This imbalance in the literature arises from menstruation mainly being viewed as the "domain of experience for adolescent girls and women". The exclusion of men from gender-related health discussions especially concerning "women's issues" like menstruation, menopause, or reproductive problems is widely observed in education, media (Kissling 2002), family systems (Kalman 2003), and research (Courtenay 2000). Framing menstruation as "an issue that does not concern men" can lead to various negative consequences for both men and women. For example, it reinforces the idea that men should see women's health as irrelevant to themselves (Courtenay 2000), influences men's involvement in reproductive decisions and their behavior toward women (Allen et al. 2011), and can harm interpersonal relationships (Kalman 2003). Moreover, excluding men from discussions about menstruation overlooks the influence they can have on women's health in their roles as fathers, partners, and friends (Brooks-Gunn and Ruble 1986, Kalman 2003, Rempel and Baumgartner 2003, Schooler et al. 2005, Hensel et al. 2007, Wong et al. 2013, Ussher et al. 2014).

Furthermore, menstruation should not be addressed solely as a sexual and reproductive health issue; focus should also be placed on psychological processes, social services, counseling, and education (Min et al.

2022). Some studies conducted with nursing students in Türkiye (Güvenç et al. 2012, Aker et al. 2021) found no significant correlation between ambivalent sexist attitudes and negative attitudes toward menstruation.

This finding may be closely related to the sample group's education in the health field. Indeed, nursing education that focuses on menstruation from its biological and physiological roots enhances students' understanding, which significantly reduces the influence of cultural taboos, stigmatizing discourses, and gender stereotypes on attitudes. Consequently, education emerges as a vital factor that changes negative social views of menstruation and promotes a more realistic, science-based understanding. At this point, the more positive or neutral attitude patterns seen among individuals with health education suggest that increasing knowledge-based awareness in the general population can play a pivotal role in reducing stigmatizing attitudes related to menstruation. It is crucial to treat menstruation as a natural process and to support an approach free of judgments related to gender roles.

In addition, awareness about menstruation should be increased to prevent women from missing opportunities due to exclusion from environments such as family, school, or community during these periods. To achieve this, it is essential to improve menstrual education that respects fundamental human rights, is free from prejudice, encourages adaptive resilience, and helps individuals cope with psychological distress (Zablock and Fei 2023, Lee et al. 2024). Access to accurate information about menstruation can, in turn, support both physical and mental health (Tijaro 2021).

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