



The Study on Typically Ignored Groups of Menstruating Adults: Computational Analysis of Biometric and Survey Data

Rebecca Hurwitz¹, Naomi Hunter², Sarah Nyquist³, Morgan Smith², Alina Gavrilov⁴, Tania Mergudich³, Jiachen Cai³, Jillian Melbourne⁵, Leah McGillicuddy¹, Ally Nicolella⁶, Mike Snyder², Barbara Engelhardt^{1,3}

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Background

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The Study on Typically Ignored Groups of Menstruating Adults (STIGMA) aims to address these gaps by recruiting a diverse cohort of 304 participants and combining detailed surveys with continuous Oura ring measurements to capture high-resolution biometric data (heart rate, sleep, temperature). By integrating social and biological data, we aim to generate new insights into population-specific menstrual health patterns and highlight equity considerations often overlooked.

Cohort Demographics

A significant contribution of this work is the diversity of the recruited cohort, particularly across ancestry. There is also quite a bit of heterogeneity across skin pigment, education level, and income level, seen in the demographics plots below.

Figure 1. Ancestry distribution. Participants were asked to select multiple ancestries that they belong to. Bars show the number and percent of participants selecting each category; most common ancestries were African (57%) and Latinx (31%).

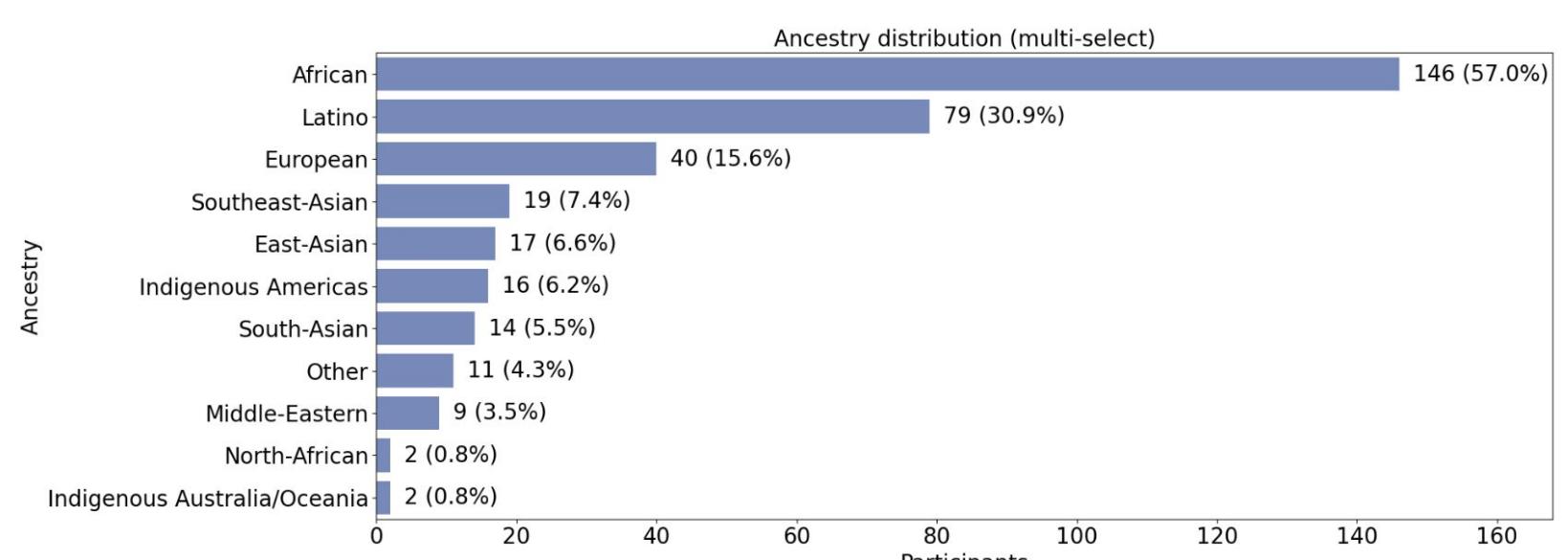


Figure 2. Income distribution. Most participants report household income in the \$125k+ or \$76–120k brackets; ~17% are in \$10–35k.

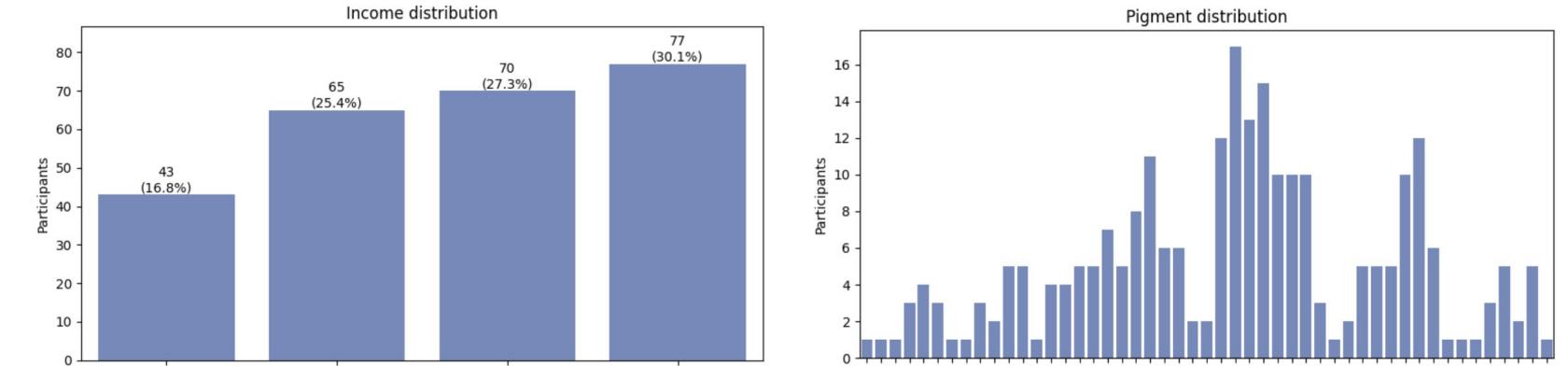
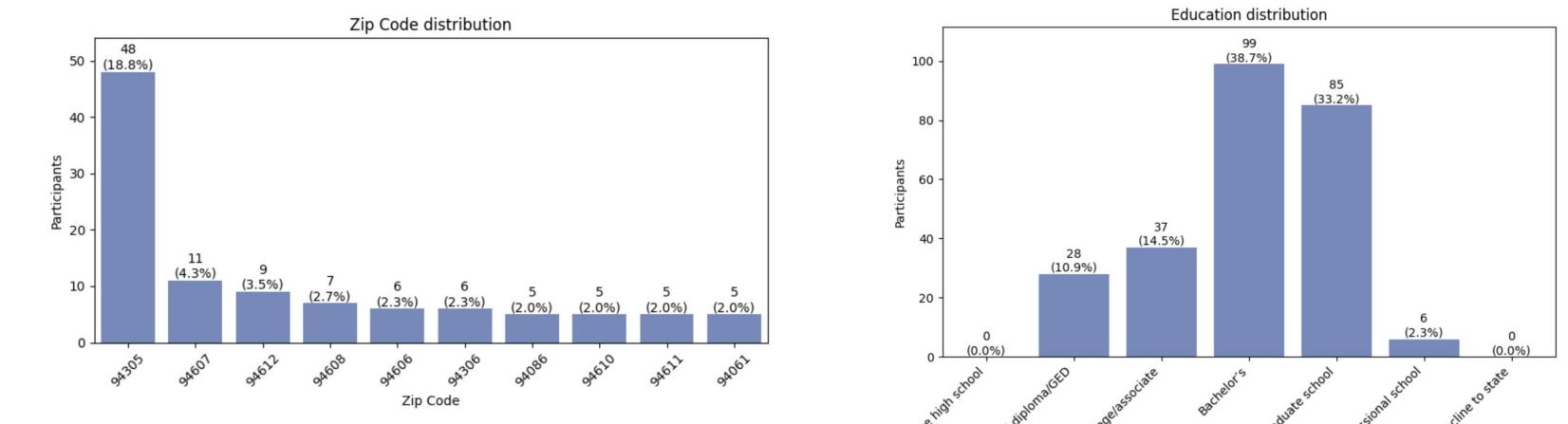


Figure 4. ZIP Code distribution (top 10). Participation is concentrated in the Stanford 94035 zip code (~19%); the remaining ZIPs each contribute a small share.



Methods

Cohort:

- Inclusion: uterus, ages 18–51, ≥ 9 expected periods in 12 months, access to smartphone, ability to wear/charge Oura ring.
- Recruitment: flyers across the Bay Area, email blasts, BIPOC-centered teach-ins.
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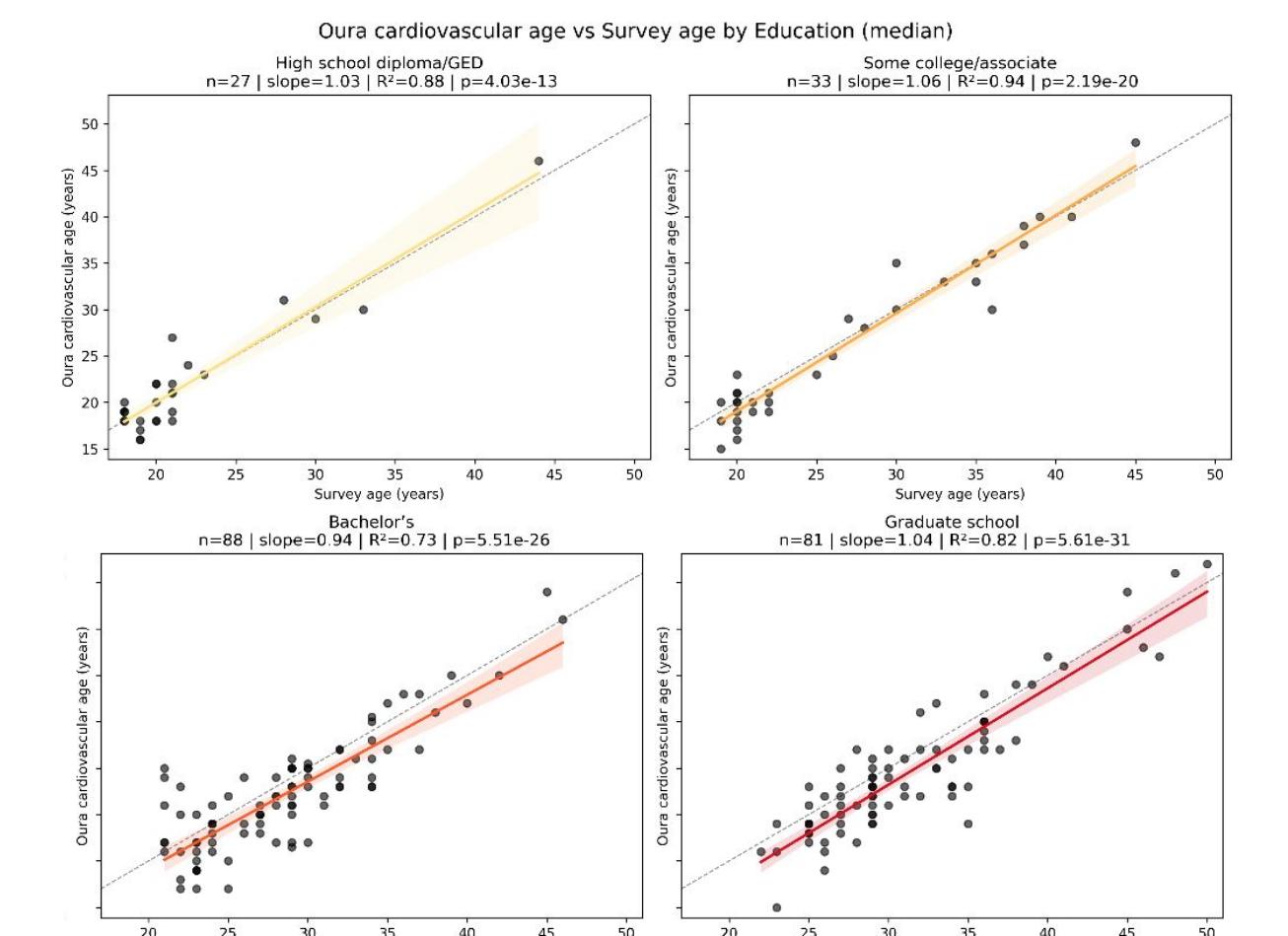
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- Exploratory: Descriptives for demographics, stress, readiness, BDI (breathing disturbance index), and Oura biometrics; subgroup comparisons; cardiovascular vs. chronological age.
- Dimension reduction: NMF to identify latent factors.
- Trajectory modeling: Gaussian processes for bleeding, stress, HR, and sleep with subgroup contrasts.
- Integration & equity: Linking social determinants with biometric signals to highlight population-specific variation.

Results

Chronological Cardiovascular Age vs. Oura Cardiovascular Age Analysis

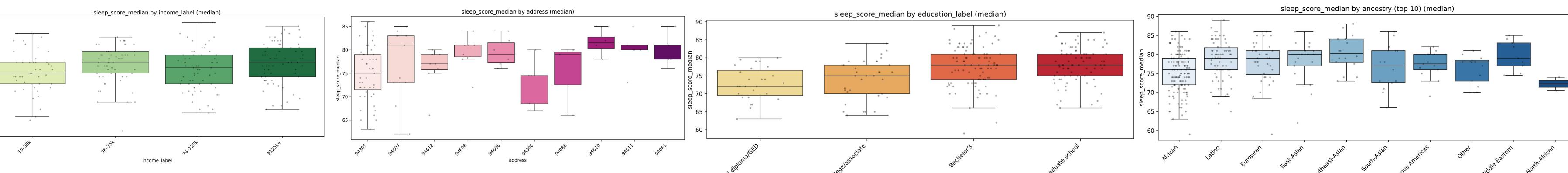
Figure 6. Participant-level Oura cardiovascular age (median across days) vs. chronological survey age and modeled separately within each education stratum (HS/GED, Some college/Associate, Bachelor's, Graduate) using simple linear regression. Panels show black points, a category-colored fitted line with 95% CI, and a dashed y = x reference; titles report n, slope, R², and p. Associations are strong across groups (R² 0.73–0.94) with slopes ~1; slightly below for Bachelor's and slightly above for HS/GED and Some college/Associate.



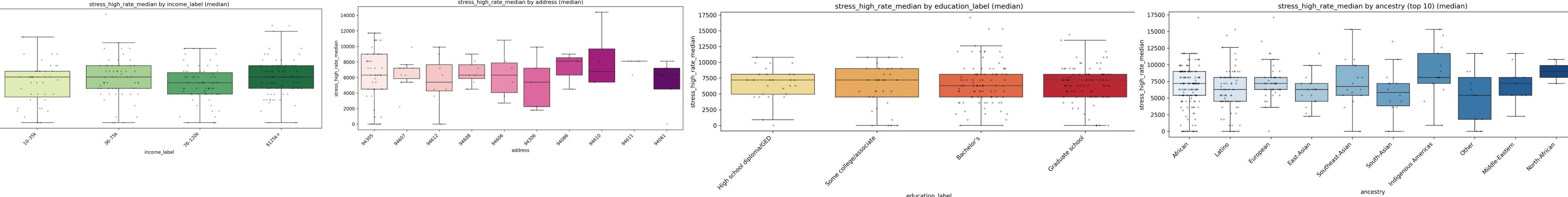
Results (continued)

Social Determinants of Health (SDoH) Analysis

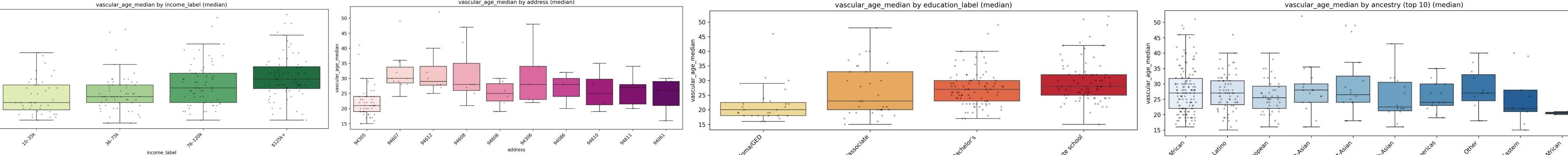
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Figures 8a-d. The daily median of the Oura biometric variable Daytime Stress, defined as a measurement of physiological stress responses during waking hours, is plotted against SDoH variables income (a), zip code (b), education (c), and ancestry (d). Pairwise comparisons showed no statistically significant differences (p < 0.05) across all categories.



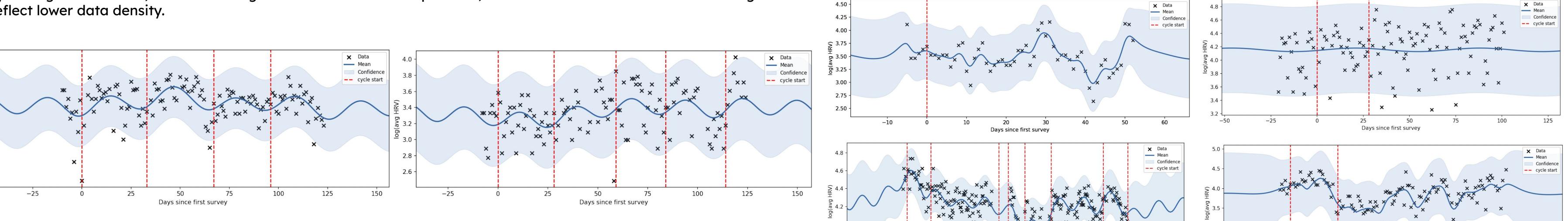
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Gaussian Process Modeling

Gaussian Processes (GPs) provide a Bayesian framework for modeling smooth, non-linear variation over time in menstrual cycle signals (bleeding, stress, heart rate, sleep). A Gaussian random variable $X \sim N(\mu, \Sigma)$, where μ is the mean and Σ is the covariance matrix has the following probability density function: $P(x; \mu, \Sigma) = \frac{1}{2\pi^{\frac{D}{2}}|\Sigma|^{\frac{1}{2}}} e^{-\frac{1}{2}(x-\mu)^T \Sigma^{-1} (x-\mu)}$. A major model fitting consideration is kernel selection, and for this data, the team has determined that the periodic + the matern 32 fits best based on observed likelihood.

Figures 10a-b. GP fits for nightly log-transformed heart rate variability (left, a) and log-transformed breathing rate (right, b) across an individual participant. Black points show raw nightly data, dark blue lines the GP mean, and shaded areas 95% confidence intervals. Red vertical lines denote logged menstrual cycle starts. HRV displays clearer cycle-aligned variation, while breathing rate shows more subtle patterns; wider confidence bands toward the edges reflect lower data density.



Figures 11a-d. GP fits for nightly log-transformed heart rate variability. Patterns of HRV variation differ highly across individuals, with some showing cycle-aligned changes and others displaying little or no correlation, highlighting heterogeneity in HRV responses. These plots show abnormal patterns.

Next Steps

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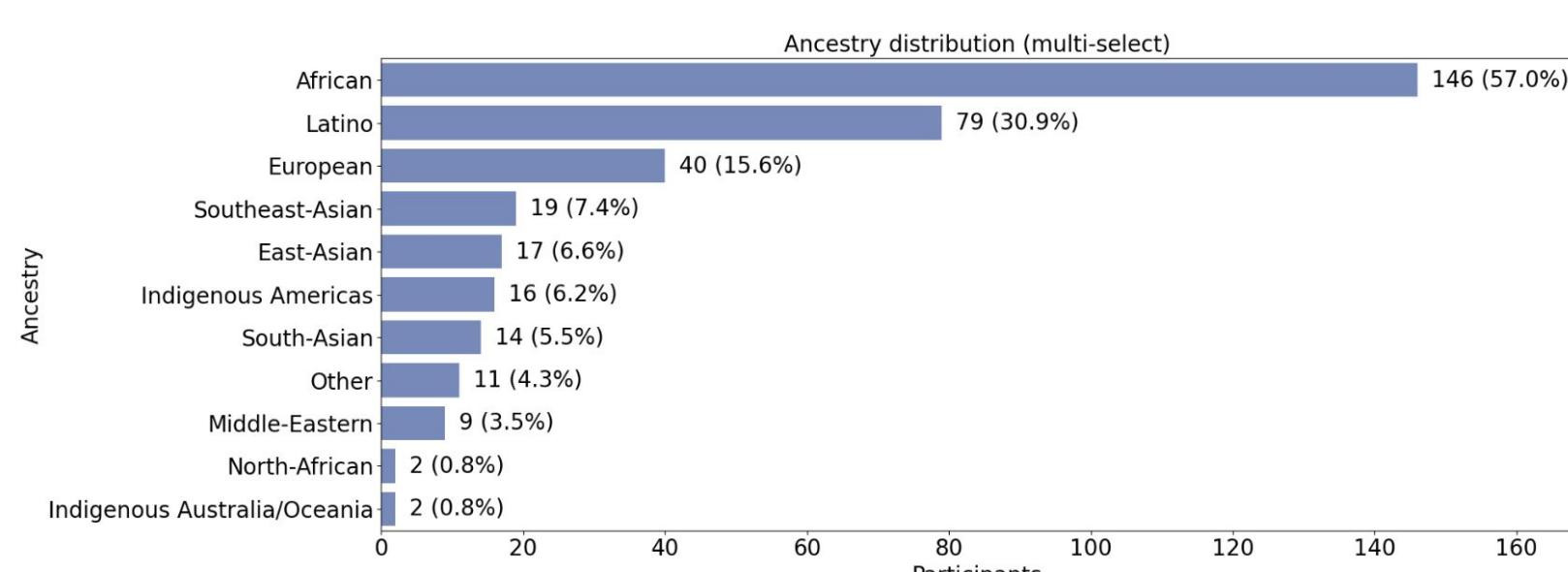


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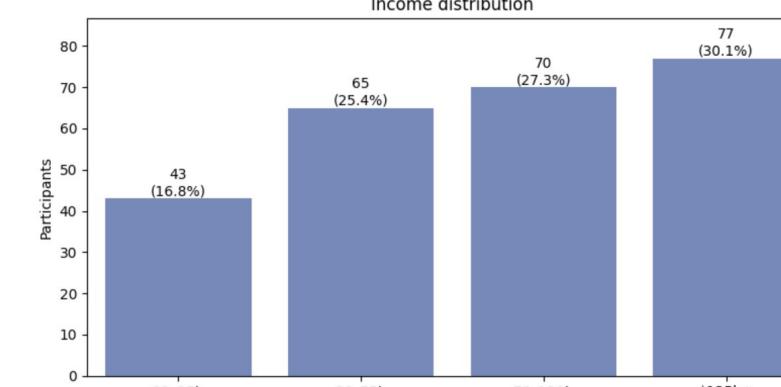


Figure 3. Pigment distribution. Self-reported pigment codes span the full scale.

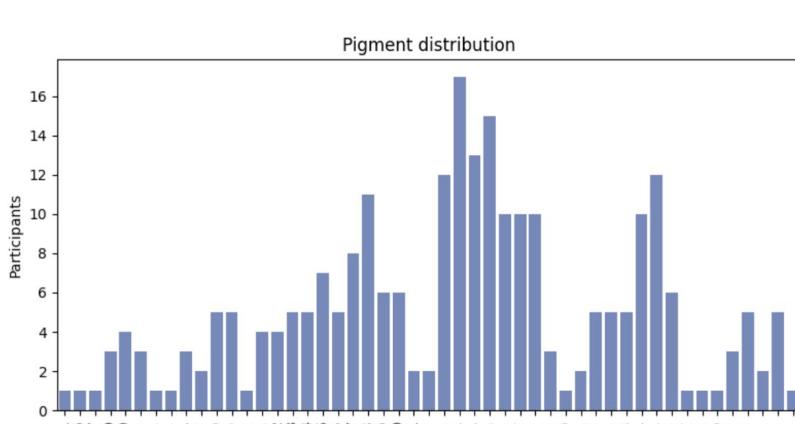


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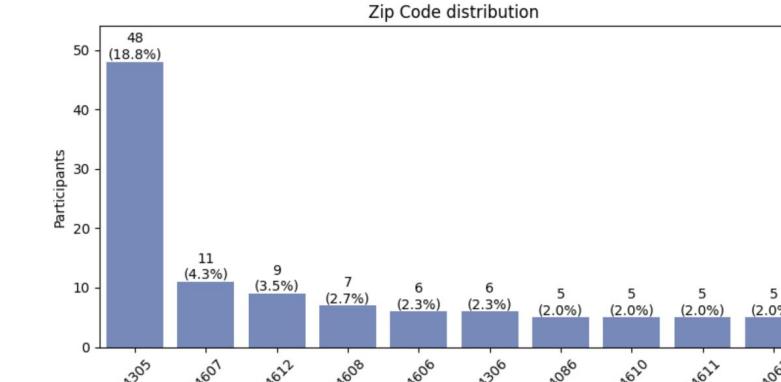
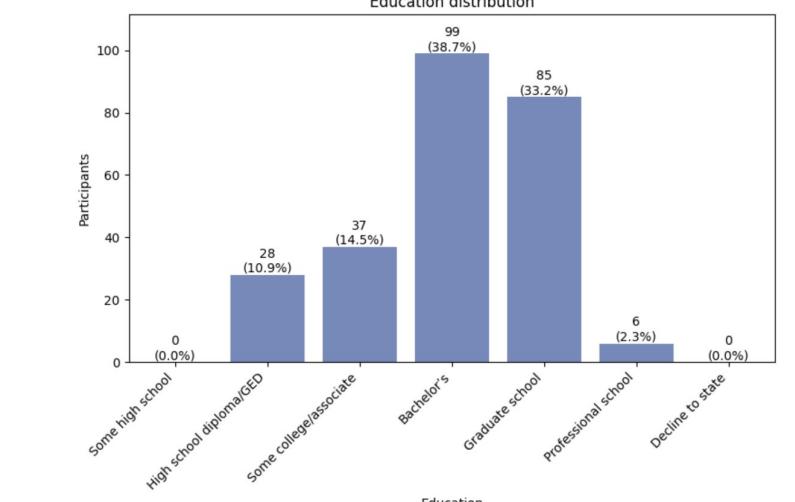


Figure 5. Education distribution. The largest groups hold Bachelor's or Graduate degrees, with smaller shares reporting high school or some college.



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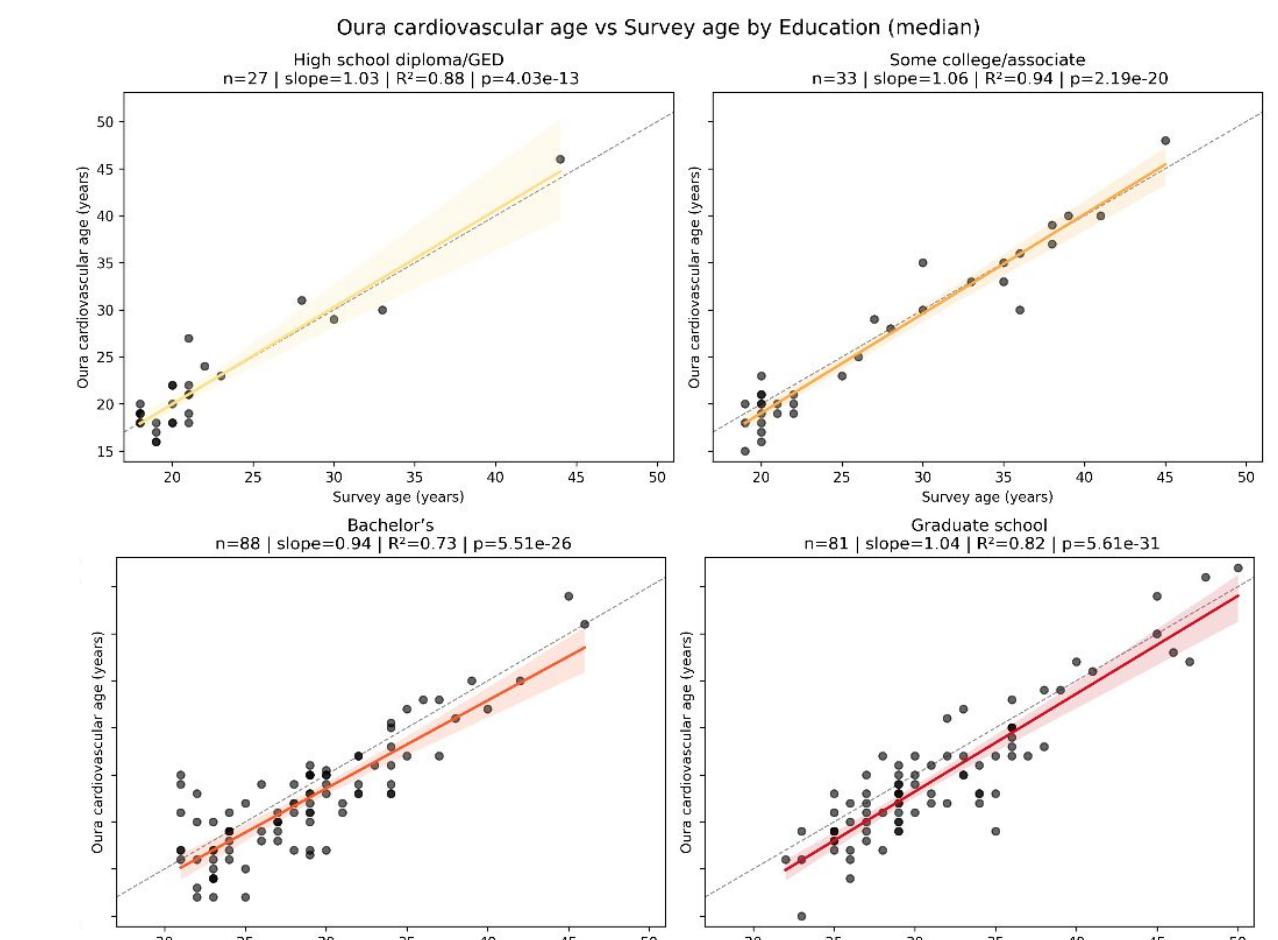
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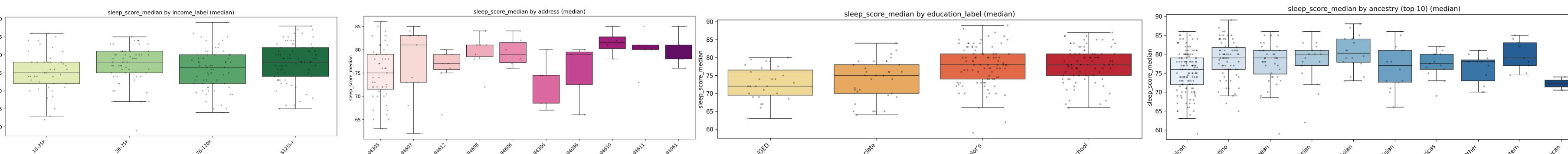
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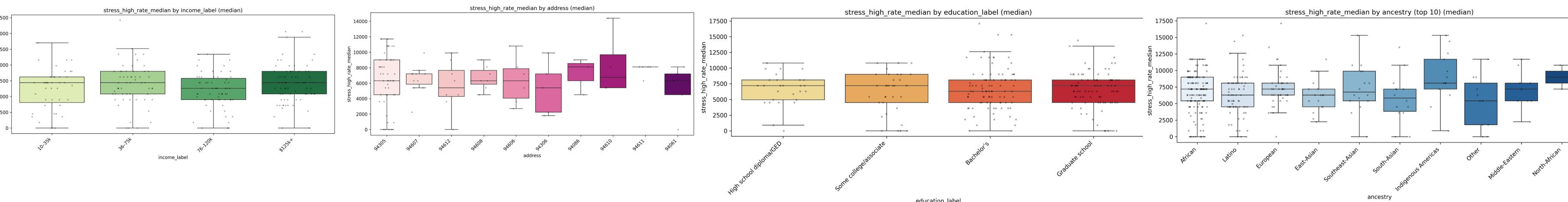
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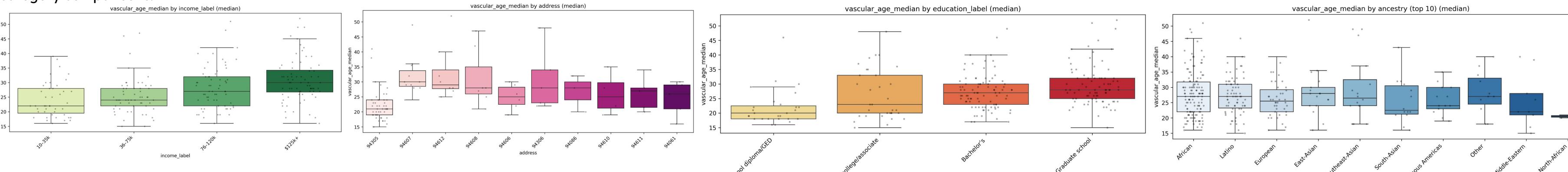
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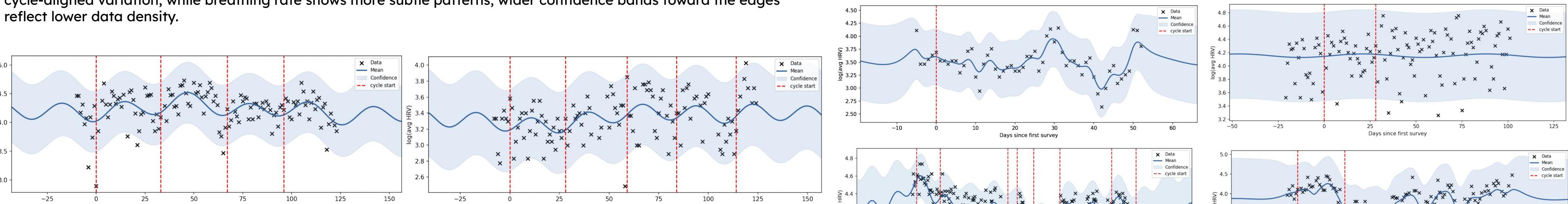
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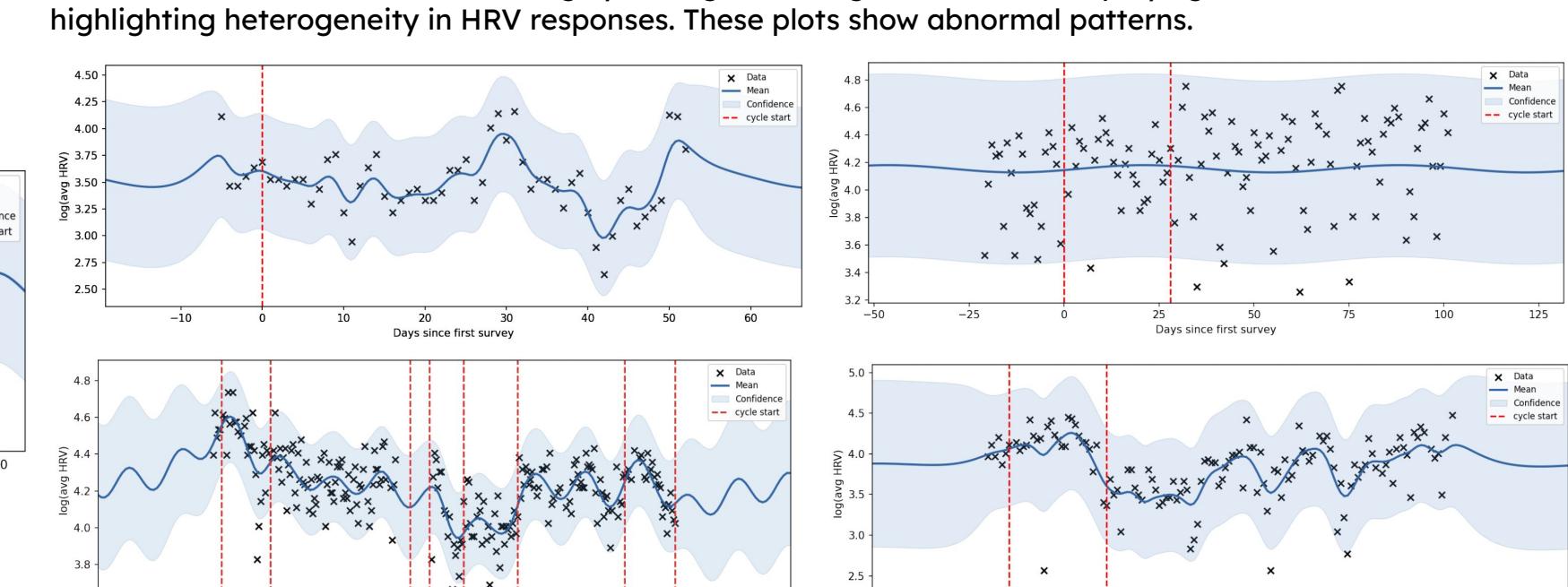
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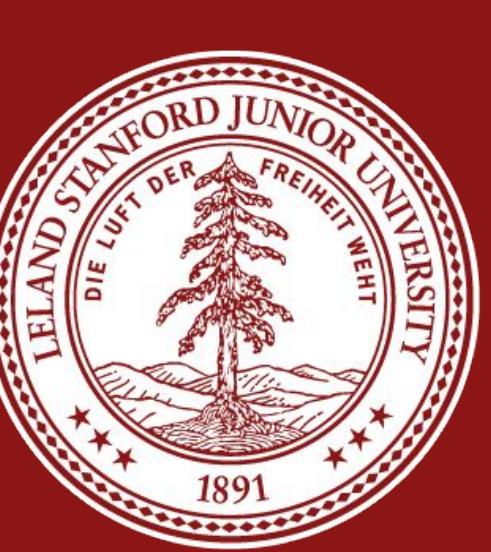


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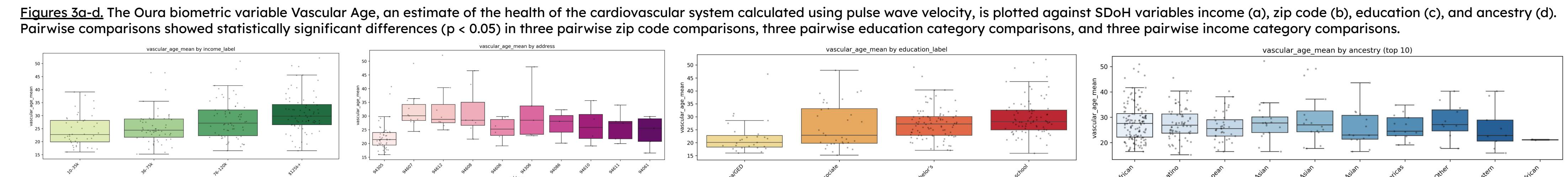
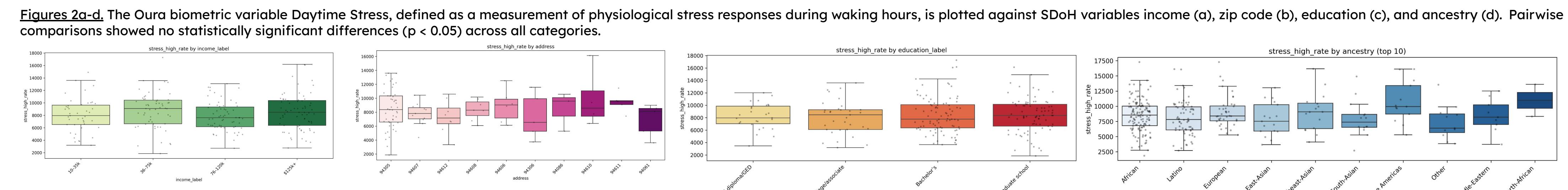
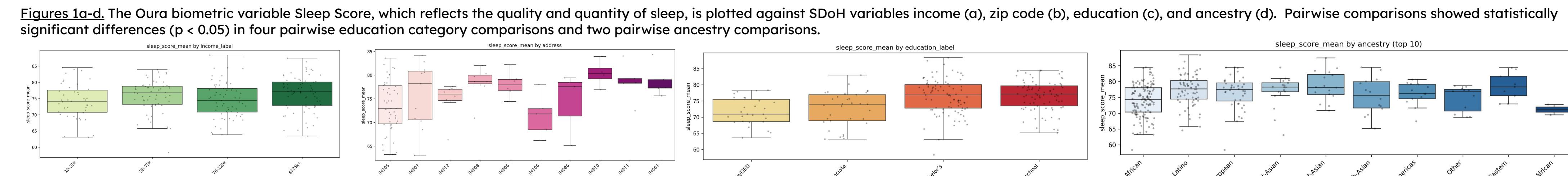
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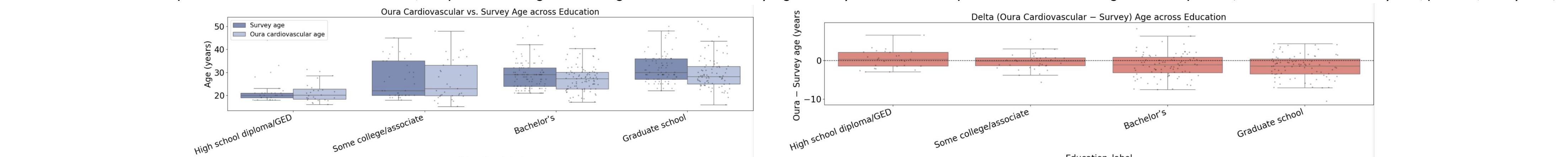
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Social Determinants of Health (SDoH) Analysis



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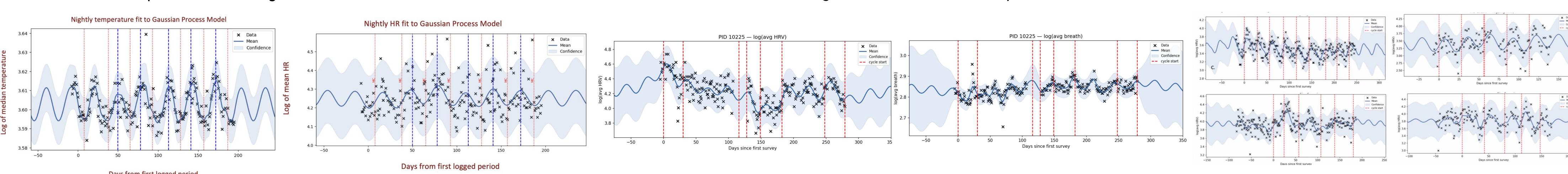
Figures 4a-b. Survey (chronological) age versus Oura cardiovascular age across education levels. Boxplots (left, a) show side-by-side distributions of survey and Oura ages, while delta plots (right, b) display the within-person difference. The two measures were comparable across most education levels, but patients with graduate degrees had a statistically significantly lower delta compared to those with a high school diploma (mean difference ≈ -1.9 years, $p = 0.02$, Tukey HSD).



Gaussian Process Modeling

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Figures 5a-b. GP fits for nightly temperature (left, a) and heart rate (right, b) aligned to menstrual cycle logging across an individual patient. Black points represent observed nightly values, dark blue lines indicate the GP mean, and shaded regions show 95% confidence intervals. Red and blue vertical lines mark logged menstrual cycle events. The models capture smooth, non-linear variation across cycles, with repeated patterns evident in both temperature and HR signals.

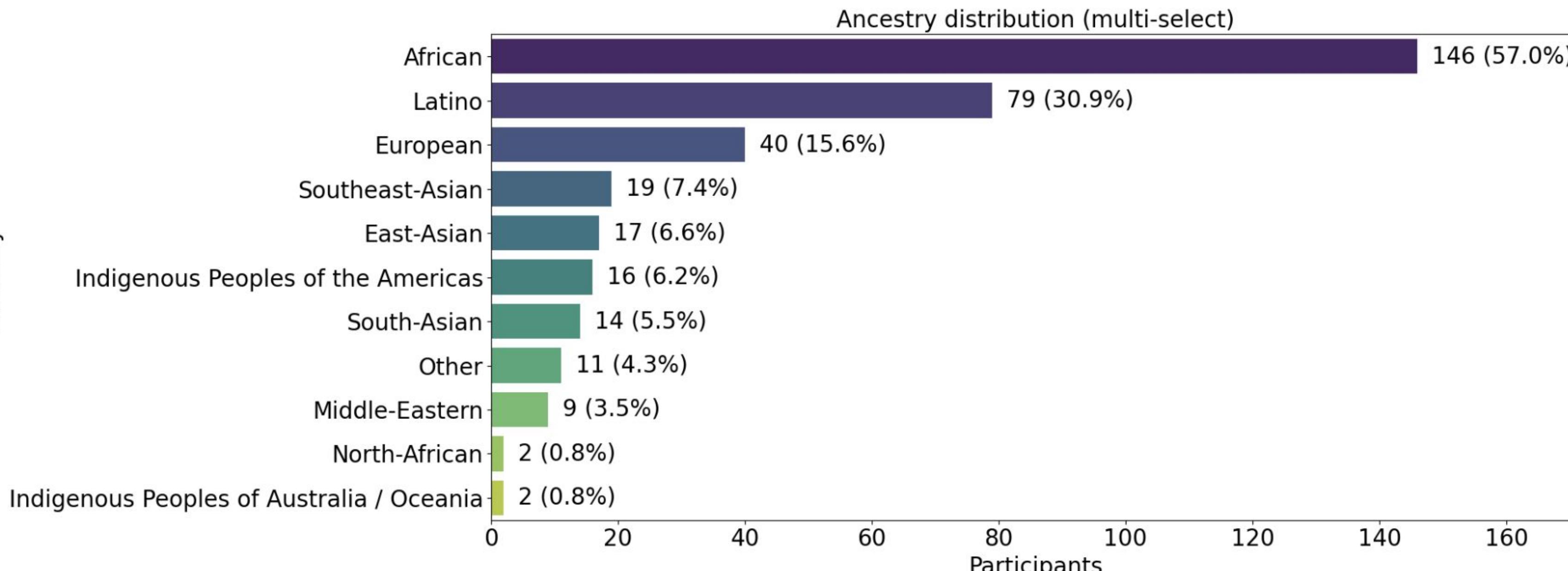




Things I wanted to include but no room:

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Ancestry distribution

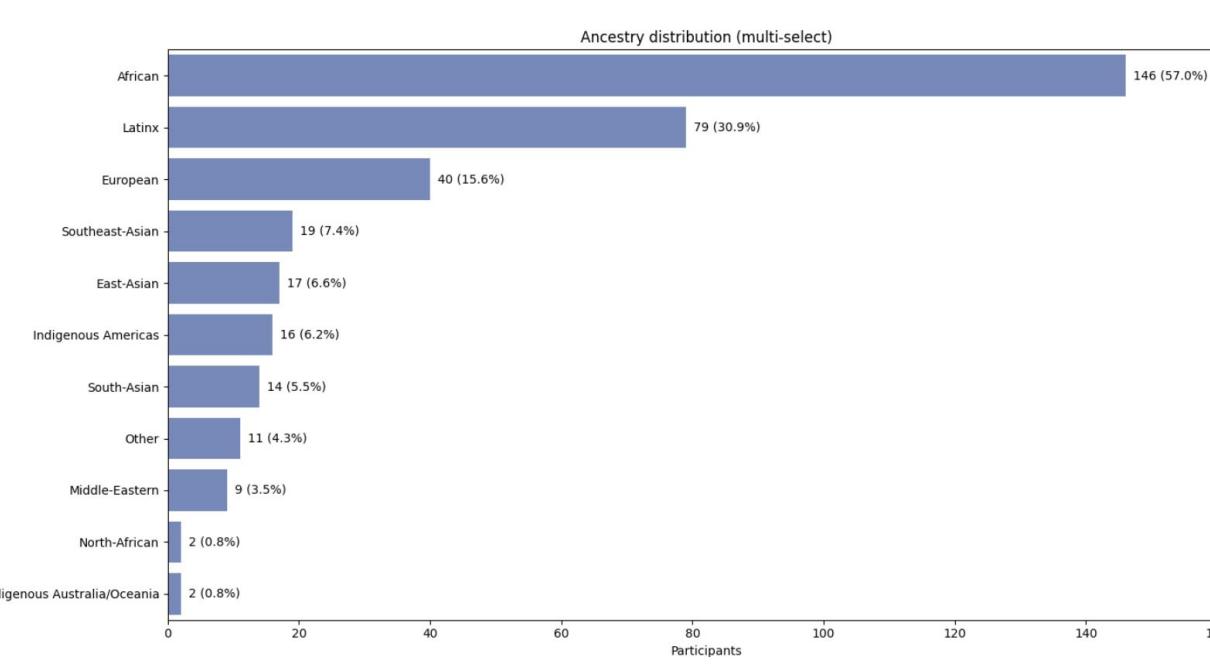


Actual statistical tests

Overall paired t-test (Oura vs Survey): $t=-4.688$, $p=4.686e-06$, $n=235$

== GLOBAL TESTS on delta (Oura - Survey age) ==

	group	k	n	anova_p	kw_p	sig_flag
0	address	10	101	0.275323	0.163996	No
1	ancestry	10	325	0.001927	0.004036	Yes
2	education_label	5	234	0.001923	0.011987	Yes
3	income_label	4	234	0.085390	0.088138	No
4	normalized_pigment	10	114	0.679516	0.646727	No



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Education categories used in scatter panels: ['High school diploma/GED', 'Some college/associate', 'Bachelor's', 'Graduate school']							
	n_demo	n_with_survey	n_with_oura	n_with_both	n_in_scatter_cats	n_scatter	missing_any
education_label							
High school diploma/GED	28	27	27	27	28	27	1
Some college/associate	37	37	33	33	37	33	4
Bachelor's	99	98	89	88	99	88	11
Graduate school	85	84	81	81	85	81	4

	education_label	n	slope	intercept	r	r2	p_value	stderr	mode
0	Bachelor's	88	0.935410	0.489454	0.852765	0.727209	5.513917e-26	0.061779	median
1	Graduate school	81	1.040337	-2.997262	0.904538	0.818189	5.611902e-31	0.055175	median
2	High school diploma/GED	27	1.030285	-0.624743	0.939349	0.882377	4.025623e-13	0.075233	median
3	Some college/associate	33	1.056348	-2.090320	0.969011	0.938983	2.187953e-20	0.048364	median