



Womanizer x Kinsey Institute
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Menopause & Masturbation Clinical Study

Understanding the effects on masturbation
on menopause symptom relief

Context



In 2024, Womanizer and the Kinsey Institute surveyed 1,500 American women about menopause basics, its impact on pleasure, symptom management and experiences with healthcare providers.

Findings revealed that 36% of menopausal women experienced symptom relief from masturbation and 1 in 10 use it as their primary relief strategy. It was time to dig deeper.

Womanizer

Womanizer is a global leader in the sexual wellness industry, committed to transforming the way people experience pleasure. Since its founding in 2014, Womanizer has pioneered the use of patented Pleasure Air Technology and has grown into an internationally recognized brand with offices around the world. With over 7 million customers across 90 countries, Womanizer empowers individuals to explore and celebrate their own unique sexuality, free from shame or stigma. We believe that sexual wellness is an integral part of overall health and wellbeing. Womanizer is part of the Lovehoney Group, alongside brands like Arcwave and We-Vibe, and is committed in providing the highest standards of quality, innovation, and customer service.



Kinsey Institute
INDIANA UNIVERSITY

For almost 80 years, the Kinsey Institute at Indiana University has led research on sexuality, relationships, and wellbeing as a trusted source for nonpartisan, evidence-based information. The Kinsey Institute's research programs are led by internationally renowned experts across disciplines including neuroscience, psychology, public health, anthropology, history, and gender studies. The Kinsey Institute also preserves the world's largest library of materials on human sexuality and offers art exhibitions, public lectures, and certificate programs.

Research Goals



This study aimed to understand the association between masturbation and menopause symptoms in a sample of peri- and post-menopausal women.

It also explored the role of the Womanizer Next clitoral stimulator in symptom relief.

Methodology



We recruited two groups of women ages 40-75 and asked them to vary their masturbation habits. All participants were either peri- or post-menopausal (as determined by the date since their last period) and had engaged in masturbation at least once in the past month.

The study was completed in two phases. Phase one was comprised of 66 participants and phase 2 was comprised of 12 participants.

Phase 1

In Phase 1 of the clinical study, 66 women began by completing a baseline survey on their menopause symptoms, overall health, and sexual history. They then took part in a 3-month study divided into four phases: two weeks of abstinence, two weeks of using their preferred method of masturbation, one month using the Womanizer Next, and two weeks with any method of their choice. Throughout the trial, participants completed biweekly surveys on their symptoms, sexual function, and well-being, and at the end, they completed a final comprehensive survey assessing their health, menopause symptoms, and overall experience with the study.

Phase 2

In Phase 2 of the study, 12 peri- and post-menopausal women were trained to use a heart rate sensor and first provided baseline data during a sit-and-stand exercise. Over three weeks, they wore the device three times per week under different conditions: abstaining from masturbation, masturbating with their preferred method, and masturbating with the Womanizer Next. Participants completed baseline and weekly surveys on their menopause symptoms and well-being, and at the end of the study, they filled out a final comprehensive survey capturing their health, symptoms, and overall perceptions of the research.

Methodology Notes



During portions of the study where participants were instructed to masturbate, they were asked to do so 3-4 times per week. For both studies, recruitment began with online calls for participation shared through the Kinsey Institute.

We also partnered with menopause and sex & aging experts and influencers, such as Joan Price, who promoted the studies through their newsletters and blogs. Because recruitment was conducted online, we implemented a rigorous screening process to ensure eligibility and authenticity, preventing bots or individuals seeking incentives from slipping through. Every prospective participant completed an interview with the research team—via Zoom in the first phase and in person during the second phase.

Demographic Information



Phase 1

AGE	%	RACIAL/ETHNIC GROUP	%
40-49	58%	White	82%
50-59	28%	Black/African American	9%
60-69	15%	South Asian	1%
		East Asian	2%
		Hispanic or Latina	3%
		Biracial or Multiracial	2%
		Something Else	1%
GENDER	%	CURRENT MENOPAUSE STATUS	%
Woman	96%	Peri-Menopause	66%
Non-Binary	4%	Post-Menopause	34%
SEXUAL ORIENTATION	%	SYSTEMIC OR LOCAL HORMONES?	%
Heterosexual	58%	Yes, Systemic	31%
Homosexual	3%	Yes, Local	4%
Bisexual	16%	Yes, Both	13%
Pansexual	9%	No	48%
Queer	12%	Other (Specify)	3%
Other	1%		

All participants were assigned female at birth

67 participants were originally recruited for this study, with one having to drop out, meaning only 66 participated in the clinical study.

All participants resided in the USA and came from 27 different states + DC

Percentages have been rounded to the nearest whole number

Symptom Experience



Phase 1

As part of the baseline survey, participants were asked about their current experiences with menopause-related symptoms. Nearly all women in the study **(97%) reported at least one symptom** highlighting the high prevalence of symptom burden in this population.

The most commonly reported issues were fatigue and night sweats, with many participants also experiencing sleep disturbances, difficulty concentrating, and joint pain. This baseline snapshot provides important context for understanding how symptoms were affected during the intervention phases of the study.

% SYMPTOM

57%	I am more tired than usual
52%	Night sweats
51%	I have bloating or feel like I've gained weight
49%	I have difficulty concentrating
48%	Difficulty staying asleep
46%	I have joint pains
45%	Difficulty getting to sleep
43%	I am more irritable than usual
43%	I am more anxious than usual
42%	Hot flashes
39%	I have vaginal dryness
36%	I have mood swings
33%	I have headaches
18%	I am more depressed than usual
12%	I have vaginal pain
6%	I have pain or burning when urinating
3%	None of the above

Attitudes Toward Masturbation



Phase 1

Conversations about menopause often focus on medical interventions or lifestyle changes, but self-pleasure remains an overlooked area of symptom management. This study sheds light on how people experiencing menopause view masturbation as a potential tool for relief and how under-discussed it is in clinical care.

The findings reveal both curiosity and willingness among participants:

91% said they would be more likely to masturbate if they knew it could positively impact menopause symptoms

79% reported they would follow a doctor's advice to use masturbation as a treatment for menopause-related symptoms

Despite this openness, only **3%** of participants said a doctor had ever talked to them about masturbation, while **61.2%** recalled their doctor discussing menopause in general. This gap suggests that self-pleasure is still largely absent from clinical guidance, despite strong patient interest.

Notably, some participants had already made the connection themselves: **10.4%** said masturbation makes their symptoms "a lot better," and **41.8%** reported it makes them feel "a little better." Nearly a third (**28.4%**) were already using masturbation regularly as a way to manage their menopause symptoms.

Key Findings Symptom Reports



Phase 1

Over the course of the study, reports of almost all menopausal symptoms decreased. However, the symptoms most improved centered around feeling more well rested and having fewer mood swings. Symptoms were generally highest in the abstinence phase and lower across the masturbation phases. Many symptoms were at their lowest after four weeks of Womanizer Next use. The below percentages reflect the number of women who reported experiencing that symptom at least once in the past 2 weeks.

	Hot Flashes	Night sweats	Difficulty getting to sleep	More tired than usual	Difficulty concentrating	Irritable	Anxious	Depressed	Mood swings	Headaches	Vaginal Dryness
Abstinence	61%	64%	64%	96%	86%	73%	73%	66%	68%	61%	55%
Preferred Method	48%	57%	57%	83%	85%	81%	74%	69%	64%	57%	52%
After 2 weeks of Womanizer use	54%	59%	59%	80%	82%	74%	66%	54%	59%	49%	53%
After 4 weeks of Womanizer use	53%	45%	45%	76%	74%	67%	67%	52%	50%	48%	43%

The chart below shows the percentage of women who reported improvements in each symptom after four weeks of Womanizer Next use.



Key Findings Womanizer Next



Phase 1

Clinical trial participants masturbated with the Womanizer Next clitoral stimulator. Featuring 3D Pleasure AirTechnology, Next delivers gentle, pulsating airwaves that mimic the sensation of oral sex. It offers three depth levels of stimulation, allowing users to customize the intensity and depth of sensation to suit their preferences. Many participants found that Next made it easier to reach orgasm, potentially unlocking more of the health benefits associated with masturbation. After comparing results from the abstinence phase to four weeks of Womanizer Next use, **92.9% of women reported experiencing at least one menopausal symptom less frequently.**

“

It was the best sex toy I have ever used.

“

I would definitely recommend to anyone...It has possibly ruined me for any other toy.

of the women who participated
in this study reported at least
some enjoyment of the
Womanizer Next

95%

of women said that using the
Womanizer Next made it easier for
them to reach orgasm compared
to their preferred method

32%

Key Findings

Orgasms Matter



Phase 1

Regardless of whether orgasm occurred, most symptoms generally declined during the masturbation phases. However, participants who reported orgasm difficulties* did not experience as large of a reduction in most cases; they also had a higher baseline rate of symptoms. Thus, while self-pleasure in general appears to offer some benefits in and of itself, orgasm appears to be particularly important in symptom relief. This is likely because of the neurochemicals that are released during orgasm. For example, release of oxytocin may facilitate sleep and improvement in mood, while endorphins may blunt perception of pain. In addition, improved sleep may explain reduced rates of night sweats: when women experience higher quality sleep, they may be less likely to awaken during hot flashes.

*Orgasm difficulties were assessed via a question that asked whether participants did not reach a climax (experience an orgasm) or took a long time to reach a climax despite feeling excited/aroused in the past 2 weeks.

Symptom reports among women **with** orgasm difficulties

	Hot Flashes	Night sweats	Difficulty getting to sleep	More tired than usual	Difficulty concentrating	Irritable	Anxious	Depressed	Mood swings	Headaches	Vaginal Dryness
Abstinence	75%	85%	75%	95%	90%	90%	85%	70%	75%	65%	60%
Preferred Method	62%	65%	85%	77%	92%	85%	81%	66%	65%	46%	65%
After 2 weeks of Womanizer use	69%	55%	83%	86%	90%	79%	69%	55%	66%	59%	59%
After 4 weeks of Womanizer use	55%	50%	90%	85%	75%	80%	75%	55%	65%	55%	50%

Symptom reports among women **without** orgasm difficulties

	Hot Flashes	Night sweats	Difficulty getting to sleep	More tired than usual	Difficulty concentrating	Irritable	Anxious	Depressed	Mood swings	Headaches	Vaginal Dryness
Abstinence	55%	55%	81%	94%	83%	65%	67%	64%	64%	58%	52%
Preferred Method	38%	50%	88%	88%	88%	88%	69%	72%	63%	66%	41%
After 2 weeks of Womanizer use	49%	64%	78%	75%	75%	69%	66%	53%	53%	41%	47%
After 4 weeks of Womanizer use	50%	41%	73%	68%	73%	55%	59%	50%	36%	41%	36%

Demographic Information



Phase 2

In Phase 2 of this study, we recruited 12 peri- and post-menopausal women to measure vagal efficiency using a heart rate monitor.

Vagal efficiency reflects how well the vagus nerve—which connects the brain to the body’s vital organs—regulates key functions such as heart rate, blood pressure, and respiration. Because it also influences mood and stress, vagal efficiency provides an objective marker of the brain–body connection and overall health.

We examined vagal efficiency to explore whether increased vagal activity from masturbation, particularly with the Womanizer Next, could help explain its link to fewer menopause symptoms, especially mood, concentration, and sleep issues. This phase lasted one month, compared to three months for Phase 1.

AGE	%	RACIAL/ETHNIC GROUP	%
40-49	67%	White	92%
50-59	25%	Something Else	8%
60-69	8%		
SEXUAL ORIENTATION	%	CURRENT MENOPAUSE STATUS	%
Heterosexual	75%	Peri-Menopause	92%
Bisexual	8%	Post-Menopause	8%
Pansexual	8%		
Queer	8%		
		SYSTEMIC OR LOCAL HORMONES?	%
		Yes, Systemic	8%
		Yes, Local	17%
		No	67%
		Other (Specify)	8%

A heart rate monitor measures heart rate variability, which serves as a reliable proxy for vagal tone. Vagal efficiency measures how well changes in vagal tone are coupled with heart rate changes.

All participants were recruited locally in Indiana for phase 2, which limited our ability to capture a demographically diverse sample for this portion of the study.

Symptom Findings

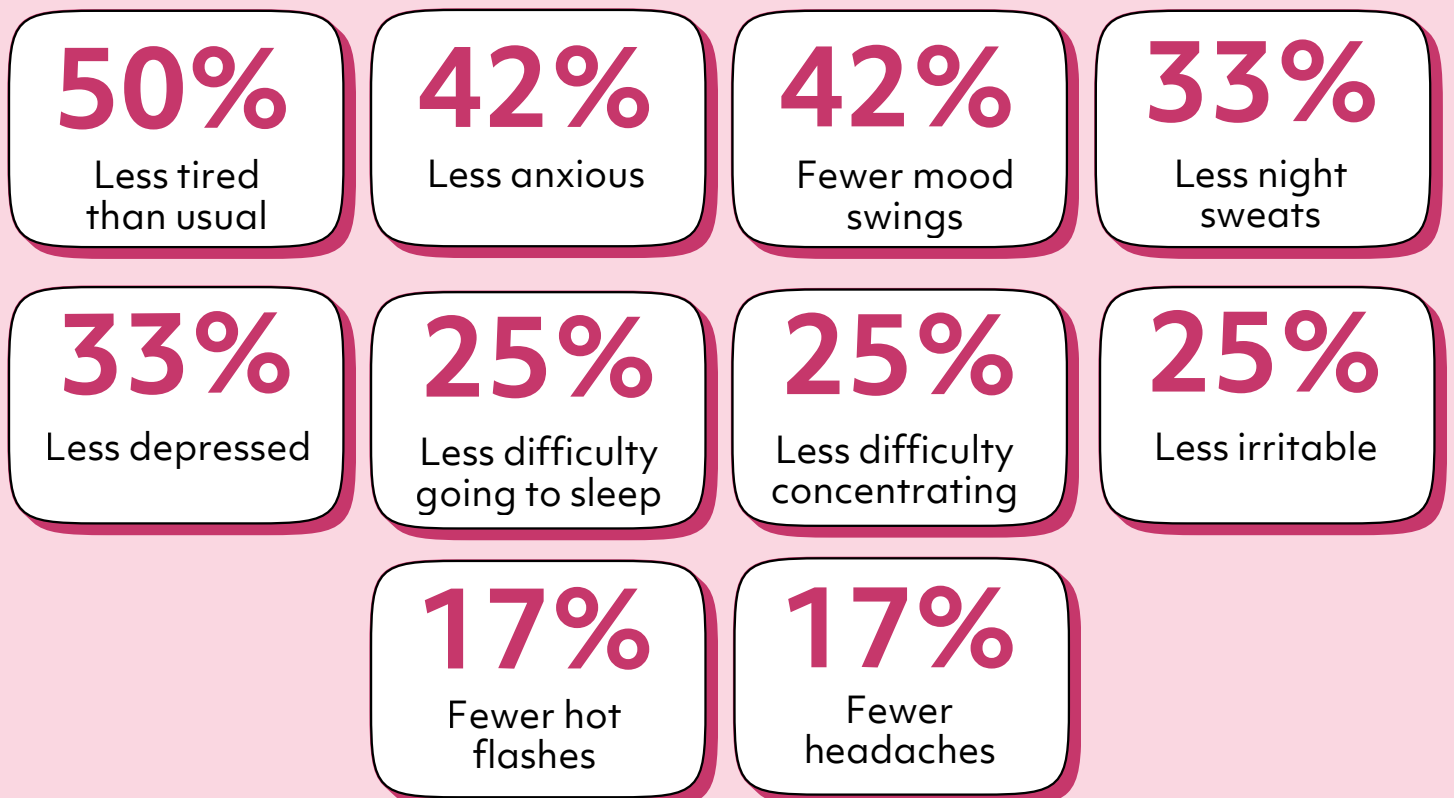


Phase 2

All participants reported experiencing at least one menopause symptom, with difficulty getting to sleep (75%) and feeling more tired than usual (75%) being the most common.

Comparing results from the abstinence week to one full week of Womanizer Next usage, **92% women reported a decrease in the frequency with which they experienced at least one symptom**. During the abstinence phase, participants reported increases in anxiety and headaches. These symptoms decreased once they were able to masturbate again. In the week using the Womanizer Next, difficulty falling asleep, tiredness, and mood swings dropped to their lowest levels.

The following data represents the percentage of women who experienced a decrease in each symptom during the course of the study.



Symptom Severity



Phase 2

Comparing pre- and post-test survey scores taken one month apart, participants reported a decrease in menopause symptom severity. At the start of the study, only one-third of women said their symptoms bothered them little or not at all, but by the end, 45% of women reported little or no symptom interference. Meanwhile, the proportion who described their symptoms as very bothersome dropped from 25% to 9%. Even within the shorter timeline of this phase compared to Phase 1, participants still experienced a noticeable improvement in their symptoms.

SEVERITY LEVEL	PRE-TEST %	POST-TEST %
They don't bother me at all	8%	9%
They bother me a little	25%	36%
They bother me somewhat	42%	46%
They bother me a lot	25%	9%
They are extremely bothersome	0%	0%

Physiological Results



Phase 2

We compared readings of vagal efficiency from the week participants masturbated with their preferred method to the week they masturbated with the Womanizer Next.

Heart rate data showed that during both weeks, participants' heart rates rose to equivalent levels, indicating comparable physical exertion. However, during the week they masturbated with the Womanizer Next, participants demonstrated enhanced vagal tone. The difference in vagal tone between masturbation with their preferred method and with the Womanizer Next was statistically significant ($p < .05$).

These findings provide a potential explanation for why we see women in both studies reporting the fewest symptoms following usage of the Womanizer Next: **usage of this toy is linked to enhanced vagal efficiency, which supports better mood, concentration, sleep, and overall health.**

Summary



Across two prospective studies, we found that masturbation with the Womanizer Next was consistently linked to reduced menopause symptoms in peri- and post-menopausal women. One potential explanation is that use of the toy enhances vagal efficiency—a marker of the brain–body connection that is related to better mood, concentration, sleep, and overall health. Many women reported that the Womanizer Next made it easier to reach orgasm, which is important because orgasm enhances vagal nerve activity and may strengthen the body’s stress response.

In our psychophysiological study, this translated into measurable increases in vagal activation, offering a plausible biological mechanism for symptom relief. Vagal activation also stimulates the release of neurochemicals such as oxytocin and serotonin, which are linked to improved mood and psychological well-being. Taken together, these findings provide the strongest evidence to date that self-pleasure—particularly with the Womanizer Next—can be a meaningful form of symptom relief during the menopause transition.

Contact press@womanizer.com for media inquiries or more information