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# Commercial co-opting of feminist health narratives

## Good for business but bad for women

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In her 2021 book *Unwell Women*,<sup>1</sup> the feminist historian Elinor Cleghorn charts the long and troubling story of medicine's approach to women, their bodies, and their illnesses. From Plato's description of "vexed and aggrieved" wombs that wandered throughout the body wreaking physical and mental havoc, to the exclusion of women from clinical trials until the late 1980s,<sup>2</sup> women, Cleghorn notes, have been subjected to a gender bias "ingrained in medical culture and practice for centuries." Policies and practice in public health do not escape charges of misogyny and bias either—often viewing women's health needs as synonymous with their reproductive systems and reproductive capacity.<sup>3</sup> In the past few years, however, a different perspective on women's health has taken hold across large parts of medicine and medical practice: women's health as a source of profit. And in an added twist, companies involved in the commercialisation of women's health are using the language of feminism to promote their products.

In their analysis of commercial companies marketing under-tested interventions to women, Copp and colleagues describe how the promotion of testing for anti-müllerian hormone (AMH) and breast density notification are symptomatic of this vision of women's health as a commercial enterprise (doi:10.1136/bmj-2023-076710).<sup>4</sup> Focusing on two interventions that claim to "empower" women with knowledge of their "ovarian reserve status" or their breast density to increase the uptake of additional (presumably paid-for) services, Copp and colleagues point out that these screening tests are being promoted without any rigorous evidence of benefit: AMH does not reliably predict likelihood of pregnancy, and strong evidence is lacking on the effect of supplemental breast screening on rates of advanced breast cancers and mortality. The authors describe how companies marketing these tests employ sales pitches that seem to come directly from a feminist training course: "be the boss of your symptoms," "you deserve to know," "information is power," "giving you the confidence."

While we may be surprised or even upset at commercial companies appropriating the language of social progress and using token feminist messaging as a marketing tactic,<sup>5</sup> it is nothing new. "Femvertising"<sup>6</sup> is now so widespread that a decade ago the *Harvard Business Review* ran an article advising its readers on "When not to use feminism to sell stuff to women."<sup>7</sup>

The history of this type of appropriation stretches back at least to the 1920s when marketing expert Edward Bernays (a nephew of Sigmund Freud) was employed by a tobacco company to use his considerable skills in understanding the psychology

of public opinion to sell its products to women.<sup>8</sup> Based on his advice, advertising campaigns proclaimed: "Women are free: an ancient prejudice has been removed," and with some carefully crafted wordplay and marketing strategies, cigarettes were renamed "torches of freedom."<sup>9</sup> From that point on, tobacco companies used notions of liberty, empowerment, and rebellion to expand their markets and encourage women to smoke.<sup>10</sup> Over time we have seen the multiple effects of these campaigns—for example, rates of lung cancer in women across the EU rose between 1970 and 2012,<sup>11</sup> when rates were falling in men.

## Turning the tables

To tackle these pernicious effects of capitalism on women's health and finances, Copp and colleagues suggest that the activities of the private sector need better regulation (such as tighter controls on the marketing of medical interventions), and propose that governments should step in to "educate and counter commercially driven messages." These are admirable strategies, but as others have pointed out, neoliberalism actively seeks to "use markets to tame politics"<sup>12</sup>—including through the promotion of deregulation or influencing regulatory standards. These strategies diminish the chances of successfully countering the power of market forces and we all bear the health costs.<sup>13</sup>

In tackling the activities of commercial organisations we should draw on another lesson from feminist history—the power of collective action. While capitalism and neoliberalism may have instrumentalised women's social and economic roles<sup>14</sup> and seek to draw profits from women's bodies and health, the recent history of global public health shows us that major changes have come about through women's mobilisation and activism. From the success of the Nepal Women's Organisation in bringing stakeholders together to catalyse legal access to abortion,<sup>15</sup> to social movements tackling obstetric violence and promoting more respectful and evidence based maternal care in Brazil,<sup>16</sup> and transnational movements pushing for women to be included in the policy making processes of the global Framework Convention on Tobacco Control,<sup>17</sup> women's movements have challenged unequal power structures and improved health outcomes.

Success for these movements came not from women's groups acting alone but from advocacy coalitions involving multiple groups united around a common goal. In Nepal, for example, the combined efforts of legal experts, social workers, health service providers, and health policy makers, worked alongside the women's movement to campaign for the legalisation of abortion as an issue of women's health rights. The

advocacy coalition approach has also been proposed to tackle unfettered capitalism and its effect on the commercial determinants of health more broadly.<sup>18</sup> The model can be both successful and replicable as a strategy for protecting and improving all aspects of women's health, promoting women's health rights as an issue of social justice rather than corporate profits.

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