

Companies are adopting feminist narratives to influence women's health, researchers argue

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Feminist health narratives are being co-opted by commercial interests to market new technologies, tests, and treatments that are not backed by evidence, argue researchers in *The BMJ* today.

Dr. Tessa Copp at The University of Sydney and colleagues say such marketing behavior risks harming women through inappropriate medicalization, overdiagnosis, and overtreatment.

They call for greater wariness of simplistic health messages that any knowledge is power and urge health professionals and governments to ensure that easily understood, balanced information is available based on high-quality scientific evidence.

Corporations have historically exploited health agendas by co-opting messaging about female autonomy to encourage women's consumption of unhealthy commodities such as tobacco and alcohol, they explain. But this phenomenon has now expanded across [women's health](#).

The problem, they say, is not with the use of health technologies, tests, and treatments per se but in the way, commercial marketing and advocacy efforts push such interventions to a much larger group of women than is likely to benefit without being explicit about their limitations.

They discuss two current examples to argue how feminist discourse is being co-opted to promote non-evidence-based health care to healthy women.

The first is the anti-müllerian hormone (AMH) test, which measures levels of AMH in the blood linked to the number of eggs in a woman's ovaries.

Despite clear evidence that the test cannot reliably predict a woman's

chances of conceiving, fertility clinics and online companies market and sell the test to the general public, using phrases such as "Information is power and lets you take charge of your fertility."

Dr. Copp and colleagues argue that misleading marketing using feminist rhetoric that encourages women with no signs or symptoms of infertility to seek AMH testing to check their fertility or to inform their reproductive planning "ultimately undermines empowerment and informed decision making as the evidence to date shows the test is invalid for these purposes."

The second is the view that all women having screening should be notified about their [breast density](#), one of several independent risk factors for [breast cancer](#).

Arguments emphasize women's "right to know" but the authors note that breast density notification is currently being used to promote additional screening without robust evidence (and without mentioning the lack of evidence) that it prevents breast cancer deaths.

Breast density notification can also increase women's anxiety, confusion, and intentions to seek additional screening, while the unreliability of breast density measurement is another concern, they add.

Some have argued that [technological advances](#), more information, and increasingly individualized care can still advance women's knowledge and health even when there is no clear evidence that the benefits outweigh the harms.

However, while the authors fully support stronger patient autonomy, they suggest that marketing and campaigning for interventions and provision of information without stating the limitations or unclear evidence of benefit "risk causing more harm than good and therefore may go against

the empowerment being sought."

In conclusion, they say, "We need to ensure the goals of feminist health advocacy are not undermined through commercially driven use of feminist discourse pushing non-evidence-based care."

In a linked editorial, Sarah Hawkes at University College London argues that in an era when powerful commercial companies resist regulation, "we should draw on the power of collective action" to tackle the activities of commercial organizations.

From the success of the Nepal Women's Organisation in bringing stakeholders together to catalyze legal access to abortion to social movements tackling obstetric violence and promoting more respectful and evidence-based maternal care in Brazil, women's movements "have challenged unequal power structures and improved health outcomes," she writes.

She notes that the success of these movements came not from women's groups acting alone but from advocacy coalitions involving multiple groups united around a common goal.

As such, she says this 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."

More information: Tessa Copp et al, Marketing empowerment: how corporations co-opt feminist narratives to promote non-evidence based health interventions, *The BMJ* (2024). [DOI: 10.1136/bmj-2023-076710](https://doi.org/10.1136/bmj-2023-076710)

Sarah Hawkes, Commercial co-opting of feminist health narratives, *BMJ* (2024). DOI: 10.1136/bmj.q314 , doi.org/10.1136/bmj.q314

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