From flowers to menstrual-flow trackers: the corporatisation of women's equality and wellbeing

For the discerning gift-giver, International Women's Day offers a number of merchandising options, ranging from the ubiquitous flowers to the more niche moisturiser "that tackles insomnia" and a "highlighter to channel your inner glow". Corporate appropriation of a day originally established to advance women's rights and universal suffrage would, presumably, have been an anathema to Clara Zetkin, the German socialist who first proposed a "special Women's Day" with an "international character" in 1910.2 Zetkin and her colleagues might also have mixed feelings about the extent of progress in the global fight for gender equality over the past century. On the positive side, women now have the vote in all countries (although in the Vatican only male synod members can vote) and in 1975, March 8 was adopted by the UN to mark International Women's Day (IWD). However, the World Bank estimates that billions of women still lack the same legal rights and equal economic opportunities as men,³ and inequalities continue along a range of social, political, development, and economic indicators. For example, in 56 countries women (but not men) are subjected to some type of constraint on their mobility, including 31 countries where a woman cannot obtain a passport in the same way a man can.³ Although women's participation in tertiary education has increased globally, restrictive gender norms continue to influence what people study: gender gaps remain entrenched in favour of men in the share of graduate degrees in information, communication and technologies and engineering, manufacturing and construction.4

The combined impact of conflict, climate crisis, and the socioeconomic effects of the COVID-19 pandemic is exacerbating gendered inequalities, including through women's lower participation in the formal labour force than pre-pandemic in 169 countries.⁴ When women do gain access to the paid workforce they are likely to occupy lower-paid, lower-status jobs compared with men. Analysis across 54 countries by the International Labour Organization and WHO in 2022 found that women in the health and care sectors earn around 20% less than men.⁵ This gender pay gap does not reflect the unpaid or underpaid labour of 6 million women working to keep health systems afloat⁶ or the contribution of women's unpaid domestic care that underpins global systems of labour and production.⁷

In 2023 the UN's IWD theme "DigitALL: Innovation and technology for gender equality" may tackle an issue that sounds future-oriented, but throws up familiar gender equality challenges, although mixed with some unique to the age of surveillance capitalism. Women make up only a third of the global technology workforce and a quarter of its leadership4 and as consumers do not have equal access to digital technologies: in 2022, the gender gap in mobile internet access was reported as 20–38% in India and Kenya and mobile phone ownership had a 16% gender gap in Nepal. When women and girls access digital spaces they face threats to safety and privacy: more than 50% of over 14 000 girls surveyed across

31 countries reported cyberviolence, including harassment, abuse, stalking, and threats of physical and sexual violence. ¹¹

While laudable, DigitALL is promoted against a backdrop of gender and health challenges that include the consequences of commercial companies holding personal data on millions of women worldwide. One of the most widely downloaded menstrual tracking app is used by millions of women worldwide, and millions more women are likely to use Internet search engines when seeking information about where to find an abortion clinic, how to buy mifepristone online, or any one of a range of other activities that leave a digital footprint of a woman's reproductive status and history. These online activities are not risk neutral in the era of the surveillance-industrial complex. Location-tracking data could be used to target women visiting US abortion clinics with anti-abortion messages, and the disclosure of data from menstrual tracking apps to third party users such as Facebook prompted the US Federal Trade Commission to produce a critical review of company practices that led to a settlement with the company. Concerns over such issues have led to the introduction of the My Body, My Data Act in the US Congress that seeks to ensure privacy of reproductive and sexual health data, including data collected online. Even with such privacy bills, women's online lives are still subject to manipulation and misdirection: a recent investigation by UK journalists found that Google searches for abortion advice in the UK are directed to anti-abortion websites almost half the time.

Elsewhere in the digital sphere, women's health and wellbeing is influenced by companies that use apps, social media influencers, and other tactics to sway consumer practices and purchases in the US\$1·5 trillion global "wellness market". This is a heavily gendered industry that was historically promoted as providing women with an alternative to the misogyny of the mainstream medical—industrial complex, and offering entrepreneurial possibilities to women as leaders in the field. Women may indeed benefit from more self-care, more so-called me-time, and less stress in their lives. Nonetheless, this is an industry that ignores the realities of most women's lives and promotes a particular worldview of women and their health. Women are encouraged to be self-reliant, self-empowered, and, of course, to conform to particular notions of beauty (generally thin, young, and able-bodied). The industry relies heavily on the neoliberal tropes that health and wellbeing are market opportunities and driven by individual choices rather than influenced by deep-seated structural inequalities including sexism and racism.

Can women and girls rely on governments to protect them in this privately operated, under-regulated digital minefield? In many settings, this seems unlikely. Many women and girls live in countries that are disinterested or antagonistic to women's human rights. The rise of regressive and authoritarian regimes continues to roll-back previously existing women's rights to bodily autonomy and reproductive justice, including access to contraception in Afghanistan and Iran and abortion in El Salvador, Iran, Nicaragua, Poland, and the USA.^{24–26} Such autonomy is a pre-requisite for gender equality.

However, as in Zetkin's time, women have not accepted threats to their autonomy, livelihoods, and wellbeing, or the idea that it is women rather than structures and systems that need to change.²⁷ From the Nepali women who fought to have abortion made legal and available,²⁸ the Iranian girls and women demanding "Woman, Life, Freedom", to the women at the forefront of demand for an digital space that is safe and protects privacy, and the calls for "digital capitalists" to be held accountable for the safety of women as users and workers in the digital arena,²⁹ women and girls have shown that progress in gender equality comes from women claiming their human rights – including their rights to health, and to digital spaces that provide safety, security, and privacy and are not just another commercial merchandising opportunity for "health and wellness" products. Respecting, protecting and fulfilling these rights can only be achieved when we also tackle the embedded sXXXXXX [A: add final sentence here?]

SH work for organisations _(Global Health 50/50 and UCL that undertake research related to gender equality and women's health and is a member of the Elsevier Inclusion and Diversity Board. SK is a Co-founder of Women in Global Health, India Chapter. We declare no other competing interests.

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