From Diet to Data: Digital Media and Women's Experiences of Health and the Body

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Statement of Originality

This is to certify that to the best of my knowledge, the content of this thesis is my own work. This thesis has not been submitted for any degree or other purposes.

I certify that the intellectual content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and sources have been acknowledged.

Clare Davies

Authorship Attribution Statement

Chapter Four of this thesis draws, in part, from work that was published as
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I designed the study, analysed the data, and wrote the drafts. All authors contributed to the final version of the manuscript.

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I designed the study, analysed the data, and drafted the manuscript. I am the sole author of this work.

Clare Davies
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As supervisor for the candidature upon which this thesis is based, I can confirm that the authorship attribution statements above are correct.

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Abstract

Digital communication technologies have become integral aspects of everyday life and play an important role in how people consume, engage in, and share information. The interactive nature of these technologies has opened up novel opportunities for the exchange of experiences, ideas, and opinions among interconnected users. In the area of health, commercial brands, celebrities, influencers, and the general public can all disseminate content about what it means to be healthy and how to achieve it. In contemporary Western societies, such content often frames health as a matter of personal responsibility and choice, emphasising self-care and personal improvement. This is evident in the proliferation of diet, exercise, and wellness trends aimed at achieving 'good' or even 'perfect' health—concepts heavily geared towards women. While previous research has explored digital technologies and health-related behaviours, few studies have delved into the social and cultural norms and discourses that influence women's responses to, and engagement with, health.

This thesis examines how digital media shapes women's knowledge, understanding, and experiences of health. It focuses on social media platforms (Facebook and Instagram), mobile applications (fitness and menstrual tracking), and content-sharing platforms (TikTok and YouTube). The study employs a qualitative approach that includes an online survey, semi-structured interviews, and reflexive thematic analysis, to explore how a group of women (aged 18–35) in Australia encounter and respond to health-related content on digital media. It examines the meanings they attached to this content and how it was integrated into their everyday lives. The data analysis is guided by sociomaterial theoretical perspectives, allowing for an exploration of the social and material interactions that inform and influence what these women think, say, and do about their health and bodies.

The findings indicate that digital media impacts women's health-related practices through their engagement with social media influencers, wellness experts, self-tracking data, and online communities. These interactions encourage women to navigate concepts of personal responsibility, body surveillance, and physical appearance, leading to the adoption of various diet, exercise, and wellness practices. Often, these practices are motivated by a desire to gain deeper knowledge about their health and bodies, validate their sensations and emotions, and maintain control over their wellbeing. While digital media can facilitate a sense of empowerment and bodily autonomy for these women, it can also impose constraints by reinforcing norms that demand self-surveillance and adherence to consumption practices inherent in neoliberal ideology. This thesis addresses gaps in our understanding of how women interact with and internalise health-related discourses through digital media, and the implications of these experiences for the construction of the body, self, and a range of health-related practices.

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Chapter 1: Introduction

In recent years, there has been an increasing cultural focus on health in the midst of increasing pressure on individuals to make the 'right' health choices. In societies that frame good health as a matter of individual choice, everyday behaviours such as eating and exercise routines are promoted as 'normal' practices that individuals undertake in the pursuit of health. 'Being healthy' has come to be associated, for the most part, with body ideals and body practices that are influenced by consumer culture (Rysst, 2010). The influence of traditional media on our perceptions of health and healthy bodies has been significant (Bordo, 1993; Featherstone, 2010; Wolf, 1990). However, the rise of digital media has transformed the way we learn about, and engage with, these idealised forms of health (Lupton, 2016; Tiggemann & Anderberg, 2020; Toffoletti & Thorpe, 2021). With content being "created, distributed, consumed, modified, and preserved on digital electronic devices" (Flew, 2021, p. 1), digital media now plays a key role in shaping our understanding of health. Forms of digital media such as mobile applications and social media platforms have provided new avenues for constructing and sharing discourses of health. These discourses often target women and persuade them that they are able to manage their health through personal responsibility, empowerment, and choice (Camacho-Miñano et al., 2019; Riley et al., 2018). While these discourses imply that women can have agency and control over their lives, in some cases they can also heighten the social differences between women rather than lead to good health for all women (Gill & Orgad, 2022). Moreover, the affordances of digital technologies—that is, the features on offer with their use—can obscure the distinction between lifestyle trends and evidence-based health interventions, thereby embedding understandings, ideas, and behaviours around health within social and cultural contexts.

This thesis uses a mixed methods approach to understanding the role of digital media in the construction of women's knowledge and experience related to health. Specifically, I explore how and why women use digital media, how they engage with health-related content, what they learn about health, the meanings they construct around their health and bodies, and the implications of such use. I adopt a sociomaterial perspective underpinned by new materialism (DeLanda, 2006; Deleuze & Guattari, 1988) to identify interactions and connections between women, on the one hand, and health and digital media, on the other, and to explain the effects produced by these interactions and connections (Barad, 2007; Bennett, 2010; Braidotti, 2019). Sociomateriality is a theory based on a relational ontology that views human and non-human entities as inseparable; moreover, these two entities are conceptualised as having no inherent properties, only acquiring form through their relationships with each other (Barad, 2007; Orlikowski & Scott, 2015). In sociomaterialism, the term 'material' encompasses both human and non-human entities (e.g. bodies, technologies, objects, and spaces) while the term 'social' refers to the expressive or discursive components (e.g. identities, affects, norms, and discourses) that connect and shape capacities for knowledge and action (Andrews & Duff, 2019; Cozza & Gherardi, 2024). This perspective acknowledges that while human bodies are physical and biological entities, they are "taken up and transformed as a result of [their] engagement with social relations" (Shilling, 2012, p. 102). Specifically, I draw on Deleuze and Guattari's (1988) concepts of 'affect' and 'assemblage' to analyse how and in what ways women, digital media, and health discourses all interact, the affects that 'hold' them together, and the capacities that these affects produce (Andrews & Duff, 2019; Fox, 2022; Fox & Alldred, 2022a; Lupton, 2019a). It also encourages new ways of thinking about the different relational connections that give rise to—or limit—certain understandings and experiences of health (Duff, 2023).

Despite the various forms of digital media available to women, most studies to date have tended to focus on single devices, platforms, or content, and have relied on limited parameters to define the health and health practices considered relevant for particular actors. In contrast, this thesis contributes to a growing body of scholarship that recognises the embodied interactions—online and offline—that mediate individuals' engagement with digital media. By focusing on a range of digital media that includes social media platforms, self-tracking applications, and smart devices, this thesis draws attention to the multiple and complex ways in which women are motivated to take up health-related practices. Rather than attempting to determine whether practices are 'good' or 'bad', this thesis instead highlights how social norms, discourses, and popular conceptions of health all have implications for women's relationships with their bodies and sense of self.

The first two sections of this chapter outline the context and purpose of the research. The third section provides definitions of key terms and describes the topics covered. In keeping with the critical health and feminist perspective adopted in this thesis, the fourth and final section of the chapter describes my positionality before providing an overview of the remaining chapters of the thesis.

1.1 Context

Over the last three decades, the internet and digital technologies have become deeply embedded in how we understand, experience, and make sense of our health. In the early 1990s, when mobile phones and the internet were still in their infancy, most people turned to their doctors for advice regarding their health. By the 2010s, however, mobile devices (e.g. smartphones and tablets), online platforms (e.g. websites and social media), mobile applications (apps), and wearables (e.g. fitness trackers and smartwatches) were making it possible for people to search for health information themselves rather than relying on their

doctors for this information (Lupton, 2015a, 2017). Today, these technologies are ubiquitous with the majority of Australians using the internet (91%) (Statistica, 2023) and owning a smartphone (88%) (Linden et al., 2021), and almost two-thirds access, share, and manage their health information online (Australian Digital Health Agency, 2023). In addition, self-tracking apps and wearables are becoming increasingly common, with one in five Australians now owning a wearable device (e.g. an Apple Watch or a FitBit), and about one in four using an app or website to track and monitor their health and physical activity (Deloitte, 2022). These trends are tied to the prevalence of neoliberal ideology in Western nations. Neoliberalism has many definitions but is commonly characterised as the "political, economic, and social arrangements within society that emphasize market relations, re-tasking the role of the state, and individual responsibility" (Springer et al., 2016, p. 2). The use of the aforementioned digital technologies reflects a neoliberal logic due to the ways in which opportunities are created for individuals to practice personal responsibility and to pursue freedom of choice in health matters. This is especially true for women in neoliberal societies such as Australia where women have been found to use telehealth services (i.e. virtual appointments with a medical doctor) more regularly than men (Australian Bureau of Statistics, 2021-22) and are more likely to use wearables and apps to manage various aspects of their health, such as diet, exercise, sleep, and mental health (Bach & Wenz, 2020; Tong et al., 2022). Recent data have revealed that during the COVID-19 pandemic, younger women (born 1989–1995) were more likely to avoid or delay attending medical appointments due to not wanting to overburden the healthcare system (White et al., 2022). This suggests one of the paradoxes of neoliberalism: individuals are encouraged to be in control of and responsible for their own health, yet at the same time they are given the message that they should not be a burden on society.

The increased accessibility of digital technologies has made them a key site for women to learn about being healthy, and to adopt practices that allow them to regulate and manage their bodies. For example, Instagram enables users to share personal content (e.g. images and videos) with their followers and to consume images posted by users they follow. Instagram is Australia's third most used social media platform and the most popular platform among females aged 18–34 worldwide (Data Reportal, 2023). Research has demonstrated the association between women's use of Instagram and the adoption of behaviours related to health and wellbeing. (Raggatt et al., 2018), for instance, found that Instagram promotes health and wellbeing among female users in Australia as the platform provides exercise ideas and dietary advice that can be incorporated into these users' lifestyles. More recent studies have explored the impact on users of intensive and frequent use of Instagram and found that even when users are not actively contributing to the content themselves (e.g. by searching, posting, or commenting), they are still exposed to visual norms about health and ideal bodies through their passive engagement (e.g. scrolling through newsfeeds and images) (Lim et al., 2022; Mayoh & Jones, 2021). A study by Curtis et al. (2023), based on a sample of Australian women, found that increased exposure to health and fitness content on Instagram was associated with unhealthy attitudes towards diet, exercise, and bodies. Although studies of usage patterns such as the above can yield valuable insights into human behaviour, some researchers have cautioned that it is not necessarily the time devoted to online interactions that influences health-related behaviours, but the quality of these interactions (Marks et al., 2020). Taken together, the above studies demonstrate the importance of examining women's engagement with content on social media platforms (such as Instagram) as this engagement may impact their health choices and health-related behaviours.

Health has been a long-standing and popular topic for discussion on traditional forms of media—such as on television and in magazines—and this coverage has typically involved

representations of normative body standards (Bartky, 1990; Bordo, 1993). For example, studies have repeatedly shown how women's magazines typically conflate health with appearance and frame diet and exercise as necessary actions for achieving 'good health' (Beijbom et al., 2023). Yet, digital media, with its unique affordances, has been able to extend these ideas about appearance as being a sign of good health by producing health-related content that portrays the dominant ideal of thin, toned, and active women, which can influence and orient practices even for those women for whom these ideals are unachievable (Brice et al., 2022; Riley, 2022; Tiggemann & Zaccardo, 2018). These constructions of health reflect a neoliberal logic as feminine body ideals are seen to be achieved through self-improvement regimes within patriarchal and capitalist systems. Feminist scholars have argued that women are continuously positioned as 'ideal neoliberal subjects' (Gill, 2008; McRobbie, 2009; Ringrose & Walkerdine, 2008; Scharff, 2016; Walkerdine, 2003) who must "conform to the norms of the market while assuming responsibility for [their] own well-being" (Rottenberg, 2014, p. 426). At the same time, it has been suggested that health discourses and digital media together reinforce 'postfeminist sensibilities' (Gill, 2016; McRobbie, 2009). Postfeminism suggests that feminism has achieved its goals and that women now have the freedom to make choices about their health (Dubriwny, 2012; Riley et al., 2018). From a postfeminist perspective, practices such as diet and exercise can be seen as ways to conform to societal expectations rather than as actions to improve health (Cairns & Johnston, 2015; Camacho-Miñano & Gray, 2021).

As digital media has become increasingly implicated in the reproduction of knowledge and experience, it has also prompted the appearance of an increasing number of practices of self-care. Self-care covers a wide range of practices and can be described as "the capacity to take care of oneself through mindfulness, self-discipline, and independence to attain, sustain, or enhance optimal health and well-being" (Martínez et al., 2021, p. 423).

Many of these practices—such as diet, exercise, and wellness regimes (Hanganu-Bresch, 2020)—operate within discourses of 'healthism' (Conrad, 1992; Crawford, 1980). Healthism describes an individual's moral obligation to manage their own health risks by making the 'right' lifestyle choices (Crawford, 2006). According to Crawford (1980), healthism emerged during the mid-twentieth century as part of the "new health consciousness and movements" (p. 365) that invoked neoliberal norms whereby personal responsibility takes precedence over collective responsibility. The constant pursuit of health in healthism is entrenched in market-based solutions and discourses that promote the idea of the 'desirable' body (Kristensen et al., 2016). As a result, healthism has predominantly been adopted by middle class individuals who embrace a range of health-related consumption and lifestyle choices (Cheek, 2008; Crawford, 2006). The discourses of healthism and postfeminism therefore both emphasise the roles played by discipline, knowledge, and self-control in achieving good health and feminine bodies, although both of these ignore the barriers—such as class and race—that can constrain women in these endeavours (Riley et al., 2018). Digital technologies encourage women to be in a continuous process of "doing health" (Harjunen, 2017, p. 68), which involves investing in self-management practices and pursuing self-improvement (Camacho-Miñano & Gray, 2021). The aim of this constant process is to conform to normative representations of the 'healthy female body' (Prohaska, 2023). Healthism, therefore, can be viewed as a dynamic, fluid, and changeable construction that has implications for women's understanding, knowledge, and experience of health.

While digital media has benefits for both individuals and the health system—such as facilitating information and providing access to medical experts (Australian Institute of Health and Welfare [AIHW], 2022a)—the question can be asked: who and what defines good health? The World Health Organization (WHO, 1946) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p.

100). The Australian Institute of Health and Welfare (AIHW, 2022b), however, has adopted a narrower conception of health than this (as do many other Western countries), defining it as the "absence of disease or medically measured risk factors in an individual" (para. 1). Some scholars in the area of public health have argued that the idea of 'complete' health may be too absolute a concept and too challenging to measure (Krahn et al., 2021; Oleribe et al., 2018), and medical knowledge and diagnostics are required to determine the presence or absence of disease or risk factors (Svalastog et al., 2017). Scholars in social science and humanities fields have drawn attention to the neoliberal discourses of responsibility, choice, and risk avoidance associated with health in Western societies (Brown & Baker, 2012; Guthman & DuPuis, 2006; LeBesco, 2011; Monaghan, 2017; Power & Polzer, 2016). In societies organised according to neoliberal principles, citizens can exercise freedom and make responsible choices to protect their own health (Petersen & Lupton, 1996; Rose, 1999). Yet, many scholars have invoked Foucault's concepts of 'biopower' and 'governmentality' (Foucault, 1995, 2008) to interpret health discourses as a form of social control and political power that reproduces the ideal healthy citizen. From this perspective, the emphasis on risk that appears in the WHO and AIHW definitions of health can be viewed as a "neoliberal tool" that stimulates "a sense of panic, a sense of urgency, and a sense that action must be taken now" (Ayo, 2012, p. 100). For women in neoliberal societies, health has become an obligation to engage in self-governance to achieve good health or be branded irresponsible (Binkley, 2014, 2018).

The practice of self-governance and individual responsibility can be seen in the widespread use of the Body Mass Index (BMI) in Australia. The BMI is used to assess a person's weight and health (AIHW, 2023b) and is calculated by the measure of a person's weight (in kilograms) divided by their height (in metres squared) (AIHW, 2023b). It has been recommended by the WHO (WHO, 2024) as a useful measure for determining whether an

adult—regardless of age or gender—is overweight (with a cut-off point of 25 or greater) or obese (with a cut-off point of 30 or greater) (AIHW, 2023a; WHO, 2024a). At the population level, these BMI cut-off points are considered to be a "practical and useful" (AIHW, 2017, para. 5) measure to assess the level of risk of disease or mortality in populations (Keramat et al., 2021; Lung et al., 2024) and are used to inform public health policies, strategies, and programs (see, for example, the National Obesity Strategy 2022-2032). Yet, at the individual level, the BMI has limitations as it cannot differentiate weight associated with body fat, muscle mass, or body density (Gurunathan & Myles, 2016); for example, an individual with high muscle mass, such as an athlete, may have a high BMI value, which can lead them to be classified as overweight and at risk of future health problems.

The BMI has been widely criticised by health professionals and researchers because it is based on evidence drawn from studies of adults of European descent and does not account for variances according to race/ethnicity, age, and gender (Jeong et al., 2023). For example, women tend to have more body fat than men, Asian populations have a low BMI but high body fat compared to European populations, and older individuals tend to have a higher percentage of body fat compared to younger people, regardless of their gender or ethnicity (Gong et al., 2021; Gurunathan & Myles, 2016). Some researchers have argued that much of the power and meaning afforded to the BMI is reflected in media narratives about weight and health (Grant et al., 2022; Gutin, 2021; Stanford et al., 2018). Feminist media scholars, in particular, are concerned with the ways in which discourses surrounding the BMI reinforce normalised constructions of health and ideal bodies (Evans & Colls, 2009; LeBesco, 2021). These scholars have argued that the BMI socially constructs what constitutes normal/healthy weight as opposed to overweight/unhealthy weight, which can lead to shame and judgement for those who do not conform to these standards and who are supposedly putting their bodies and health at risk (Harjunen, 2017; LeBesco, 2011; Markula, 2008). They suggest that the

BMI “exercises its disciplinary power by reducing bodies to a metric” (Nichols, 2020, p. 3) and teaches women “how to view and care for their bodies in certain ways” (Gerbensky-Kerber, 2011, p. 363). As Markula-Denison and Pringle (2006) explain, the body is subject to disciplinary power as it is the most visible and comparable to the accepted ‘norm’, making it susceptible to judgement. One consequence of the neoliberal logic underlying health discourses, therefore, is that women tend to value themselves based on how well they embody and conform to normative standards of the ‘healthy body’.

Digital media has provided new ground for the growth of neoliberal ideas about health to flourish, and these tend to be distinct from ideas typically disseminated by public health officials and through traditional media. Lupton (2013b) argues that new technologies have transformed how “the body and health states are conceptualised, articulated and portrayed” (p. 398). In the past, individuals relied on the physical sensations they felt in their bodies and communicated these to their doctors; today, however, they are relying more on technology to record, measure, and interpret their health and bodily functions (Lupton, 2013b) and commercial companies have been developing new technologies such as self-tracking apps which encourage users to measure and monitor their BMI to better understand their body and health (Rich & Lupton, 2022). For example, a BMI calculator is available on Flo Health, Australia’s most popular health and wellbeing app (Kemp, 2023a, 2023b) and the most downloaded worldwide (Jain et al., 2021). This inclusion of the BMI calculator in self-tracking apps reflects the neo-liberal focus on self-governance and promotes self-monitoring practices as a way to be ‘healthy’. The many constructions of health on social media platforms are shaped by commercial companies as well as by individual users. These constructions can complicate public health messaging especially when different health trends encourage appearance (e.g. achieving a thin or athletic ideal) rather than health motives for healthy eating and physical activity (Curtis et al., 2023). It has been argued that some of these

trends are “incompatible with healthy lifestyle behaviors” (Araiza & Freitas, 2024, p. 972) and reveal how the neoliberal ideology of choice and responsibility circulate around contemporary ideas of health (Sheng, 2022).

Although the existing literature sheds some light on the connections between digital media and health, it remains unclear how women’s engagement with digital media reflects and influences their health practices and experiences. Some media and communications scholars have expressed their concern that human-centric methodologies are not suitable for exploring this complex space as they employ the same individualistic conceptions of health that currently inform much of the public health research (Dutta, 2015). This dominant research approach to investigating behavioural change in the area of public health subscribes to the idea that health behaviour is an outcome of an individual’s rational and motivated choices (Rhodes et al., 2019; Werder, 2019). However, this approach fails to take into account how people typically engage (or do not engage) in certain activities in their everyday lives (Blue et al., 2016). A growing body of work, therefore, recommends a shift away from the individualist idea of ‘health behaviour’ towards the alternative concept of ‘health practices’ (Blue et al., 2021; Cohn, 2014; Shove et al., 2024). This focus on health practices is not designed to completely remove the focus on the individual but to highlight the ways in which “people’s actions arise from their interactions both with other people and the material environment” (Cohn, 2014, p. 5). Specifically, the health practices approach is designed to create the space to unpack the different meanings and values people attach to health, and which contribute to their sense of identity (Wiltshire et al., 2018). New materialist scholars working in this area have argued that a focus on health practices can challenge “the idea that individuals are solely responsible (and can therefore be blamed) for their own health status” (Maller, 2015, p. 63). Riley et al. (2018) explain how digital media offers ways for women to compare—based on their expectations of what constitutes a ‘normal’ healthy body—their

own position with that of other women. Identifying the reasons why women adopt specific health ideas and practices can be difficult when women are engaging with various forms of health information on different websites, using apps to track and measure their health, and socially interacting with others, both online and offline. Turning the research focus away from individual behaviours and towards the relational and cultural aspects of everyday life, therefore, can help us better understand how and why women collectively respond to health discourses.

This introductory snapshot has sought to draw attention to the complexity of women's everyday lives and the sociocultural factors that shape their knowledge and experiences with health and digital media. In the remainder of this chapter, I outline the purpose of this thesis and describe the scope and significance of the study. I then define key terms and topics, offer my positionality statement, and provide an overview of the thesis chapters.

1.2 Purpose

Over the past few decades, the connection between digital media and health has been garnering increasing attention from researchers. The proliferation of digital media in almost all aspects of our lives has raised questions regarding its implications for women's embodiment. To date, there has not been sufficient research examining women's engagement with health discourse and digital media in the contemporary Australian context. Nor has much attention been paid to the everyday (online and offline) dynamics that shape women's ideas about 'healthy' bodies and which provide the motivation for their health-related practices. While several studies have focused on women from diverse cultural backgrounds and investigated how an individual's backgrounds might inform the ways in which they receive and enact health-related practices, there has been no research to date that focuses on Asian-Australian women's understandings and experiences of health-related practices.

The aim of this thesis, therefore, is to investigate how digital media mediates women's understanding, practices and experiences with health. I adopt an interdisciplinary, qualitative methodology, utilising in-depth interviews as my primary method, to analyse women's everyday experiences with health and digital media. I draw on insights derived from interviews with seventy (70) women aged 18–35 conducted in Australia between April 2021 and March 2024. As described in Chapter 3, the sample is divided into two groups to gain a deeper understanding of the varied social and cultural contexts that intersect with and influence women's daily lives. A particular focus is placed on Asian-Australian women, an underexplored group driven by my personal background and motivation (see Section 1.4). I seek to draw attention to how discourses and ideologies associated with health impact women from diverse backgrounds, which is central to understanding the varied experiences of health among these groups (see Chapter 5). The main premise of this research is that dominant norms, ideals, and expectations can influence *all* women. This critical perspective can offer a meaningful contribution to the field because all bodies are relationally produced as individuals make sense of their own subjectivities and embodied experiences (Dutta et al., 2019; Ellingson & Borofka, 2020). That is, bodies are seen here as being produced through a material-discursive entanglement of varied social and relational experiences.

The central research question I explore in this thesis is: How does digital media mediate women's experiences with health? In order to answer this broader question, I pose three research questions regarding sources of knowledge, discourse, and practices:

1. How do women engage with health-related content on digital media, and how does this relate to their construction of health?
2. What social and material relations intersect with women's health-related practices?
3. In what ways does digital media facilitate (or limit) women's embodied knowledge of their bodies and health?

The analysis and arguments I develop in this thesis are situated within the field of critical health communication (Dutta, 2010; Lupton, 1994; Zoller, 2019; Zoller & Dutta, 2008). The aim of the thesis is to extend the arguments presented in the extant literature using feminist and materialist perspectives (Braidotti, 2019; Deleuze & Guattari, 1988; Foucault, 1994). My interdisciplinary approach aligns with critical and health communication scholarship that encourages the use of multiple perspectives to gain rich and meaningful insights in a particular area (Hoffmann-Longtin et al., 2022; Malikhao, 2020). The critical health communication approach focuses on the dominant values, beliefs, and concepts that shape and normalise individuals' experiences with health (Lupton, 1994). Inherent in critical health communication research are issues related to embodiment: whose voices are heard and privileged; whose bodies are judged to be healthy, and whose are not; who has access to information, and how is this information taken up; and which material practices are justified (Ellingson, 2019). The embodiment of health is conceptualised here using feminist new materialisms and theories of affect and assemblage with a view to unpacking women's sense of health, body, and femininity, as well as their feelings about these. I view digital media as a site that facilitates the construction of ideals of health and encourages the idea that the female body needs to be disciplined. My research addresses the issue of how power relations emerge on digital media and how specific types of knowledge and bodies are more privileged than others. This is explained in more detail in Chapter 3 where I discuss the methodology used in this study.

To summarise, this thesis does not seek to assess specific health practices or establish whether various health practices are 'good' or 'bad', that is, whether certain behaviours and practices improve health outcomes. Nor is the intention to be critical of governments, commercial companies, or individuals who endorse specific products or services associated with health and digital technology. Rather, the aim is for the findings to make an important

contribution to our understanding of how health discourses affect women's sense of self and embodied identity. This research is also significant as it will provide health communication scholars and practitioners with vital information that can help explain the process of meaning-making—on and through digital media—as well as the relations that can constrain or expand women's experiences of health.

1.3 Topics

Three main health-related subject areas are addressed in this thesis: diet and exercise, wellness, and the reproductive body. It is worth noting that these areas were identified as the research evolved. As described in Chapter 3, where I discuss my methodology, it became evident from the data analysis that while the participants in this study had different interpretations of what 'health' means, their practices tended to converge around three main areas: diet and exercise, wellness, and reproduction (discussed in three separate empirical chapters below). Before briefly explaining what these three areas encompass, I will first clarify several of the terms used in this thesis.

In this thesis, I use the term 'digital media' as a collective term to refer to the electronic devices, systems, and platforms that facilitate communication and create, process, and manage data. These include, but are not limited to, devices (e.g. mobiles and smart watches), websites, applications (computer and mobile), and social media platforms (e.g. Facebook, Instagram, and TikTok). In some cases, I use single quotation marks for terms such as 'ideal' and 'needs' to emphasise that these are cultural constructions of health, women, and female bodies. While individuals of all genders—including non-binary and transgender—interact with health on digital technology, I use the terms 'woman' and 'women' to indicate self-identification and subject position. I use the term 'Asian-Australian' to refer to those individuals who identify as Asian-Australian and who have at least one

parent born in the Asia-Pacific region (see Chapter 5). While I recognise the limitations of these terms and how the use of such language may reinforce the gendered and racial norms studied here, I have nonetheless used this terminology to capture how the participants defined themselves and how they themselves used these terms. It is important to acknowledge that the communication field more broadly should analyse issues that affect all people and should seek to enhance gender and cultural inclusivity, where possible, in both the language and methods used.

1.3.1 Diet and exercise

As food intake and physical activity are critical to a healthy lifestyle, health is increasingly becoming associated with diet and exercise regimes and the corporeal (body) practices required to achieve 'good' health (Wiest et al., 2015). However, unlike ideas around food intake and physical activity, ideas around 'diet' and 'exercise' are increasingly understood in the context of consumer culture. Research has shown that consumer culture, in conjunction with digital media, can lead to dieting and extreme exercise behaviours designed to achieve weight loss and physical appearance-related goals rather than health goals (Denniss et al., 2024). According to Harrison (2019), a 'diet culture' is "a system of beliefs that equates thinness, muscularity, and particular body shapes with health and moral virtue" (p. 17). Maguire (2008) defines fitness culture as constituted by a network of people who "struggle over the status and definitions of fitness and fit bodies" (p. 8). Fitness tends to be exclusionary on digital media because some lifestyles are seen as more valuable than others (Magladry et al., 2022). Not only are these cultures reinforced through the exchange of ideas, but the approach to food and physical appearance typically involves adherents making statements pronouncing their commitment to good health (Hesse-Biber, 2007). In this thesis, I consider diet and exercise to be interconnected discourses and ideologies that create standards and behaviours for health, such as counting calories and pursuing exercise regimes.

In Chapter 4, I examine the research study participants' feelings towards, and motivations for engaging in, behaviours associated with diet and exercise and the discourses underpinning these experiences in their everyday lives.

1.3.2 Wellness

The idea of 'wellness' moves beyond static notions of health to describe an individual's active, ongoing pursuit of health in their everyday life (Dunn, 1959). This concept first appeared during the 1960s and has since been adopted by commercial companies promoting products and services "under the promise of wellness" (Baker, 2022, p. 13). As Derkatch (2022) explains, "wellness is a process of self-perception and interpretation that calls upon individuals to continually assess and adjust their performance across different domains" (p. 6). Wellness goes beyond diet and exercise to promote self-care and body awareness, regardless of how one looks. Wellness shares some values and beliefs with diet and fitness culture as both emphasise the pursuit of health through self-surveillance bodily practices (Cherenfant, 2021). Wellness has some unique features, however, such as favouring 'natural' and 'holistic' methods over conventional medicine to achieve and maintain a healthy lifestyle (Harrison, 2023). Like diet and fitness culture, wellness believes that individuals can make 'good' and 'bad' choices, and it emphasises individual responsibility and self-improvement (Baker, 2022). Digital media plays an important role in promoting wellness as it re/circulates dominant ideas, beliefs, and practices around "being well" (Hendry, 2023). In Chapter 5, I explore how wellness can reinforce normative ideas about health and influence women's perspectives and behaviours regarding their bodies.

1.3.3 The reproductive body

Female-oriented technologies ('femtech') are a subcategory of digital self-tracking technologies that seek to address women's biological 'needs'. Femtech offers a range of

products and services designed to allow women to better understand different aspects of their bodies, such as menstruation, endometriosis, and fertility. Femtech companies have disrupted the more traditional ways in which health knowledge and care are accessed as they encourage bodily autonomy through an awareness and knowledge of one's own health (Kelly & Habib, 2023). Femtech now extends into almost every area of women's health, including nutrition, weight management, and mental health. For example, some femtech companies now offer period-tracking apps that enable users to better understand their menstrual cycles and the diet and exercise programs that work best for their bodies at different times of the month (Boutot, 2016; Clement, 2023). While have some scholars have suggested that these technologies can improve women's health, others have argued that the intended users of femtech appear to be affluent, white, able-bodied, cis-women, and that this may result in further imbalances and inequalities in women's access to health-related knowledge (Jacobs & Evers, 2023; Krishnamurti et al., 2022). As with diet, fitness, and wellness cultures, femtech comes with a promise of empowerment, although this may be somewhat confined to the demographic noted above as femtech promotes and normalises particular identities and specific characteristics of women's (healthy) bodies. In Chapter 6, I explore women's use of femtech applications (apps)—and the relations and affects that emerge through the use of these apps)—and how these mediate women's understanding and experiences with health.

1.4 Research standpoint

Before outlining the content of each of the chapters in this thesis, I would like to briefly describe my own subject position and lived experience to explain my motivation for doing this research and to highlight the potential power dynamics and complex positionalities that accompany my subject position (England, 1994; Haraway, 1988; Harding, 2016). According to Royster et al. (2012), "[our] identities, histories, and lived experiences shape who we are,

how we think, and what we choose to do" (p. 149). For example, a researcher may hold an insider and/or an outsider position in the research process depending on whether their particular characteristics, status, and/or experiences are shared with the study's participants (Corbin Dwyer & Buckle, 2022). Feminist scholars have emphasised that a "researcher's position may be fluid rather than static" (Berger, 2015, p. 231) and an understanding of one's own context can be used as a reflexive practice to situate oneself throughout the research process (Rose, 1997). By articulating and exploring my own embodied subjectivities, for instance, I allow my body to be "a meaningful presence" in the research (Ellingson, 2017, p. 3) such that I become answerable to the research process itself, including its design, data collection, analysis, and interpretations (Ellis & Berger, 2001; Field-Springer, 2020; Perry & Medina, 2015).

My interest in this research topic has been shaped by my life and what I have encountered during my studies and career thus far. My understanding of health and digital media has contributed to how I have framed and interpreted this research project, which itself can be viewed as an entanglement with other actors and social structures (Ahmed, 2014). At the start of this research, I was seeking to understand what factors influence women's health behaviours. Initially, I thought that a combination of feminist and positivist frameworks could provide a useful way of approaching this task. My interest in—and familiarity with—health communication led me to focus on dominant models of health, which are founded on positivist principles. However, I soon found myself navigating between two opposing perspectives. On the one hand, I was aiming to produce a thesis that was founded on a positivist search for a singular objective truth, and which demonstrated a clear cause and effect logic in the results; on the other hand, I was attempting to incorporate a feminist perspective that would take into consideration multiple subjective experiences and the idea of multiple truths (Haraway, 1988; Harding, 1987). As I continued to delve into the feminist and

sociomaterialist literature, I began to question whether my theoretical framework was going to be suitable for exploring complex issues related to structure and power in women's everyday lives. I also started to question whether the models I was using would be able to illuminate the emotions and values that women assign to their everyday relations. I finally settled on a place within the emerging field of critical health communication as this field supports the use of interdisciplinary perspectives, and this moved me away from the positivist models and 'toolbox' of methods and concepts in my original project design. I provide this context here as I believe it is important to make visible and clarify my assumptions with respect to my research topic and methods (Lazard & McAvoy, 2020).

As noted above, my research explores the role that digital media plays in women's experiences and understandings of health. With respect to my positioning in this research project, I myself have past experience with some of the health-related practices described in this thesis although they are not currently a part of my life. For instance, in the past I have followed various diets and have been a member of fitness and yoga studios, which affords me an 'insider' status as related to these health-related practices; however, I also occupy an 'outsider' status as it has been several years since I have engaged in these activities. These experiences have probably helped me make more of a personal connection with the participants and influenced the ways in which we interacted during the interviews, leading to a climate of trust and openness. It is important to note that my decision to not continue these practices is not based on whether I agree or disagree with their ability to improve my or others' health; I am simply engaging here in my own reflective processes to discover what 'good' health means to me. In my opinion, health-related practices can open up the possibilities for better understanding one's health and body. At the same time, contemporary norms and values related to health and idealised feminine bodies can be challenged, for example, some women—including those from diverse backgrounds—may choose to distance

themselves from these normative constructions of 'health' and 'healthy' bodies. Despite my feminist stance and my own personal ideas about this topic, I chose not to discuss my opinions with the study's participants to ensure that my research draws upon and reveals *their* worldviews and insights rather than *mine*.

However, my insider/outsider position shifts when it comes to the topic of women. I myself am a cis-gendered, heterosexual, able-bodied woman, born in Australia to an Irish father and a Filipina mother, both of whom are first-generation immigrants. I was raised in a working-class household and educated in Catholic schools in an Anglo-dominant community. I share the same social characteristics with respect to class, education, and geographic location with many of the study's participants (see Chapter 4). I also share an Asian-Australian cultural heritage with many of them due to my origins in the Philippines (see Chapter 5). These shared characteristics position me as an insider. During the interviews, I found that participants tended to be more forthcoming when we had things in common, and I was also more comfortable repeating questions with these participants (e.g. to clarify ideas and gain further insights from them). Moreover, my reading of feminist scholars has helped me recognise issues related to power that I had previously ignored; for example, I had rarely reflected on how I was raised within a patriarchal society or how dominant ideologies tell us what a woman's place in the world should be and how this ideology comes to appear natural, normal, or common sense. Throughout this research process, I have sought to remind myself that various aspects of who I am has shaped the ways in which I am able to undertake this research and the extent to which the participants felt comfortable with me.

Another relevant aspect of my positionality is my academic and professional experience in the area of health communication. I acknowledge that my interest in this topic has undoubtedly been shaped by my professional experience and studies, including my

master's dissertation, which explored the strategies that communications professionals use to attract audiences online (see Davies & Hobbs, 2020; Varden, 2019). In addition, my previous work in health communication has provided me with a foundational understanding of digital media and health-related practices, which was certainly helpful during the interviews. Nonetheless, I am still an 'outsider' with respect to the participants due to my commitment to conducting research to a particular ethical standard, including during the processes of data collection and analysis. I believe that my understanding of health, communication, and digital technology has contributed to my nuanced understanding of this topic.

In this thesis, I have made a conscious effort to acknowledge and reflect on my own unique perspective and experiences, as described above. In addition, critical health communication, feminism, and new materialist perspectives have all contributed to my understanding of women's health and digital media and have also provided a valuable lens through which to view my own positionality in this research process. I understand that my subject positions are derived from my relations with the various material-discursive practices described in this section. I conclude this chapter with an overview of each of the chapters in this thesis.

1.5 Thesis outline

This research project explores the impact of digital media on women's understanding and experiences of health. This introductory chapter has presented the context and purpose of the research, the research questions, an overview of key terms and topics specific to women's health practices, and a statement of my positionality. I have briefly described the relational approach taken in this study and positioned it within the field of critical health communication. I also outlined the gaps within the existing literature that I aim to address, particularly regarding women's engagement with health and digital media in the

contemporary Australian context. In this thesis, I examine how women's interactions with digital media impact their daily lives, especially in relation to health. My results show how women's construction of 'health' and 'being healthy' are closely connected to social discourses about the ideal body and consumer culture, which are prevalent on digital media. They discuss practices such as dietary restrictions, exercise routines, natural supplements, and health tracking, which make them feel healthy and in control of their bodies. However, my findings also emphasise the factors that either support or hinder their involvement in these practices, including work and family responsibilities. Finally, I argue that health in contemporary society requires a shift away from an individualistic-view and towards a consideration of the social and material factors that influence women's health.

In Chapter 2, the literature review explores the significance of this study. This chapter provides a critical analysis of existing literature, organised into three sections focusing on health, digital media, and sociomaterialism. Each section highlights gaps in scholarly work related to how women acquire knowledge about health and their bodies through their daily interactions with digital media. It examines how health has been framed and studied in context of neoliberalism, emphasising the growing focus on individual responsibility, self-control, and consumption that underlie contemporary health concepts. The chapter also presents a critique of studies on digital media, consumer culture, and women, and how these elements intersect in daily life and contribute to women's understanding of health. The final section introduces sociomaterialism and delves into how health is 'materialised' through relational connections. It explores a relational understanding of embodiment and affective forces, and discusses studies that illustrate how health is comprehended, experienced, enacted, and negotiated through health-related practices. In this chapter, I highlight how sociomaterialism—particularly Deleuzian theory and concepts of affect and assemblages—views health and health-related practices as arising from ongoing and relational processes

between women, digital media, discourse, and many other aspects of everyday life (e.g. work, friendships, and education). I argue that by identifying how material and discursive elements are interrelated, new insights into the affects that produce meaning and action can be provided.

In Chapter 3, I outline the methodology for this research project. The approach is qualitatively-driven, grounded in the epistemology and ontology described in Chapter 2. This chapter provides details on the research design, encompassing three key stages: recruitment (via online survey); semi-structured interviews; and qualitative analysis. It explains the recruitment process and sample and illustrates how focusing on qualitative data allows for a deeper understanding of the interactions influencing meanings, practices, and experiences. Additionally, the chapter discusses the sample population, emphasising the importance of focusing on specific demographics such as gender, age, location, and activities (women, 18-35, Australia, use of digital media, and experience with health-related practices). It also highlights the additional focus on cultural specificity, particularly Asian-Australian women, who are underrepresented in media, digital spaces, and academic research. The chapter also describes the data management and analysis techniques, including thematic analysis, and justifies the inclusion of additional interviews to enhance the interpretation and communication of the research findings. Finally, it explains the significance of the feminist and relational scholarship in guiding the research process, my approach to engaging with the participants, and the methods used for data analysis and interpretation, as well as the production of knowledge.

The findings from the analysis are presented in Chapters 4, 5 and 6. In Chapter 4, I present how participants engage with health-related content on digital media, and how this translates to their practices related to diet and exercise. The findings reveal various influences

on the participants' health-related practices, including their interactions with social media influencers, wellness experts, and online community groups. The chapter also explores the affective relations impacting the women's health-related practices, such as the influence of partners, family, and work commitments on their diet and exercise participation. The chapter provides a contextual understanding of how these women perceive and experience health, emphasising the dynamic interplay of material objects, discourses, bodies, and affects within the concepts of diet and exercise. It highlights the role of material objects, discourses promoting healthism and ideal bodies, and interpersonal relationships as affecting forces shaping, constraining, or enhancing women's engagement with diet and exercise practices. In this chapter I highlight how digital media and health-related discourses alone do not dictate diet and exercise practices; rather, material objects and affects collectively contribute to shaping knowledge and experiences of health.

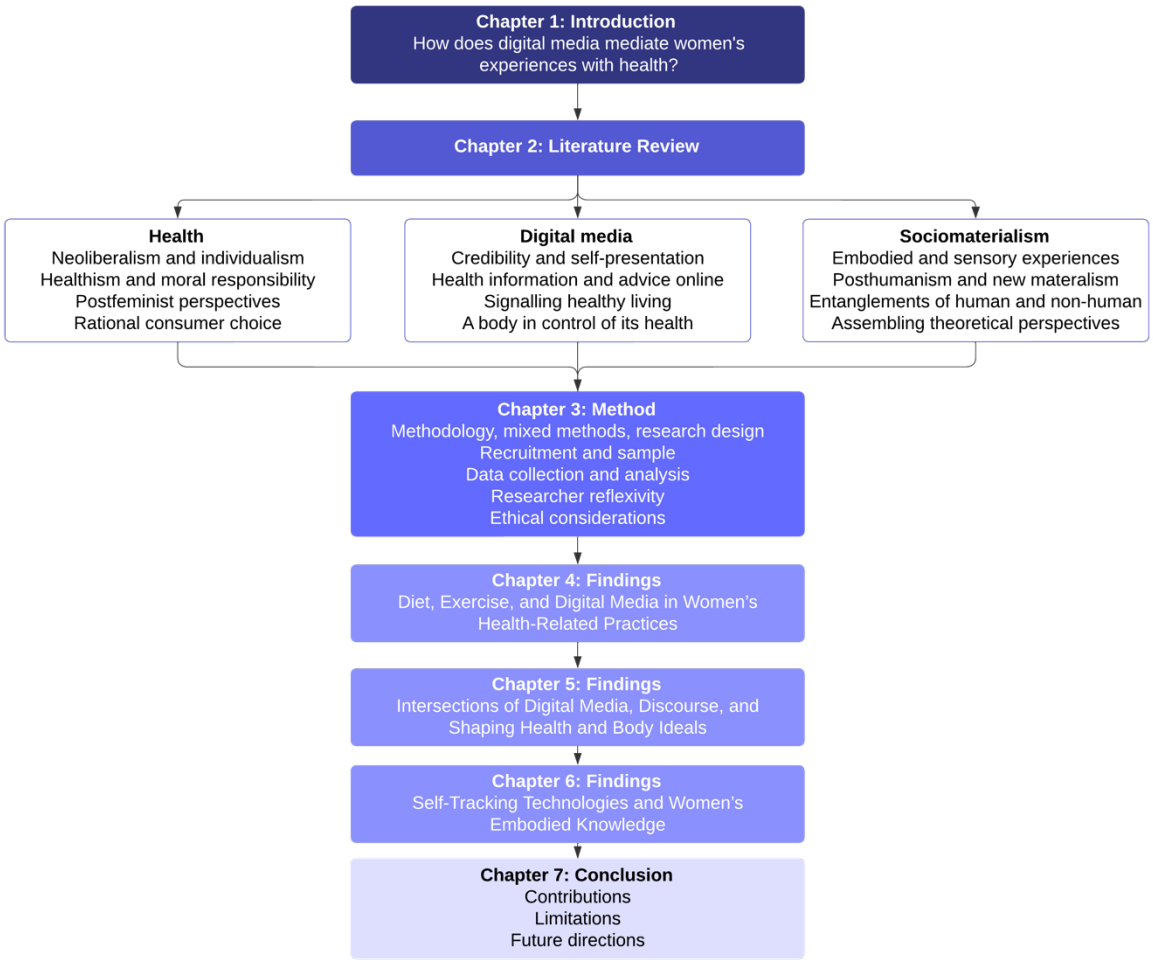
In Chapter 5, I present findings on how women's engagement with digital media contributes to their perceptions of 'healthy' bodies and their health-related practices. I discuss insights from Asian-Australian women on their everyday emotional connections with people, discourses, digital media, and other material objects, as well as the significance they attribute to these connections, which influence their health-related practices. The findings illustrate how these women position themselves and their bodies in the context of dominant discourses of neoliberalism and healthism and how their experiences contribute to their sense of self. Additionally, it demonstrates how new materialist perspectives, particularly 'assemblage' and 'becoming', aid in understanding how everyday practices and experiences relate to identity and subjectivity. The chapter reveals the normative assumptions that emerge in the discourses present in these women's everyday lives and highlights how some of these have become dominant while others remain alternative. In doing so, it offers a framework for

comprehending the interplay of embodied identities with everyday encounters involving digital media and health.

In Chapter 6, I present the findings women's engagement with femtech apps and how these technologies impact their understanding of their health and bodies. The research reveals that femtech apps intersect with practices such as diet, exercise, and wellness, shaping women's knowledge and experiences. Participants perceive femtech as a valuable tool for enhancing their understanding of their health and express a heightened sense of agency over their bodies, affecting their interactions with healthcare providers. The findings also highlight how women integrate femtech into their daily routines and use it to inform their decisions, such as clothing choices, managing work, and their diet and exercise routines. While participants acknowledge concerns about privacy and data with the use of femtech apps, they ultimately see their practices as contributing data to medical research and practice. The chapter argues that while femtech apps hold potential value for individuals and healthcare, they can also promote gendered discourses linking self-knowledge and embodiment with body surveillance and consumer culture.

In Chapter 7, I provide a summary of the main ideas and arguments presented in this thesis. This chapter includes a recap of the research aims and methodology, a review of the findings and their significance in addressing the research questions. I highlight how this research provides a framework for further exploration of women's engagement with digital media and understanding factors that enable or constrain women's experiences with health. I conclude this thesis with a discussion on the contributions and limitations of this research study and offer recommendations for future research. **Figure 1** provides a visual representation of each chapter's contribution to the thesis.

Figure 1: Overview of thesis chapters



Chapter 2: Literature Review

2.1 Introduction

This chapter examines the literature on health discourses, digital media, and the socio-cultural factors that can contribute to one's understanding and experiences with health. It is organised into three main sections: Section 2.2 examines health in the context of an increasing emphasis on individual management and responsibility, highlighting the neoliberal discourses that underpin contemporary ideas about health. Section 2.3 explores the relationship between digital media, health, and consumer culture, particularly focusing on how these elements intersect in women's daily lives and promote specific health and body ideals. Section 2.4 introduces sociomaterialist perspectives, explaining how health 'materialises' through these connections. It discusses concepts related to embodiment and affect, illustrating how health is understood, felt, performed, and negotiated through health-related practices. Building on these ideas, Subsection 2.4.4 incorporates the concept assemblage (Deleuze & Guattari, 1988), providing a cohesive framework that unifies the different perspectives explored throughout this review. This literature review guides and informs the empirical methodology described in the next chapter.

2.2 Health in Contemporary Society

While health is obviously a critical issue for any society, what constitutes health remains a contested subject. Health has been defined as the absence of disease and as a state of complete well-being (World Health Organization, 1946), the maintenance of which requires daily management (Ottawa Charter, 1986). One implication of this definition is that social and personal resources are required to maintain and enhance the health of individuals in society (McCartney et al., 2019). Some scholars have criticised this definition for its

promotion of a narrow and medicalised view of health that overlooks the importance of the broader context and places responsibility on the individual, who is encouraged to see their illness or disease as a result of their own behaviour and moral failures (Clark, 2014a, 2014b; Huber et al., 2011; Lantz et al., 2023).

This section discusses several health-related discourses and critically reviews the existing literature to understand how ideas and practices associated with health come to be normalised and taken up in society. I explore discourses—medicalisation, healthism, and postfeminism—that are prevalent in the neoliberal Western society, present their main features, and offer my critique of these discourses. I unpack the contradictions to be found within government health advice and explain how neoliberal policies have paved the way for various lifestyle products and practices to become increasingly popular. I draw on the concepts of 'nutritionism' and 'wellness' to demonstrate how routine behaviours have come to be associated with health in the neoliberal context.

2.2.1 Neoliberalism and individualism

Neoliberalism refers to a complex set of ideas, discourses, and practices that exist within a particular economic, political, and social order (Beck & Beck-Gernsheim, 2002; Davies, 2022; Harvey, 2007). It is a widely used term that has diverse interpretations and applications across various academic disciplines and contexts (Birch & Springer, 2019; Saad-Filho & Johnston, 2005; Venugopal, 2015). However, as suggested by Boas and Gans-Morse (2009), despite the significant amount of scholarly attention that is paid to it, "neoliberalism is often left undefined" (p. 138), and when neoliberalism is defined, it is applied in so many ways that it "offers little clue as to what it actually means" (p. 139). The primary problem stems from the different ways in which neoliberalism has been conceptualised (Dawes, 2024; Springer et al., 2016). Some scholars, for example, view neoliberalism from a Marxist perspective,

emphasising its role as a political economic structure or ideological hegemony that prioritises "individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade" (Harvey, 2005, p. 2). Others understand it through Foucauldian post-structuralist notions of governmentality, and see it, not as a coherent structure or set of ideas, but as "a logic of governing that migrates and is selectively taken up in diverse political contexts" (Ong, 2007, p. 3). Recent studies have highlighted the hybrid manifestations of neoliberalism (Brenner et al., 2010; Peck, 2023), referring to it as a "variegated process that circulates through the discourses it constructs, justifies and defends" (Springer, 2016, p. 35). Despite these differences, neoliberalism is described as having a shared set of characteristics: a focus on individualism, competitive private markets, and minimal government interference (Davies & Gane, 2021; Wilson, 2017). Neoliberalism reframes the role and reliance on the government in economic and social domains such that all individuals and communities have the ability and freedom to manage their welfare in the private sector (Harvey, 2005; Peck, 2013). Moreover, the influence of neoliberalism extends to various areas of society, that is, it is not limited to the economy.

To contextualise this discussion of neoliberalism, it is important to consider the historical circumstances that led to its emergence and how it applies in countries like Australia, where this research is based. Neoliberalism has its roots in the work of prominent liberal scholars such as Friedrich Hayek who advocated for the importance of a free-market (Peck, 2017). Neoliberal ideas started to gain more prominence in the political mainstream from the 1980s through a series of policy measures taken "in pursuit of the restoration of individual freedom and the market order" (Sutcliffe-Braithwaite et al., 2021, p. 3). The rise of neoliberalism was particularly associated with the British Prime Minister, Margaret Thatcher, and the US President, Ronald Reagan (Hall, 2011; Sparke, 2024). Neoliberal policies are

based on the belief that social and economic progress can be achieved with limited government intervention, privatisation and a reduction in public services, deregulation of capital markets, and the elimination of barriers to trade (Navarro, 2007, 2009). Since the 1980s, neoliberalism has spread around the world through the actions of international institutions such as the International Monetary Fund (IMF), the World Bank, and the World Health Organization (WHO), which were most likely influenced by pressure from developed countries and multinational corporations (Coburn, 2004; De Vogli, 2011).

Neoliberalism promotes minimal government intervention in the economy and emphasises the government's role in facilitating marketplace conditions and enforcing principles for economic growth (Brown, 2015; Wacquant, 2009). Neoliberal governments promote market exchange by championing the values of freedom and individualism. They privilege the private market over the public sector, serve and protect class interests, and create new markets for capital owners (Dutta, 2015). This involves promoting individualism, entrepreneurship, and market competition, with citizens acting as economic agents seeking to maximise their quality of life through consumer choice and consumption (Rose, 2017). Peck and Tickell (2002) explain that the ideas of "roll-back" and "roll-out" are crucial for understanding the broader patterns and connections in neoliberalisation. Roll-back neoliberalism involves "the active destruction and discreditation" of state structures and regulations, while roll-out neoliberalism involves "the purposeful construction and consolidation" of new forms of institutional regulation and governance (Peck & Tickell, 2002, p. 384). This highlights one of the paradoxes of the neoliberal framework, whereby the constraints imposed by previous political-economic conditions create later opportunities for more progressive forms of neoliberalism (Brenner et al., 2010; Peck & Tickell, 2002). For example, in Australia, various policy measures—such as tax penalties and premium rebates—were put in place to encourage individuals to invest in private health insurance (see O'Keeffe,

2024; Spies-Butcher, 2024). At the same time, this was accompanied by the withdrawal of the state's provision of, and responsibility for, healthcare, which enabled the further expansion of the private sector and shifted costs onto citizens.

The types of patterns seen in neoliberalism align with Foucault's concept of power and governmentality, especially in terms of how governance operates and its effects on citizens (Foucault, 2007). According to Foucault, the government is "nothing more than the mobile effect of a regime of multiple governmentality ... It is necessary to address from an exterior point of view the question of the state, it is necessary to analyse the problem of the state by referring to the practices of government" (Foucault 1984, p. 21 as cited in Lemke, 2002). Foucault (1997) argues that the government is more than just a group of political actors or structures; rather, the government is a mechanism to exercise power through a "conduct of conducts" and a management of possibilities (p. 341). Foucault uses the term 'governmentality' to draw attention to how "one can constitute, define, organize, instrumentalize the strategies which individuals in their liberty can have in regard to each other" (Foucault 1988, p. 20, cited in Clegg et al., 2002, p. 319). Governmentality involves shaping the beliefs and behaviours of others by influencing their will, circumstances, or environment (Rose & Miller, 1992, p. 175). According to Brown (2005), neoliberalism shifts regulatory control from the state onto 'responsible' and 'rational' individuals, encouraging them to make conscious decisions and to take responsibility for the outcomes of their choices. This impacts how individuals self-govern and view their own abilities, and influences their understanding of their lives and opportunities, even when factors beyond their control play a role. Foucault (1997) points out that the neoliberal value of 'freedom' allows power to be exerted over people who probably consider themselves to be 'free'. That is, neoliberalism not only controls people by using their freedom to dominate them within the system, it emphasises the moral aspects of this freedom (Brown, 2005).

One aim of neoliberalism is to create a space "where autonomous agents make their decisions, pursue their preferences and seek to maximise the quality of their lives" (Rose & Miller, 2010, p. 298). According to Davies and Bansel (2007), in a society driven by free market principles, the middle class often assumes the role of 'responsible citizens' by actively purchasing goods and services, thereby contributing to the maintenance and growth of the economy. This enables the government to set the stage for class power, where "individual success or failure are interpreted in terms of entrepreneurial virtues or personal failings … rather than being attributed to any systemic property" (Harvey, 2007, p. 65). Harvey (2007) describes neoliberalism as a "hegemonic mode of discourse" that influences our ways of thinking to the extent that neoliberalism has become ingrained in our common-sense understandings of the world (p. 23). de Souza (2023) further highlights that neoliberalism "operates recursively at individual, interpersonal, and structural levels to reinforce relations of power and maintain the social order" (p. 228). Neoliberal societies prioritise "hard work" and "personal responsibility" over "human dignity and citizenship" (de Souza, 2023, p. 228). As a result, health is viewed as an individual responsibility rather than a concern for the government (Dutta, 2015), which encourages the belief that poor health and illness result from an individual making the wrong choices (Brown et al., 2013).

Previous research has suggested that public health policies tend to emphasise individual responsibility and favour the principles of choice and risk avoidance over universal access to health and social welfare (Brown & Baker, 2012; Guthman & DuPuis, 2006; LeBesco, 2011; Monaghan, 2017; Power & Polzer, 2016). For instance, governments often frame health "in terms of individual biology and risky health behaviour as primarily a product of individual choice" (Baum & Fisher, 2014, p. 217). Thow et al. (2021) observe that "the message of personal responsibility often translates into public health approaches such as health communication campaigns and voluntary standards to guide industry practices" (p.

576). These campaigns aim to incite "the desire within individuals to choose to follow the imperatives set out by governing health bodies" (Ayo, 2012, p. 104). This approach has been described as "lifestyle drift" (Hunter et al., 2010), a process through which governments start with a commitment to addressing health problems only to later transfer responsibility onto their citizens (Williams & Fullagar, 2019). Lifestyle drift is common in Australia (Fisher et al., 2016; Roesler et al., 2022) as evidenced in the many health communications campaigns that employ messages aimed at 'empowering' individuals to make the right choices; neoliberal governments typically prefer this approach to making policy changes that support healthy living (Baum, 2021).

When health issues are seen as located outside of the state or the medical contexts, responsibility for these issues shifts away from these sectors and is placed with the individual, which has the consequence of strengthening the role played by the private sector, for example, through the provision of commercial diets, technology, and private health insurance. This allows governments to "govern at a distance" (Rose & Miller, 1992, p. 181) and to shift responsibility for health into the consumer society, which then further contributes to the re/framing of health. This is an important point as lifestyle drift enables commercial companies to position themselves as responsible, well-meaning facilitators in areas such as diet and fitness, which increases their power to shape health knowledge and choices outside of the medical context.

In many Western societies, neoliberal policies have moved health and health services out of the government sphere and into the private market, which then sets the 'health standard' while emphasising the role of self-governing citizens in supporting the wellbeing of the country (Guthman & DuPuis, 2006; Harjunen, 2021; Otero, 2021; Rose & Tanisha, 2023). Guthman and DuPuis (2006) use the case of obesity in the United States (US) to argue

for the need to bring together the ontological dialectical traditions of political economy and culture to understand the social constructions of obesity, the political economy of obesity, and the materiality of the body. Neoliberal governmentality produces the idea of the 'good citizen' as someone who works to achieve both normative appearance ideals (e.g. thinness) and consumption practices through virtuous activity that is cost-effective, productive, and profitable (Guthman & DuPuis, 2006). Those who are not self-disciplined enough to achieve normative standards are designated as 'bad citizens' and chastised for burdening the public health system (Guthman & DuPuis, 2006).

In neoliberal societies, therefore, health creates economic opportunities such that individuals are evaluated not for their ability to abstain from using health services but for turning to the private sector as consumers (Harjunen, 2021). Yet, this moral imperative to be healthy can be counterproductive in a society where individuals cycle through health practices such as diet and fitness plans (Harjunen, 2021). Some individuals who fail to meet normative standards can resort to 'comfort eating' (Rose & Tanisha, 2023), and those with naturally thin bodies might not see that this practice of unhealthy eating and exercise habits can lead to health problems (Guthman & DuPuis, 2006). This shaping of a healthy, responsible citizenship is crucial in neoliberal societies as it reinforces attitudes and motivations for self-governance that "are increasingly tied up with the demands of consumer capitalism" (Power & Polzer, 2016, p. 18).

2.2.2 Healthism and moral responsibility

Turning health and wellbeing into an individual responsibility and commodity has created many challenges for how contemporary societies make sense of their health. Innovations in medical knowledge, technologies, and practices have all led to the expansion of medicine into daily life. An early critique of this increasing medical power can be found in Parsons's (1951)

concept of the ‘sick role’. According to Parsons (1964), ‘illness’ constitutes a form of deviant behaviour which disrupts society as it impacts “the capacity for the effective performance of valued tasks” (p. 262). Illness disrupts not only the individual’s bodily function but also their ‘loyalty’ to valued roles (and associated tasks) such as worker, parent, or student (Varul, 2010). In this way, the sick role has social consequences because individuals who are sick are unable to fulfill valued tasks and undertake their normal roles and responsibilities (Parsons, 1951). The sick person is thus obligated to seek help and cooperate with medical professionals to return to health (Parsons, 1951). The obligation to cooperate means medical institutions hold a position of power over individuals, similar to the authority of religious institutions, as they have the authority to determine what is either normal or deviant behaviour (Parsons, 1951). It has been argued that the ‘sick role’ “becomes an impossible set of expectations” (Grue, 2024, p. 83) as it assumes that everyone has an equal capacity to resume normal activities, regardless of whether they are living with a disability or chronic illness; nor does it take into consideration social factors such as class, gender, and ethnicity that can influence the possibilities for participation (Ekl & Brooks, 2022; Fang et al., 2023; Varul, 2010). Parsons’ concept of the sick role, therefore, can be linked to the neoliberal imperative through its emphasis on individual responsibility for one’s health, irrespective of external circumstances.

Social scientists have invoked the concept of ‘medicalisation’ (Zola, 1972) to draw attention to the growing power of the medical profession and its association with social control (Conrad, 1992). Medicalisation refers to the processes through which “everyday life has come under medical dominion, influence and supervision” (Zola, 1983, p. 295). By moving non-medical problems into the jurisdiction of medical institutions, these problems can be diagnosed and treated as either illness or disease (Conrad, 1975). This medical frame has come to encompass human problems such as alcoholism, menopause, and infertility

(Conrad et al., 2010) and has led to a heightened sense of "medical social control" (Foucault, 1973). Indeed, applying a medical framework to individual human problems in this way places everyday life under a microscope. Conrad and Schneider (1992) argue that "the greatest social control power comes from having the authority to define certain behaviours, persons and things" (p. 8). In other words, the social and political foundations of 'medicalisation' reveal how defining certain behaviours as deviant serves to maintain social control and, more specifically, to determine what may be defined as 'health'.

At the same time, health has come to be portrayed, not as something that one 'has', but as something that must be actively pursued. Framing health as the responsibility of the individual is at the heart of the emerging practices of self-care, holistic health, and the new health consciousness (Crawford, 1980), which all reflect an ideology of 'healthism'. Healthism is defined as "the preoccupation with personal health as a primary—often the primary—focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles, with or without therapeutic help" (Crawford, 1980, p. 368). In contrast to the medicalisation and sick role models, in which the focus is on illness and disease, the healthism model centres on individual health decisions and behaviours, for example, around food choices and exercise. While these choices are situated at the individual level in the healthism model, health nonetheless emerges as a construct of "social structures and experience and systematically articulated with other meanings and practices" (Crawford, 2006, p. 401). Crawford (1980) argues that "the concern with personal health has become a national preoccupation. Ever-increasing personal effort, political attention, and consumer dollars are being expended in the name of health" (p. 365). While health problems may be seen to derive from external factors such as social, political, and economic circumstances, in the healthism approach, solutions are seen to reside in "the individual's determination to resist culture, advertising, institutional and environmental

constraints, disease agents, or, simply, lazy or poor personal habits" (Crawford, 1980, p. 368). Responsibility for health is therefore taken away from medical institutions and placed firmly on the individual, for whom health behaviours represent an act of individual autonomy (Crawford, 1980, 1994, 2006).

A dominant belief in healthism is that health is a 'super-value' that an individual adopts over and above all other values in life (Crawford, 1980). Healthism shifts our understanding of the "clinical gaze" (Foucault, 1973) away from the body and the medical clinic and onto broader society. Thus, in the healthism model, illness and disease have moved beyond the boundaries of the medical profession to a space that actively involves individuals in the healthcare process, where, as Crawford has noted, "what is seen is what is known, and what is known becomes the space for intervention" (Crawford, 1980, p. 371). Yet, healthism's discourse of responsibility is consistent with medicalisation and the sick role because avoiding illness in the healthism model constitutes an individual's personal responsibility and it is their moral failure if this responsibility is not taken up (Crawford, 1980, 2006). This invocation of personal morality, however, fails to recognise the broader social, cultural, and economic determinants of good health (Lupton, 1995, 2013a). In other words, healthism tends to be restricted to "the socio-economically privileged" (Lupton, 2013b, p. 397) who have the resources to prioritise their health in this way.

The idea of good citizenship that lies at the heart of healthism highlights the individual's role in adopting healthy lifestyle practices (Crawford, 2006). For this 'good citizen', good health is seen as more than just the absence of disease—it also includes lifestyle choices and the use of digital media that are drawn into service in the quest for optimal health (Cheek, 2008). In fact, the concept of health has evolved alongside technological advancements, and now includes everyday behaviours such as dietary choices

and physical activity (Cheek, 2008). The struggle to become a good health citizen is perhaps nowhere more evident than in diet-related discourses. A study conducted in South Australia, for instance, found that health and food decisions differed depending on an individual's socio-economic status (Henderson et al., 2009). It reported that adults from more affluent backgrounds who were the primary shoppers in their households felt a personal and moral responsibility to eat healthily themselves, to provide their family with healthy food, and to teach their household about healthy eating habits (Henderson et al., 2009). In contrast, participants with limited incomes did not report having such a responsibility; instead, they purchased food for their households based on "cost, taste, convenience and lack of trust in the health care system" (Henderson et al., 2009). While the participants in Henderson et al. 's study all demonstrated an awareness of public health messages surrounding healthy eating, various contextual factors shaped their health and food choices, resulting in differences in the adoption of certain behaviours. These differences reflected disparities in the social determinants of health, such as lifestyle, environmental, political, and social factors.

Researchers have argued that actions taken by the neoliberal state shape health-conscious behaviours. According to Kristensen et al. (2016), healthism in contemporary society impacts everyday choices associated with maintaining a "healthy" lifestyle. Their study (conducted in Denmark) showed that the Danish government used health messages to promote the idea of citizens as autonomous, self-managing, and responsible for their own health, which "often goes hand in hand with commercial interests" (Kristensen et al., 2016, p. 497). As a result, Danish individuals, or 'consumer-citizens', were inclined to seek out various "healthy" products and services to manage their health, such as meal plans, exercise programs, and self-monitoring of physical activity, that were offered by the private market. This led to a heightened awareness of "dietary choices and habits, and self-management and control of body, health, and consumption" (Kristensen et al., 2016, p. 500). The results of

Kristensen et al.'s study suggest that healthism fosters the perception of a rational and self-aware individual, and transfers power from the government to the marketplace (Kristensen et al., 2016). This shift disrupts the traditional dynamic between doctor and patient, as individuals seek other means "to achieve what is socially idealized as being healthy" (p. 500). However, as Kristensen et al. (2016) also contend, this does not remove the influence of the state or medical institutions; rather, these two become part of a range of options that individuals can choose from in their pursuit of good health. This focus on the health-conscious consumer underscores "the neoliberal worship of the market" (Guthman, 2011, p. 148) and prioritising individual responsibility "[constrains] ethical choice to those who are most privileged by and within the system," that is, those who can access and afford these products (Shotwell, 2016, p. 125).

The way in which neoliberal healthism discourse promotes individual responsibility, choice, and consumption is closely tied to forms of governmentality that produce and control women's bodies. A study conducted in the United Kingdom (UK) by Francombe-Webb and Silk (2016), suggested that young middle-class women embody social class through their consumption habits and behaviour. These women are perceived to embody freedom of choice in their consumption habits and are seen as self-disciplined citizens with the 'proper' body type (Francombe-Webb & Silk, 2016). This is in contrast to other women who are judged for being too fat, too thin, or for making the 'wrong' consumption choices (Francombe-Webb & Silk, 2016). These findings align with a study by Clark (2018) in the UK, who found that healthism discourses reflecting a neoliberal framework of governmentality operate as young women transition into secondary school. That is, as young women are starting to make choices about their academic studies and extracurricular activities, they are also attempting to make the 'right' choices about their health, both inside and outside of the school setting (Clark, 2018). For young women, the neoliberal embodiment and performance of health and

physical activity contributes to the idea that they are having a 'successful' girlhood (Clark, 2018). In this construction of the neoliberal subject, the empowered and responsible white middle-class woman is positioned as morally superior to other women, which reaffirms classed and racialised divisions. In other words, the imagined identity for the unhealthy 'other' serves as a boundary device that reinforces hierarchies according to socioeconomic and geographic realities which assume that individuals have the ability to choose and act on their health (Crawford, 1994). In this context, healthism inadvertently reinforces traditional societal norms and expectations. As discussed further in the next section, feminists argue that these discourses associated with neoliberalism further construct and reinforce the ideal female body, blending personal responsibility and choice with societal norms.

2.2.3 Postfeminist perspectives on health and the female body

The influence of neoliberalism in shaping ideals of health and the female body, along with its connection to healthism, has garnered significant scholarly attention. Much of the scholarship dealing with health and the body are indebted to feminist academics who have articulated the gendered relationship between women and dieting, the policing of women's bodies, and the patriarchal power that is embedded in wider societal structures (Bartky, 1990; Bordo, 1993; Friedan, 1963; Orbach, 1979; Wolf, 1990). Orbach (1979), for example, attributes the constant focus on weight and dieting to gendered imbalances in society whereby women are pressured to conform to patriarchal definitions of desirability. More recently, Orbach (2018) has argued that "the body has become a political project" and she describes how the beauty, fashion, diet, cosmetic surgery, food, and fitness industries profit from women's oppression and the pressure on them to look good. The idea of expressing personal agency through attempts to be "perfect", however, is becoming as "normalised as troubled eating" and new digital technologies allow women to "search for approval, for safety, for body acceptance—a frequently elusive quest" (Orbach, 2018, para 10).

Earlier feminist writers such as Bartky (1990) and Bordo (1993) drew on the Foucauldian notion of the 'docile body' to illustrate how women's bodies are managed and disciplined. Bordo (1993), for instance, argued that diet and fitness practices regulate, discipline, and normalise ideas of 'improvement' and 'transformation' in pursuit of societal expectations of the ideal slender body. These practices rest on the notion that 'self-modification' is a feminist act rather than the direct result of social control (Bordo, 1993). Finally, Wolf (1990) has argued that the commodification of women's bodies undoes the advancements that women have made in male-dominated consumer societies.

In contemporary discussions, feminist scholars in media and cultural studies assert that we are currently living in a postfeminist society dominated by neoliberal discourses of individualism, choice, and empowerment (Gill, 2016; McRobbie, 2015). These scholars argue that 'postfeminism' represents an entanglement of feminist and anti-feminist discourses whereby "women are presented as active, desiring social subjects, but they are subject to a level of scrutiny and hostile surveillance which has no historical precedent" (Gill, 2007, p. 163). Postfeminism reinforces neoliberalism by framing personal, economic choices as acts of individual agency and empowerment, rather than as political or collective issues (Rottenberg, 2014). This shift in responsibility encourages individuals to act as entrepreneurs in their quest to be healthy, educated, career-driven, working mothers, and representatives of the feminine ideal (Gill, 2016; McRobbie, 2015; Orgad & Gill, 2022).

According to McRobbie (2008), postfeminism is "the process of feminism being undone through high levels of intervention and attention being directed towards the young woman, whose significance in terms of wage earning capacity is now substantial" (p. 81). Contemporary feminist movements, as represented in the mainstream media, endorse a solidaristic competitiveness to achieve 'the perfect' career, motherhood, and domesticity

(McRobbie, 2015). However, this idea of 'perfection' serves to restore traditional ideas of femininity. When success is measured by the ability to 'have it all'—such as relationships, family, home, and maternity—existing power relations are maintained (McRobbie, 2015). This neoliberal ethos, therefore, rewards women for being 'perfect' or 'ideal'—for excelling at school, securing careers, and achieving motherhood and domesticity—all of which reinforces patriarchal and capitalist systems (McRobbie, 2015). McRobbie (2015) highlights the notion of female 'perfection' as a hetero-normative vector for the purposes of competition in contemporary neoliberalism. The pressure for women to conform to the idea of 'the perfect' female subject perpetuates gendered power dynamics and hinders the progress of the feminist movement (McRobbie, 2015). Indeed, neoliberal logic contains an implicit critique of women, as seen in measurements of their bodily appearance against societal norms, for example, weight gain is seen as a sign of 'letting go' and signals a loss of self-respect. This reflects a neoliberal ideology where the surveillance of women's bodies aligns with patriarchal and capitalist interests (Jovanovski, 2017).

The literature has demonstrated the growing impact of how constructions of women support neoliberal logic in the context of health and body, highlighting the increasingly contradictory conditions that position women as ideal neoliberal subjects (Orgad & Gill, 2022; Rottenberg, 2014, 2019; Scharff, 2016; Shimoni, 2023; Toffoletti & Thorpe, 2018). Some scholars have examined the intersections between contemporary discourses of postfeminism and healthism to explore women's health concerns (Beijbom et al., 2023; Cairns & Johnston, 2015; Robson et al., 2020). For example, Riley et al. (2018) argue that the rise of self-surveillance and self-disciplinary practices are being driven by a desire to be associated with the cultural norms of ideal health.

Harjunen (2021) contends that the economisation and commercialisation of health reinforces neoliberal ideas by emphasising the individual's responsibility for achieving a 'socially acceptable' and 'healthy' body. According to this view, individuals have the 'freedom' and 'choice' to achieve body ideals through self-control, productivity, and individual morals (Harjunen, 2021). Failure to achieve this 'preferred' body, as endorsed by dominant health discourses, can be "interpreted as a social and moral failing that results in social sanctions" (Harjunen, 2021, p. 68). Viewing health through a neoliberal logic means that bodies are seen as economic units, and the consumption of healthy foods, fitness memberships, and diet plans all contribute to the maintenance of an ideal that can lead to a persistent sense of failure in not being able to change one's body (Harjunen, 2021).

Similarly, Cairns and Johnston (2015) found that neoliberal governance operates through the embodied actions of women in relation to everyday food decisions. According to Cairns and Johnston (2015) suggest that contemporary discourses healthy eating "gives postfeminist individualism—and neoliberalism—an embodied form where health and thinness are internalized as desirable, empowering, and coterminous" (p. 160). Women who are constantly informed, disciplined, and self-monitored are performing acceptable femininities shaped by neoliberalism's contradictory logic of free choice and consumption (Cairns & Johnston, 2015). In embodied neoliberalism, gendered body ideals and corporeal surveillance can lead women to feel both morally responsible for and self-empowered to make choices that achieve or maintain normative standards that exemplify the idealised concept of self-control. However, these neoliberal ideas of responsibility and choice are not equally available to all women but rather favour those with the social and economic means to engage in consumer choice and consumption.

2.2.4 Rational consumer choices in nutritionism and wellness

Discourses that suggest that health is the responsibility of the individual align well with the principles of the commercial food and wellness industry (Baker, 2022) Food choices and consumption practices illustrate how neoliberal discourses can influence the pursuit of health. For many years, 'nutritionism' has been a powerful legitimising discourse used by governments, experts, and commercial companies to encourage 'informed' choices about health. It is sometimes referred to as 'nutritional reductionism', which is the "reductive understanding of nutrients and their relationship to bodily health" (Scrinis, 2012, p. 232), that is, the process of reducing foods to "the sum of their nutrient parts" (Pollan, 2008, p. 28). Nutritionism allows products to be marketed using health claims (Scrinis, 2012, 2014) that influence consumers' perceptions about, and subsequent consumption of, 'functional' foods (Bech-Larsen & Grunert, 2003). Scrinis has argued that nutritionism "tends to undermine, displace, and even contradict other levels and ways of understanding and contextualising the relationship between food and the body" (Scrinis, 2014, p. 29). It has also been suggested that Big Food companies employ this reductive focus on nutrients to sell more of their products and increase their influence in the environments in which they operate (Clapp & Scrinis, 2017). 'Functional nutritionism' has created a collective discourse that has been influenced by scientific research, dietary advice, food processing technology and marketing strategies to shape what people want to eat and how they eat (Pollan, 2008; Scrinis, 2012).

It has also been claimed that the dominance of nutritionism in the health domain has led to a diminished understanding of the overall quality of food and nutrition (Clapp & Scrinis, 2017). This is especially the case in societies where food systems based on nutritionism play an integral role in the health outcomes of the community. Clapp and Scrinis (2017) argue, for instance, that Big Food corporations, with their global reach, not only have a powerful role in shaping food systems but capitalise on ideologies of nutritionism to

influence actors in the nutritional space. These corporations have gained power and market position through lobbying, market dominance, and participation in agri-food supply chains to influence policies for the benefit of their processed and packaged food market (Clapp & Scrinis, 2017). Big Food corporations use marketing strategies that emphasise the scientific properties of their foods to position themselves in the marketplace and to enhance their ability to further influence policy and governance frameworks (Clapp & Scrinis, 2017). Their offerings are positioned in the context of global food systems "as solutions rather than contributors to nutritional problems" (Clapp & Scrinis, 2017, p. 590). At the same time, they have the ability to oversee the development and dissemination of scientific knowledge and dietary recommendations that support their existing and new food products. Clapp and Scrinis (2017) have analysed how Big Food corporations use their power to inform policies that assign responsibility for diet-related health conditions (such as diabetes, heart disease, and obesity) to individuals. Rather than contributing to a decrease in the incidence of these diet-related conditions, the continued focus on nutrients as a solution to medical conditions allows Big Food corporations to present new or reformulated food products as an act of corporate responsibility, which means they can avoid removing products from the marketplace that may in fact be the cause of some of these problems (Clapp & Scrinis, 2017). The influence of Big Food companies, along with the emphasis on individual dietary choices in nutritionism, has created inequalities in communities whereby health outcomes are primarily shaped by social, cultural, political, and economic factors rather than unrestricted individual choice.

Building upon the emphasis on individual responsibility in nutritionism, this focus extends into the contemporary wellness industry. The concept of 'wellness' originally gained prominence in Western societies through the counter-cultural movements of the 1960s and 1970s, where individual actions and change were seen as having broader societal impacts

(Ingram, 2020). Dunn (1959) described achieving “high-level wellness” through “an integrated method of functioning which is oriented toward maximising the potential of which the individual is capable” (p. 4). Initially, wellness was a practical, accessible, and politically-driven movement (Riley, 2024). However, with the rise of neoliberalism, it later became associated with self-care and the notion that health can be self-managed within the private market (Gill & Orgad, 2022; McRobbie, 2015).

Similar to the moralisation of food choices under nutritionism, wellness activities are pursued not just for health benefits but also, as Conrad (1994) argues, are Conrad (1994)tied to the moral discourses of health promotion and the virtuous life. In his study of college students, Conrad found that wellness activities, particularly those related to diet and exercise, were described by the students in moral terms and were pursued as part of their quest for wellness. He used the phrase “wellness as virtue” to capture how engaging in wellness activities can come to constitute a good end in itself. The students in his study reported that pursuing wellness activities made them feel virtuous and good about themselves as they believed they were improving their self-image (Conrad, 1994). However, these same students also often felt guilty if they failed to keep up their wellness activities as they believed that “they [were] not living up to their own standards of wellness behavior” (Conrad, 1994, p. 394).

It has been suggested that the moral discourse surrounding health and wellness is similar to a religious ideology because following a specific regime is seen as allowing the body to become a vehicle for purification (Conrad, 1992, 1994). The end result of the regime is “thin (for women) and muscular (for men) depicted as good outcomes of exercise. And failure is represented by fat and flabby” (Conrad, 1994, p. 398). As with neoliberalism, wellness promotes the idea that activities leading to good health can be achieved through

individualised solutions. The wellness industry is having an increasing impact on women and neoliberal consumer culture. The industry typically targets women, promoting ideals of the healthy female body and offering various products and services as a means of "self-improvement", that come with the promise that the woman can reach her "full potential" and become "a new and improved you" (Harjunen, 2017, p. 75). Derkatch (2022), in her book *Why Wellness Sells*, observes that being 'well' is not necessarily the main point of wellness; rather, "wellness is a process of self-perception and interpretation that calls upon individuals to continually assess and adjust their performance across different domains" (p. 6). Definitions such as this have allowed the wellness industry to expand its influence into various areas: self-care products (such as supplements and superfoods), services (such as mindfulness apps, sleep and mood tracking technology), and health retreats and activities such as yoga and meditation. While practices like yoga and meditation have deep roots in cultural traditions, particularly in Asia, their commercialisation by the wellness industry has transformed them into a form of capital in neoliberal Western societies (Shome, 2024). As Sikka (2023) explains, wellness has become a type of "health capital accumulated through participation in particular kinds of consumer practices" (p. 23), such as purchasing particular items of clothing and equipment, taking fitness classes, and consuming certain foods (including superfoods) that are grounded in the principles of functional nutritionism, as discussed above. What this implies is that health, and the female body, can be improved through wellness practices, and that prioritising self-care is a sign of one's moral resilience. This shift raises important questions about how neoliberal conditions and gendered societal expectations increasingly impact women's health and bodies. These questions will be explored in more detail in the next section. The intersection of personal responsibility, consumer habits, and societal expectations forms a complex network of factors that influence women's perceptions of health and the actions they take to maintain it. This perspective

connects with broader societal structures and norms, indicating that health and health-related practices cannot be viewed in isolation but are influenced by multiple interconnected factors—a concept that will be further explored through the lens of assemblage in Section 2.4.4. Among these factors, digital media has become increasingly significant, offering a space where health is perceived and interacted with in the context of everyday life. Consequently, this raises important questions about the transformation of health from a private matter to one that is increasingly public, which will be explored in more detail in the next section.

2.3 Digital media and the self-management of health

Digital media plays a prominent role in the lives of people around the world. With respect to health, in particular, websites and online discussion forums allow individuals to locate information and ways to support their personal health. Applications (apps) and self-tracking devices allow individuals to measure, monitor, and generate reports on one's own body, for example, smartwatches can now measure blood pressure, and there are applications that track ovulation. Social networking platforms have the capacity to extend and integrate information drawn from other digital media sources, and individuals can be connected based on common objects of interest such as diet, fitness, and wellness. Media and communications scholars have shown how digital media can make available certain subject positions and content that can produce either positive or negative effects, and the participatory nature of digital media allows a wider range of people to create and share health content, even though this information or advice is neither scientific-based nor produced by medical experts (Baker, 2022). Individuals can also act as self-advocates and share and exchange ideas about their health with others in online environments (Krishnan & Zhou, 2019) and this interaction has been transforming relationships within the health and broader public health systems.

This section discusses current usage of digital technologies and critically reviews the literature to understand how various technologies, people, and organisations contribute to ideas and practices associated with health. The literature on digital technologies in the area of women's health, specifically, will also be reviewed. While an understanding of the importance of technology in everyday life has been well-established in the literature, what has been neglected to date is how new technological affordances situate and further embed women as neoliberal subjects and drive normative ideals of health and the female body. To address this gap in the literature, my thesis will investigate how women negotiate neoliberal discourses about health on digital technologies. As part of this investigation, I draw attention to the way in which neoliberal discourses are perpetuated not only by governments but also through the technologies made available to women.

2.3.1 Credibility and self-presentation

As digital media has become a routine aspect of people's lives, scholars have become increasingly interested in how individuals—and the content they produce—exert influence within their social networks. Many previous studies have found that by cultivating social bonds through online interactions, individuals can accumulate social capital and thereby increase their influence within their networks. This concept of influencing is most notably employed by digital 'influencers', that is, ordinary, everyday people who attract attention in digital spaces (Abidin, 2018; Marwick, 2015). Unlike 'traditional' celebrities, who are featured on television and in magazines and typically maintain a certain distance from their audiences, influencers establish a more direct and personal connection with their audience using social media platforms such as Facebook, Instagram, and TikTok (Abidin, 2018). This direct engagement allows them to connect with their audience on a more personal level, evoking a sense of closeness and relatability, and they essentially become a kind of "micro-celebrity" (Senft, 2008). Through the communication affordances of digital media,

influencers are able to grow and maintain their digital audiences (Abidin, 2018; Khamis et al., 2017). Affordances are defined here as the "multidimensional relationship between the object or technology and the user, and how that relationship offers possible (and actual) outcomes (i.e. what emerges from the user's interactions with the object)" (Evans et al., 2017, p. 39); this relational view suggests that affordances are able to "simultaneously exist for people at multiple levels and across platform boundaries" (Bucher & Helmond, 2018, p. 241). Further, affordances move beyond the technological affordances that are intrinsic to specific platforms (e.g. video-sharing on TikTok, YouTube, and Instagram) to encompass the meaning of the posted content as well as how influencers connect and engage in dialogue to gain the attention of followers on their preferred platforms (Zhao & Abidin, 2023). This raises important questions about the dynamics that allow relational networks between users to be built, but also the platform-specific affordances that enable influencers to shape meaningful connections.

Studies on digital influencers reveal not only the complexity of digital media use but also how these influencers are able to accrue different types of capital by arousing interest and gaining the attention of audiences. Influencers conscientiously manage the content they upload and share in digital spaces, and this content is designed to exhibit specific taste and aesthetics that will appeal to particular types of audiences and increase or maintain their social status (Abidin, 2020). Bourdieu's (1977, 1984) ideas about field, capital, and habitus are highly relevant to media and communications scholars in their explorations of issues related to everyday practices, consumption, social status, and class reproduction. Bourdieu (1977) theorised that 'field' (i.e. social spaces/environments), 'capital' (i.e. resources, tools, and skills), and 'habitus' (i.e. internalised views or dispositions) all shape an individual's everyday practices and experiences. According to Bourdieu (1986), there are three forms of capital that determine an individual's social status: cultural, social, and economic, the

possession of which is legitimised through the symbolic boundaries of reputation and qualification. *Cultural capital* can exist in three non-material forms which serve as symbolic representations of one's status: it can be embodied in the form of internalised knowledge, values, and behaviours acquired over time; objectified in the form of cultural goods, such as books, artwork, and records; or institutionalised, a form of objectification evident in formal education and qualifications. *Social capital* consists of relationships and social obligations that can be used for economic gain whereas *economic capital* includes the material wealth and financial resources (e.g. of individuals and families) that can also be used for cultural and social gain. Bourdieu (1986) states that "the structure of the distribution of the different types and subtypes of capital at a given moment in time represents the immanent structure of the social world" (p. 15). Cultural capital, for example does not necessarily provide an incentive to eat healthy food; rather, one's food choices are seen to be determined by one's socioeconomic status (Pinxten & Lievens, 2014).

Influencers play a key role in digital spaces through the process of cultural intermediation. Bourdieu (1984) argued that cultural intermediaries frame particular goods and practices as being culturally legitimate, that is, as defining and/or defending a particular social class. Cultural intermediaries can therefore be seen as a "social weapon" due to their ability to add symbolic value to the goods and practices that mobilise consumer culture (Bourdieu, 1984). In other words, cultural intermediaries are "taste-makers" and "need merchants" who enact a "lifestyle handed down by the new bourgeoisie" (Bourdieu, 1984, p. 365); or, as Hutchinson (2017) puts it, influencers are the "new taste agents" (p. 2). While influencers are similar to traditional media personalities in their ability to mobilise consumption practices, they do so in a unique way, operating as "capital translators" who can explain the cultural significance of commercial goods and practices to sometimes quite large audiences (Hutchinson, 2017).

Digital media has a significant influence in mobilising action both within and beyond established boundaries, blurring the lines between online and offline realms. With the widespread use of digital media, influencers can shape an ideal identity that not only establishes an online rapport with their followers but also reflects their persona in the real world. According to Goffman (1959), identity is a social construction through which individuals strategically present themselves and interact with others in their diverse social interactions. Employing a theatre metaphor, Goffman argued that identity work can take place either 'frontstage' or 'backstage'. In frontstage 'performances', individuals act according to their desired image, which usually involves attempting to make well-designed impressions that conform to the norms and traditions of society. Meanwhile, in their backstage performances, individuals are released from feeling the need to adhere to these social expectations. Goffman's ideas can be applied to the ways in which identity is constructed by social media influencers and their audiences, with each adopting frontstage strategies to appear in specific ways as they interact on social media platforms. Dolezal (2017) suggests that Goffman's ideas about self-presentation can be used to extend Husserl's and Merleau-Ponty's writings on bodily communication to examine why individuals adopt certain behaviours and expressions. While Dolezal does not specifically deal with the concept of self-presentation through digital technologies, she does provide insight into how the phenomenological structure of lived experience can shape behaviour, expression, and self-presentation, thereby illustrating the impact of societal expectations on identity and embodied experiences.

Influencers also employ self-presentation and identity management to build trust and encourage emotional investment from their followers. An important part of this practice is the use of digital affordances to produce a 'parasocial' effect between themselves and their audiences on digital media. Horton and Strauss introduced this term to capture audiences'

relationships with media personalities (1956, 1957) and it has since been applied in the new media environment. In a parasocial interaction, a media personality creates an interpersonal connection and a sense of intimacy with their audience (Horton & Strauss, 1956), which is achieved because the audience comes to believe that the interaction is "immediate, personal, and reciprocal" even though "these qualities are illusionary and are presumably not shared" (Horton & Strauss, 1957, p. 580). On digital media, parasocial effects can occur when influencers employ affordances such as instant content sharing and private-public messaging (Abidin, 2015). The self-presentation strategies afforded by digital media platforms allow influencers to build a sense of trustworthiness and credibility based on their parasocial relationships (Archer et al., 2021; Leaver et al., 2020; Reinikainen et al., 2020).

Parasocial relationships are particularly significant in the context of health communication. When influencers share health-related content, whether in the form of information, advice or visuals, the trust they have built can sometimes surpass that of scientific and medical experts. This influence extends to everyday users participating in health discussions, as explored in the following section.

2.3.2 Health information and advice online

Digital media provides individuals with the opportunity to congregate in online environments—such as in open or closed groups and forums—offering spaces where they can actively engage with each other on health topics of mutual interest. Previous studies have examined how these online communities can become a source of information, advice, and emotional support for a range of audiences such as: cancer patients (Harkin et al., 2020), trans and gender diverse adults (Dowers et al., 2021), women-only professionals (Pruchniewska, 2019), and followers of health and fitness influencers (Wellman, 2021). For example, Jurich (2021) found that Facebook groups allow users to not only share and request health-related

advice but to receive instant responses from other members in the group in a timely manner that is more difficult for credible experts to emulate. Another study by Archer and Kao (2018) investigated closed Facebook groups for Australian mothers and found that these groups offer a sense of community among like-minded parents who share advice, information, and support based on their own lived experiences. However, they also noted that representations of 'the perfect life' within these groups can negatively impact on mothers who find it difficult to relate to such idealised depictions, despite the emotional support these groups provide (Archer & Kao, 2018).

Digital media presents a rich site for constructing health identities. For example, Scott's (2020) investigation of a vegan online discussion forum found that ideas associated with veganism were similar to those related to 'healthism'. In these forums, veganism was depicted as offering significant health benefits and relief from medical symptoms. The forum provided a space for vegans to share their personal narratives that aligned with the idealised vegan identity. These narratives depicted good health as a result of personal responsibility and bodies "as highly malleable objects that could be worked upon through food" (Scott, 2020, p. 77). However, this "binary categorisation of vegan as healthy and non-vegan as unhealthy" (Scott, 2020, p. 76) carries moral implications and may portray those who are unable to attain good health – including individuals living with disabilities or chronic illnesses – as morally deficient and irresponsible.

For many individuals, diet regimes serve as a means of achieving their health ideals. In wellness culture, diet is viewed as a way of healing, nourishing, and keeping the body on the 'right' course (Tiusanen, 2021). Diet, as well as fitness, regimes are shared through personal website blogs and on social networking platforms where personal choices about what to put into one's body are seen as an expression of the self (Braun & Carruthers, 2020).

Platform affordances such as text, visuals, and audio allow users to upload and share personal narratives related to their dietary practices, such as paleo, clean, and raw diets (Braun & Carruthers, 2020). As Tiusanen (2021) suggests, identity narratives in wellness culture are created and maintained through displays of food consumption that demonstrate the individual's personal journey towards well-being. However, dietary trends shared through personal wellness blogs do more than just promote food and eating practices; they also promote lifestyle behaviours and values aimed at achieving idealised appearances (Tiusanen, 2021). Curating narratives around diet practices is a way of documenting an individual's 'journey' towards a better life (such as a plant-based life) and produces a type of feminine subject who, through her own individual agency, can control and transform her life (Tiusanen, 2021). In other words, diet and wellness as shared on online blogs is underscored by neoliberal discourses in which self-improvement and self-control are based on making the 'right' choices to enact the 'ideal' self (Tiusanen, 2021). Similar to previous studies, Tiusanen (2021) observed that these spaces usually feature white, middle-class, abled-bodied women (Braun & Carruthers, 2020; Conor, 2021; Walsh & Baker, 2020; Wilkes, 2024). The implications here is that online blogs may present a one-sided perspective on health and may exclude women who do not fit these specific categories.

Parasocial relationships play an important role in shaping the attitudes and behaviours of individuals who use digital media. In the health context, influencers cultivate parasocial relationships by emphasising the shared characteristics and interests with their audiences. For example, Yuan and Lou (2020) found that audiences formed stronger parasocial relationships with influencers who they perceived to be attractive and similar to themselves, and this had the effect of increasing their interest in the products being promoted. Similarly, Hendry et al. (2022) report that, to position herself as a health educator, the influencer Ashy Bines shared 'authentic' experiences with her audience and engaged in parasocial dialogic practices (such

as informal talk and comments in a show of apparent reciprocity) to develop and sustain an intimate parasocial relationship with her audience. Bines also invited other health influencers to speak on her podcast and to appear on her Instagram account to further validate the circle of 'expertise' that she had created.

Research on health advice provided on social media highlights both opportunities and challenges for traditional health communication, especially in the context of a growing scepticism toward scientific and medical communities (Maciuszek et al., 2021). For instance, Baker and Rojek (2020) found that the wellness influencer, Belle Gibson, effectively developed parasocial relationships by sharing personal stories and providing compelling narratives that suggested she and they experienced "the same struggles and vulnerabilities" (p. 400). While seemingly positive, these relationships can become problematic, as they can influence others' opinions and behaviours, potentially leading followers to consider the health information and advice to be authentic and credible despite the lack of professional qualifications (Baker & Rojek, 2020).

On the other hand, Kay et al. (2020) argue that influencers offer health communication practitioners new opportunities to engage with audiences who are unresponsive to conventional marketing approaches. They found that micro-influencers (those who attract up to 100,000 likes/followers) tend to be more influential than their macro-influencer counterparts (those who attract up to 100,000,000 likes/followers) due to the higher levels of perceived authenticity and connection they achieve. The relationships of trust between influencers and audiences can also work to improve public health outcomes when audiences understand and accept the critical health messages provided (Gupta et al., 2022). However, social media can also leave audiences vulnerable to health misinformation (Benn & Shaw, 2021; Oh et al., 2022; Sun & Meng, 2022), especially as millennials (i.e. 25–40 years

old) are more likely to trust their peers than medical professionals (Cangelosi et al., 2021). This raises the question of whether health advice provided on social media (and other digital technologies) is more likely to motivate women to take up health practices than recommendations from those in their social environment (e.g. family, friends, and peers) or from health communicators.

Given these trends, digital media presents both opportunities and challenges for health communication practitioners. It provides a way to reach and engage audiences directly with health information (Vassallo et al., 2022) but also to shape perceptions through user-generated and brand-marketing content, creating pressure on users to conform in their consumption practices (Qutteina et al., 2022). Additionally, digital media plays a significant role in defining and reinforcing what is known as the "politics of platform" as it facilitates and influences public discourse (Gillespie, 2018), which can create a false impression of "technical neutrality and progressive openness" (Gillespie, 2010, p. 360). Furthermore, while digital media allows users to exchange ideas, it can also perpetuate online and offline inequalities, particularly when it presents visuals suggesting what the 'normal' or 'mundane' should look like (Feldman & Goodman, 2021; Swan et al., 2024). It is therefore necessary to look more closely at how 'normal' and 'healthy' practices are situated within the context of everyday life.

2.3.3 Signalling healthy living

The intersection of digital media and health discourse has significantly influenced societal expectations and norms about healthy living. As food and diet play central roles in shaping identity, emotion, culture, and memory (Stano & Bentley, 2021; Tovares & Gordon, 2020), it is perhaps not surprising that this space both reflects and reinforces society's expectations (Feldman & Goodman, 2021; Sasahara, 2019). Two common societal ideals are the

slim/thin/fit ideal (Donovan et al., 2020; McComb & Mills, 2022b) and the beauty ideal (de Valle et al., 2021; Evens et al., 2021). These ideals are increasingly disseminated through digital media, which, due to its visual nature, allows for the widespread portray of 'ideal' bodies. Consequently, this portray can negatively affect users, partly because features such as filters and photo editing software (e.g. Face & Body Tune), enable users to digitally alter images of themselves (Tiggemann, 2022). Repeated exposure to these digitally enhanced images can create body dissatisfaction by encouraging comparisons (Carter & Vartanian, 2022). As a result, this dissatisfaction has led to an increase in the number of women who undergo cosmetic surgery to appear 'normal' (Bonell et al., 2022).

On visual-based digital media, achieving an idealised and healthy appearance enhances one's ability to attract attention. This often falls under the term 'fitness inspiration', otherwise known as 'fitspiration' or 'fitspo'. Fitspiration emerged out of the thin-ideal, that is, the 'thinspiration' trend that promoted extreme weight loss and bodily thinness (Griffiths & Stefanovski, 2019; Lucibello et al., 2021). However, fitspiration is different from thinspiration in that it promotes an athletic or 'fit-ideal' predominantly aimed at women and which is ostensibly achievable through diet and exercise (Boepple et al., 2016; Robinson et al., 2017). While social networking platforms such as Instagram ultimately banned thinspiration content (Talbot et al., 2017), fitspiration remains unregulated due to its ability to tap into health discourse (Dignard & Jarry, 2021). Social media influencers have capitalised on this by promoting the fit-ideal image to their audiences and sharing tips for achieving healthy lifestyles and bodies (McComb & Mills, 2022a; Reade, 2021). Yet, studies have shown that audiences who regularly view fitspiration content on social media are more likely to experience lower body satisfaction and lower appearance self-esteem compared to those who view travel or 'appearance-neutral images' such as architecture. These findings are similar to those reported for users who engaged with thinspiration content (Barron et al.,

2021; Dignard & Jarry, 2021). Therefore, women's engagement with this content can be problematic, especially when digital and social media promotes practices centred around social and cultural ideas of women's bodies.

Furthermore, this can be a cause for concern when food and lifestyle choices are positioned as a way of constantly improving oneself until such time as the idealised appearance is achieved. Hogue and Mills (2019), for instance, investigated how social media engagement influences young women's body image perceptions. They report that young women are more likely to present idealised images of themselves on visual-based social media platforms (Facebook and Instagram) and are also more likely to encounter the idealised images of peers in their networks on these platforms (Hogue & Mills, 2019). The study also found that the body image of young women was negatively impacted when they viewed attractive peers on Facebook and Instagram, although, interestingly, these same young women's interactions with their family did not affect their body image in the same way (Hogue & Mills, 2019). In another study, Kim (2021), found that comments made on Instagram photos that were either favourable or unfavourable towards the bodies depicted influenced women's perceptions of body ideals and their levels of body satisfaction (Kim, 2021). Together, these studies demonstrate how engagement with visual-based social media can contribute to women's perceptions of health, the body, and sense of self (Coffey, 2021).

Despite the participatory nature of digital media, it is important to note how the re/presentation of social and cultural norms has the potential to exclude individuals. Scholars argue that depictions of food often fail to acknowledge the cultural significance it holds (Swan et al., 2024). Wilkes (2024) suggests that new media technologies have popularised clean eating, promoting the neoliberal values of freedom and choice. Clean eating, and movements such as veganism and keto, are portrayed as personal choices, and these

movements tend to be popular with the middle to upper classes, that is, they are not solely about health. Wilkes (2024) argues that clean eating has become an expression of cultural capital, with online narratives predominantly focusing on white females as the ideal. Influencers such as Sarah Wilson promote the eating of leftovers as "a quest for purity, simplicity, self-imposed discipline and morality" (Perrier & Swan, 2020, p. 137). Yet, this "feminised" and "individualistic approach to household food waste" fails to acknowledge that some "minoritised groups can be economically forced into eating leftovers" (Perrier & Swan, 2020, p. 136). That is, this influencer's "privilege enables her to question what counts as waste and she uses these resources to create a foodie waste persona and aesthetic" (Perrier & Swan, 2020, p. 140). These types of constructions of food and diet choices have become increasingly prevalent on social media. Platform affordances such as pre-prepared content (to manage visual self-representations) and hashtags (to extend reach) promote normative ideals of individual health and female embodiment. At the same time, content that deviates from these norms are often hidden or receive lower engagement such that only the ideal standard based on neoliberal ideas of individualism is disseminated.

This construction of health, diet, and fitness ideals aligns with the commercial marketing industry, which also leverages digital media to reinforce these messages. Contois (2020) asserts that representations of gender in the media and broader culture can define, manipulate, and sustain gender ideals that serve to maintain power relations in society. For example, a 'real man' is often depicted as one who engages in masculine activities such as exercise and working out. Conversely, weight loss is typically seen to be a feminine pursuit, with men viewing it as a threat to their masculinity (Contois, 2020, 2021). This understanding was recognised by the commercial diet and wellness company, Weight Watchers, when they introduced a male-orientated program that was "designed just for [them], so dieting could easily be kept secret" (Contois, 2020, p. 1). These gendered health ideals also apply to food;

for example: meat is considered masculine, while salad is viewed as feminine (Contois, 2020). Digital media reinforce these representations of health, status, gender, and identity (Walsh & Baker, 2020), and the health ideals that are promoted are social and cultural constructs organised according to, and controlled, by societal expectations.

Several researchers have examined the connection between the rise of popular diet and exercise trends on digital media with neoliberal discourses and consumer culture (Contois & Kish, 2022; Feldman & Goodman, 2021; Lewis, 2020). According to Lewis (2020), digital media often reflect norms and ideals underpinned by a "neo-liberal culture of self-governance and self-surveillance in which social structural issues, such as the issue of obesity, are increasingly privatized" (p. 22). Okabe (2022) presents the case study of Rivaland, a commercial dieting product in Japan, and uses this product to explore the interplay between Instagram images, food, and body image. Okabe (2022) argues that Rivaland constructs a feminine ideal that reflects the gendered power imbalances that women face in Japan. While Rivaland's Instagram page allows women the opportunity to gather in an online community, this space nonetheless "encourages a culturally specific form of competition and gender surveillance" for the benefit of the organisation as it legitimises the need "to take control of one's own body image" (Okabe, 2022, p. 50). These findings are consistent with Glicklich and Cohen Shabot's (2022) examination of Weight Watchers and its use of Instagram to convey messages of surveillance and self-discipline. Through a range of strategies—such as before-and-after images and posts written by its female members—Weight Watchers conveys messages such as "the fat body is temporary" and promotes "the thin future body", suggesting that achievement is attainable if women purchase their products and services and commit themselves to meticulous self-discipline and body-surveillance (Glicklich & Cohen Shabot, 2022). Although both studies focus on commercial companies rather than the lived experiences of female social media followers, they highlight the ways in

which digital media reinforce gendered power relations by positioning diet and exercise as a vehicle for achieving female body standards.

Cultural norms and discourses promoted online significantly shape how individuals understand themselves and how they are perceived by others. In a consumer society, the concept of health is often linked to everyday choices, leading individuals to learn what constitutes acceptable health behaviours and ideal body types (Kennedy & Markula, 2011). This understanding is reinforced by the notion that "proof of health" is demonstrated through "being fit and having a slender body" (Kirk & Colquhoun, 1989, p. 426). For many critical health scholars, the ideal healthy body can be found at the intersection between consumer culture and neoliberal policies, which categorise health based on body measurement instead of healthy habits (Beltrán-Carrillo et al., 2023; Rich et al., 2019). Digital media amplifies this construction in the way it "produce[s] 'truths' about the relationships between body shape, fitness and health" (Camacho-Miñano et al., 2019). Women learn about health through these normative constructions, which are manifested in health-related practices (Coffey, 2016), and they respond to these normative discourses in different ways.

As meanings about health emerge across different forms of digital media, it becomes essential to understand the practices and perceptions that influence women. This leads to a discussion on the increasing role of self-tracking technologies, which will be explored in the following section.

2.3.4 A body in control of its health through self-tracking

As discussed earlier, digital media can perpetuate narrow standards of health and women's bodies, shaping their self-perceptions and behaviours. Women's engagement with digital media often serves as a way for them to 'take control' of their health and bodies. Several studies have indicated that digital media can contribute to good health, with examples such as

the use of wearable devices to increase physical activity (Ferguson et al., 2022) and the role of social media groups in encouraging consumption of fruits and vegetables (Meng et al., 2017). However, other studies have highlighted how health-related apps and wearables can reduce the body to a set of numbers and categories, aligning with standard notions of health (De Cristofaro & Chiodo, 2023; Kent, 2018; Sharon, 2017). Yet some studies have argued that the body 'co-evolves' with the use of apps and wearables because these technologies support the user in understanding how their body feels, acts, and responds to factors such as diet, fitness, and stress, which would otherwise be unknown to them (Algera, 2023; Kristensen & Ruckenstein, 2018). This could imply that women's personal understanding of their health and bodies is perceived to be incomplete without the use of digital technologies (Lupton, 2015b). Moreover, this can be viewed as a consequence of the neoliberal approach to health whereby women manage their risks to health through everyday behaviours linked to consumption and self-surveillance.

Feminist health scholars have drawn attention to the practices that are brought together under neoliberal conditions, particularly in the area of sexual and reproductive health (Clarke, 2010; Lippman, 1999; Riessman, 1983). Lippman (1999) argues that while neoliberal health policies have led to an acceleration in the uptake of female-specific health products, these same policies ignore the "powerful external influences and constraints on women's choices" (p. 283).While female-specific health products may be intended to empower women, they can instead reinforce rather than reduce inequities due to the social, political, and economic arrangements that impact women's choices (Clarke et al., 2010). The rapid growth in female health technologies reflects this market-driven approach to women's health. Female health technology—or 'femtech'—is specifically designed for the female body. In 2022, McKinsey reported that the "the dawn of the FemTech revolution" will enable "better outcomes for women patients and consumers" (Kemble et al., 2022). Femtech can be

described as essentially datafied body projects (Mishra & Suresh, 2021) that produce a sense of embodied self through "awareness of ... bodily rhythms and functions in a way that seems safe, intimate, and empowering" (Balfour, 2022). Femtech—for example, period tracking apps, fertility tracking and conception predicting apps, and menopause support apps—were reported as constituting a combined market of up to $1 billion in 2022 (Kemble et al., 2022). The touted benefits of femtech is that it is empowering, enhances women's self-knowledge, and gives women more control over their health.

One aspiration of femtech is to draw attention to existing knowledge gaps caused by the historical exclusion of women from clinical trials, medical research, and decision-making in clinical practice (Bobel & Fahs, 2020; Jacobs & Evers, 2023; Mishra & Suresh, 2021). Cleghorn (2021), in her book *Unwell Women*, outlines how women's health has not been a priority in research, especially the health concerns of ethnically diverse women, which has led to "a profound gender and race gap in medical and clinical knowledge" (p. 7). Cleghorn argues that the history of misogyny and patriarchy in medicine still impacts women today. Chronic diseases, such as endometriosis, were first identified in the 1920s but dismissed in research and clinical practice. Earlier, symptoms of menstrual and gynaecological pain were "minimised as the 'natural' and inevitable consequence of being female" (p. 8). Today, endometriosis, a chronic disease whereby the uterine tissue grows and spreads outside of the uterus, affects at least 11% of women worldwide and can take between 4–11 years to be diagnosed (Ellis et al., 2022). Although women with endometriosis can experience chronic pain and infertility (Cromeens et al., 2021), knowledge gaps remain as medical research pays more attention to diseases which also impact men, such as diabetes and Crohn's (Ellis et al., 2022). Cleghorn points out that during the 1940s, a woman living with endometriosis was seen as suffering from a 'career woman's disease' as these women were considered to be resisting the biological imperative and their social duty to bear children. This carefully

cultivated image is still reinforced today as women with endometriosis have been shown to incur significant costs due to lost work productivity and healthcare expenses, due to the lack of medical knowledge and government funding (Cromeens et al., 2021; Ellis et al., 2022). As a result, those who pursue diagnosis and treatment are generally the socially and economically privileged.

While femtech represents a promising opportunity in women's health, the technology operates within a field where insufficient data and a narrow view of women's health may constrain innovation. Legato (2006) has characterised this limited attention paid to women's health as "bikini medicine", which assumes "that breast and reproductive health were the only unique features of the female patient" (p. 699). Hallam et al. (2022) assert that this limited view of women's health excludes the broad range of health issues impacting women, such as cardiovascular disease, stroke, and chronic lung disease. As Criado-Perez (2019) explains in her book *Invisible Women: Data Bias in a World Designed for Men,* gender data gaps harm women when health and medical practices rely on data based on the 'default' male human body. Gender bias occurs also in clinical practice where diagnostic methods, preventative measures, and treatment are developed based on the male body (Criado-Perez, 2019). For example, standard tests for heart attacks are less conclusive in women, and women's heart attacks can present differently to men's (Criado-Perez, 2019). Although technologies have been introduced to better guide diagnostics, Criado-Perez (2019, 2020) warns that these tools, such as artificial intelligence diagnostics systems, remain grounded in patriarchal knowledge and are skewed towards the needs of the male body.

Femtech presents an opportunity for innovation and technology to address these significant gaps in medical research and clinical practice for women. Unlike traditional medical research, where female data is underrepresented and inaccessible to patients, femtech

collects and interprets individual data to empower women with the knowledge to make better and informed decisions about their bodies (Dahlman et al., 2023; Hendl & Jansky, 2022). Femtech relies on self-surveillance methods to generate information relating to diagnosis and treatment for women. For example, the smartphone app Phendo is designed to track, manage, and identify symptoms of endometriosis (Edgley et al., 2023). The app relies on active self-tracking, such as answering questions on the app, strategies for self-managing mood and fatigue, and passive tracking (such as allowing phones to track the number of steps users take throughout the day) (Citizen Endo, 2016). The knowledge generated by femtech apps can give women a sense of empowerment as the information allows them to better understand their bodies, thereby strengthening personal autonomy and promoting choice (Hendle & Jansky, 2022). The data can also be used to advance clinical practice as women can use the information to seek help, get formally diagnosed by a medical professional, and receive care within the healthcare system (Dahlman et al., 2023). The contribution made by data collected from femtech apps is evident in the case of Phendo, where women can "reflect on their records and better advocate for their issues at the doctor's office" (Mihaila, 2023, para 4). Moreover, the app developers can share their data with scientific researchers (see Citizen Endo, n.d.).

Despite the benefits espoused by these discourses of choice and empowerment, femtech can also align users with the neoliberal imperative of continued self-optimisation in line with norms of health and feminine embodiment (Ajana, 2017; Gilman, 2021; Lupton, 2020; McMillan, 2022). Several scholars have pointed out that this is not due to the technology itself, but its application in contemporary neoliberal contexts which positions self-surveillance as an individual choice and responsibility (Lupton, 2016b; Rubeis, 2023; Sanders, 2017). This echoes Foucault's (1979, 1994, 1995) notion of 'biopower' as femtech encourages women to be 'entrepreneurial subjects' who devote sometimes significant

amounts of time to normative practices of self-discipline and control. Sanders (2017) argues that digital self-tracking devices enable post-feminist and neoliberal rationalities because they cultivate bodily dissatisfaction and re/commit women to self-improvement regimens operating under prescribed norms of feminine embodiment. Ajana (2017) also views self-tracking devices as an illustration of 'biopower' as everyday self-management techniques are used to normalise and regulate bodies. For example, universal recommendations of walking 10,000 steps per day, eating less and moving more, or calculating healthy weight ranges using a body mass index (BMI) feature in many self-tracking devices (Ajana, 2017) even though public health researchers challenge the benefits of these recommendations for whole populations (Bays et al., 2022). That is, self-tracking devices are biopolitical tools that encourage women to internalise societal norms and ideals and to measure their everyday behaviours according to pre-given standards (Ajana, 2017). The internalisation of these norms and ideals decreases the demand for government interventions and situates health as an individual's responsibility managed through consumer capitalism (Prohaska, 2023).

Femtech can be viewed as contributing to the medicalisation of women's bodies, a process through which a range of deviant behaviours (e.g. unhealthy eating and physical inactivity) and 'normal' natural life processes (e.g. aging, menstruation, and menopause) are defined and treated as medical problems (Conrad, 1992; Zola, 1972). Feminists argue that medicalisation is a form of political and social control detrimental to women's embodied knowledge and experience (Kaufert & Gilbert, 1986; Riessman, 1983; Ruzek, 1978). For instance, femtech can be viewed as medicalising menstruation as a problem needing monitoring rather than a natural process of the female body (Bobel & Fahs, 2020; Lupton, 2016a; Wood, 2020). Such a medicalised construction of menstruation situates physical discomfort, pain, and mood symptoms as potential hazards to good health (Bobel & Fahs, 2020; Lahiri-Dutt, 2015; McHugh, 2020). This framing then places the responsibility to stay

healthy on the individual although they are still under the control of the medicine prescribed through monitoring (Conrad & Schneider, 1996; Riessman, 1983). Responsibility is shown in how femtech apps encourage women encourage women to actively engage with the technology and devote significant time to its use, which often takes place at home (McMillan, 2022). Although the data collected by femtech apps can help women understand their experiences of menstruation, it can also influence how they perceive themselves and, subsequently, their choices. In this way, femtech apps can have a contradictory impact on women who interpret self-surveillance practices as a way to 'control' their bodies and become or stay 'healthy'.

Moreover, femtech can privilege and legitimise the specific knowledge and experience of some women while rendering others invisible. Femtech can be viewed as operating under the assumption that 'good health' is achieved through intense monitoring, and failing to self-track is a sign of laziness or incompetence (Fowler & Ulrich, 2022). This assumption resonates with Crawford's (1980) notion of healthism (which is a form of medicalisation) as it rests on the belief that individuals are capable of managing and improving their own health. By focusing on self-discipline and personal autonomy, femtech enables a "performance of healthism" (Rose & Tanisha, 2023, p. 98) through individual actions which do not require the care of others such as healthcare professionals and traditional medical institutions. However, femtech's promise of good health is often geared towards the socioeconomically privileged, health literate, white, cis women who can use the technology (Krishnamurti et al., 2022; McMillan, 2022), with non-users or non-conformers being branded as morally inferior (Harjunen, 2016; Lupton, 2013b). The exclusion or limited representation of certain bodies can also lead to inaccurate results for users "due to the limited range of data it relies on and feeds back to itself as it may not recognise different racial and cultural backgrounds, and the experiences of trans and non-binary users"

(McMillan, 2022, p. 421). Consequently, while data is collected and shared with researchers to bridge gaps in medical research, it is based mainly on normative ideals and excludes those with diverse characteristics such as sexual orientation, race, and class (Hendl & Jansky, 2022; Jacobs & Evers, 2023; McMillan, 2022).

Despite these limitations, femtech has put women's health on the agenda and draws attention to the role of technologies within healthcare settings (Ajana, 2017; Jacobs & Evers, 2023). For instance, mobile apps can provide an essential source of information and self-monitoring to provide reassurance for pregnant women and mothers with young children (Lupton & Pedersen, 2016), and researchers have highlighted the opportunity to reach women who are less likely or have yet to engage with healthcare providers (Musgrave et al., 2020). Studies have also highlighted the benefits of women tracking their menstrual cycles so they can share the data with healthcare professionals (Gambier-Ross et al., 2018). In addition, femtech can be an affordable and convenient option for women in locations where women's health remains stigmatised and restricted (Brayboy & Quaas, 2023). Gul, for example, is an AI-powered voice assistant that uses the mobile app, WhatsApp, to help educate young people about reproductive health in Pakistan. In these types of areas, access to quality information and the ability to make informed decisions around reproductive health can be challenging (UN Women, 2023). Finally, evidence suggests that femtech provides employment opportunities for women within the medical and technology industry (Balfour, 2022).

Given the significant potential for femtech to promote self-care practices, it is critical to evaluate how women's engagement with this type of technology impacts female health, selfhood, and embodiment. The comprehensive view of women's bodies afforded by femtech allows users to consider whether symptoms and bodily experiences constitute potential health

concerns (Sillence et al., 2023). This means that although women may choose to use a product or service to understand their menstrual cycle, they may find themselves also tracking their heart rate, sleep, diet, and mood. The period and menstrual cycle tracking app, Clue, allows users to discover their "body's unique patterns by tracking 100+ experiences connected to your cycle like feelings, cravings, pain, sex drive, and much more" (Apple Store, 2023). While this information can give women more power and agency to understand their bodies, it can also impact how women align with normative expectations and, subsequently, the choices they make. This perspective highlights multiple factors—digital media, cultural norms, consumer practices, and societal expectations—that shape women's everyday experiences. To fully understand this interplay, the next section on sociomaterialism will further explore these interactions and their implications.

2.4 Understanding Health and Digital Media through Sociomaterialism

There is a growing body of scholarship that seeks to understand the complex relationships between digital media, discourses, and bodies. Much of this work draws on sociomaterial approaches which allow for the exploration of "how social and material conditions shape, influence, or constrain the object or topic under consideration" (Chamberlain & Lyons, 2021, p. 2). These approaches move beyond the individual to focus on the broader socio-cultural contexts that impact how individuals act on health and social issues (Cohen, 2017; Guthman & DuPuis, 2006; O'Hara & Taylor, 2018). While there are several traditions that fall under the umbrella of sociomaterialism—including poststructuralism, posthumanism, and new materialism—they all share the view that the social and the material are inseparable; neither can be explained without the other (Barad, 2007). Scholars within sociomaterialism challenge traditional humanist beliefs, particularly the Cartesian dualisms that separate nature (non-human) from culture (human) and assert that agency (the ability to act) is exclusively

attributed to individual entities (Barad, 2007). Feminist poststructuralists, for example, criticise dualisms for perpetuating categories that can make some subject positions available and others not (Davies, 1991). They argue that dualisms related to sex, gender, race, and class reproduce 'binary thinking' that favours the patriarchal structure (Allegranti, 2011; Bordo, 1992; Butler, 2014). Butler (2011) argues that binaries and categories are "applied to embodied persons as 'a mark' of biological, linguistic, and/or cultural difference" (p. 23). This critical perspective encourages researchers to question established structures and narratives that shape our worldview (Braidotti, 1994), emphasising that the ways in which we see the world can change and might not be the same for everyone.

This section explores sociomaterialism, with a specific focus on new materialist concepts such as embodiment, affect, and assemblage. It examines a range of studies that have applied these approaches within the context of women, health, and digital media. The purpose of this section is to demonstrate how sociomaterialism expands our understanding of health beyond the individual level. Instead of regarding digital media as a direct influence on women's health-related knowledge and behaviours, relational ontology promotes the view of women (human) and digital media (non-human) as interconnected entities that mutually influence each other in intricate ways. Moreover, by recognising the inseparability of the material from the discursive, sociomaterialism offers a new perspective for interpreting categories previously discussed in this chapter (e.g. 'healthy', 'woman', 'class', 'ideal'), allowing us to see them as dynamic and emerging from everyday interactions, rather than fixed or innate.

2.4.1 Embodied and sensory experiences

The concept of embodiment is a central focus of sociomaterialist research, and it is closely connected to how we perceive and understand the world. Scholars often refer to Merleau-

Ponty's ideas to discuss how embodied experiences, meanings, and perceptions move beyond dualisms. His existential phenomenology proposes that while perception is fundamental to the way in which humans understand and engage with the world, actions are habitual and responsive to the environment. In *Phenomenology of Perception* (1962), Merleau-Ponty emphasises that the body is not an object; rather, it is the subject of perception whose existence is tied to the world. He writes:

> I understand the other person through my body, just as I perceive 'things' through my body. The sense of the gesture thus 'understood' is not behind the gesture, it merges with the structure of the world that the gesture sketches out and that I take up for myself. (1962, p. 191-192)

In other words, the world is experienced not through consciousness but through the ontological world condensed into the knowing body (Merleau-Ponty, 1962). Humans are seen—in a complex connection to the world—as embodied agents that express meanings, norms, and ideals.

Merleau-Ponty's phenomenological view was influenced by the philosophy of existentialism and has become pivotal in our understanding of human existence. For instance, Merleau-Ponty (1962) situates phenomenology and the essence of perception and consciousness within human existence itself. In *Sense and Non-Sense* (1964), he writes that the notion of existence is not merely about bodily function but the "movement through which man is in the world and involves himself in a physical and social situation which then becomes his point of view on the world" (p. 72). This involvement in the world, he contends, "both affirms and restricts" freedom because to approach the world means to "know it, and do something in it" (p. 72) and as a result "nothing can claim to exist without somehow being caught in the web of my experience" (p. 29). The idea of embodiment is fundamental to our day-to-day human existence as "only through an understanding of existential behaviour can

we comprehend the specificity of human embodiment, and eventually explain it properly" (Reynaert, 2009, p. 93). In other words, one is embodied by situating and engaging oneself in specific environments and situations (Reynaert, 2009). According to Merleau-Ponty, an individual is able to experience the body both "as-object" and "as-subject" but cannot experience it as both simultaneously. In this regard, perception is stronger than thought and one's experience of the self is a consequence of the world around them.

One of Merleau-Ponty's most notable students was Michel Foucault. Foucault built upon Merleau-Ponty's ideas with respect to the relationship between individual experience and the environment, especially in his writings about power, knowledge, and society. Like Merleau-Ponty, Foucault believed that the body cannot be reduced to a physiological system but is structured through an entanglement of socio-historical, individual, and environmental factors (Crossley, 1996; Joranger, 2016). Foucault (1979) also proposed that political and social practices influence embodied behaviour. He believed that viewing human beings as subjects, rather than active participants in the world, derives from complex power dynamics exercised by the state, which favours particular classes or groups of citizens over others. He argued that power can be used to internally divide individuals (how they see themselves) or externally (how they are recognised in society), such as categorising them into "the mad and the sane, the sick and the healthy, the criminals and the 'good boys'" (Foucault, 1982, p. 778). In *The Birth of the Clinic* (1973), Foucault points out that the objectifying nature of the modern medical gaze positions humans as "victims of the reductive discourse of the doctor" (p. 11). This objectification, which is reinforced by the state through power mechanisms such as legal protections (Foucault, 1973), converges with the "pastoral power" of Christianity, both of which govern thought and behaviour (Foucault, 1982, p. 783). Thus, while Foucault expanded Merleau-Ponty's ideas about the lived body, he also raised new and important

questions about the role of institutions in establishing power and knowledge within embodied experiences.

Meanwhile, Deleuze distanced himself from Merleau-Ponty's ideas to advance his own theories. Indeed, as Foucault (1970/2021) once proclaimed, Deleuze's *The Logic of Sense* "can be read as the most alien book imaginable from The Phenomenology of Perception" (p. 170). While Foucault argues that the existence of power and knowledge in society prefigures certain subjectivities and practices, Deleuze contends that it is "not the constitution of subjectivity or what *is*, but *what is done* after subjectivity is established" (Gray, 2021, pp. 240, emphasis in original). Deleuze's ontological focus on sense reveals structures that are produced through encounters with events and series, which contrasts with Merleau-Ponty's view that perception is linked to phenomenal objects of the world. Deleuze proposed that the world is made up of an array of human and non-human assemblages that form an individual's reality. In a capitalist society, desire acts as a force that produces 'social machines' that "condition and organize [humans and non-humans], but also limit and inhibit their development" (Deleuze & Guattari, 1983, p. 155). According to Deleuzian theory, affect is a force—rather than an emotion—which can intensify when one body (a social machine) encounters another (Deleuze, 1960/1990).

Drawing on Spinoza, Deleuze (1988) suggests that ethology can illuminate the relations or circumstances that affect the capacity for what a body can do. Like other new materialists, Deleuze (1988) regards all bodies (human and non-human) as relational, and as having no inherent ontological status. Instead, bodies have the capacity to affect or be affected (Deleuze, 1988). Affect is seen as a productive force; in other words, ideas, thoughts, feelings, and desires can shape a body's capacity (DeLanda, 2006; Deleuze, 1988). The capacities of bodies emerge relationally when one body or thing assembles with others

(Deleuze, 1988). For example, this may refer to women's capacity to affect their surroundings (other bodies, spaces, and things) or to be affected by their surroundings (DeLanda, 2021). These affective forces involve embodied interactions with other bodies and objects that generate responses and capacities. Fox (2022) discusses how researchers identify affects "by investigating how and in what ways materialities (bodies, collectivities and things) interact" (p. 25). In this sense, relations are productive—that is, subjects and objects in health are relationally enacted—which places the focal point of analysis onto doings, practices, and actions. This also shifts the research from individual bodies and towards assemblages of human and non-human matter, the affects that bring them together, and the capacities these affects produce in assembled materialities.

Deleuze and Guattari's concept of 'micropolitics' is important as it provides a means to operationalise new materialism's flat ontology and explore issues of power and resistance. Focusing on micropolitics reveals how desire constitutes a positive and productive force that connects bodies with other bodies "that condition and organize them, but also limit and inhibit their development" (Deleuze & Guattari, 1983, p. 141). This concept demonstrates how desires form groups (communities and societies) to enhance power through coded interests (Deleuze & Guattari, 1983). Colebrook (2006) asserts that it is through this process that forms of personhood or femininity can be socially constructed and assembled, making certain interests feasible for specific groups (p. 93). A focus on micropolitics reorients desire away from being perceived as a 'lack of' something towards being seen as a social construction centred on what we invest in the process of becoming (Coleman, 2009, 2013). Micropolitical flows therefore shape the body's ability to act within the assemblages of daily life. Furthermore, this approach recognises an assemblage as a 'territory' (Deleuze & Guattari, 1988) where affects between relations "give an assemblage form, stability and relative fixity" (Mulcahy, 2016, p. 85). Affective flows mediate the extent to which an

assemblage is stabilised (territorialisation) or de-stabilised (de-territorialisation) (Fox & Alldred, 2015). The concept of 'territorialisation' allows for the identification of elements (e.g. persons, discourses, and technologies), the scale of the relationship (i.e. what is affected), and the boundaries (i.e. what is not affected) in the assemblage (Duff, 2023).

Deleuze's ideas have been taken up by feminist scholars. Grosz (2005), for instance, suggests that Deleuze's understanding of difference (i.e. man or woman) can provide "the ontological ground that prefigures and makes possible relations between subjects, and between subjects and objects" (p. 5). Shildrick (2015) explains that the turn to affect and assemblage offers "a way of thinking differently about embodiment, a way that avoids the hierarchies of value that mark modernist thought" (p. 21). Haraway (1988, 1997) argues that material-semiotic practices—such as race, ethnicity, gender, and class—are intertwined with nature and are continuously co-creating matter, discourse, and semiotics. By blurring the boundaries between nature (as object) and culture (as human), Haraway (1988) describes a new way of thinking about relational identity and "situated knowledges" which reveals how "science goes from and enables concrete ways of life" (Haraway, 1989, p. 8). Following Deleuze and Guattari, Haraway argues that embodiment "is not about fixed location in a reified body, female or otherwise, but about nodes in fields, inflections in orientations, and responsibility for difference in material-semiotic fields of meaning" (p. 588).

In an interview for The Guardian, Weigel (2019) invited Haraway to reflect on her writings and their importance in contemporary scholarship. The resulting article noted how information technology linked people around the world into new chains of affiliation, solidarity, and exploitation. This idea is especially relevant in a time when an Instagram influencer in Berlin can indirectly benefit a Silicon Valley executive by using a phone manufactured in China with cobalt mined in Congo to access a platform moderated by people

in the Philippines (Weigel, 2019). Haraway offers a modern perspective on embodiment that acknowledges the influence on our perceptions and experiences of technology and the interactions between humans and machines.

Although a phenomenology of perception moves us a step forward in our understanding of embodiment, the ontological views of Deleuze, Guattari, and Haraway show how the human and the non-human—nature/culture, object/subject, mind/body—play a significant role in the production of knowledge, practices, and therefore, embodiment. In contrast to the traditional mind-body dualism—which views the human mind and physical body as two distinct entities—these scholars invite us to explore the complex nature of relations between the human and non-human, and to investigate how these can reveal one's engagement with the world (i.e. as an embodied being). Ultimately, Merleau-Ponty's views on the nature-culture dichotomy reflected the society of his time, and it is for this reason that it can be argued that his work does not adequately account for embodiment and perception in an increasingly interconnected world. In the remainder of this chapter, I explore theoretical perspectives and concepts in new materialism and how these have been applied in contemporary studies, particularly in the area of health and digital media.

2.4.2 Posthumanism and new materialism

Posthumanism, new materialism, and feminist new materialism are interconnected theoretical perspectives that draw from the work of poststructuralist scholars. Posthumanism represents a shift away from previous anthropocentric perspectives to locate the subject within a network of human and non-human entities without privileging one over the other (Braidotti, 2011, 2013). New materialism, an ontological approach within posthumanism, underscores the relationship between materiality and discourse in organising knowledge and actions (Barad, 2003; Braidotti, 2016; Deleuze & Guattari, 1988). Feminist new materialism brings a

feminist lens to these discussions with a focus on the broader sociocultural and political contexts that influence different capacities for action (Braidotti, 2013; Grosz, 1994). It challenges the dominant narrative of women as autonomous and independent and presents them instead as part of complex, pluralistic, and open systems (Colebrook, 2022; Coole & Frost, 2010). Scholars who work with these perspectives emphasise the interplay between meaning and matter (Haraway, 1988; Tuin & Dolphijn, 2012) and encourage a reconsideration of the entanglement of epistemology, ontology, ethics, and politics—an intricacy that physicist-philosopher Barad describes as "ethico-onto-epistem-ology" (2007). Barad's framework examines "the role we play in the differential constitution and differential positioning of the human among other creatures (both living and nonliving)" (Barad, 2007, p. 136). While there are distinct differences between these three theoretical perspectives, I use the term 'new materialisms' to refer to this body of thought as a whole.

In her work, Haraway (1997) uses the scientific term "diffraction" instead of the usual term 'reflection' and as a metaphor for "critical consciousness". Barad suggests that diffraction, as a method, reveals "the entangled effects differences make" (p. 73) and challenges the presumed inseparability of the human and non-human in "the intraactive ongoing articulation of the world" (p. 381). According to Barad, this agential realist approach, advances the knowledge-making practices involved in "intra-acting within and as part of the world" (p. 90). Barad's background as a physicist has influenced their use of the concepts of "intra-activity" and "agential realism" as well as Niels Bohr's quantum field theory. This approach extends beyond individual experience to incorporate the ethical dimensions of knowledge production, which is shaped by bodily boundaries that are co-constituted with the world (Barad, 2007). Barad explains that "it is through agential intra-actions that the boundaries and properties of the components of phenomena become determinate" and the material articulation of the world creates meaning (2007, p. 139). A

phenomenon is thus the ontological "entanglement of intra-acting agencies" without pre-existing relations (Barad, 2007, p. 139). In this way, new materialism does not merely observe the material consequences of knowledge practices but makes a commitment to understanding practices of knowing as "specific material engagements that participate in (re)configuring the world" (Barad, 2007, p. 91) and through which meanings come to matter (p. 148).

Like Barad, Bennett (2010) is also concerned with moving beyond the view that non-human materials are objects towards seeing them as a "thing-power" that plays an active role in public life. Influenced by Spinoza's ethics and his account of the body, mind, and affects (Spinoza, 1677 [1994]) as well as Deleuze and Guattari's "material vitalism" (1988), Bennett suggests that nonhuman bodies possess power, which, like human bodies, reveal a vital materiality that needs to be recognised in order to understand what causes them to affect each other (Bennett, 2010). The idea of agency becomes even more powerful when non-human elements are seen as actors, and humans are seen as vital materialities. Bennett (2010) argues that the concept of 'anthropomorphism' can be used to challenge the perspective that humans are the dominant force in the world; rather, she contends, the world "is filled not with ontologically distinct categories of beings (subjects and objects) but with variously composed materialities that form confederations" (p. 124). She proposes that a "confederate agency" would enhance human responsibility and be a better step towards "ecological sensibility" than blaming others (p. 35). In this relationship between humans and non-humans, "speaking subjects" and "mute objects" are both viewed as active players in a world of vital materialities (Bennett, 2010). This emphasis in 'vital materialist' theory on the active participation of human and nonhuman forces, as in democracy, for example, is part of the call for a wiser attentiveness to the reconfigurations of the world.

Braidotti, a feminist philosopher, argues that even if scholars are not interested in adopting the concept of posthumanism, global and technologically-mediated societies have entered into posthuman times, nonetheless. She draws on the ontological work of Spinoza and Deleuze to view the world as a political arena where the intersection between posthumanism and post-anthropocentrism allows for posthuman knowledge (Braidotti, 2017, 2020). She suggests that this practice has transformed our understanding of what constitutes "the basic unit of reference for the human" (Braidotti, 2017, p. 9). Human subjectivity, as a collective assemblage of human and nonhuman actors, is influenced by the non-naturalistic structure of human life, an idea that moves away from traditional ideas regarding human subjectivity (Braidotti, 2013, 2017, 2020). Although inspired by Haraway's cyber studies, Braidotti's work moves into the realm of post-cyber materialism and posthuman theory (Braidotti, 2002, 2006). She emphasises the materialist and vital force of life, which she calls 'zoe' (2013): a nomadic approach that connects "the generative power that flows across all species" (Braidotti, 2013, p. 103). Becoming posthuman involves a "moveable assemblage" where the zoe-centred embodied subject is fully immersed in everyday life within the linkages of human and non-human relations (Braidotti, 2013). Posthuman subjects can therefore be viewed as "a materially embodied and embedded community" (Braidotti, 2019, p. 33) which flows in a web of vital self-organising, non-naturalistic matter that transforms "one's sense of attachment and connection to a shared world" (Braidotti, 2013, p. 193).

From this perspective, women's health-related practices, such as diet and fitness, can be understood as situated in dynamic heterogenous contexts with other people, digital media, discourses, objects, and spaces. As Barad (2007) argues, material-discursive practices are "the material conditions of possibility and impossibility of mattering; they enact what matters and what is excluded from mattering" (p. 148). An understanding of how human and non-human entities intra-act—and what this intra-action produces—they argue, facilitates insights

into configurations of power that generate the capacity for action and engagement (Barad, 2007). Within this framing, health becomes a capability for developing different relations, including connections between women (humans), digital devices (objects), and bodies and practices (diet, fitness, wellness). Such relations are mutually constitutive of each other and different knowledge and experiences are produced through situated intra-action (Barad, 2007). In this sense, approaching health-related practices as an outcome of individual decision-making can limit insights into how choices are made and how behaviours are integrated—or not integrated—into everyday life (Blue et al., 2016). Cohn (2014), among others, therefore, suggests a conceptual shift from 'health behaviours' to 'health practices', arguing that "the social, affective, material and interrelational features of human activity are effectively eliminated, as behaviour becomes viewed as an outcome of the individual and determined only by such things as motives, intentions and the subjective reception of norms and cues" (p. 159). This approach creates the space to consider the different meanings attached to specific practices as well as the social and material factors that inform patterns and actions (Wagnild & Pollard, 2020; Wiltshire et al., 2018). As Barad (2007) notes, "the goal is therefore to understand which specific material practices matter and how they matter" (p. 168).

Building on the examination of the theoretical perspectives in sociomaterialism, the next section reviews its empirical application by analysing recent studies that adopt a sociomaterialist approach. These studies illuminate the intricate interplay between material objects and social elements. Scholars in this field have shown that a relational ontology, as opposed to an individual one, can aid in understanding the social and material relations that either facilitate or hinder the capacity for knowledge and action.

2.4.3 Entanglements of human and non-human

New materialist perspectives have been gaining in popularity in humanities and social sciences as a way of conceptualising the relationship between health, bodies, discourses, and technologies (Duff, 2023; Fox & Powell, 2023; Lupton, 2019b). Scholars have drawn on vital materialisms, as discussed in Bennett's work, to explore the 'vital force' of non-humans. Recently, vital materialism has been used to understand why people use and continue to use Facebook, especially following the Cambridge Analytica data scandal.[1] Lupton and Southerton (2021), for example, argue that vital materialism allows for a nuanced perspective to be developed regarding the complex and diverse forms of 'thing-power' generated with and through Facebook assemblages. Facebook's technological affordances, they contend, "generate a multitude of affective forces and relational connections" (Lupton & Southerton, 2021, p. 13) between vibrant human and non-human assemblages. They found that Australian Facebook users continued to intra-act on Facebook after the scandal because they were more interested in their routine on the platform than they were by the privacy-related concerns revealed by the scandal (Lupton & Southerton, 2021). That is, the affective forces and relational connections formed between Facebook and its users created agential capacities "which constitute and sustain routine and sustained Facebook use even in the face of scandals" (Lupton & Southerton, 2021, p. 13). Moreover, as humans have their own affordances, such as "capacities for thought, movement, memory and multisensory engagement and responses" (Lupton & Southerton, 2021, p. 4), when the human body constantly connects with digital technologies, their everyday experiences reveal micro-

[1] In 2018, it was revealed that Cambridge Analytica had acquired personal data from 87 million Facebook users without their consent and used this data to customise advertisements for the November 2016 US election (Hu, 2020).

political encounters and affective forces, which leads to further sustained usage of the platform (Lupton & Southerton, 2021).

Scholars have also adopted new materialist perspectives to explore the various sensations and emotions that impact decision-making and behaviours. Fox and Alldred (2018a) argue that past experiences, as mediated by personal memories, can affect an individual's current food practices, and contribute to the materiality of food consumption. Personal memories play a crucial role in producing the world as history; memories are not just an individual record of the ways in which people move through the events that constitute their lives but are a productive force with an integral role to play in shaping their present and future (Fox & Alldred, 2018a). In contrast with Ahmed (2010)'s historical materialism perspective, such a view reflects a 'micropolitical' perspective in that it focuses on processes that explain the continuities and stabilities of the social world. Personal memories can influence the beliefs, attitudes, actions, and decisions in the present and they derive "from multiple interacting relations" (p. 30) such as relations between family members, work commitments, peer groups, and body weight. Fox and Alldred (2018a) also suggest that, although the memory that is involved in the "actualisation in events is unpredictable and unstable" (p. 32), personal remembering and forgetting must be taken seriously if we are to understand the affective forces that contribute to the social world.

There has been increasing interest shown in how interactions between bodies and digital media produce understandings of health. Digital media offers users the potential to engage in an ideal state of being 'healthy' by affording them the agential capacity to make sense of their bodies through perceived 'self-care' and activity. Employing a feminist new materialist approach, Maslen and Lupton (2020) identified the relational connections, affective forces, and agential capacities of Australian women living with chronic illnesses

and for whom encounters with digital health technologies have been "important to their lived experiences of understanding and managing their bodies and illnesses" (p. 1651). The entanglement of sensory, embodied experiences and the more-than-human ways of knowing afforded by digital health technologies led these women to believe that they had a higher level of understanding of their bodies than their medical practitioners (Maslen & Lupton, 2020). Indeed, it was through connecting and sharing knowledge and experiences via these new technologies that many of these women gained a "great sense of agency and feeling of control" (Maslen & Lupton, 2020, p. 1650). As Matthews (2021) argues, human experiences can be mediated through devices that advise and even make decisions for humans, which demonstrates how material objects such as digital technologies should not be viewed as existing in silos but as "embedded and part of everyday practices", impacting both individuals and society (p. 37). While recent research has primarily focused on how human encounters with technology generate affective forces, it is also important to understand the critical role that these encounters—and the actors shaping their associated discourse and action—play in individual health and embodied experiences.

Deleuzian concepts of affect and assemblages have also been influential for studies within gender, health and fitness. Reade (2021) engaged with Deleuzian concepts and feminist new materialism to understand the forces, relations, and affects that emerge when people use digital platforms. She argues that the materiality of the human body, the technology used to photograph the body, the platform affordances for uploading images, and the entanglement of material practices concerning gender, class, and race all reveal discourses and affect that shape normative practices of body image and food (Reade, 2021). Posting unedited visuals of the body and uploading stories of everyday life, for example, involves aesthetic, emotional, and affective labour that creates a shared sense of belonging and digital intimacy between users (Reade, 2021). Digital intimacy has a social and economic value that

benefits both social media platforms and influencers, who interweave recommendations and endorsements into their storying of the everyday (Reade, 2021). A mapping of the different affects between women, influencers, Instagram, discourses, and other materialities enables researchers to "critically attend to the micropolitical work these practices *do*, to *what* end and *for* whom" (Reade, 2021, pp. 17, emphasis added). While Reade's study was limited to one social media platform—Instagram—it nonetheless highlights how relational ontologies and engagement with new technologies can impact fitness practices and a sense of being in the world for young women.

To investigate the social and cultural dimensions that shape everyday embodiment, Coffey (2021) drew upon Deleuze and Guattari's conceptualisation of the body and new feminist perspectives. Using interview and visual data drawn from a sample of 25 young people in Australia, Coffey showed how these young people's bodies, gender, and wellbeing were produced through connections and 'affects' in everyday situations, including phase of life (education and work), social setting (relationships and digital connectivity), and bodywork practices (identity and embodied self). Brice et al. (2021) examined women's embodied fitness and consumption practices through the lens of feminist new materialism and Barad's (2007) concept of entanglement. In their year-long collaborative experimental project, Brice et al. focused their investigation on activewear, and their research methods included interviews and focus groups. Throughout the project, the researchers wore the activewear to understand how intra-actions between objects, moving bodies, and non-human entities produce new bodily capacities for women wearing the clothing. This study extended their previous work (Brice & Thorpe, 2021), which found that activewear brands promote neoliberal-healthism discourses to normalise active, healthy lifestyles. They argued that gendered power operates on and through activewear in various ways, impacting women's body image, wellness, and consumption behaviours (Brice & Thorpe, 2021).

Feminist scholars have also adopted new materialist perspectives to highlight the social, cultural and political influences on women's relationships with their bodies. For example, Lam (2016) draws on Haraway's concept of the cyborg monster to explore how new reproductive technologies such as *in vitro* fertilisation (IVF) and egg freezing remove the process of conception from women's bodies, which results in a kind of disembodiment. Lam (2016) argues that these technologies dissolve the boundaries between human and machine, which can be seen as "a postmodern instantiation of birth appropriation" (p. 4), undermining embodied reproduction and contributing to a new form of women's oppression. Lam argues that in this way Western political discourse reduces women's agency in pregnancy and childbirth, transferring their reproductive processes to laboratories. She further suggests that the female body is shaped by societal perceptions of women's reproduction and that "a discursive understanding of the body emerges from the social experience of something named a body, the language becomes embodied" (Lam, 2016, p. 104). In other words, women's sense of embodiment is configured by what they observe and encounter in society.

Scholars have highlighted that despite the opportunities brought by globalisation and new technologies for female workers—particularly in the Global North—the idea of 'the biological clock' has continued to reinforce gender differences that position women in traditional roles associated with motherhood. A study by Roberts and Waldby (2021) illustrates how fertility tracking and egg-banking mask the social, cultural, and political inequities that shape women's lives. Reproductive rights, they found, tend to be available mostly for those families—usually white and middle-class—with enough money to pay for services such as *in vitro* fertilisation (IVF). In addition, healthcare technology and fertility apps were found to shape women's reproductive physiology into a new form of knowledge production that "transforms fertility from an immanent quality of female embodiment into an abstractable, calculable resource, an asset subject to various forms of metrology and real-time

evaluation" (Roberts & Waldby, 2021, p. 17). While the agential capacities of these reproductive services may appeal to "twenty-something career women", they fail to recognise the social dynamics influencing women's decisions to delay maternity and (attempt to) control their reproductive lives during their careers (Roberts & Waldby, 2021). The discourses surrounding the use of these technologies see the material body as based on egg count, hormone levels, and/or presented symptoms rather than the socio-cultural factors that influence women's medical futures (Roberts & Waldby, 2021). The shaping of women's fertility is thus enabled by the politics of everyday life in which those who have the financial and cultural capital to access private health and who contribute to the global economy tend to be more privileged, either through their ability to pay for fertility services or their continued engagement in the workforce to "buy time" (Roberts & Waldby, 2021).

New materialism has also been applied to women's experiences in the hospital environment. Recent research has suggested that non-human elements can influence women's perceptions of medical treatment and health. Wiltshire et al. (2020) have noted that the materiality of the hospital environment is an affective force in patient experiences. This materiality includes entities that patients encounter during treatment: both human (e.g. doctors, nurses, and administration staff) and non-human (e.g. the hospital architecture, medical devices, and waiting rooms). They argue that patients' affect can manifest at different times in their journey within the hospital setting and this affect tends to be dependent on "individual patients' complex and changing position with a wider nexus of human and non-human actors" (Wiltshire et al., 2020, p. 7). A new materialist approach to understanding the dynamic configurations of human and non-human entities in hospital settings highlights the casual power of material (non-human) objects in shaping the patient experience in addition to the (human) clinicians who perform patient care (Wiltshire et al., 2020). While the individual meanings attributed to the diseases being treated cannot be

underestimated, patients' feeling states reveal the affective force of the material environment, which can shape their wellbeing and which goes beyond a 'neutral', or even a medically positive, situation for patients to embrace a much wider understanding of what it means to receive medical treatment.

Overall, these studies provide valuable insights into how social and material connections impact people's perceptions and experiences related to health and the body. They help illustrate how various entities—both human and non-human—intra-act in a given context to shape experiences, meanings, and understandings about health (Lupton, 2019a, 2019b). Instead of treating technology, such as digital media, as a separate entity, these studies emphasise the entanglement between entities. This points to the significance of new materialism, which draws attention to broader sociocultural and political contexts and how these contribute to reproducing or reinforcing power relations, as seen, for example, in the potential for self-tracking technologies to socially construct of women's bodies (Dolezal, 2017; Sanders, 2017). New materialism highlights the importance of understanding sociomaterial relations in everyday life as these influence our capacity to take action. Recognising this significance, the following section synthesises the key theoretical perspectives that facilitate a deeper understanding of women's understanding and experiences with health.

2.4.4 Assembling concepts and theories in this thesis

The relational ontology underpinning sociomaterialism offers a valuable framework for synthesising the theories and concepts discussed throughout this chapter. By challenging traditional dualisms between the material and the social, sociomaterialism emphasises the dynamic interplay between material objects (such as bodies and technologies) and social elements (such as norms and discourses). This relational perspective highlights how these

elements assemble to shape capacities and possibilities within specific contexts (Barad, 2003; Braidotti, 2016; Deleuze & Guattari, 1988).

Health is often framed within a neoliberal rationality that emphasises individual responsibility, consumer choice, and market-driven solutions (Rose & Miller, 2013). This fosters societal expectations that individuals are responsible for making rational decisions about their health (Dutta, 2015), relying on self-knowledge and proactive behaviours, often facilitated through consumerism (Guthman & DuPuis, 2006).

Discourses associated with neoliberalism, including ***healthism,*** reinforce the idea that health is an individual responsibility by emphasising the importance of personal lifestyle choices and behaviours in achieving good health (Crawford, 1980). Healthism downplays broader social determinants of health, placing the onus on individuals to manage their health through self-discipline and self-monitoring (Harjunen, 2016). Intersecting with healthism is ***a postfeminist sensibility***—a gendered form of neoliberalism—that constructs the female body as requiring continuous self-surveillance, monitoring, and self-discipline to align with idealised standards (Gill & Scharff, 2011; McRobbie, 2009). This intersection emphasises a moral obligation for women to diligently manage their own health (Riley et al., 2018).

This convergence creates a dominant discourse of ***postfeminist-healthism*** (Riley et al., 2018), reinforcing the expectation that women must maintain their health and appearance through careful management, consumption, and control (Banet-Weiser et al., 2020; Martínez-Jiménez, 2022). The pursuit of health becomes a "practice of self-improvement and bodily control" (Riley & Paskova, 2022, p. 30), framing the ideal feminine subject as one that is responsible and autonomous (Riley et al., 2018). This expectation persists despite a deficiency in care "incited by neoliberalism" (Gill & Orgad, 2022, p. 50).

Digital media serves as a crucial medium through which these discourses are constructed, disseminated, and internalised. Social media platforms, content-sharing, and digital self-tracking expose women to health-related content promoting self-improvement and body management. Therefore, digital media amplifies the reach of postfeminist healthism discourses, influencing women's perceptions and practices regarding their health.

Sociomaterialism, particularly feminist new materialism, provides a lens to examine these dynamics by focusing on the entanglements between human and non-human entities (Barad, 2007; Braidotti, 2013). This perspective suggests that identities and knowledge are produced through ongoing 'intra-actions' (Barad, 2007) between bodies, technologies, and discourses. Feminist new materialism positions the posthuman subject as "embodied and embedded"(Braidotti, 2013) in an "ongoing dynamic of intra-activity" (Barad, 2007), resulting in the "material recalcitrance of cultural products" (Bennett, 2004). It draws attention to the interactions between women, digital media, and discourses—such as neoliberalism and postfeminist healthism—that shape specific forms of knowledge and subjectivity (Coole & Frost, 2010).

Deleuze and Guattari's concepts of assemblage and affect are valuable for understanding these relationships. ***Assemblages*** are configurations of both human and non-human entities that form an individual's reality (Deleuze & Guattari, 1988), influenced by 'desire' as a force producing 'social machines' in a capitalist society (Deleuze & Guattari, 1983). ***Affect,*** understood as a force rather than emotion, intensifies through encounters between bodies or 'social machines', shaping the process of 'becoming' (Deleuze, 1990), where women's identities and capacities are continuously negotiated (Coffey, 2016; Coleman & Ringrose, 2013). Human and non-human elements are understood to be heterogenous and exist only due to the relations they enter into (DeLanda, 2006; Fox & Alldred, 2017). The

flow of affects—the ability to affect and be affected—connects humans to other living beings, as well as to more-than-human beings (Braidotti, 2023) , and what binds the assemblage together (Fox & Alldred, 2018b).

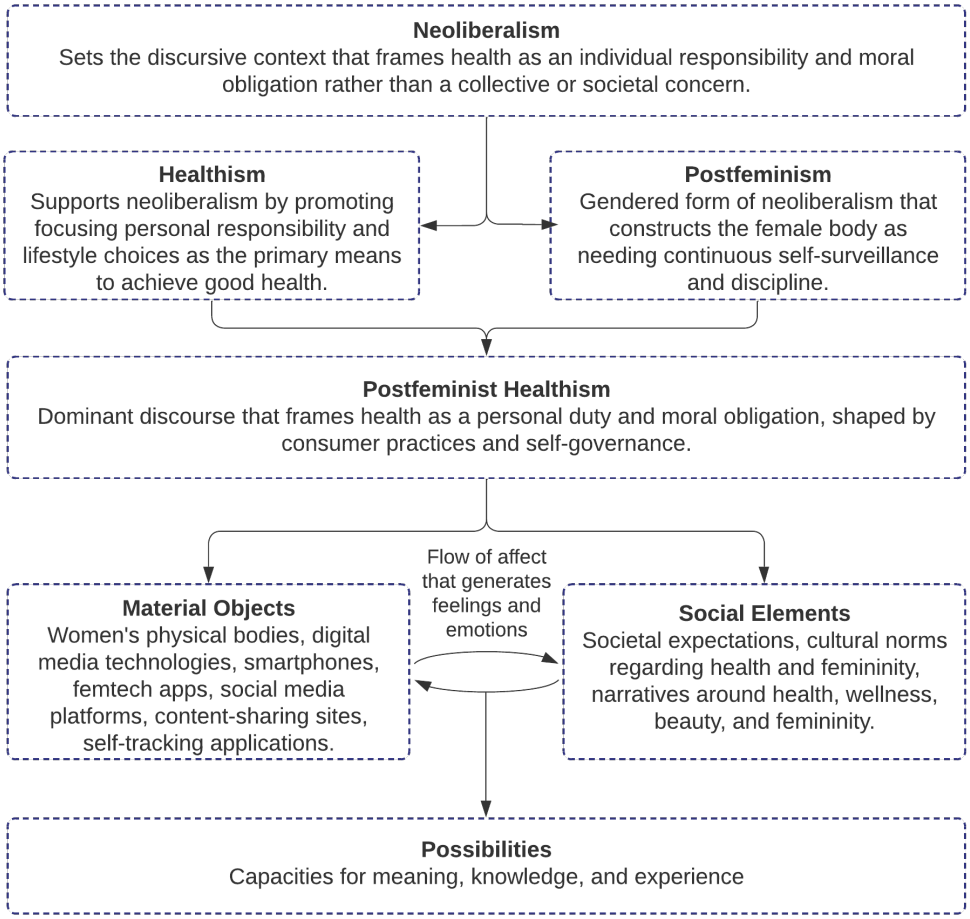
Neoliberalism, postfeminist healthism, and digital media can thus be viewed as part of a complex sociomaterial assemblage. These elements are entangled with women and other social and material relations, generating affects such as sensations, feelings, and relational forces. These affects shape women's agential capacities—their ability to act and make choices such as for their health—and influence their meaning and experiences of the world around them (Andrews & Duff, 2019; Bennett, 2010; Lupton, 2019b). Through these intra-actions, "matter comes to matter" (Barad, 2003) during the process of becoming (Deleuze & Guattari, 1988). These entities do not pre-exist their intra-action (Barad, 2007), but materialise through repeated interaction, ultimately shaping an individual's sense of being in the world (Butler, 2014).

Therefore, digital media should not be reduced to an individual element as its properties and effects on women are contingent upon the interactions taking place (Fox & Powell, 2023). How digital media and women are brought together—and the nature of their interaction—reveals the properties and effects that enable their use. For example, a sense of control and autonomy should not be viewed as a property of digital media itself, but rather as a distributed affective force that is created when women intra-act with it (Barad, 2007). This approach supports the feminist legacy by drawing attention to the micropolitical processes (Braidotti, 2019) that can either enhance or diminish a woman's capacities to engage with technology (Fox & Alldred, 2022a; Lupton, 2019b).

This theoretical synthesis underscores the importance of the diverse theoretical perspectives discussed in this chapter and lays the groundwork for the methodological

approach detailed in the next chapter. As illustrated in **Figure 2**, these theories and concepts interconnect to provide a comprehensive approach for understanding the relationships that shape women's knowledge and practices related to health. Neoliberalism and postfeminist healthism set the discursive context, emphasising individual responsibility and self-management. Digital media acts as both material and discursive mediator, disseminating health ideals and facilitating women's engagement with health-related content and other materialities. These interactions are situated within sociomaterial assemblages that encompass bodies, technologies, and discourses. The flow of affect through these assemblages contributes to women's embodied processes of becoming that produce meaning, knowledge, and practices.

Figure 2: Overview of concepts and theories used in this thesis
Adapted from Riley & Paskova, 2022.



2.5 Conclusion

This chapter has summarised the main perspectives and concepts that provide the framework for this investigation into the ways in which digital media shape women's health-related choices, consumption, and experiences. The first section explored the impact of neoliberalism and associated powerful elites (such as governments and commercial organisations) on societal perceptions of health in contemporary society. It also examined the emergence of healthism and nutritionism discourses and their neoliberal emphasis on individual responsibility and consumer choice. The second section discussed the impact of digital media, highlighting its potential to improve access to health information and facilitate connections among users. It examined how digital media perpetuates health discourses, and how these intersect with gender, class, and race. Despite the widespread use of digital media and the increasing emphasis on health in consumer culture, the scholarly literature in this area is still limited, partly due to the conceptualisation of health as a series of individual choices. Consequently, the third section explored sociomaterialist perspectives that challenge traditional individual-centric views and emphasise the agency of non-human entities. While some researchers have taken up a sociomaterialist approach to study the interplay between humans and technology, this perspective is yet to be widely applied, with the majority of Australian studies focusing on adolescents or specific health issues. Therefore, this research project aims to contribute to the growing body of literature that seeks to understand how human bodies, digital media, discourses, and material objects intersect to shape women's perceptions and experiences of their bodies and health. In the following chapter, I provide a detailed account of the methodological approach taken in this thesis, as well as the research activities employed to collect and analyse the empirical data.

Chapter 3: Method

3.1 Introduction

The previous chapter critically reviewed the scholarly literature on digital media, health, and consumer culture. I emphasised in that chapter the usefulness of sociomaterialism—and feminist and new materialist scholarship—for understanding how women engage with digital media and how their interactions with digital media affect their everyday experiences, especially in relation to health. This relational perspective involves a move away from individual-centric models, which focus on specific health behaviours or devices; instead, it views digital media through its entanglement with other technologies, discourses, bodies, and material objects. This is especially significant given the ongoing promotion of various aspects of health—such as healthy bodies, dietary habits, and lifestyle choices—in consumer culture. To understand health in contemporary society, the varied meanings, practices, and experiences associated with it—including an individual's activities aimed at both feeling and appearing 'healthy'—need to be considered. The following chapters in this thesis will show how the participants in this study all engaged in various health-related practices including following dietary restrictions, adhering to fitness routines, consuming natural supplements, and monitoring their bodily functions.

In this chapter, the methodological approach adopted for this research is discussed, building on the epistemology and ontology described in Chapter 2. The first section describes the methodology used and the research design, which involves qualitatively-driven mixed methods research (Section 3.2). The next three sections outline the research process, including the recruitment of participants (Section 3.3), data collection (Section 0), and analysis (Section 3.6). The final two sections discuss researcher reflexivity (Section 3.7) and

ethical considerations (Section 3.8), explaining the efforts made to enhance the credibility and trustworthiness of the study.

3.2 Methodology

A qualitative approach was used in this study to gain insight into women's beliefs, perspectives, and experiences related to digital media and health (Creswell & Plano Clark, 2018; Flick, 2018). As Morse (2016) explains, a qualitative approach seeks "to elicit emotions and perspectives, beliefs and values, and actions and behaviors, and to understand the participants' responses to health and illness and the meanings they construct about the experience" (p. 21). From a feminist and poststructuralist perspective, qualitative research offers the possibility of better understanding the discursive material practices that construct subjectivity, knowledge, and experience within a sociocultural, political, and economic context (Aranda, 2020; Borer & Fontana, 2012; Denzin & Lincoln, 2018). A mixed methods design was utilised, with qualitative in-depth interviews as the primary method, complemented by an initial quantitative survey for preliminary insights and participant recruitment (Greene & Caracelli, 1997; Hesse-Biber & Johnson, 2015; Morse, 2010). The research followed an iterative process, continuously moving between theory, data, and findings (Becker, 2017), which allowed for a deeper engagement with the material and emerging insights. The rationale for employing this particular approach in this study on women, digital media, and health is that it "provides a potential mechanism for legitimating women's knowledge-building by testing out new theories as well as placing women's lived experience in a broader sociopolitical context" (Hesse-Biber & Griffin, 2015, p. 88).

3.2.1 Mixed methods

Mixed methods research involves the integration of both qualitative and quantitative approaches in a study to investigate a particular research problem (Creswell & Plano Clark, 2018; Morse & Niehaus, 2016). The mixed methods approach, often referred to as the 'third research paradigm' evolved out of the 'paradigm wars' of the 1970s and 1980s (Teddlie & Tashakkori, 2003), which involved ongoing debates between proponents of the two major research paradigms, positivism and interpretivism. 'Purists' within these two paradigms were convinced of the superiority of their paradigm over the other due to their underlying beliefs about the nature of knowledge and reality. Moreover, each side saw an irreconcilable 'incompatibility' between these paradigms such that combining the two in a single research study was not considered a viable option (Johnson & Onwuegbuzie, 2004). For quantitative researchers working within the positivist paradigm, it was considered essential to eliminate biases, maintain an emotional detachment from the subject of study, and to test or provide empirical justification for stated hypotheses. Meanwhile, qualitative researchers working within the constructivist or interpretivist paradigm argued for the existence of multiple constructed realities and emphasised the important influence of subjective values in research (Johnson & Onwuegbuzie, 2004). The mixed methods approach, that is, the paradigm of pragmatism, emerged as a third way for those scholars who believed that the existing two approaches could be effectively combined. These scholars rejected having to make an 'either-or' choice and instead promoted the use of the 'best' methods for any particular research study, and this encompassed data collection, analysis, and interpretation (Teddlie & Tashakkori, 2010). As Creswell and Plano Clark (2018) explain, in a mixed methods approach, "researchers are able to use all of the tools of data collection rather than being restricted to those types typically associated with quantitative or qualitative research" (p. 13). Further, Johnson et al. (2007) suggest that mixed methods research "might be healthy

because each approach has its strengths and weaknesses and times and places of need" (p. 117).

While this current study has used a mixed methods approach, to answer the research question, priority has been given to qualitative over quantitative methods (Creswell, 2018). This type of approach has been described by Johnson et al. (2007) as "the type of mixed research in which one relies on a qualitative, constructivist-poststructuralist-critical view of the research process, while concurrently recognizing that the addition of quantitative data and approaches are likely to benefit most research projects" (p. 124). According to Hesse-Biber (2010), this predominantly qualitative approach to mixed methods research involves a commitment to understanding "multiple views of social reality whereby a researcher's respondent becomes 'the expert'—it is his or her view of reality that the researcher seeks to interpret" (p. 455). A qualitatively-driven mixed methods approach prioritises participants' lived experiences and acknowledges the existence of multiple realities. Despite its benefits, the mixed methods approach has not escaped criticism. Policymakers, for example, have been shown to give low credibility to results derived from a qualitative approach to research (Munn et al., 2014). Feminist scholars, meanwhile, have also criticised mixed methods research but for quite different reasons; they argue that as the quantitative methods serve dominant research paradigms, they are fundamentally in conflict with the main aims of feminist research (O'Brien & Stauffer, 2018). Nonetheless, scholars working in the area of feminist and critical health communication have continued to use the qualitatively-driven mixed method approach to understand the lived experiences of individuals within particular contexts (Hesse-Biber, 2010). Some scholars have argued, in this regard, that there is no one 'correct' feminist method (Harding, 1987) and that it is the motivation and application of the method that is central to feminist scholarship.

Several previous studies have employed a qualitatively-driven mixed methods approach to explore the intersection of women, digital technologies, and health. For instance, Rich and Lupton (2022) used mixed methods to understand English secondary students' digital health practices through the lens of feminist new materialism. They elaborated on their methodology, stating that they employed these methods "to build on our survey findings and gain a more in-depth understanding of how young people use digital health technologies" (p. 3). The various methods they used were carried out over three phases of their research: (1) a quantitative survey to learn how young people use digital technology; (2) qualitative in-depth interviews with a subset of the phase one respondents as well as a focus group containing new study participants; and (3) an experimental approach with new participants using self-tracking devices over an eight-period, in conjunction with qualitative interviews (Rich & Lupton, 2022). Their analysis drew upon feminist new materialism to reveal how young people's use of digital health technologies were "part of a complex assemblage of agencies which produced multiple ways of knowing—critical, normative, medicalised, resistant, embodied, multisensory" (p. 2). While Rich and Lupton (2022) adopted a feminist new materialism perspective for their data analysis, they also reported engaging with this perspective throughout the whole research process: "from conception and writing our grant application that was subsequently funded to implementation of methods and making sense of our data from the three phases of the project" (p. 2). Their study demonstrates how researchers can use a mixed methods approach to investigate the complexities and nuances of individuals' lived experiences.

3.2.2 Survey and semi-structured interviews

Surveys continue to be a popular method for collecting data to understand how a sample of participants perceive particular issues (Hammond & Wellington, 2020; Hammond & Wellington, 2021; Ponto, 2015); they typically involve the use of a set of standardised

questions to collect this data (Check & Schutt, 2012; Hammond & Wellington, 2020). Although surveys are most commonly used in quantitative research, they are able to generate a variety of data: quantitative (i.e. closed-ended questions with fixed-choices), qualitative (i.e. open-ended questions with free text), or both quantitative and qualitative (i.e. a mix of closed and open-ended questions) (Bryman, 2006; Ponto, 2015).

Self-administered surveys can be especially beneficial for both researcher and participants because participants can complete the survey in the absence of the researcher (Vehovar & Manfreda, 2017; Wolf et al., 2016). Self-administered surveys delivered electronically via the internet (i.e. online) can also benefit participants by allowing them to respond to questions at a convenient time, place, and at their own pace (Hai-Jew, 2019; Vehovar & Manfreda, 2017). While there are limitations associated with using online surveys—such as bias against those who are less confident in accessing and using technology, higher nonresponse rates, and a lower quality of responses to open-ended questions (Hammond & Wellington, 2020)—convenience and participants' sense of privacy can offset these limitations by increasing the quality of the data (Vehovar & Manfreda, 2017; Wolf et al., 2016).

Surveys have many advantages when used in mixed methods research (Creswell & Creswell, 2017). For instance, the data derived from surveys can open up lines of enquiry to be explored using qualitative interviews in which the researcher can interact one-on-one with the participants (respondents) to clarify their responses from the survey, and to deepen the discussion and expand on unexpected themes (Given, 2008; Hammond & Wellington, 2020). Interviews can take three main forms: structured (tightly formatted questions), semi-structured (less formatted questions), or unstructured (no specific questions developed ahead of the interview) (Roulston, 2017). Semi-structured interviews can be especially

advantageous for both researcher and respondent due to the use of pre-determined questions in combination with probes and follow-up questions that emerge out of what the participants say, which allows for a deeper exploration of relevant topics (Roulston, 2017; Rubin, 2021).

Interviews have been widely employed by feminist researchers to promote equality for women by enabling them to share their lived experiences (Gergen, 2022; Roulston & Choi, 2018). While it has been argued that interviews have certain limitations, e.g., participants' responses are not 'objective' but shaped by their biases, ideologies, mood, or by the context in which the interview takes place (Kelly, 2010), these limitations can be overcome (Maynard & Purvis, 2013) by feminist researchers who respectfully and ethically design and carry out interviews, use discourse that the participants use in their daily lives, listen carefully, and provide ample opportunities for participants to articulate their experiences, which can be discussed respectfully with the researcher (Roulston & Choi, 2018). Moreover, feminist research emphasises the need for researchers to reflect on their own experiences and personal connections to research topics, that is, feminist researchers practice reflexivity by challenging their own personal assumptions and normative ideals and acknowledging that their own experiences may not be the same as those of other women.

Before explaining how the survey and interviews were specifically used in this study, it is important to note that a mixed methods approach was not part of my initial research design. Initially, my aim was to recruit participants through social media advertisements and snowballing (see Section 3.3) and to conduct only semi-structured interviews. However, during the early stages of recruitment and interviewing, it became apparent that relying solely on these methods might not adequately capture the range of diverse experiences of women, including those from various geographical locations. Recognising the need for a more comprehensive approach, an online survey was chosen as a suitable method to reach and

recruit potential participants while also gathering preliminary demographic information. This preliminary data also provided valuable insights into participants' health-related practices, which in turn enhanced the relevance and depth of the qualitative interviews. Although the survey was incorporated into the methods *after* some data collection had commenced, the initial interviews offered valuable insights that informed the development and phrasing of the survey questions.

3.2.3 Research design

This research study adopts a qualitatively driven mixed methods design that integrates an online survey and semi-structured interviews with women aged 18-35 in Australia. This design enables a comprehensive qualitative analysis of the factors that influence women's engagement with digital media and health.

Participants were first recruited through an online survey, which provided detailed information about the study and obtained their consent to participate.[2] The survey consisted of open-ended questions aimed at collecting demographic information and insights into the participants' health-related practices. Following the survey, in-depth semi-structured interviews were conducted to gain a deeper understanding of their digital media use and health-related practices. These interviews covered a broad range of topics, including preferences for social media platforms, use of self-tracking apps, accounts followed, lifestyle choices, and reasons for adopting or discontinuing specific health-related practices.

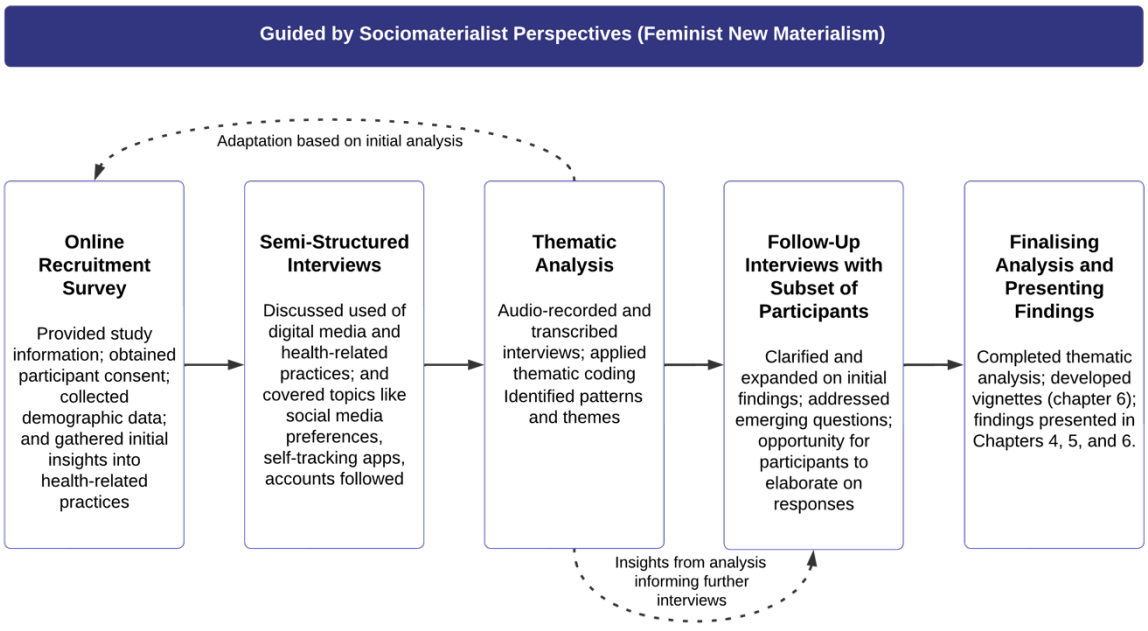
To further enrich the data, follow-up interviews were conducted with a subset of participants to clarify and expand upon the initial findings. These additional interviews provided an opportunity for participants to elaborate on their responses and address emerging

[2] A small number of interviews were conducted before changes were made to the research design.

questions that arose during the research process.[3] All interviews were audio recorded and transcribed for thematic analysis, details of which are provided in Section 3.6, and the findings presented in Chapters 4, 5 and 6. -

As explained earlier, this study is informed by sociomaterialist perspectives, including feminist new materialism, which emphasises the interconnectedness of the 'social' and 'material' engagements in everyday practices. Feminist new materialism focuses on individual accounts and seeks to locate them within a social structure and context. Adopting this stance compelled me to adapt the research procedures iteratively, responding to insights gained during recruitment and data collection. **Figure 3** provides a diagram of the research design, illustrating the steps for recruitment, data collection, and qualitative analyses.

Figure 3: Diagram of the research design



[3] The amendment to the interview schedule received approval by the University of Sydney's research ethics committee (HREC) (2020/719).

The next sections detail the recruitment process and the participants involved, followed by an overview of how the methods of data collection and analysis, as outlined above, were implemented in this study.

3.3 Recruitment

Recruitment of participants for this study started after ethics approval was granted from the University's Human Research Ethics Committee (HREC). A purposive sampling strategy was used to ensure that the categories were consistent with the study's final sample (Robinson, 2014). The main objective of this sampling strategy was to produce, according to the researcher's expert knowledge, a logically derived representation of the sample population (Battaglia et al., 2008). This process involved identifying specific categories of individuals who could provide unique or significant perspectives relevant to the area of study (Roulston & Martinez, 2015). In other words, participants were purposefully selected for their anticipated insights into the topic, thereby supporting the unit of analysis examined in the study (Cao et al., 2002).

This study focused on women's encounters with digital media and how these experiences contribute to sociocultural reproductions of health and the female body. Accordingly, the units of analysis were women's actions and activities related to digital media use in health-related domains. The inclusion criteria specified individuals who identified as female, were aged between 18 and 35 years, were living in Australia, and used digital media such as social media platforms, self-tracking devices and applications, and content-sharing sites.

This focus was appropriate because young women in Australia are among the most prolific users of all types of social media (Roy Morgan, 2018). Research indicates that

women aged 14–24 years spend approximately 822 minutes per week on social media, while those aged 25–34 spend about 550 minutes per week on such platforms—both groups exceeding their male counterparts (Roy Morgan, 2018). Women are also more likely than men to engage with social media sites and apps such as Facebook, Messenger, Instagram, TikTok, and Snapchat (ACMA, 2022), and they account for 65% of the social media users who engage with health, fitness, and nutrition content (Nielsen, 2021). Additionally, women are significant adopters of self-tracking technologies (Karim et al., 2024); in Australia, women use various wearable devices and mobile applications to monitor and record different aspects of their health and everyday lives (Lupton, 2020).

The inclusion criteria also emphasised cultural specificity, particularly for women of Asian descent. This focus is significant because the Asian community constitutes approximately 16.6 per cent of the [weighted] Australian population (Biddle et al., 2020). The 2021 Census indicates a rising number of first- and second-generation migrants from countries such as India, Nepal, the Philippines, China, and Vietnam (Australian Bureau of Statistics, 2022). Khorana (2022) highlights the importance of recognising this demographic, noting that "Australians' ancestry will change significantly over the next decade" (para. 4). Despite this demographic significance, existing research often overlooks the unique experiences of Asian-Australian women, particularly regarding health and digital media engagement. Cultural factors such as traditional health beliefs, familial expectations, and community norms can significantly influence how these women perceive and interact with health and other bodies, both online and offline (Dejmanee, 2023, 2024). Additionally, women of Asian descent are often marked as being 'Asian' and lack representation in spaces that situate the Asian-Australian body within the national norm (Elfving-Hwang & Park, 2016; Thai et al., 2020; Tomkins, 2020). Second-generation Asian-Australian women navigate their identity within a national context where they feel Australian but are not always

viewed as ‘really’ being Australian (Ballantyne & Podkalicka, 2020). Understanding these culturally specific influences is vital, as it sheds light on the relational and sociocultural factors shaping the experiences of Asian-Australian women. Therefore, the inclusion criteria—self-identification as female, aged 18-35, residing in Australia, using digital media, and with a particular focus on being of Asian descent—were essential to ensure participants could provide meaningful insights into how digital media influence their health, bodies, and sense of self in everyday life.

Participants were recruited through personal networks, snowball sampling, and social media promotion. The recruitment process adhered to ethical guidelines and was conducted sensitively (Robinson, 2014), ensuring that participants provided informed consent. This involved explaining the study’s aims, outlining their involvement, emphasising the voluntary nature of participation, and detailing how their anonymity would be protected (Robinson, 2014). The initial participants were recruited through personal networks in response to a social media post uploaded to my personal Instagram profile, which briefly described the research and included a request for participants who met the selection criteria. These initial participants served as ‘seeds’ for a snowballing strategy, where they were asked to mention the study to others in their networks and invite them to participate (Roulston & Martinez, 2015). The final recruitment strategy was adopted after a reviewing the interviewees and determining that more participants were needed to better represent the women in Australia—that is, participants from a broader range of socioeconomic, geographic, and demographic backgrounds.

In this final stage of recruitment, social media posts were created to request more research participants, facilitated by Instagram’s paid targeting capabilities to attract the attention of women whose social media profiles matched the selection criteria. The

participant information statement (PIS) was featured as a 'swipe up' option on Instagram to provide potential participants with the necessary details of the study. Women interested in taking part in the study were then asked to provide their details using Qualtrics, an online survey software. Through Qualtrics, I collected information on participants' health-related practices and demographic characteristics. Although this third and final recruitment stage required additional ethics approval from the University's ethics committee, and extended the timeframe for data collection, it ultimately led to a revision of the methodology to include the Qualtrics tool for sharing information about the study and targeting potential participants through social media. Additionally, the survey's online accessibility made it easier for participants to share the study within their personal network, enhancing the snowballing recruitment effect. The outcome of this recruitment process is outlined in the next section.

3.4 Participants

A total of 70 women who met the eligibility criteria voluntarily completed the online survey and participated in interviews. Additionally, 22 individuals responded to the recruitment survey; of these, 15 consented to participate in the survey only, while 7 initially consented to interviews but later became unavailable, resulting in their exclusion from the study sample. Although an estimated target sample size was required for the ethics application and planning purposes, the decision to cease recruitment was ultimately based on the depth of the interviews already conducted, the richness of the data, and the complexity of the analytical task (Braun & Clark, 2021). Therefore, after interviewing 70 women, data saturation was considered achieved.

During the interviews, participants were asked to "tell me about yourself", which allowed for deeper exploration of demographic information not covered in the recruitment survey. This personalised approach, rather than asking participants to assign generic identity

descriptors to themselves, enabled each participant to focus on aspects they considered important in understanding themselves and their engagement with the world. Consequently, participants identified themselves in various ways, including occupation, relationships, parental status, and racial identities.

The participants ranged in age from 18 to 35 years, with an average age of 27. All were regular users of digital media and had engaged in health-related practices, either in the past or presently. They came from diverse backgrounds and various relationships and living situations such as living alone, with parents, friends, partners, and/or children. While sexual orientation was not directly asked in the interviews, some participants voluntarily shared their sexual orientation, or it emerged in their accounts of their lived experiences. Participants described themselves using terms such as 'Australian', 'white Australian', 'Chilean Australian', 'Chinese Australian', 'New Zealander', and 'Vietnamese'. These descriptors reflect a tendency to refer to national or citizenship labels, which is important to recognise, as for some, this may be a complex articulation that does not fully capture their ethnic or cultural affiliations (Malhi, 2023). Most resided in metropolitan areas, held higher education degrees, and were employed in a professional and managerial occupations. To maintain confidentiality, pseudonyms are used throughout this thesis to protect the anonymity of the participants and others mentioned in the interviews (e.g. partners, workplaces, and place names).

Table 1 provides an overview of the age, location, and health-related practices, which are further explored in Chapters 4, 5 and 6. The next section details the data collection and analysis processes, followed by a discussion of the ethical considerations pertinent to this research.

Table 1: Overview of participant sample demographics

Profile	Options	Frequency	Percentage
Age group	18 – 24	11	15.71%
	25 – 29	28	40%
	30 – 35	32	44.29%
Location	NSW	48	68.57%
	VIC	11	15.71%
	WA	5	7.14%
	QLD	6	8.57%
Practices Discussed	Diet-Focused[1]	34	48.57%
	Exercise-Focused[2]	26	37.14%
	Health and Wellness-Focus[3]	10	14.29%

[1] Diet-focused practices include: plant-based diets (vegan and vegetarian), intuitive eating, low-FODMAP diet, low-carb diet (keto and Atkins diet), intermittent fasting, and online programs focused solely on diet. [2] Exercise-focused practices include: online programs dedicated to exercise, mobile applications combining diet and exercise, and online programs that cover both diet and exercise. [3] Health and wellness practices include: supplements, mobile applications for gut health, and mobile applications for mindfulness. Note: Participants shared experiences involving multiple practices but were categorised in the above based on the primary focus of their interviews.

3.5 Data collection

The survey was conducted from August 2021 to February 2023 and included 11 questions, both open-ended and closed-ended.[4] Used for recruitment purposes, the survey provided information about the study and collected information on demographics such as name, age, location, and ethnicity. Respondents were also asked to identify a health-related practice and to briefly explain the potential benefits, barriers, and motivation related to this practice. The survey ended with a confirmation of the participant's consent for the research and an invitation to take part in a follow-up interview. A copy of the Participant Information Sheet was given to each respondent. The survey questions are available in Appendix A.

Semi-structured interviews were conducted with 70 women between April 2021 to February 2023. As the majority of the interviews took place when the COVID-19 pandemic physical distancing measures were still in place, they had to be conducted via telephone or video software. Despite these initial constraints, employing virtual communication rather than face-to-face methods ultimately proved beneficial because this mode enabled participants to schedule interviews at their convenience (e.g. before or after work) and meant that travel was not required. It also allowed participation from women who may not have been able to meet in person due to their geographical location. The interviews, which lasted 45 to 60 minutes on average, followed a semi-structured format and focused on the participants' interactions with

[4] As described earlier, the six questions about perception and motivation were based on the Health Belief Model (HBM), which was the previous theoretical framework. the six questions related to perception and motivation were informed by the were informed by the Health Belief Model (previous theoretical framework). These questions focused on the six variables: perceived susceptibility (the participant's belief that they were vulnerable to the condition or adverse effects if they did not follow the health behaviour); perceived severity (the participant's view of the consequences of abstaining from action); perceived barriers (obstructions to conducting the recommended behaviour); perceived benefits (the participant's belief in the effectiveness of particular courses of action); cues to action (motivations to take action) and self-efficacy (the participant's confidence in being able to carry out the behaviour) (Rosenstock et al., 1988). Although the HBM did not inform the final output of this thesis, the responses to these questions were useful in understanding the factors that influence health-related practices, and the survey provided a foundation for unpacking participants' meanings and their motivations in the qualitative interviews (Hopf, 2004).

digital media, their understanding of health, and their everyday health-related practices. Specific questions aimed at understanding sociocultural discourses, norms, and ideals of the female body were included for the Asian-Australian participants. The interview guide can be found in Appendix B.

Additional semi-structured interviews were conducted with eight women drawn from the existing sample between August 2023 and March 2024. These interviews, which also lasted 45 to 60 minutes, focused on a self-tracking technology that the participants had discussed during their initial interviews. A new interview guide was employed, starting with a reminder of the study's aims and the reasons for the follow-up interviews. This was followed by questions about why the participants use the specific type of self-tracking technology (e.g. wearable device or mobile application) mentioned in the first interview, what they like about the technology, and what using this technology involves. The interview guide can be found in Appendix C. All interviews were recorded and transcribed verbatim, with any identifiable information modified to safeguard the anonymity of the participants.

3.6 Analysis

Data analysis is a continuous and iterative process involving reflection and refinement of the research methods (Miles et al., 2014). In this study, the iterative nature of the analysis was aimed at enhancing the quality and validity of the research, which was achieved through methodological triangulation (Seale, 1999). A flexible approach to conducting and presenting the data was essential to accurately and consistently capture the participants' lived experiences (Braun & Clarke, 2006; Nowell et al., 2017). Ultimately, the objective of the data analysis was to provide a critical, trustworthy, reflexive, and original exploration of the embodied practices of women engaging with digital media.

The interview transcripts were organised using NVivo, a software that assists in managing the data into codes and themes (Bazeley et al., 2021).

(Creswell & Guetterman, 2019; Glaser & Strauss, 1967; Raskind et al., 2019)I applied a critical lens to the data, specifically utilising 'thinking with' (Jackson & Mazzei, 2012; Jackson & Mazzei, 2022) feminist and Deleuzian theories of affect and assemblage to explore women's use of digital media. In this process, I employed Braun and Clarke's (2006) approach to reflexive thematic analysis, which involves six 'fluid' phases to identify and analyse patterns or themes within the data (Braun & Clarke, 2019, 2021).

In reflexive thematic analysis, themes are seen as patterns of shared meaning entangled with the researcher's analytic resource, theoretical engagement, and the dataset itself (Braun & Clarke, 2019). Recognising this entanglement is crucial for sociomaterialist approaches, as it allows the research to trace "the material-discursive forces that are co-implicated in what bodies can 'do' and how matter 'acts'" (Fullagar, 2017, p. 248). In my research, this approach enabled the analysis to move beyond viewing individual bodies as privileged knowledge (Andersson et al., 2021) toward considering the discursive and material forces that produce different capacities for health-related practices.

An example of thematic analysis is provided in the Appendix, illustrating the relationship between initial codes, subthemes, and the main theme (see Appendix D). While thematic analysis was employed across all three analytical chapters, the same example is referenced in the discussion below to facilitate an understanding of this progression.

To begin the analysis, I immersed myself in the data through intensive reading and rereading of the interview transcripts. This initial step allowed me to familiarise myself with the interview data and identify recurring and distinct ideas within and across participants' accounts. Using open coding, I highlighted key words and phrases that frequently appeared in

the data. For example, this step helped identify patterns in participants' relationships with specific social media influencers, food choices, exercise routines, and health advice. These annotations led to the generation of initial codes, which were then used to organise the data into meaningful categories. For instance, discussions about social media influencers candidly sharing their health challenges were coded under "connecting over shared health challenges".

Applying sociomaterialist perspectives, particularly concepts of affect and assemblage, I focused on moments where participants described human and non-human elements 'that matter' (Clarke, 2003, 2005) and the effects and affects of these elements. From this perspective, initial codes such as "connecting over shared health challenges" were analysed not only as relationships between participants and influencers, but also in terms of the affects generated, such as fostering a sense of validation and empowerment for the participants through these shared health challenges.

Subsequently, I summarised the content of each code and examined their similarities and differences. This process enabled the creation of subthemes by grouping initial codes based on shared patterns. For example, codes related to "connecting over shared health challenges", "identification through similarity", and "motivation through shared experiences" were combined to form the subtheme "relatability and personal connection with influencers". This subtheme reflects how participants connect with influencers on a personal and emotional level through shared experiences, appearances, and health challenges.

I then examined the relationship between the subthemes and integrated them into broader main themes that captured the essence of participants' experiences. This step involved critically reviewing each subtheme to ensure accurate representation of the data. After refining the themes, they were defined and named, providing a coherent framework for reporting the findings. Finally, I compiled the findings into a coherent narrative, offering

detailed accounts of each theme, supported by data extracts (participant quotations) to enrich the discussion and ground the analysis in their experiences.

In Chapter 6, I used the thematic analysis and 'vignettes' to present the research findings (Riessman, 2008). Vignettes highlight "what" is said rather than "how" it is said (Riessman, 2005, 2008) and can be used in various ways, such as creating scenarios to elicit participant responses during data collection (Jenkins et al., 2010; Sampson & Johannessen, 2020) or producing composite narratives to capture insights from multiple participants in a single narrative (Jenkins & Noone, 2019). Presented as short narratives, vignettes provide insight into participant experiences while serving "as a powerful and accessible medium for communicating research" (Jenkins & Noone, 2019, p. 3).This approach has proven helpful for contextualising people's experiences with digital health technologies (Maslen & Lupton, 2019), women's smartphone use (McGrane, 2021), and social media assemblages (Lupton & Southerton, 2021). I have taken this approach in Chapter 6 where I offer short narratives as an entry point for understanding what health and female embodiment look and feel like for participants who use female-oriented technologies (femtech).

To begin writing the vignettes, I immersed myself once again in the data, engaging in an iterative process that involved moving back and forth between the transcripts and the thematic codes. I gathered quotations from each participant's coded transcripts, selecting excerpts that reflected their thoughts and feelings and highlighted unique aspects of their experiences with femtech. This ensured the quotations captured the main analytical themes.These quotations were then carefully integrated into short narratives, woven together to construct individual vignettes that authentically represented each participant's voice and experience. This process required careful attention to preserving the participants' original

language and expressions to maintain authenticity, ensuring that the vignettes did not distort or oversimplify their narratives (Creswell & Poth, 2018).

Following the initial drafting of the vignettes, I revisited the transcripts to ensure that they accurately represented the interviews and adequately captured women's bodily and affective engagements with femtech apps. I invited each participant to review and share their opinions about their own vignettes and the four key themes to ensure alignment with both their transcript and lived experiences. The participants provided valuable feedback, with most expressing that the vignettes accurately reflected their experiences. One participant suggested clarifying a particular aspect of her interaction with a femtech app—specifically regarding its use during pregnancy—which I incorporated into the final version. This collaborative process not only validated the accuracy of the vignettes but also empowered the participants by involving them in the representation of their stories (Riessman, 2008). Each vignette presented in Chapter 6 highlights the complex and contradictory relations that can be seen between women, femtech apps, health, and bodies. They serve to contextualise the experiences of each participant before the broader thematic discussion.

Overall, this approach to analysing the qualitative data has enabled an interrogation of the affective bonds, relational connections, and agential capacities that emerge when women engage with digital media, and which can influence their perceptions and motivations around health. Attending closely to these material practices has allowed for the mapping of entangled health discourses, as expressed on new technologies, and has provided evidence of the situated knowledges and embodied experiences that shape individuals' approaches to their health and body. The final section of this chapter describes the practice of reflexivity and ethical considerations for this research.

3.7 Researcher reflexivity

Reflexivity is an important practice for qualitative researchers in the social sciences as it raises questions about why and how a particular approach has been taken (Gergen & Gergen, 1991; Subramani, 2019). Reflexivity is an ongoing process of "internal dialogue and critical self-evaluation" (Berger, 2015, p. 220) to ensure that the knowledge produced is independent and uncontaminated by the subjective bias of the researcher (Berger, 2015; Maynard, 1994). It involves the researcher identifying their own positionality, actively engaging in the practice of reflection, and being aware of ethical issues (Hammond & Wellington, 2020). As social science research is inherently subjective, it requires researchers to attempt to overcome concerns about its lack of objectivity and its reliance on 'second-order knowledge', which involves interpretations of everyday observations (Hammond & Wellington, 2020). The researcher's position in social science research is influenced by their own lived experience, which is based on their personal characteristics, beliefs, biases, knowledge, preferences, and stances. Reflexivity encourages researchers to recognise and take responsibility for their own positionality and influence in the research process to increase the quality and rigour of the research process and outcomes (Morse et al., 2018; Subramani, 2019). For example, participants might be more willing to share their experiences with a researcher they believe understands their situation and possesses valuable information (Berger, 2015). The amount and type of information that participants may be willing to share can depend on the researcher-researched relationship; the researcher's background, for example, may influence the ways in which they construct the world in their communication with respondents—the language used, the questions posed, and the interpretation of the participants' answers can all shape the findings and conclusions of the research (Berger, 2015).

Feminist qualitative research emphasises the need for researchers to conduct reflexive work that attends to the ethics of 'being part of' the research project (Berger, 2015). In this current research, for example, I have acknowledged that my practice as a researcher cannot be separated from my own experiences and attitudes, which can influence different aspects of the research, including its trajectory. This dynamic can be seen throughout my research journey: from the choice of research topic to the development of the research questions; from the review and presentation of the literature to the collection and analysis of the data; from the interpretation of the findings to the conclusions drawn. I have also recognised the value of my own personal subjective perspective and how I am socially situated in relation to this study. While such insights have enhanced my ability to analyse the data rigorously, it has also been important to introduce a process of triangulation to ensure that the analysis is a trustworthy representation of the findings rather than a reflection of my own biases. As such, I have remained committed to being open and transparent during the data collection, reading, and analysis, and I have routinely consulted with my supervisors to interrogate and ensure the accuracy of the investigation. Practising feminist reflexivity has encouraged me to consider the similarities and differences between myself and the women in this study and to appreciate how my interpretation of their experiences with digital technologies has fulfilled the feminist objective of being 'for' women and producing knowledge that respects their social conditions and lived experience (Wilkinson, 1988).

Reflexivity has been an integral aspect of the entire research process, and as noted earlier, reflexivity has enabled me to assess the methodological approach taken in this thesis and adjust where necessary. Fox and Alldred (2018b, 2022b) refer to this as an acknowledgement of the 'research-assemblage' as a collection of 'machines'—literature, data collection and analysis—that have specific affectivities and micropolitical effects that produce research capacities. In this study, an awareness of this research-assemblage has

enabled an analysis of the affective flows and the production of knowledge, and encouraged reflexivity regarding the design, methods, empirical findings, and analysis (Fox & Alldred, 2022b; Jackson & Mazzei, 2022). The insights derived from the initial phase of the study led to adjustments in my methodological approach, as described earlier, which has enhanced the knowledge produced and has consequently allowed the thesis to make a more valuable contribution to the literature. This adjustment required 'balancing out' different aspects of my methodological approach: the use of questionnaires, interviews, and my recruitment strategy. The survey included HBM variables that provided initial insights into the participants' health-related practices, while the semi-structured interview questions were used to elicit additional insights into the women's everyday experiences that contributed to their practices. This approach has not only allowed me to gain a clearer and deeper understanding of the participants' perceptions and my own interpretation of their lived experiences but has reminded me to avoid projecting my own knowledge and experience onto theirs or to use my experience as the lens through which to view and understand their experiences.

3.8 Ethical considerations

Ethics approval for this study, including for the amendments to the interview schedule, was received from The University of Sydney's Human Research Ethics Committee (HREC) under the project code: 2020/719. The research has been conducted according to the National Statement on Ethical Conduct in Human Research (2007), and throughout the process I have remained committed to:

- searching for knowledge and understanding
- following recognised principles of research conduct
- conducting research honestly

- disseminating and communicating results, whether favourable or unfavourable, in ways that permit scrutiny and which contributes to public knowledge and understanding (Australian Code for the Responsible Conduct of Research, 2018, p. 10)

In addition, given the feminist standpoint in this research, I have drawn upon (Kingston, 2020) guidelines for the conduct of ethical feminist research, including:

- conducting the interviews with care and empathy, and ensuring the participants have understood the research process and the study's overall objective
- engaging in reflexivity throughout the research process and acknowledging what I have brought to the study and the impact this may have had on the participants
- revisiting the consent forms so that the participants were aware of and understood the details of the study and their right to review the research findings
- maintaining reciprocal relationships with the participants to ensure that the study has been mutually beneficial, with careful attention being paid to the presentation of the research findings

During the recruitment process, each participant was provided with a Participant Information Statement (PIS) that explained the research objectives, the research process, and their involvement. Following this, the participants were asked to review and submit a signed copy of the Participant Consent Form (PCF) before their interviews were scheduled. For participants entering the study through the online survey, the survey was only made available to them after the PIS had been provided. At the end of the survey, they were asked for permission to use their survey data for the research project and for permission to contact them for an interview. During the interviews, participants were reminded of the research objectives, the research process, their involvement, and their entitlement to terminate the interview or to withdraw from the study at any time. To avoid exacerbating the inherent power imbalances in the research process and to maintain a high ethical standard in my relationship with the participants, the recruitment method (personal networks, snowballing,

and social media promotion) focused on those participants who had volunteered to participate in the study. Throughout the research process, I engaged in reflexive practice and constantly considered my own perceptions and views regarding data collection and analysis and shared these with my supervisors. This act of self-reflection has ensured that, as much as possible, I have refrained from projecting my own perspectives onto the data (Carpenter, 2018), viewed the words spoken by the participants as privileged information (St. Pierre & Jackson, 2014), and furthered my feminist standpoint by sharing the lived experiences and allowing the voices of the participants to be heard (Maynard, 1994).

3.9 Conclusion

In this chapter, I have outlined the methodological approach used to investigate the relationship between women, digital media, and health-related practices. It began with an overview of the qualitatively-driven mixed methods approach employed in this study and its alignment with the relational perspectives introduced in the previous chapter. The chapter also provided an outline of the research design, recruitment process, and sample, as well as the rationale for the methodological decisions. It presented the data collection methods (online survey and semi-structured interviews) and described how these methods enable a deeper understanding of the interactions that influenced the women's meanings, practices, and experiences. The chapter justified the inclusion of additional interviews and the presentation of the findings in Chapter 6 as vignettes, and explained how this approach enhanced the interpretation and communication of the findings. In addition, the chapter provided a description of the data management and analysis techniques used, including those associated with thematic analysis. It also discussed how these techniques supported this investigation of women's use of digital media, the discourses of healthism, and various affects on women. Finally, it commented on how the feminist scholarship introduced in

Chapter 2 has guided this research process and ensured that the study is critical, authentic, and trustworthy.

The subsequent chapters delve into the key themes identified through the data analysis process as described in this chapter. Chapter 4 examines women's engagement with digital media, exploring how these interactions, along with other social and material relations, influence their health-related practices such as diet and exercise. Chapter 5 focuses on the interplay between digital media, culture, and identity, and how these elements intersect to shape women's sense of self and their management of their bodies through practices such as food choices and wellness consumption. Chapter 6 extends this analysis to investigate women's use of self-tracking technologies, particularly femtech apps, and how these tools mediate their experiences with their health, bodies, and broader sociomaterial environment. Collectively, these chapters provide comprehensive insights into the significant connections in women's everyday lives, shaping their understanding and experiences with health, bodies, and selves.

Chapter 4: Diet, Exercise, and Digital Media in Women's Health-Related Practices

4.1 Introduction

In the previous chapter, I outlined the methodological approach adopted in this thesis—a qualitative mixed-method design, involving an online recruitment survey, in-depth semi-structured interviews and thematic analysis—and argued that this approach facilitates a comprehensive examination of women's experiences with digital media and health. This chapter, the first of three analytical chapters, explores women's perspectives on health, focusing on how digital media, health discourse, and social relations influence their attitudes towards, and practice of, diet and exercise.

Drawing on insights from 35 women, this chapter addresses the first research question: how do women engage with health-related content on digital media, and how does this relate to their construction of health? I examine the micropolitical forces that encourage women to regulate their bodies in the pursuit of health, arguing that understanding diet and exercise practices as produced through various networks and relations enhances our understanding of how women receive, respond to, and conform to dominant health discourses. This chapter employs the concepts of 'affect' and 'assemblage' to describe the various human and non-human elements that co-construct and reconfigure meanings and experiences of health for these women.

The argument developed in this chapter is based on participants' accounts of their everyday health-related practices—such as physical activity or exercise and diet—which they describe as 'healthy'. These practices are the main focus of this chapter, and almost all of the participants viewed them as central to how their body felt and to their sense of self. The

findings are organised around four main themes that highlight how participants' health-related practices are deeply influenced by a range of relations including social media influencers, online communities, and societal norms. These findings indicate that diet and exercise decisions are not made in isolation but are embedded within a complex network of social and cultural influences.

As explained in Chapter 2, the term 'assemblage' is used to identify to identify the various human and non-human elements entangled in ideas and practices of health. An assemblage can include: the home, workplace, and spaces such as gyms and grocery stores; other bodies, such as social media influencers, romantic partners, friends, and family; discourses, such as those around feminine ideals, body image, and motherhood; and digital technologies, such as social media platforms, applications, and self-tracking devices.

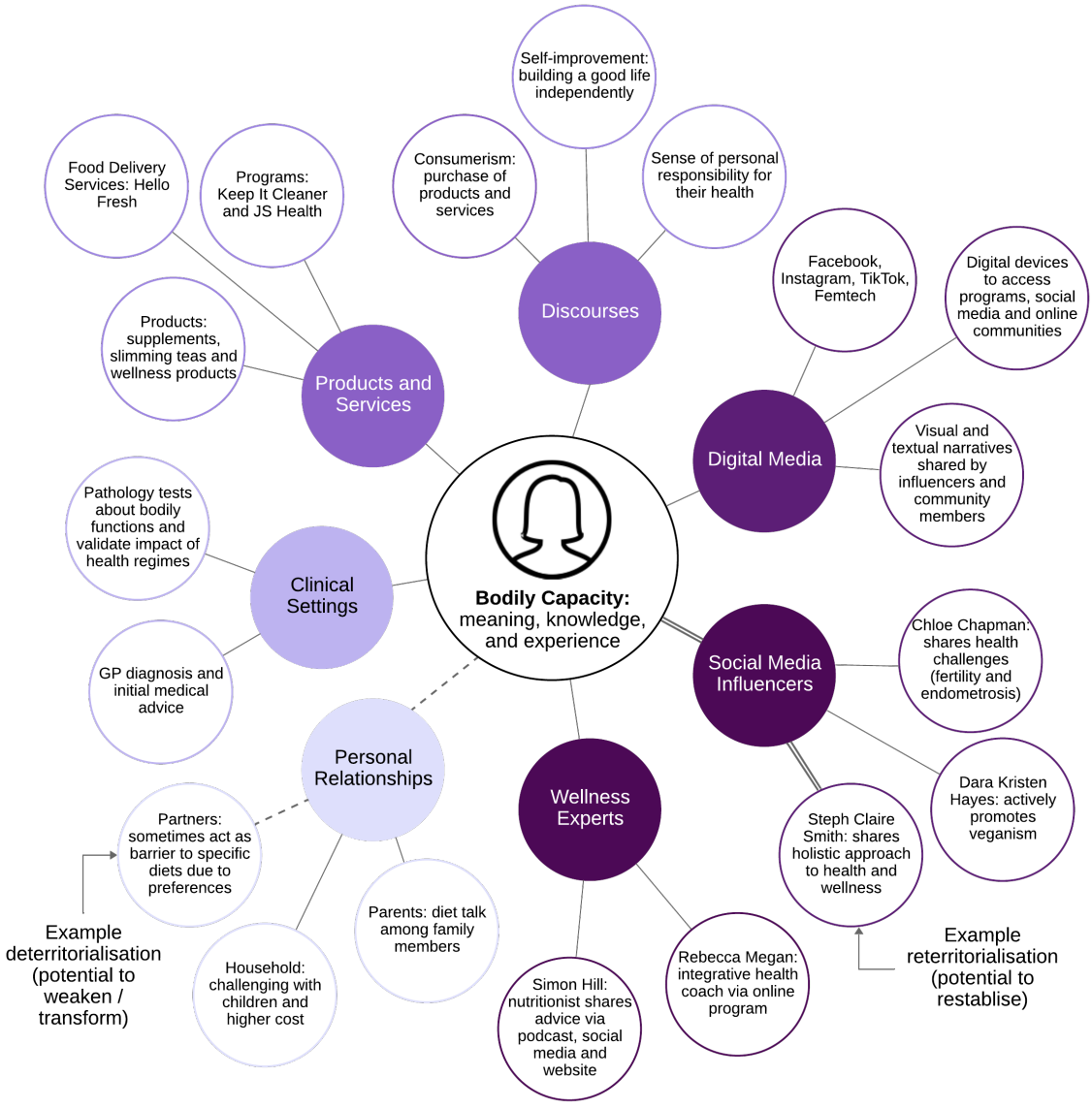
This chapter argues that analysing the specific practices and events driving understandings of health and bodies can reveal what bodies can do, how they connect, and how they can affect and be affected within the unstable assemblages that form them.

4.2 Analysis

This section presents the key findings derived from the procedure outlined Chapter 3. These findings illustrate the range of relations involved in the participants' health-related practices. , as depicted in **Figure 4**. Four main themes emerged from the analysis: trusting influencers and engaging with health narratives (4.2.1); building health identities through online communities (4.2.2); navigating wellness experts' authority in health (4.2.3); and managing societal norms in health-related practices (4.2.4). These themes all suggest that choices and behaviours are not solely related to personal autonomy or due to isolated events but occur

within the context of social practices that make some diet and exercise behaviours possible and others not. Each of these four themes are discussed in turn below.

Figure 4: Participant sociomaterial assemblage



4.2.1 Trusting influencers and engaging with health narratives

Nearly all of the participants in this study viewed diet and exercise as reflecting socially appearance-related norms of 'health'. The association between health, diet and exercise stems from the idea that body weight, shape, and size are signs of good health. Social media influencers contribute to this understanding by normalising the diet and exercise behaviours of restrictive eating, exercise regimes, and the consumption of wellness products. Participants viewed the opinions of certain social media influencers as trustworthy and credible and relied on their opinions to re-evaluate aspects of their health and everyday lives. In the surveys and interviews, participants noted that the social media influencers they followed proposed diet and exercise practices as a way to overcome poor health and associated symptoms such as stress, anxiety, fatigue, weight, and skin issues.

The extent to which participants engage with health on digital media was influenced by their relations with social media influencers. The popularity of some social media influencers tends to be contingent upon their visibility and their ability to solicit the attention of followers (Marwick, 2015; Senft, 2013). Social media influencers typically engage in 'visibility labour' to carefully construct and maintain identities that are perceived by their followers as authentic and credible (Abidin, 2016, 2017, 2020). In the health context, social media influencers perform identities through the textual and visual narratives of their own lived experiences of achieving good health through certain choices and practices (Morais et al., 2022; Toll & Norman, 2021). Their relations with others are affected by both the visibility labour in which they need to engage to maintain their digital presence and the physical labour required to situate their identity within health-focused communities such as diet and fitness culture. Women and social media influencers therefore become part of an intra-active process that re/configures meanings and experiences around health.

Some of the participants described their relations with 'fitspiration' influencers as one way in which they engaged with constructions of diet and exercise on digital media. These influencers engage their audiences on digital media, particularly visual-based platforms such as Instagram and TikTok, and present images and text demonstrating the 'fit-ideal' which not only promotes fit bodies but also the lifestyles that match these bodies (McComb & Mills, 2022b; Reade, 2021). For example, Elise explained that she had followed fitspiration influencers such as Tammy Hembrow and Georgie Stevenson on Instagram when she was younger and was more concerned about her appearance. Elise is now committed to the Keep It Cleaner program, which is about "*trying to build a good life independently, so focusing on the holistic picture*". Keep It Cleaner is owned and managed by Steph Claire Smith and Laura Henshaw, two Australian fitspo influencers in their late 20s. A unique selling point for the program is access to a closed Facebook community which Elise describes as "*young 20 to 40-year-old women with whom she identifies as they are also independent and passionate about their health*", a sentiment that was echoed by Rachel, who believes that Smith and Henshaw represent "*a very realistic lifestyle*". These comments illustrate how human and non-human actors (such as women, other bodies, devices, and discourses) intra-act, co-construct, and re/configure experience and meaning (Barad, 2007). This type of material-discursive intra-action is embedded in uneven power dynamics, however, such as the community group which requires users to pay for access.

In other cases, social media influencers with similar body shapes or who have experienced similar health challenges to their followers can produce 'relatability' affects which impact how followers feel and what they can do. Several participants reported intra-actions with the social media influencer Dara Kristen Hayes, also known as DJ Tiger Lily, with whom they share similar ideas about veganism. The material-discursive experiences of veganism are shown in the way Paola discusses how Hayes actively "*shows how a vegan diet*

can make you feel and look healthy when you are juggling work and children". In other words, Paola believes that Hayes' discourse around veganism allows her to manage work and motherhood more effectively and enables her to look and feel healthy. Zoey was one of the participants who identified Chontel Duncan as a social media influencer she follows on Instagram, noting that she has "*the same body type being a really athletic frame and long torso like me*". The participants also discussed how influencers highlight the advantages of diet and exercise that go beyond just health. For instance, some influencers connect themselves and the diet and exercise routines they promote with social norms such as career success, motherhood, and physical appearance.

While good nutrition and regular physical activity can have positive health benefits (WHO, 2024b), constructions on digital media often reinforce norms regarding health and women's bodies (Jovanovski & Jaeger, 2022). For women hoping to overcome health concerns, encountering social media influencers who 'open up' and share their personal experiences can produce a sense of intimacy and trust. For instance, social media influencers may share how they have overcome or managed health concerns such as endometriosis, irritable bowel syndrome (IBS), or iron deficiency, and this sharing of health information is something that resonates with some of the women and which they trust over advice from medical institutions. For example, social media influencer and media personality, Abbie Chatfield, influenced how Jessica understood the role of vaccines at the start of the pandemic. Jessica explained that she follows Chatfield on Instagram and listens to her on the radio and podcast, where she discusses "*feminine health—if that's what you call it*". Jessica reported that Chatfield was starting to "*talk a lot about COVID, getting the AstraZeneca vaccine and why you should too*". The ability of Chatfield to influence Jessica occurred not within human-to-human relations but within material-discursive intra-actions (Instagram, radio, devices, and layman's medical terms), which influenced her decision to get the vaccine.

The agentic role of social media influencers is demonstrated in the way some of the participants reported potential risks to their health. Several identified encounters with the model, social media influencer, and podcaster, Chloe Chapman, and were drawn to her personal narratives of "*being young, looking fit, and relatively healthy*" despite having "*infertility issues*" (Rochelle). In these ways, human and non-human actors—such as fertility discourses, visuals of the health-ideal, social media platforms on devices, and societal expectations of conception—co-construct each other and reconfigure meanings and experiences of women's health and bodies. This intra-action also shapes experiences that could not exist without them, such as Chloe Chapman's popular displays of the fit, healthy ideal. As Krista explains:

> *I've been following Chloe Chapman on Instagram for a few years now and have recently started listening to her podcast. I think when it comes to something like endometriosis, it's always really refreshing when the people that you follow in your late teens or early 20s start talking about things like endometriosis and fertility so candidly. Especially with something like endometriosis, you feel like you're the only person that's happening to and you aren't normal. Then you find out that actually, you're not.*

While all of the participants could identify key moments in which social media influencers affected their perceptions and motivations to adopt diet and exercise practices, there was typically less scrutiny applied in assessing the claims proposed by these influencers. For example, Angelica and Vicky explained that they had once consumed "*slimming teas*" after seeing these advertised on social media. Vicky commented that she follows social media influencers who "*look very into health and fitness*" and she drank these teas "*to feel healthy in myself and [it was] more like a self-confidence thing*". Angelica consumed slimming tea "*every day for a year*" which "didn't *really do anything and definitely didn't make me fit*". These examples show that participants' perceptions and actions

were influenced by social and material relations that influenced their diet and exercise practices. Women's pursuit of health through diet and exercise can be somewhat more complicated when health communication campaigns enlist social media influencers to garner attention to their cause and make appeals to young adults (Archer et al., 2021), for instance, in the very spaces in which traditional scientific and medical institutions are challenged. While people are more likely to scrutinise or discredit sources with weak relational ties (Bode & Vraga, 2018), the sense of trust associated with digital intimacy can be a conduit for accepting sources of information, particularly when some social media influencers are making similar life decisions to their followers (Kay et al., 2020; Leader et al., 2021).

4.2.2 Building health identities through online communities

Participants also discussed the agentic role of online communities that support certain diet and exercise practices. In many cases, members of these online communities are bound by a shared perceived intimacy with the social media influencers they follow. The relational connection that forms between social media influencers, followers, and online communities is referred to as 'digital intimacy', whereby feelings of familiarity, closeness, and emotional attachment strengthen the sense that the influencer and followers are engaging in intimate exchanges (Abidin, 2018). This aligns with Reade's (2021) suggestion that "digital intimacies are socially and economically productive in that they facilitate a shared sense of belonging and connectedness" (p. 16). It is this digital intimacy that participants experience with specific social media influencers, and this is cultivated on various Facebook groups and validated through personal stories of other women who follow the influencers' recommendations. Groups is a unique affordance of Facebook that allows users' interactions to be either open, closed, or secret, providing an opportunity to strengthen user connections (Kim et al., 2021; Wellman, 2021). Influencers on social media—such as Keep it Cleaner, JS Health, and What F.A.T. Vegans Eat—create objects of interest that bind collective bodies

and identities to devices, platforms, and groups. For example, Agnes reported sharing information, recipes, and tips with other users on the What F.A.T Vegans Eat Facebook group:

> *I've learned a lot including about how to be healthy. I think a lot of the time, being vegan, you're just eating stuff but really don't know the nutritional value of it. I've definitely learnt that I should be eating this and that and getting something in my diet.*

Online communities on social media, therefore, foster embodied sensations of intimacy and trust in other bodies, discourses surrounding health. The agential capacity of these groups is evident in Jessica's recent uptake of various vitamins after being exposed to "*before and after photos from other women that were very convincing*". Like other participants, Jessica is taking a personalised vitamin brand, Jessica Sepel Vitamins (JS Health), which is part of a fast-growing industry "being touted as the path to a healthier, happier, younger-looking you" (Cox, 2022, para. 1). According to industry reports, the shift in consumers wanting to improve their health and wellness post-COVID-19 lockdowns is driving the global market (Yahoo Finance, 2023). While vitamins and supplements have been available for some time, their recent increase in popularity has been driven by a broader system that recognises an increase in women's power, money, and autonomy and normalises the consumption of vitamins as linked to individual responsibility. The uptake of personalised vitamins reflects Wolf (1990) argument about beauty, body image, and obedience in which dieting is seen as a "potential political sedative" and where dieting is "not an obsession about female beauty but an obsession about female obedience" (p. 187).

Feminist new materialism provides a valuable lens through which to observe the issues of power that circulate in community groups and shape ideas of self-control and responsibility. Several of the participants in this study are members of the Facebook group She's on the Money and listen to the associated podcast, which focuses on "*female financial*

independence" (Darrah). The desire to be 'healthy' and 'financially independent' is evident in Sophia's comments about how various diet and exercise practices—such as F45 and the CSIRO diet—involve "*a lot of time and effort or can cost you a fortune to be involved*". The cost of health also motivated Sophia to follow She's on the Money because, while she thought she "*was financially literate*", she has "*learnt so much from Victoria Divine, the CEO and financial advisor, the group, and from the podcast*". Sophia explained that the group is targeted at millennials who, along with Divine, respond to member questions and display their successes:

> *I've learnt so much more about the power of your super and investing and things like that. So it's pretty good. It's really empowering as well to see women doing things like buying their own properties or creating like businesses and all that sort of stuff. So it's pretty cool.*

The desire for career success, financial security, and good health is an example of what Orgad and Gill (2022) consider a paradox: "for women to gain confidence they need to work continuously on its manufacture through self-governance and self-improvement" (p. 63). Participation in health-related practices is therefore reinforced by expectations that women need to be responsible and autonomous in all aspects of life. The connection between health, happiness, and career can be seen in Elise's description below, which suggests that community groups demonstrate what can be achieved by following recommendations and how these achievements extend beyond 'being healthy' to factors outside of the physical body, such as career, finance, romance, and family:

> *They're independent and quite passionate about their health, but not in a self-obsessed way. It's more genuinely wanting to take care of yourself both financially and your general health and wellbeing, without it being all about looks and sort of achieving certain things for the sake of it.*

Participants recounted experiences in which they encountered visual discourses on social media that shaped their perceptions of the benefits of diet and exercise practices. Online communities can increase perceptions of benefits as visuals show 'very realistic' and 'relatable' experiences of other women following various programs and the results on offer. Elise explains that members of a group will:

> *show themselves struggling through the workout or if they didn't feel like doing anything tonight and meditation was enough. That's when I really feel like I relate to that. It just makes it seem so much more achievable, and I start to recognise the benefits for me, in my opinion.*

Likewise, Ruth explained how she benefitted from the Keep it Cleaner program as "*I just felt stronger, fitter and got a good sweat on*". Encounters with online communities such as these can produce powerful affects as the knowledge and sensory experiences gained from participation is validated by other users. These findings reveal the intricate ways in which practices related to diet and exercise can emerge in relations with online communities.

4.2.3 Navigating wellness experts' authority in health

Participants also identified a range of alternative experts to whom they turn as a source of knowledge. For some, this was the result of their previous experiences within traditional medical settings and for others it was the sense that access to health information was more readily available online. As with social media influencers—such as Chontel Duncan and Stephanie Claire Smith, as mentioned above—wellness experts can cultivate a sense of intimacy and trust in exchange for social, economic, and political gain (Baker, 2022; Harrison, 2023). Wellness experts are different from social media influencers because they combine personal experiences with scientific information to establish their authority and credibility with their audience (Baker, 2022). They also differ from health practitioners (e.g. medical doctors, Chinese medicine practitioners or physiotherapists) who are registered under

the National Law to provide a health service to the public.[5] Wellness experts use various strategies to appear credible, allowing them to cultivate parasocial relationships in both online and offline interactions. Wellness experts are not affective on their own; instead, affective entanglements emerge between the influencer and followers, as well as with digital media, devices, and face-to-face engagement. It is in this space that personal meaning-making and experience takes place.

Kelly explained that after her General Practitioner (GP) diagnosed her with a chronic condition, she signed up to a Rebecca Megan diet program that she had discovered on social media. Rebecca Megan is "a certified integrative health coach" who offers online and offline courses "for a healthy, vibrant and strong body" (Rebecca Megan, 2020). Megan's claim that her courses "will change your life" is backed up by "thriving stories" of women such as: "the course is life changing and something everyone should do for their health and their families. It has changed my life" (Rebecca Megan, 2020). Kelly reported receiving benefits from Megan's "online resources, cook videos, and a healthy body manual" and these benefits were described largely in relation to her appearance and embodied sensations:

> *My program includes a green juice every morning. It's been good for my liver and digestive system. I also noticed that my skin was looking much clearer. I also don't have as much brain fog. I feel like I will live by this religiously as it's what's worked for me best.*

While Kelly's account illustrates the agentic role of wellness experts for someone like her, that is, living with a chronic condition, it also reveals the multiple affective flows between Kelly and other discourses, materials, and bodies. The first affective flow was

[5] In Australia, individuals providing a health service must be registered under the National Law as a 'registered health practitioner' and adhere to the profession's relevant standards. This helps protect titles and ensures that the public can identify registered practitioners such as surgeons, medical doctors, nurses, pharmacists, dentists, and physiotherapists. (Department of Health and Aged Care, 2023).

generated between Kelly and her GP, which produced knowledge about her body and feelings about the severity of her diagnosis. The second affective flow was generated in her encounters with objects (social media platforms, devices, and food), other bodies (Rebecca Megan and testimonials from other women), and discourses (personal responsibility and health). These affective flows reveal the power dynamics at play with her GP, which produced new affects for her as realised in her desire to be healthy and manage her diagnosis. Within these affective flows, there were discourses that influenced Kelly's perception of what it means to be healthy and the systemic and structural factors that made it possible for her to participate in the program, including adhering to the "*the shopping guide*" and preparing the recommended meals.

For many participants, their motivation for following the advice of wellness experts was driven by the desire to be healthy and be in control of their everyday lives. Naomi explained that her encounters with Simon Hill in the various material spaces of social media, podcasts, and cookbooks were important for her in following a vegan practice. Hill is a physiotherapist and nutritionist who focuses on helping "people fuel their bodies to achieve their health and wellness goals, reduce their risk of developing chronic disease, and add more years to their life" (The Proof, 2024). Naomi says she "*trusts Simon Hill*" and believes he provides "*education on every aspect of going plant-based and the associated health benefits*". Naomi explained that she also tends to trust and take the advice of guests featured on Hill's podcast as well as people featured on his Instagram page. Hill's podcast, The Proof, features guests ranging from nutritional psychiatrists and medical physicians to celebrities and motivational speakers who endorse his recommendations. Naomi referred to the early stages of "*going vegan*" as "*the discovery part where you find people to follow that are talking about plant-based or that topic*". Naomi reported that by following Hill's plant-based recommendations, "*you can tell the impact on your body when you start integrating certain*

stuff into your lifestyle that's positive". Nonetheless, reducing health to a specific behaviour, that is, eating plant-based food, tends to reinforce the neoliberal discourse that consumption and choice are imperative for good health.

Embodied responses to wellness experts are reinforced by powerful affects in online and physical environments. For Catherine, listening to the nutritionist Jessica Sepel on the Almost 30 podcast (about diet and vitamins) produced affective relations which intensified when she met Sepel at an event. Catherine's desire to improve her diet and receive the benefits of Sepel's diet and vitamin program can be viewed as an affect that followed multiple encounters with Sepel. Catherine was surprised that Sepel had spent ten minutes with her during a 'meet and greet' and described the encounter as "*very nice, and so it just went from there*". This personal encounter motivated her to commit to Sepel's regime to the degree that she now consumes a supplement recommended for digestion despite not suffering digestion problems. Like several other participants, Catherine reports taking the supplement on the basis that she "*was really encouraged to do this*" through "*before-and-after*" visuals on Sepel's website and community page. Catherine's story shows how health discourses, face-to-face engagement, transformational visuals, and uplifting stories from other women were implicated in her support for Sepel's philosophy that health is achieved through "eating a nutritionally balanced diet and establishing equilibrium for the mind, body and soul" (JSHealth Vitamins, 2024).

Participants also described going for pathology tests recommended by wellness experts, despite not having a specific medical issue, which suggests a desire to attain a superior bodily function. Pathology tests create an additional affective benefit for participants as they provide them with a sense of knowledge about their bodily functions while at the same time reinforcing the wellness expert's authority in their lives. For example, participants

shared experiences of requesting blood tests, colonoscopies, and fertility tests "*to understand my current position*" (Kate). Although some of the participants reported struggling to interpret the blood tests they had requested from their doctors, it was "*clearly an opportunity to find out that I was very iron deficient*" (Naomi). Understanding their bodily functions meant that participants could attempt to understand the impact of their regimes and adopt aspects of diet and exercise that they would not otherwise have known about. Therefore, although some of the participants did not have any specific health concerns prior to the recommendation to undertake various pathology tests, they benefited from being able to "*see the positive impact of a vegan diet on your body and integrating certain lifestyle measures*" (Agnes).

While the specific practices undertaken by the participants varied, in many instances they were prompted to engage in these practices by encounters with wellness experts on digital media. These encounters involved a range of interactions that had the potential to shape individual perceptions and emotional experiences, thereby exerting control over the participants (Bucher & Helmond, 2018). This connectivity and dialogue between the wellness experts and the participants (Mann, 2020) demonstrates how discourses of diet and exercise operate within social environments (Yang & Taylor, 2015) and drive women's acceptance of health-related behaviours.

4.2.4 Managing societal norms in health-related practices

These participants' embodied responses to diet and exercise revealed a range of normalising forces in their everyday lives such as gender, class, and race. Deleuze and Guattari (1988) refer to these dominant and normalising forces as a binary logic—or 'binary machines'—that maintain social structures and institutions. The intensity of these normalising forces emerged in the participants' negotiations and renegotiations around diet and exercise practices. The

experiences of this particular group of women complicate the simplistic discourses of health and demonstrate how responses to diet and exercise are not straightforward but depend on other affective relations that enable or constrain behaviours.

For instance, participants discussed issues related to the costs associated with 'keeping up' with diet and exercise practices: monthly subscriptions, gym memberships, books, and vitamins. Annabelle, for instance, described cost and time as barriers to implementing a vegan practice on a daily basis as "it's *just so expensive and a lot to prepare for both my children and me. It's full of all these real, good healthy foods that I want to eat, but financially it's quite a lot*". Prioritising household responsibilities over personal choices suggests traditional gender roles of domesticity were typically accepted by these women (Friedan, 1963; Greer, 1971) and demonstrates the conflict between 'the feminine ideal' (Friedan, 1963) and the societal expectation that personal health must be managed (Welsh, 2022). Paola explained how following a vegan, as opposed to a vegetarian, diet "*can be really unattainable especially with the kids*":

> *Vegetarian meals are generally easier to adapt and can accommodate everyone. I'd love to take on board a full vegan diet, but it's a lot harder with the children specifically for their fussiness. Both vegetarian and vegan diets are quite costly, but in a vegan diet I have to spend a lot more time figuring out what the kids will eat.*

Several participants mentioned the affective relations with partners that influenced relations with health and their body. Changing or tailoring meals to meet individual tastes or health regimes often led participants to comply with the preferences of their households. For example, Helen described the need to prepare meals for her partner as constituting a "*barrier*" to following a vegetarian diet as "*there will always be meat in every single meal*". The agential role of partners is also illustrated in the accounts of participants who felt that they lacked skills in food preparation and cooking. While this appears to challenge the

second-wave feminists' argument that women are (still) confined to the kitchen (Friedan, 1963; Jovanovski, 2017), it nonetheless alludes to the power imbalances that women still experience in their relationships and in the home, for example, in the way that food and cooking produces affects of 'self-doubt' in some of the women. In this vein, Ruth commented that "*there are no real barriers to the exercising component*" of the Keep It Cleaner program, yet there were barriers for her that were associated with food and cooking:

> *I live with my boyfriend, who does a lot of the cooking. I probably couldn't get him on board with most of the food, so I can't always have meals they suggest as part of the program.*

While the time, labour, and monetary cost associated with food and cooking can be a barrier for single participants, these aspects can be even more complex for some of the participants in relationships. Financial structures within households, such as "*splitting the cost of groceries each week*" (Naomi) and "*taking it in turns*" (Klara), negatively affected some of the participants' commitments to diet and exercise regimes. Kate describes the powerful effects of financial cost, her partner, and shopping:

> *If I'm shopping with him and it's his turn to pay, then we'll have the blowout weeks. That means I'll suggest we have like lamb cutlets for dinner. When I'm on my week, I try to really make $1 stretch and think okay, what can we get that's really nutritious, that doesn't cost too much, and tastes really good. Whereas when he's doing it, I'm like, oh, let's experiment with a recipe when we have to buy like 10 spices to go with the lamb cutlets.*

Participants' experiences reveal the micropolitical forces between assembled relations that constrain or enable opportunities in everyday life (Coffey, 2016; Fox & Alldred, 2018c). In Kate's case, the desire to eat nutritious, tasty, and inexpensive foods was already territorialised in her health assemblage. Yet, this territorialisation failed when her partner and money had a powerful impact on her desire for foods outside of her diet plan.

Micropolitically, Kate's partner and the monetary cost of food were dominant normalising forces that impacted her relations with her dietary regime.

Further, for some participants, the time and financial costs involved in food and cooking are affective forces that re-territorialise in food delivery services in an effort to manage work and partner expectations. For example, Emma describes her work hours as "*very unpredictable at times*" and she expressed the wish that she "*had more time to cook*". Emma reported that signing up to the food delivery service, Hello Fresh, allowed herself and her partner to "*budget better and have more time*". Hello Fresh is a subscription delivery service that provides recipes and ingredients for households to cook and consume (Hello Fresh, 2023). Emma explained that with Hello Fresh she and her partner were able to budget more effectively as "we're *not walking around a supermarket and being influenced by the specials, the marketing, and buying unnecessary items*". The most powerful affect she describes is the time she can spend with her partner instead of food shopping:

> *We're budgeting but we also have more time on our weekends because instead of having to go to the supermarket, we're doing something together like going for a walk and having a coffee.*

Gendered expectations of femininity are another important element in the health assemblage. As Emma noted, her previous cooking autonomy—the ability to think, choose, and prepare meals from scratch (Oliveira & Castro, 2022)—lost its affectivity on the road to health, and was re-territorialised as a negative practice:

> *I mean it still takes the exact same amount of time to probably cook your meal but the fact that the ingredients are there. Yeah, like that. It takes the thought processing time out of it.*

Some women's attempts to maintain their health-related practices suggested tensions within their social and material relations. While certain women described the effects of

certain entities such as the enjoyment of cooking or the cost of food items, the affects these relations produced were never 'fixed' and were always subject to change. For example, Emma mentioned that prioritising quality time with her partner could sometimes override her commitment to following her diet program, Hello Fresh, which delivered food directly to her without the need to visit a store:

> *I think it's a much more relaxing Sunday. We have local sort of farmers markets every second week. So those things that don't come in Hello Fresh, like your bread and even butter and some fresh veggies. Yeah, we just walk down there, and it's yeah, it's nice.*

Emma's comments highlight how her sense of feeling "nice" and "relaxed" is influenced by the practices made accessible by her social class and status. Similarly, Sally describes the circulation of bodies (her partner), devices, and platforms (Instagram on her mobile), as well as discourses of diet, food, and health as '*the right thing to do*':

> *Well, it was interesting, actually, my partner had seen the app, the ad, and he sent it through to me. And then it had also popped up on my, in my feed. And he thought that it was the right thing. It really does help you identify what kind of items within the supermarket as well, which is great.*

The practices described above align with the self-regulatory discourses of health, such as those relating to moralised individual responsibility and self-surveillance (Coffey, 2016; Jovanovski, 2017), the dominant normalising forces that encourage food choices, and the consumption and performance of healthy-looking bodies. Diet and exercise practices aimed at achieving health tend to be more possible for "the more privileged middle or upper classes with more available disposable income and free time" (p. 104). For instance, farmers markets are symbolic of the ability to divide local residents into those who are willing and able to pay higher prices than those found in supermarkets as opposed to those who are not, due to their socio-economic status (Mayes, 2018). The multiple affective relations in

women's everyday lives reveal the struggle for control over their bodies and the normalising forces related to food, cooking, relationships, money, and work.

Race and ethnicity also produce different affective responses to diet and exercise. Women from diverse cultural backgrounds expressed discomfort with their bodies when their families emphasise the importance of diet and exercise, either for themselves or for the entire household. Some of the participants described their experiences of attempting to move away from certain practices as they were unable to live up to the societal expectations embodied in 'slim' body images. For example, Alex describes the diet trend of slimming teas as "*stupid*" and "*dumb*" as "*they are just a diuretic*" and after a year or two of trying these herself reported that "*it didn't really do anything, it didn't make me fit or healthy*". She reported being constantly surrounded by diet talk:

> *My family are still dieters. I hear diet talk all the time around my house and you know, that can be convincing because it's quite emotional.*

For some participants, the inability to connect with representations outside of the family home produced a sense of discomfort with the ideal 'healthy' body. Alex describes her Middle Eastern culture as "*a small community*"—she lives in Sydney—and one that is "*not very much represented in mainstream Instagram*". Amy also discusses race and ethnicity as a normalising force in health-related practices, and relates her experience of growing up in a Turkish-Australian family living in a white middle-class community:

> *I'm Turk-Cypriot. I'm Australian, but my mom was born in Cyprus and moved here when she was 6-12 months old. She was really young. My dad was born here. He's like Aussie-Aussie. They're both Turkish. I mean, he grew up in Bondi, but he was the one ethnic person. Or like the one wog in the community. You know, he was that guy. I've kind of surrounded myself with a lot of Anglo, I don't know how to say it, but Australian people and that's obvious when I look at my social media. A lot of my*

> *friends at school aren't diverse. I don't have any Turkish-Cypriot friends for instance. So I've always looked a bit different.*

Amy commented that she has been "*slow coming to terms as I've grown up*". The role of race and ethnicity in diet and exercise is also addressed in Olivia's description of her conflicts around normative body ideals. Olivia describes bodies in discourses surrounding health, diet and exercise as "*white*" and that "*a lot of influencers are white, wealthy. That's one way to put it*". Although Olivia is proud of her cultural heritage, she prefers not to upload content on her own social media profile that shows her race and ethnicity as she doesn't want "*to be seen as a spammer*". Olivia's perspective points to the gendered, classed, and raced inequalities that shape women's experiences. Olivia's example also highlights the structural and systemic power dynamics that continue to impact women:

> *I just don't want my social media to reflect my personality or my background. I don't want people to think that I have certain political or cultural view that they associate with me. I just want to remain neutral.*

A focus on the intersectional forces of gender, class, and race is aligned with feminist new materialism in that it aims to reveal the structures and systems that affect women's bodies. Paying attention to these forces in health-related practices opens up a range of possibilities for exploring the dynamics of experience that often remain invisible in public health messages directed at women. These experiences show how the affective relations found in health, diet and exercise on digital media, which shape women's embodied responses, can be influenced by other powerful forces related to food, cooking, relationships, and status. While the participants in this study discovered new affective relations (e.g. weekend activities and time with partners), their involvement in diet and exercise practices was contingent on factors associated with gender, class, and race. It is evident that social context acts as a mediating force and can impact interactions within different health-related

practices. For some participants, the embodied sensations derived from these practices work to sustain dominant feminine ideals (white, middle-class, and slim) while other possibilities related to race and ethnicity are closed off. The barriers reported by participants demonstrate the social, cultural, and political structures that influence individual experiences and intentions to commit to a health behaviour. These structures shape the individual meanings and practices that are important areas of inquiry, especially when they contribute to individual behaviours and one's ability to actively control everyday practices in achieving health.

4.3 Conclusion

In this chapter, I explored the impact of digital media on women's attitudes and practices related to diet and exercise. I examined the complex ways in which relationships, both human and non-human, influenced perceptions of health and the body, paying attention to the interactions within women's practices associated with diet and exercise. Focusing on insights provided by 35 women from the study's wider sample, I explored how these women identified diet and exercise as key practices in the meanings and experiences they associate with health. I also considered the conditions that enabled or constrained their opportunities to engage in these practices. The participants shared their experiences of navigating dominant discourses online (digital media) and offline (in their everyday lives). Moreover, they detailed how the knowledge they gained through digital media, including online connections such as influencers and friends, contributed to their understanding of health and their motivations for health-related practices. In the next chapter, I will further analyse how these engagements can affect women's ideas about themselves and their views on health and the female body, focusing particularly on the impact of the wellness industry and its portrayal of idealised bodies.

Chapter 5: Intersections of Digital Media, Discourse, and Shaping Health and Body Ideals

5.1 Introduction

The previous chapter explored how the intersections between health and digital media influence women's attitudes and practices related to diet and exercise. In this chapter, I further examine how health discourses impact how women feel about their bodies and their sense of self, but more attention is paid here to the influence of these discourses in the wellness industry. This industry, which mostly focuses on diet and exercise-related products and services, is heavily promoted on digital media through images of slim, toned, and fit individuals (see Chapter 4).

Drawing on insights from 35 Asian-Australian women, this chapter addresses the second research question: what social and material relations intersect with women's health-related practices? It explores how everyday interactions and engagements with wellness discourses on digital media affect women's understandings of their bodies and their adoption of health-related practices. This study aligns with Chakraborty and Walton (2020) call for reframing the complex and dynamic experiences of Asian-Australians and supports feminist objectives of being 'for' women (Wilkinson, 1988).

The chapter employs the concepts of 'assemblage' and 'becoming' to provide a relational perspective on how digital media and wellness discourses influence women's health-related practices, and their understanding of their health, bodies, and selves. The findings are organised around three main themes that illustrate how digital media and wellness culture contribute to the production and experience of Asian-Australian femininity, revealing both the opportunities for cultural negotiation and the pressures of conforming to

dominant health ideals. The findings highlight the dual role of digital media in fostering both community and belonging, as well as imposing neoliberal ideals of self-improvement and body surveillance. I argue that these ideologies often perpetuate reductive binaries between being *Asian* and being *Asian-Australian,* materialising through everyday affective and micropolitical encounters.

It is important to clarify several terms here. 'Asian-Australian' refers to individuals with at least one parent born in the Asia Pacific region. 'Wellness', which is marketed by the wellness industry through diet, exercise, and beauty products and services (Smith et al., 2024), includes practices of 'self-care' aimed at achieving bodily functioning and a physical appearance to one's highest potential (Dunn, 1959). As in previous chapters, 'digital media', unless otherwise specified, refers to all digital and social media technologies (e.g. smartphones, social media platforms, and online forums).

This chapter argues that while the wellness industry and digital media provide support and community, they also reinforce neoliberal ideologies that demand self-surveillance and consumer-driven practices. These dynamics shape the mental and emotional wellbeing of Asian-Australian women, illustrating the complex and often contradictory nature of health discourses in their lives.

5.2 Analysis

This section presents the key findings derived from the procedure outlined in Chapter 3. Three main themes emerged from the analysis: shaping social relations and wellbeing through digital media (5.2.1); influencing embodiment and health practices through transnational interactions (5.2.2); and embracing the imperative to self-monitor and control the body (5.2.3). The affective intensities described below contribute to an understanding of

how Asian-Australian femininity is produced and experienced through digital media, wellness, and health discourses.

5.2.1 Shaping social relations and wellbeing through digital media

While some participants described deriving feelings of pleasure and enjoyment from using social media platforms (consistent with the findings described in Chapter 3), it was also evident that the sense of escapism from the everyday they experienced was entangled with negotiations and performances with respect to dominant ideologies of women's bodies (white, slim, heterosexual, and middle-class). Mazie, for instance, said she "*gravitates towards*" social media platforms such as Discord, Instagram, Snapchat, TikTok, and X (formerly Twitter) as they provide "*ease in ... usage*", particularly through the technological affordance of being able to use the applications on her mobile device, which makes "*sharing content or communicating with friends a lot easier*". This type of multisensory engagement with social media applications allows users to view content posted by others, to post their own content, and to respond to posts with reactions and comments (Vandenbosch et al., 2022). Many of the participants believed that these features (affordances) were important because they used the applications to "*catch up with people, but also look at what's happening in their lives*" Natalie or to "*stay connected and see what they've been doing when you don't have time to catch-up*" (Nora). These encounters produced affects of 'closeness' with their networks and 'interest' in the shared content, which strengthened their attachment even when they just wanted "*to pass the time*" (Nora). Although the women used digital media at diverse times and in different places (e.g. while breastfeeding, cooking, on the bus, or before bed), the affects produced reveal how digital media (the devices and platforms) was able to foster a sense of community and belonging among Asian-Australian women, thereby impacting their mental and emotional wellbeing.

The women explained how the various experiences associated with reading and looking at posts on social media platforms directly related to their feelings towards their body and self. Mazie, for example, said she would "*look through the comments of gym workout videos and delicious, well-balanced meals*" as that content made her "*feel motivated*" to hit her "*fitness goals*". Anna recounted her experiences of using "*the 'save' function on a lot of Facebook, Instagram, and TikTok recipes and workouts*" that were accompanied by "*positive comments*" which led her to "*feel she could add it as a health and food option*". Nonetheless, the connection between social media and experiences of the body and self produced different affective and relational possibilities for the women in the study. Coral described feelings of "*being pressured*" by "*quite toxic social media posts of skinny, fit, healthy people at the top of their game, and you're still struggling at the bottom*", which led her to "*unfollow*" people that did not make her "*feel good*". Although Leona went through a similar process of "*cleaning out her social media accounts*", she noted that "*the algorithm makes fitness and beauty content appear on her feed as sponsored or in the discover page*", which would lead her to "*click through and lose like half an hour*". The affects described by Mazie and Anna in relation to wellness (health, food, and fitness) suggested to them what a body could do, for example, by incorporating ideas from the content into their everyday lives. Meanwhile, the wellness content affected Coral and Leona differently. Leona's experience of wellness content appearing on her social media accounts (despite her attempts to remove it) shows how relations can re-enter assemblages and retain their affectivity (Fox et al., 2018). Coral's desire to be connected with 'good people' could be viewed as an affect countering the powerful relations evident in Leona's assemblage. These examples show how social media platforms can influence both positive and negative aspects of mental and emotional health by providing motivation and support, or by creating pressure and ideal standards.

Some of the participants' affective relations with digital media intensified when reading social media posts and comments shared by other people who normalised their own 'struggles' with career, food, fitness, relationships, and culture. Vivienne, for example, explained that she is a member of Facebook groups such as Mamamia Out Loud which allows her to engage with "*women who talk about topics discussed on the podcast version of Mamamia Out Loud*" or "*post about their own dilemma that could be anything from relationships to career*". These posts generated affective responses from other members, which Vivienne described as coming "*from people on the pages who are really lovely*" and a response to one member could in fact "*end up being a help to many other members*". Posts and responses from members reflected the neoliberal idea of the 'dilemma' in which it is the individual's responsibility to overcome the problem by making the 'right' choices, as determined by the group. The neoliberal notion of personal responsibility was evident in these interactions, where overcoming individual dilemmas was seen as a matter of making the right choices. These connections through digital media contribute to the understanding and practice of health by fostering a sense of solidarity and shared experiences, encouraging individuals to adopt healthier lifestyles through collective motivation and support.

In contrast, Danica described following celebrities and influencers on social media accounts that made her "*feel bad*" about herself, particularly when "*recipes and meal plans were really hard to follow with just too much information*". While the "*visual side of Facebook and Instagram has always made it easier to find food ideas*", Danica attributed the "*ability to connect with normal people around food*" as having the capacity to produce "*more healthy relationships*". Danica explained:

> *I like getting recipes from normal people that are simple and less intimidating to follow. Members will also comment about their experiences, whether it's about the*

actual food or recipe or the experiences in their lives. I find that a lot easier to connect with people.

Danica's description highlights the dynamic interplay of 'deterritorialisation' and 'reterritorialisation'. As discussed in Chapter 2, Deleuze and Guattari (1988) notion of 'territory' refers to affective intensities that can either limit or expand the potential for action. The processes of re/territorialisation and deterritorialisation help us to understand the dynamics of the assemblage, where the flow of affect determines whether the assemblage will stabilise (re/territorialise) or weaken, potentially leading to disruption or transformation (deterritorialise). Applied to Danica's description, her interaction with digital media undergoes these processes. Initially, her desire for recipes and meal plans stabilises her engagement with social norms, celebrities, influencers, and social media (reterritorialisation). However, negative emotions and discomfort prompt her to explore different spaces and practices (deterritorialisation), shaping her evolving relationship with digital media and creating new affective connections with other content and bodies.

Similarly, Stella, Mazie, and Bodhi found support in online discussion forums and social media groups focused on shared interests including veganism, weightlifting, and running. Women also described the social media platforms (e.g. pages, groups, and profiles), online discussion forums, and websites that shaped their material-discursive understandings and bodily activities. Stella described the online discussion forum Sydney Vegans as "*taking up most of my time*" and as "*a page for like-minded people who share new recipes and places to go to*". Mazie shared examples of tips she found on a "*student-run*" weightlifting page that supported her desire to have a "*lean body*" through training regimes which "*focused on having the perfect form*". Bodhi recounted interacting with other members of various running groups that not only created a desire to be a triathlete but formed new relationships. These descriptions highlight these women's engagements with platforms (e.g. applications, forums,

and websites), devices (e.g. mobile phones), body parts (e.g. thighs and ankles), objects (e.g. barbells, running shoes, and athleisure), environments (e.g. gyms, parks, and university campus), as well as other women and discourses that shaped affective experiences related to their bodies. As material-discursive practices, these engagements shaped various markers of identity (e.g. fitness expert, marathon runner, and vegan) that supported both the healthism discourse of achieving optimal health as well as the neoliberal discourse of choice and consumption. These engagements, shaping fitness, health, and cultural identity, reveal how digital media fosters new relationships and wellness practices through shared cultural experiences. The ability to connect with like-minded individuals through digital media platforms enhances the understanding and practice of health by providing a continuous exchange of knowledge, experiences, and support within their community.

It is important to note that when asked to elaborate on visuals and discourses, some of the women observed that the other bodies and body parts within health and fitness groups did not appear Asian (or non-White), which illustrates the multiple workings of power embedded in discourses of health on and through various digital media. For example, Stella commented that she

> *"works really hard to make sure I'm following people who have a similar background to me. Because growing up, you don't have a ton of role models and you start to think—what am I doing with my life, what is wrong with me?—and I hate having that same sense on social media".*

Stella's conscious effort to follow accounts with a similar background to hers underscores the importance of representation in shaping cultural and bodily ideals. This conscious effort to find relatable and empowering content enhances the mental and emotional wellbeing of Asian-Australian women by affirming their identities and providing positive role models.

Although the women all followed accounts and engaged with discourses on digital media that reflected dominant ideologies, several women stated that they followed the Facebook page Subtle Asian Traits—and their mention of this was frequently accompanied by the question to me: "Do you follow?". This may be because Subtle Asian Traits is one of the largest online Asian communities promoting Asian identities: 2 million+ followers on Facebook and 150k+ followers on Instagram. Abidin and Zeng (2020), two Asian diaspora scholars, described the group as feeling "like a mothership to soothe returning aliens to an online home" (p. 1). In this community, everyday experiences of 'being Asian' are communicated through long thread stories that can provide "coping strategies" for offline experiences, including racism (Abidin & Zeng, 2020). Emilia said she "*enjoys the personal stories and memes that I find so relatable*". The quotes below illustrate the positive affects of these two Facebook and Instagram groups:

Emilia and Nel highlighted the positive affects of engaging with these groups, which provided support, sympathy, and a sense of community during challenging times, such as the COVID-19 lockdowns:

> *It's heart-warming to see stories that are relatable to the Asian experience. I also like to learn more about other Asian cultures and what food I can cook, especially during lockdown. – Emilia.*
>
> *I really like Subtle Asian Traits and Subtle Asian Women. I sought some of these groups out recently in the wake of all the anti-Asian hate [during COVID lockdowns]. I was pretty overwhelmed by a lot of that and went to those groups for support and safe spaces to kind of just, you know, understand that other people were feeling the same way that I was. Just like a source of sort of support and sympathy, I guess. – Nel.*

Anna appreciated the shared experiences within these groups, which resonated with her second-generation Asian identity, offering relatable content not typically found in mainstream media.:

> *I think I like groups, especially the Subtle Asian groups, as it's more catered towards shared experiences that I normally might not be able to see in mainstream social media or mainstream media. That would be primarily why a lot of the content you can tag your friends with because it's relatable. Capitalising off the shared experiences of second-generation Asian. – Anna.*

The popularity of Subtle Asian Traits and other Asian-focused Facebook groups among the participants is indicative of the need for digital spaces where Asian identities are validated and celebrated. These groups provide relatable content and coping strategies for navigating offline experiences, including racism.

Affective intensities related to support, motivation, and relatability are key to women's engagement in social media groups. However, the different ways in which affect was produced reflect these women's experiences with groups that either promote dominant White bodies and activities endorsing healthism discourse as opposed to those with Asian representation which aim to counteract feelings of 'hate', 'racism' and 'exclusion' through the posting of real-life stories and entertaining content "*that only Asians would understand*" (Natalie). Some smaller 'private groups' such as Hong Kongers in Sydney and Filipinos in Melbourne extend assemblages into real-life meet-ups for people "*with a common interest and going through the same thing*" (Bodhi) because "*when you feel part of the community, you feel a little better about yourself as well*" (Jin). Ahmed (2014) argues that hate can be 'felt' in the presence of others, suggesting that hate does not need to be "located in a given object or figure, which allows it to generate the effects that it does" (p. 49). The above

examples illustrate how the neoliberal discourse inherent in the materiality of digital media can either enable or constrain possibilities for Asian-Australian femininity.

The participants' engagements with digital media illustrate how cultural identity and wellness practices are intertwined and shaped by digital media. Health and wellness social media groups, for instance, can endorse constructions of white, abled-bodied women and assume that everyone has the ability to achieve results through healthism practices of self-responsibility. Asian-focused groups, on the other hand, typically encourage affective relations that seek to dismantle historical-structural systems and discourses of 'othering'. The material-discursive use of social media in these ways is emblematic of the ways in which gender, class, race, and culture mediate how Asian-Australians experience and feel femininity.

5.2.2 Influencing embodiment and health practices through transnational interactions

The participants described encounters with celebrities and social media influencers, which produced various affects with discourses surrounding wellness. In their use of digital media, these women formed new relations with other bodies (e.g. celebrities, influencers, friends, and family), objects (e.g. beauty, food, and supplements), and environments (e.g. schools, workplaces, and households) that led to self-improvement practices closely aligned with neoliberal-healthism ideologies. Women felt there was a 'lack of representation' in local celebrities and influencers, which produced paradoxical consequences for their Asian-Australian identity. For example, although some of the women shared their experiences in being in the Subtle Asians group, as noted above, they also derived a sense of connection and intimacy from following celebrity figures (see Abidin, 2018; Redmond, 2019) and this was fulfilled through transnational digital networks. Many participants in this study negotiated

transnational cultural spaces in that they followed Australian (white) celebrities and influencers 'to stay up to date', but also expressed a commitment to those of Asian ethnicity. Women's engagements with pan-Asian celebrities and influencers reveal the relations, affects, and practices that enabled them to make sense of their bodies and identities while illustrating the new ways in which gender, race, and power differences are reinforced through digital media.

Several participants described encounters with celebrities and influencers on digital media—social media platforms, websites, and streaming services—that had implications for how their Asian-Australian femininity was felt and lived. While the participants reported on in Chapter 4 experienced a sense of intimacy and relatability from their interactions with popular influencers (Abidin, 2018; Reade, 2021), Asian-Australian women felt these were a reminder of the societal ideals of the feminine body. Influencers who display the ideal of the neoliberal woman on social media platforms, such as in curated images and videos of fitness activities (Toffoletti & Thorpe, 2021), can affect bodies in different ways. Cecilia, for example, described feeling frustrated that she could not find "*relatable influencers*" due to a "*minority of people of colour in the influencer space*", which she believes is "*the same in mainstream celebrities*". Maxine mentioned that during her teenage years, she followed Asian YouTubers to "*get to know the daily life of someone Asian somewhere else in the world*". Although she no longer actively engages with the YouTubers (e.g. views, likes, comments), she still feels compelled to follow them "*on Instagram [as a way] to show support for the work they do for the Asian community*".

These examples illustrate how celebrities and influencers on digital media can be powerful in reproducing dominant feminine ideals. Even so, women's socio-cultural-historical experiences can produce different outcomes within the same human-technology

assemblage. For Vivienne, her exposure to celebrities and social media influencers may have been a result of her geographical location "*I think because I'm located in Australia, I get served a lot of the generic content with a very Aussie look*". The 'difficulty' in locating and connecting with local Asian-Australian influencers is illustrated in Leona's comment:

> *I don't think there are many women with the same sort of background as me who are social media celebrities. There are obviously plenty of Nepali actresses and models that people do follow, but their life is very different to mine because it's a whole different world. Trying to find someone who is first generation immigrant in a Western-speaking country but with very strong cultural ties back to the homeland. I don't think that's something you find.*

For women with a desire to 'lose weight' and 'get thin', multiple encounters with celebrities and influencers beyond social media can generate positive affects of aspiration and trust. These encounters included watching celebrities and influencers on television, attending live events, and peer and family endorsements. Esther described undertaking the Two Week Shred Challenge, a nutrition and fitness program designed by Asian-Australian fitness influencer Chloe Ting, for women to lose weight and gain 'flat stomachs' or 'defined abs' (Chloe Ting, 2023). Several women identified Ting as having 'the perfect body' and described feelings of 'cultural relatability' with Ting, who they saw as representing 'female success'. During the pandemic, Ting went viral for offering free programs that enabled women to workout at home (Liebelson, 2020). Her popularity, although somewhat tinged with controversy as she was accused of promoting eating disorders, continues to grow and she currently has over 24 million subscribers on YouTube. Her videos—for example, #chloeting and #chloetingchallenge—were attracting over 1 billion views on TikTok as of January 2023. Esther explained that she was drawn "*mostly to the food recipes*" that Ting endorsed on Instagram, which led to a desire to improve her health and fitness, first using "*the fitness hacks on TikTok*" and then the workout videos on Ting's website and YouTube.

Esther's affective engagement with her social relationships (friends), objects (devices and platforms), and contexts (COVID-19 lockdowns) led to her undertaking "*a challenge using Chloe's program with some friends*" which made health and fitness "*really motivating during lockdowns*". Ting's Asian ethnicity and self-presentation of the ideal, fit, healthy, and successful woman, as expressed through various social media platforms, creates affective encounters that are entangled with neoliberal-healthism discourse. Ting's call to "do your workouts, watch the ads and remember to engage that core!" (Chloe Ting, 2023) embraces neoliberal-healthism discourses of individual responsibility (do the workouts), consumption (watch the ads), and freedom (her goal to provide free programs). This is captured in Esther's comment that "*the program was a starting stone for me. It was sort of something that I could hold myself accountable for as well*".

This neoliberal-healthism discourse, therefore, is embedded in engagements with celebrities and influencers and points to the role of digital media in assembling transnational imagined communities. For several of the women in the study, following Asian popular culture celebrities on digital media was driven by a desire for diasporic national identity in their daily lives. These celebrities, who are situated in Asia, enable women to maintain strong connections with the region while at the same time reinforcing neoliberal discourses of consumption and choice (Kim, 2022). The affective relations between participants and Asian celebrities and influencers are evident when women prefer to follow transnational celebrities, for example, a Japanese surfer in Hawaii who shares images of her active lifestyle (Tessa) or an actress in the Philippines who shares 'beautiful' images, workouts, and food (Bodhi).

Several women followed and engaged with Korean popular culture (K-pop) celebrities across digital media. K-pop—also referred to as "The Korean Wave" or "Hallyu" —is a genre of idol music where the recruitment and development of everyday citizens into

performers attracts the attention of very large audiences, initially in Pan-Asia, but now around the world (Kim, 2022). K-pop is considered a form of 'cultural nationalism' where transnational audiences consume film, music, gaming, beauty, cosmetics, food, and lifestyle content that reinforces national identities (Kim, 2023). K-pop celebrities are viewed as "one of the most influential iterations of Asian modernity" (Seo et al., 2020, p. 603) and audiences can engage with K-pop in virtual and real life domains, which creates "highly affective and parasocial" relationships (Elfving-Hwang, 2018). Wendy, for example, shared various methods for engaging with K-pop celebrities, such as following them on Instagram or purchasing tickets to virtual and live performances.

> *I'm a K-pop superfan. Their concept of music is about self-love. I think over the last year, that's the reason I got kind of into this K-pop. It's because they promote the concept of needing to love yourself and all that kind of stuff. That's why even though I don't understand the language when I listen to it, I understand the meaning behind the songs, and that's good for me. It's been so helpful, especially during COVID, and I know others would feel the same.*

Wendy also explained that although she enjoyed Chloe Ting's nutrition and fitness program, she stopped during the COVID-19 lockdowns as working all day in her apartment made her feel "*mentally exhausted*", and she felt pressured to find the time and energy to cook for herself and her partner. The affective flow between K-pop's discourses of 'self-love' and Wendy's desire for stability during lockdowns produced positive affects that strengthened her attachment to K-pop (reterritorialisation) while she was disconnecting from other influencers such as Chloe Ting (deterritorialisation).

The ability of K-pop to produce affective flows has been widely recognised as a 'soft power' that promotes local cultural values (Kim, 2022). K-pop constructs a 'new' and 'empowered' woman attached to transnational consumption practices which resonate with

neoliberal values of self-discipline and commodification (Jang, 2021; Phillips & Baudinette, 2022). As such, female K-pop celebrities perform contemporary Asian feminine ideals on digital media such as social media while cementing themselves in the affect economy (Fox & Alldred, 2015, 2023). The affective force of K-pop celebrities was highlighted in Melanie's efforts to align with the body ideals and desired identities of Asian popular culture. Melanie described the type of posts she encountered on Instagram and the other multiple encounters in her environment where "*a lot of the time, Chinese but mainly K-pop stars post about how they are going to appear in a movie and will need to go on a diet*". Melanie's comment aligns with previous studies that show K-pop stars can promote unhealthy beauty standards and dietary trends (Achilles et al., 2023; Seo et al., 2020; Tran, 2023). Melanie explains:

> *Beauty standards in Asian culture are all about being really thin, and you have to be really pale. So a lot of the stuff that they post makes me feel that I need to diet because I need to look good, and looking good means that I need to be thin. I'll be scrolling through, and most of the time, it's people posting pictures of the food they're eating on their diet, and it makes me feel bad about myself.*

This bodily appearance and emphasis on perfection holds significant cultural capital (Treviños-Rodríguez & Díaz-Soloaga, 2023) that leads women to exercise new forms of wellness practices to 'look good'. As in many Asian cultures, K-pop celebrities reinforce the idea of white skin as a marker of beauty while darker skin is framed as unhealthy (Park & Hong, 2021, p. 307). Melanie describes the pressure of achieving transnational ideals and the feeling of shame when she travels back to China: "*my relatives are always like 'oh, you look so healthy', but when they say you look so healthy, it's their way of saying you look so fat*".

Melanie described the benefits of being able to connect with Asian popular culture on digital media as compared with traditional methods:

> *At the beginning it's like, wow—there are these people who are famous, and they look like me. Or they look remotely like me. They're not the typical Hollywood celebrity or blonde influencer.*

In this sense, Melanie's affective relations with other bodies (family, peers, and friends), traditional media (television, newspapers, and magazines), and digital media (social media platforms, podcasts, and websites) intensify the pressure to live up to body ideals:

> *All of my high school friends were of Asian descent. So we would always be like, "oh, look at this celebrity—she's so pretty". It always happened to be an Asian person. I think because all of us grew up in Asian households and our parents told us that this is what looks beautiful. We all had the same idea in our heads that this is what beautiful is. The things that we followed just naturally tended to fit into that kind of Asian mould.*

From a feminist new materialist perspective, Melanie's affective relations produced the conditions where she felt she had to live up to Asian-Australian feminine ideals. This was evident in her adoption of a K-pop celebrity's range of diet supplements that she purchased online as she "*wanted to lose weight without having to do all the painful workouts. So you take every single day, and it's supposed to make you slimmer*". Melanie described the resultant laxative affect of the diet supplement as an inconvenience but said that the COVID-19 lockdowns made it "*more convenient to manage rather than being at work or university*". Melanie explained that now that the lockdowns have ended, she "*probably wouldn't go for the same supplement* [that had those affects] *but a normal one that's supposed to be the best in the range*". The affective force of feminine ideals circulating in Melanie's life is illustrated in her account of how she ended up taking diet supplements:

> *I follow her on Instagram, and I saw she launched her own range. Then I went online, and I saw it got recommended in my YouTube videos. Somebody had purchased a haul from this website that has Korean supplies like beauty and cosmetic products. Then this girl I follow had bought the supplements, and she was doing a review on it,*

and she was talking about how it made her feel so good. It was like a mix of my own personal shift, losing weight, then also seeing it online and from others.

For Anna, the parasocial relationships and participatory nature of K-pop strengthened her affective relations to the extent that she undertook 'bodywork practices' (Coffey, 2016, 2021) to align with the K-pop identity, such as physical appearance and performance training, from the ages of 13 to 15. The neoliberal ideas of consumption and self-improvement are inherent in Anna's account of engaging in bodywork practices to achieve desired outcomes (Elfving-Hwang, 2018; Gong, 2022; Lee & Zhang, 2021). The affective flows generated through engagement with social media images and streaming services, as well as peer endorsement, shaped Anna's desire to participate in two extremely competitive recruitment processes. She had mixed feelings about this experience: pride in receiving a call back in the competition but also shame in travelling to Korea but not progressing further in the competition. In contrast to some of the other participants, Anna's experiences with K-pop resulted in her suffering from a body dysmorphic disorder throughout her teenage years:

I never knew body dysmorphia was a thing until my friend shared an article with me. It took me a while, but I went to my GP and realised how much I was obsessing over my body—or, I guess, what I thought were flaws that weren't consistent with K-pop idols. I still follow K-pop, but I want to enjoy the food that I'm eating, and I think I'm fostering a healthier relationship with food instead of forcing myself to eat grapefruit because an idol did to get skinny.

Anna's account highlights the mental and emotional toll of attempting to conform to unrealistic beauty standards perpetuated by digital media interactions with celebrities and influencers. The pressure to achieve the 'perfect' body can lead to stress, anxiety, and body dysmorphia, as seen in Anna's struggles. Despite her efforts to foster a healthier relationship with food, her environment still shapes her views and experiences of her body, which

highlights the historical, cultural, and situated processes that shape women's understanding and experiences of their bodies:

> *For an Asian, I'm quite tall, and I'm a bit heavier than a lot of my peers now. I'd give the example that I went to a very multicultural school with many from the Asian community, and I was probably the tallest person in my grade for a really long time. Anyway, in my friend group, I was always the taller one, and my Asian friends were very petite. My best friend growing up was maybe 10cm shorter than me and was always like 40 kilos, which was healthy for her. But obviously, when standing near me. It impacted me a lot and still does to this day.*

Emotions have a tendency to 'stick' and they move between bodies, objects, and environments (Ahmed, 2014), which is reflected in the shaping of Asian-Australian women's feelings and experiences associated with Asian-Australian femininity. For the women in this study, celebrities and influencers on digital media helped construct a diasporic identity and a sense of belonging in transnational spaces. At the same time, a sense of embodiment emerged out of the neoliberal imperative of consumption, choice, and normalisation to participate in transnational digital spaces.

These examples illustrate the complex, dual nature of digital media interactions, where the same platforms that can inspire and support health and community can also promote ideal beauty standards and societal expectations, leading to detrimental mental health effects. Engagements with celebrities and influencers from their cultural background provided these women with a sense of belonging and validation of their identity, which in turn motivated them to adopt health practices promoted by these figures. On the other hand, the pressure to meet ideal standards presented by these influencers led some participants to mental health challenges, such as body dysmorphia and unhealthy dieting practices. Thus, the interplay between transnational cultural identity and digital media not only shaped their

physical health practices but also had profound implications for their mental wellbeing, highlighting the complexity surrounding their engagement with digital media.

5.2.3 Embracing the imperative to self-monitor and control the body

Most of the participants' shared experiences of how they had internalised neoliberal discourses of self-monitoring and control of the body. Studies have shown that women's use of digital media reveals how the idea of 'normal' is internalised and serves to control female bodies (Bartky, 1990; Dubrofsky & Magnet, 2015; Nakamura, 2015). This internalisation is closely tied to the concept of postfeminist healthism, where women are encouraged to take personal responsibility for their health and bodies in ways that often align with neoliberal values of self-optimisation (Elias et al., 2017; Ringrose & Harvey, 2015)(Gill, 2019; Lupton, 2016) takes place when women monitor their own bodies to determine whether they are meeting societal expectations. Practices such as turning to social media platforms, websites, and online discussion forums, as well as using self-tracking device data, were entangled with notions of gender, class, and race and these affected these women's feelings and experiences related to their Asian-Australian femininity.

During the interviews, the participants discussed their real-life encounters with peers, friends, family, and medical professionals that strengthened (reconfigure/reterritorialise) elements within the Asian-Australian feminine assemblage. Digital media were used by these women to acquire knowledge that mobilised new understandings of 'being', such as receiving a medical diagnosis from a medical practitioner or a recommendation from a friend or family member. This exemplifies postfeminist healthism discourse, which emphasises the importance of self-knowledge and self-care in achieving health and wellbeing. They described using search engines, websites, blogs, and online discussion forums which provided insight into bodily capacities they suspected were 'irregular', and which created

new affective relations with social media platforms, self-tracking devices, and other bodies. When these women encountered other bodies and non-human elements (i.e. other women sharing their experiences on online discussion forums), this became a source of knowledge and empowerment which prompted self-surveillance and body regulation behaviours through wellness practices. This use of digital media illustrates neoliberal and postfeminist sentiments that encourage women to learn, monitor, and control themselves as 'healthy subjects' (Rich, 2018).

Mira described making a significant effort to understand her physical and felt body after she was diagnosed with polycystic ovaries (PCOS). Her mother had noticed that she had not menstruated for over a year. At first, she "*wasn't really bothered by it as it seemed like a good thing not to have to deal with my period. But my mum noticed we weren't buying pads, so started to get concerned about it*". The type of surveillance in which Mira's mother engaged can be viewed as 'relational surveillance', which Elias et al. (2017) describes as "mothers' monitoring of their daughters" (p. 15). Mira explained in her interview that her mother had taken her to the family doctor, where she underwent several pathology tests and consultations that led to a PCOS diagnosis. PCOS is a hormonal condition that can "cause disruptions to the menstrual cycle, skin and hair changes, as well as cysts on the ovaries" (Health Direct, 2023b, para. 1). Her relationship with her mother produced affects of uncertainty about her body which led to Mira seeking medical attention. Mira's experiences also involved a second affective flow which was generated through her relationship with her doctor during the period of diagnosis. This encounter produced affects of concern and anxiety, which served to strengthen Mira's attachment to her doctor and mobilised her to seek further knowledge about PCOS. While Mira "*was ok with not having her period*" and "*didn't think much of it at the time*", these encounters compelled her to take up what Parsons calls (1951) 'the sick role' and to seek a physician's diagnosis. According to Parsons (1951),

people who are sick are responsible for cooperating with the medical system to get better so that they can return to their usual role in society and minimise further disruption. Taking on the sick role encouraged Mira to correct her perceived otherness as a 'sick person' through a doctor-patient relationship in which she 'submitted' to the care of medical institutions (Parsons, 1951). It has been argued, however, that submitting to medical experts to 'get well' and 'be normal' is a form of 'medical surveillance' that disciplines female bodies in subservience to a patriarchal medical system (McKinney, 2018).

While the sick role promotes the role of the medical expert, the idea of self-care promoted by neoliberal-healthism (in this case, self-surveillance through digital media) influenced Mira's actions to take more responsibility for her health. Mira's initial response to her diagnosis—characterised by self-criticism and a reassessment of her diet—exemplifies the internalisation of these postfeminist ideals. She begins to question her dietary habits and feels compelled to take control of her health, reflecting the broader cultural emphasis on personal responsibility and self-improvement. Mira described experiencing feelings of self-criticism and self-judgement when she received her diagnosis: "*it made me rethink the way I'm eating and if it was because of my diet of meat, veggies, and granola bars*". These feelings prompted Mira to "*do some more digging online, and I started to learn that a vegan, vegetarian diet was best for your health as well as the planet*".

Moreover, Mira's encounter with health information websites thus produced a "networked affect" (Hillis et al., 2015) which mediated and mobilised connections and disconnections with discussion forums on PCOS, celebrity doctors, social media influencers, and Facebook groups. The "affective intensity" (Hillis et al., 2015) or "stickiness" (Ahmed, 2004) of these technologies, platforms, groups, and other bodies encouraged Mira to "*watch a lot of health coaches*", "*listen to other women with PCOS*", and to "*get diet and meal plans*

for PCOS" as she *"[wanted] to do something naturally to heal me*". This underscores the role of digital media and health discourses in shaping Mira's health choices, encouraging her to self-manage her condition through dietary practices.

Women also described acts of resistance that conveyed forms of gender, class, and race de-territorialisation. For example, Mira's biological and corporeal responses can be seen as a de-territorialising force that fractured connections with her medical doctor and opened up new possibilities—or a re-territorialisation—for managing her body:

> *I was prescribed the birth control pill to help me get a period back. But it's not a real period, and it didn't make me feel good at all. I had previously worked to lose weight, and going on the pill made me gain weight—as I went back to my normal weight. I felt heavy all the time. I was always bloated and moody. So I stopped the pill and focused on my diet and lifestyle.*

Similarly, Leona explained that she held what could be perceived as a successful corporate role which saw her travelling to the US and Europe for work. She described this role as "*challenging*" and believed it was the cause of her feeling that her "*mental health and physical health was suffering a lot, and I don't think I would want to return to that sort of environment*". Leona described a "*level of her own wokeness*" that provided an avenue for leaving her job. That is, in leaving her job, Leona was attempting to disrupt the territorialising forces of social and cultural norms that was constraining her sense of self:

> *My Nepalese parents were very much like, "what are you doing?!" My father is a bit more understanding, but my mother holds more traditional views. My sister and I definitely felt that we grew up in a household that was much stricter and with expectations. You're expected to go to uni, find a job, get married, have a baby, and go back to your corporate job.*

Although some of the women described strategies to overcome gendered pressure, these were entangled with neoliberal healthism, where problems and solutions are related to

individual choices and behaviours rather than to the healthcare system. Ang, for example, shared her experience of moving to Australia at the age of 14 and being raised by a single mother. Ang's diagnosis of an autoimmune disease saw her mother respond with a maternal sense of responsibility and nourishment (see Jovanovski, 2017) which included "*changing our diets and researching a lot of meals we should have that were a lot healthier*". Ang's description of her mother captures the heavy demands that are placed on women engaging in full-time work, domestic cooking, and maternal responsibility while at the same time attempting to manage their health. Her description also illustrates relational surveillance as Ang's mother was "*always watching what they eat and tracking to make sure we cover a lot of the nutritional bases*". This surveillance made Ang feel anxious about food and made it difficult for her to engage in traditional Filipino cooking practices. This maternal surveillance, while aimed at promoting health, also imposed dietary restrictions that Ang found challenging to navigate. As a result, Ang's self-monitoring practices evolved, reflecting a blend of cultural and health-related motivations.

In addition, Ang described how she has continued to use self-surveillance strategies (e.g. monitoring and tracking food) since leaving home. Her capacity to embrace Asian-Australian femininity was also impacted by the race and class divisions she experienced at high school, with these environmental and contextual factors shaping her encounters on social media platforms. As Ang explained:

> *there's not a lot of Filipino or Asian people on my Instagram. It might stem from when I went to high school, fresh from the Philippines, I was the only Filipina in my whole school, and there was nobody else whose experienced matched mine. I also didn't have a lot of Filipino-Australian friends until I was in university.*

This complex interplay between Asian-Australian femininity and social groups continued to materialise and affect Ang's body, which is evident in her hesitation about

appearing Filipina on Instagram. Ang described feelings of worry and shame that stemmed from her high school years which she described as having "*changed my way of thinking when and what I post*". Since reaching her 30s, she continues to use Instagram but tends to share more "*behind the scenes*" through private messaging and group chats with friends and family. Like other women in the study, Ang found a sense of connection to Filipino culture through food. Overcoming her earlier reservations, she felt motivated to post visuals on her Instagram feed for all her network to see.

The participants all shared feelings which arose out of their lived experiences and produced affects that shaped their decisions in the present. Fox and Alldred (2019) argue that "memories can materially affect bodies, things and social processes, and it is partly the memories that individuals bring to events that link these events across time and space, in the process producing both social continuities and change" (p. 25). Lydia, for example, reported feeling judgemental about her appearance during her teenage years and wanting to be seen as 'normal':

> *I see my heritage as Indian in a lot of ways, but growing up in Hong Kong, being colonised by the British, I would do so much to put my heritage down to fit in. So it was just very much of like, "hey, I'm not"... I would suppress anything remotely Indian when I was a teenager. If I had to wear Indian clothes for a party and if I had to walk through a public place, I'd stuff jeans and a t-shirt in my bag. That meant I could take my sari off and put jeans and a t-shirt on and just be normal. Because sometimes you'd have people stop you on the street and be like, "wow, your dress is so beautiful", but I hated it. It just reminded me of a culture where that culture was ostracised in a lot of ways for the colour of their skin.*

Lydia also described engagements with the Asian-Australian assemblage that produced new understandings and relationships with her body which were underpinned by

her new role as a mother and her efforts to stay connected with her family overseas during the pandemic:

> *I'm becoming a lot more accepting. I think it's also having a baby coming into play; I'm like, "oh, yeah, there's so much part of me that is my culture and heritage being Indian". I never really embraced or accepted it, but I would like to. I felt like my parents, and my grandparents were always trying to throw it at me. But as I look back, it actually made me really happy at the time. I've got photos on my phone of when I'm wearing my sari, and it triggers those happy memories. I share more of that on social media now I'm more used to it and more comfortable uploading it on my profile.*

Lydia's examples and positive tone in describing her connection to her culture are different to Ang's as she uses words such as 'accepting', 'being', and 'comfortable'. Her life stage (i.e. motherhood) and contextual factors (i.e. border closures) operated as an intersectional force that strengthened her attachment to her culture, which enabled her to move away from words (and associated meanings) such as 'hated' and 'ostracised'. Lydia's example shows how acceptance of her body was formed through affective relations and experiences which created the possibilities for becoming Asian-Australian.

The internalisation of ideals and peer-surveillance illustrates how objects, digital media, discourses, and other bodies can produce different affective relations for women as they seek to understand Asian-Australian femininity. These processes not only impact their self-perception, but also shape their understanding and practices related to health. The participants' use of digital media and self-surveillance practices emphasises the influence of neoliberal healthism. This is evident in how they turn to online platforms for health information, adopt dietary changes, and engage in fitness practices. Such behaviours connect with the pursuit of an ideal body and the desire to meet societal expectations, illustrating the pervasive reach of digital media in shaping their health practices and embodied experiences.

5.3 Conclusion

In this chapter, I examined how Asian-Australian women negotiate social and cultural norms and ideals that shape their experiences and practices regarding health and identity. The findings illuminate the intricate ways these women navigate the complexities of being (or becoming) Asian-Australian. Concepts drawn from feminist new materialism—most notably, assemblage, affect, and becoming—help explain how these women understand and experience their identities. The analysis reveals the affective relations that led these women to adopt wellness practices in an effort to conform to societal ideals about bodies and health. These social and cultural ideals were expressed through everyday encounters with digital media, which positioned dominant female body ideals as the standard for women to work towards in their daily lives. The women's reasons for adopting wellness practices or actively engaging in digital media spaces, often stemmed from internal conflicts with respect to the social standards that had positioned them as 'being Asian' instead of 'Asian-Australian'. Throughout this chapter, the dynamic processes involved in engaging with bodies, objects, digital media, and discourses were shown to shape the possibilities for women embodying Asian-Australian femininity. The concept of affect was employed to illustrate how various encounters inform conditions that either enable or constrain these women in their journey of becoming Asian-Australian. Discourses related to neoliberalism, healthism, and postfeminism were used to explain the challenges that participants faced as they navigated virtual and real-life spaces. This chapter has demonstrated that wellness practices are not merely a direct result of encounters with human or non-human elements; rather, they are intertwined with a complex array of factors that circulate in women's lives. While wellness practices can foster a sense of Asian-Australian femininity, they are also linked to a process of becoming that enables the participants to embrace their cultural identity. The women's engagement with wellness practices within the Asian-Australian assemblage highlights

critical areas for future research. Identifying the forces that produce a sense of belonging and acceptance can reveal how internalised ideals impact women and influence their adoption of neoliberal-healthism practices. Furthermore, the participants' use of digital media to contest dominant ideals points to the potential for continued reshaping of bodies within a neoliberal society, an insight that will be further explored in the next chapter.

Chapter 6: Self-Tracking Technologies and Women's Embodied Knowledge

6.1 Introduction

In the previous two chapters, I explored how women encounter and negotiate content related to diet, exercise, and wellness through digital media. This chapter builds on those findings by examining how women engage with health-related content on digital media, specifically focusing on self-tracking technologies and their impact on women's knowledge about health and the body. There is a growing trend towards women wanting to understand their bodies so that they can control and enhance their health outcomes. In this context, self-tracking technologies—which are a form of digital media—can offer women intimate knowledge of their bodies so they can reshape their futures by taking action in the present (Rose, 2007). These technologies, however, can also function to reflect and reinforce dominant ideals of health and the body as tied to neoliberal modes of self-care.

Drawing on insights from follow-up interviews with eight participants who use self-tracking apps, this chapter addresses the third research question: in what ways does digital media facilitate (or limit) women's embodied knowledge of their bodies and health? It focuses on female health apps, referred to as 'femtech apps', and examines how women use these apps to understand their health, their perceptions of these apps, and how they integrate them into their daily lives. The purpose here is to understand the intersections between various sources of health information and their influence on women's experiences with health.

The chapter extends the relational perspective employed in this thesis by highlighting how women's use of femtech apps is intertwined with their affective relations with other

bodies, discourses, and memories. The findings reveal that femtech apps are marketed as tools for empowerment and bodily autonomy, but this empowerment is often tied to self-surveillance and consumer practices. The findings are organised around five main themes which illustrate the tension between the promises of empowerment and bodily autonomy offered by femtech apps and the reinforcement of dominant health and body ideals. It demonstrates how women navigate these contradictions in their everyday lives and how it relates to ambiguities surrounding what constitutes a 'normal' female body.

In line with previous chapters, it is essential to clarify some of the terms used. While there is a growing academic trend towards using more inclusive language—such as 'menstruators' or 'people with a cervix'—which recognises trans, non-binary, and intersex people who have similar health needs to the women in this chapter (Bobel, 2010), this chapter will refer to 'women' as the primary users and intended consumers of femtech, which is consistent with the gender-neutral language currently used in the femtech industry and in medical research (Figueroa et al., 2021). This terminology reflects how femtechs can reinforce discursive constructions of women's bodies.

This chapter argues that femtech apps, while positioned as empowering tools, ultimately reflect and perpetuate neoliberal, postfeminist, and healthism discourses, leading to both empowerment and confusion regarding women's bodies and health.

6.2 Analysis

This section presents the key findings derived from the procedure outlined in Chapter 3. It begins with the vignettes for each of the eight participants, followed by the thematic analysis. The themes that emerged from the findings illustrate the participants' engagements with femtech apps and how their life experiences, both online and offline, converged to shape their

constructions of health and their bodies. Each theme is discussed in detail, and as in the previous chapters, I draw on the literature and data to examine the major themes of the research.

Jane is 35 years old and has a high-school education and vocational diploma. She is in full-time employment and lives with her husband and three children. Jane started using a femtech app at age 27 as a contraceptive method because her body was not responding well to traditional methods of contraception.[6] She started using the femtech app based on her trusted gynaecologist's recommendation as she "*knew my history really well*". The app asks questions at every menstrual cycle, for example, about her mood and period flow. She noted that it "*took about six or seven months*" to understand her cycle and while she "*doesn't know how they make it work*", it is necessary "*to be interactive when you've got your period*". Now that the app understands her cycle, Jane receives "*notifications that might say: you're at your ovulating stage so to be careful*". She also finds the app helpful for seeing patterns that impact her body including which "*foods affect [her] mood*" during her cycle. Jane says using the app has shown her that "*there's more and more learning that wasn't taught at school*". She hopes the information will be made available in schools especially for her two daughters.

Patricia is 27 years old and university educated. She has a full-time job as a marketing consultant. Patricia used self-tracking apps with "little commitment" and "boredom" until she was diagnosed with polycystic ovary syndrome (PCOS) at the age of 26, after which time she started actively used Flo on a daily basis. She describes having had challenging encounters with several doctors where she was "given some pretty hard answers or no answers at all". Although she understands the usefulness of the contraceptive pill for some women, she was offered the pill by doctors as if it were the only solution to PCOS. For

[6] In Australia, several methods of contraception are available: barrier methods, hormonal methods (e.g. the pill), intrauterine devices (e.g. IUDs), emergency contraception, and natural methods (Health Direct, 2023a)

Patricia, this was “the most frustrating part” especially when she expressed concerns about symptoms that she had experienced during her early years. Patricia said she “ended up doing all this research” and eventually found an alternative treatment that she used in conjunction with Flo. She explained that previously she could go almost 12 months without her period, and she was excited to be able to track her period and understand her bodily symptoms. The information available on the app helps her communicate personal details to her doctors and “to take a much more active role in [my] health”.

Taylah is 29 years old, university educated, and has a full-time job as a project manager. She started using a femtech app at the age of 24 after she was diagnosed with endometriosis at which time she was prescribed an IUD for both pain relief and contraception. Taylah described a history of painful, irregular periods and she had hoped that the IUD would help these to “*settle down*” so she could “*predict*” her menstruation. While she attempted to use the app to track her cycle and understand “*what was happening to [her] body*”, she stopped after 12 months as her cycle was still irregular, and the app couldn’t provide her with useful information. She was also frustrated with doctors whom she had trusted to do a procedure but who couldn’t provide her with advice about how to go about her pre- and post-care. Taylah turned to Instagram, TikTok, and podcasts where she found personal stories about living with endometriosis to be “*super up-to-date and relevant*”. Taylah downloaded Flo again when she had her IUD removed with the intention of getting pregnant. As her periods became more regular, she used the app daily to track her ovulation as well as a range of other symptoms. She is currently enjoying the app and all the information about endometriosis that is available, which she believes is either due to new developments in the area or possibly because she can now access more information as she pays for the premium subscription.

Michelle is 23 years old. She recently graduated from university and works fulltime in a consulting firm. Michelle began using femtech apps in high school when her periods became irregular. She heard that tracking could work with the "*algorithm and give me little bit more accuracy*". Although many of her friends were using femtech apps, she downloaded Flo after it appeared at the top of the search results, possibly as a sponsored ad, and it was "*one that had high ratings*". Michelle finds the app helps her to "*understand [her] body signals*". When she is "*feeling a bit moody*" or "*lethargic*", she logs these symptoms into the app which will "*break it down into other possible things as well*". For Michelle, the app "*helps to track not only [her] period, but also how [she] is feeling*" throughout the month. She uses the app to "*see how many days [she] has left*" and to schedule personal appointments that she prefers to have outside of her menstrual cycle. Michelle isn't concerned about the personal details stored in the app as it's "*purely a personal convenience*" and it offers information that is "*way better than my brain could ever figure out*".

Rae is 28 years old and lives with her long-term partner. She is university educated and in fulltime employment as a commercial property manager. Rae began using femtech apps "*many years ago*" but can't recall the exact timeframe as it was when she had started using other apps to track nutrition, exercise, and sleep. Rae enjoys using self-tracking apps which can "*ramp up if someone else is using it*"; for example, she can exchange diaries with friends or colleagues who might have "*ideas for what to cook for dinner*" or "*workouts [she] can do at home*". Rae downloaded Flo after a colleague recommended the app as a way to understand patterns in her cycle. While she has tried both Flo and P Tracker, she prefers P Tracker as it is "*more accurate and gets to know your body the more you use it*". Rae had a feeling her "*cycle wasn't normal*" and after three months of using P Tracker she "*saw there was a really long amount of time between [her] periods*". In her early years, monitoring other symptoms, such as when she felt anxious or bloated, hadn't crossed her mind as "*the other*

apps could do the trick". However, as she gets older, she continues to "*notice the importance of being able to document*" her bodily symptoms. She believes this information has been especially important to show to doctors who were dismissive of her concerns and would say "*that's quite normal, when [she] knows it's not*".

Katy is 33 years old, university educated, and works fulltime in public relations. Katy began using femtech apps when she moved to Australia over 10 years ago from the UK. She has always used Flo as it was "*always recommended by [her] friends*" and "*the most well-known one*". She downloaded the app to track her period, which is "*the primary purpose for using the app*". At first she tracked her mood, sleep, and energy almost every day, but found it was "*becoming a bit time consuming*". She believes that using the app for an extended period of time has made her "*more in tune with [her] body*" and she has learnt how she is feeling at various times throughout the month. Katy finds the app "*really simple*" to use and likes how she can "*look back on any symptoms*" that she has logged, and how it offers insights about these symptoms or the patterns in her cycle. Katy describes the insights from the app as "*empowering*" as it allows her to prepare and manage symptoms, including her mood at work and her food and exercise choices. Katy considers herself as "*very healthy*" but said that if she found herself faced with a particular issue or needed to answer personal questions with her doctor, "*there is no doubt in my mind*" that she "*would defer to the app and start using it to track because it's all stored in the app*".

Shannon is 26 years old, university educated, and works fulltime in marketing. She has had a history of painful periods for which she was prescribed the contraceptive pill. Shannon recalls "*sitting in the waiting room with my mum for two hours*" to then be told "*just take Panadol and here's the pill*". She had to come off the pill, however, due to a health issue but enjoyed "*knowing when your period is going to come and that you can skip it if you want*

to". Shannon turned to femtech apps to help her understand patterns in her cycle. This was a "*test and learn phase*" for her and, after three different femtechs, found her preferred app. At first Shannon only tracked her food and sleep but now uses the app to track her period and her symptoms, and this has helped give her "*insight into [her] full hormonal cycle rather than just [her] period*". This information has been helpful to Shannon as it means she has "*learnt more about being careful when you're ovulating*". Shannon described the app as "*empowering*" as she can use it when she is making plans, such as for a holiday, where she may need to bring items to alleviate her symptoms or make decisions about what clothes to wear to work. Having information stored in the app is important for her as it gives her "*confidence that [she] can answer any questions*" about her cycle and bodily function.

Leanne is 34 years old and married. She is university educated and employed fulltime in a veterinary clinic. During the pandemic, she became interested in self-tracking "*just so [she] could know everything*". She tracks her steps and sleep using her Garman watch and tracks her menstrual cycle using a femtech app. Leanne enjoys tracking her period and symptoms, but admits she wasn't always consistent about it. When Leanne and her husband were trying to have a baby, she checked her fertility with her doctor who said she was "*really going to struggle to have a baby*". Approximately 12 months ago, Leanne switched to the "*conception version*" of the same femtech app and used it consistently in the lead up to her first IVF treatment. She finds the app "*pretty easy to use and pretty easy to track everything*" including "*bodily function throughout the month*" and "*uploading pregnancy tests*" into the app. When Leanne inputs this information into the app, it shows when her "*most fertile days are*" and provide insights about reproductive health that she didn't receive at school or from doctors. Aside from her husband, she has kept details about her fertility to herself as it "*really messed with [her] both emotionally and physically*". Leanne enjoys reading the discussion forum on the app, but also turns to Facebook groups and podcasts which "*feels like a support*

network". Leanne found out she was pregnant not long after her additional interview. Although she doesn't necessarily attribute this to her use of the app, she does believe that it has been an important part of "*understanding [her] body and trying to figure this out*".

The remainder of this chapter delves into the themes that emerged in the analysis, illustrating how self-tracking through femtech apps is marketed to women and adopted by them as tools for empowerment and bodily autonomy. This adoption hinges on a commitment to self-surveillance of their consumption practices. Five main themes emerged from the analysis: learning about the body through digital self-tracking (0), gaining self-knowledge through continuous interaction (6.2.1), planning and managing life more efficiently (6.2.2), improving self-management and interacting with doctors (6.2.3), and control of individual and collective health and wellbeing (6.2.4).Learning about the body through digital self-tracking

This theme centres on the ways in which the participants described a process of learning about health and their bodies through femtech apps. Many participants shared a desire to understand patterns in their menstrual cycle and to be able to identify potential irregularities. After they started using the femtech apps, they learned about "*the different menstrual cycles*" (Jane) and "*bodily function*" (Shannon). Some suggested that there was more information about female health provided on femtech apps than was unavailable through their high school education (Leanne), doctor consultations (Patricia), or government websites (Taylah). For example, Leanne described how she first downloaded the app for "*just wanting to know if my periods are regular*". After several months of using the app, she felt that she had increased her knowledge about her body, cycle, and fertility that she "*honestly, didn't know anything about and now I know so much*". Similarly, Jane commented that

although there's *"a lot of information at the start, you learn more and more about the different bits of your cycle that you aren't taught about in school*".

Learning about health and the body can be viewed as an intra-active process that takes place between the women and the femtech app. As explained in Chapter 2, learning, knowledge, and action emerge through the intra-action between human and non-human elements (Barad, 2007). In this sense, participants are intra-acting with the app when they input a range of personal information about their bodies that allows the app to generate insights about their menstrual cycles. Katy commented that when she first downloaded the app she had to "*use it a little be more*" than she does now "*because it was new, and it had to get to know your cycle*". Some participants suggested that their intra-action with the app was set in motion by other relations as well as their own bodily affordances. Jane explained how she answers a series of questions that require her to match her everyday bodily symptoms with the visuals available on the app. She said she "*doesn't know how they make it work*" but you have "*to be interactive when you've got your period*".

For all the participants, there was a sense that time, energy, and thought was required to gain insights about their bodies. Like other digital self-tracking technologies, femtech apps can be recognised as a form of 'digital labour' where a high level of involvement and commitment to self-tracking rewards users with personal insights, and subsequently produces self-knowledge (McEwen, 2017). For example, Katy commented that "*you've got to keep up with it every day for the app to be accurate*". Jane indicated that it "*took about six or seven months*" to be able to predict her cycle and determine her fertile window, and therefore to understand her "*safe days*" on which she was unlikely to fall pregnant. Her involvement and commitment to her preferred femtech app means the app will send notifications to her mobile when she is "*coming close to that time*". Michelle described a sense of accountability in

which insights about her body were "*dependent on the data that you input into it*". For participants such as Michelle, personal insights (or data) strengthened her affective engagement with the app: "*I thought, okay, I just need to stick with this for a month and hopefully the algorithm can at least help me to have a little bit more accuracy*". The affective dynamics between the participants and the femtech apps are further illustrated in Rae's description of the time required to use the app:

> *I preferred the P Tracker app. It is more accurate because it gets to know your body the more you use it. You're constantly fine tuning the data get that gets put into it. So it's going to continue to be more accurate over time, because you're reducing how far off it is from reality each time you update it.*

While these participants commented on the time, energy, and thought put into using the apps, a common view was that the apps were 'beneficial' in the way they enabled them to learn about and understand themselves. As Rae put it:

> *It was actually really hard to kind of make sense of when my period was coming. I think it was after 3 months of using the app that it picked up patterns in my cycle. That might not seem long, but that's why it's beneficial to me to use it. Because my cycle was always changing and no two months that were the same. So it also became a tool to track and predict when it's coming.*

This view was echoed by Jane who indicated that she valued the notifications that the app would send her at each phase of her cycle. She commented that the notifications might relate to information about "*what might be happening with [her] hormones*" or a "*reminder that [her] period is coming soon*". When Jane receives a notification, it reminds her to "*open and look at the app*" and log information "*like how [she's] feeling*". Leanne described a journey of self-discovery, which produced a "*feeling [of being] more in control*" as she "*knew what to expect*". Similarly, Patricia said that the graphs and visuals in the app made it

"*easy and clear to see what is happening to your body on any given day*" which gives her "*better peace of mind*".

Although all of the participants agreed that they learnt about health and the body through the use of femtech apps, they described affective engagements that were notable yet different in a variety of ways. For example, Taylah reported that in her early years, she downloaded the app after she heard that "*it will show you what phases and what symptoms you experience throughout the phase of your cycle*". However, she was disappointed when the app failed to produce personal insights in the form of visuals and graphs that her friends had received or that were advertised on the App Store. She explained that her period could be absent for up to a year which meant she "*couldn't track anything because my cycle is all over the place*". Taylah's experience illustrates how there are different possibilities for how and when women might use femtech apps. For example, she did not experience the affective intensities of self-knowledge and self-control described by other participants as the affordances of her body (feelings and actions) did not align with the materiality of the app (identifying patterns in her cycle). In this particular human (Taylah) and non-human (femtech app) assemblage, affects of anxiety and shame were generated and flowed between human and app: "*If I couldn't tell the app, it couldn't tell me what was going on. It wasn't the app's fault*." Here, a sense of personal responsibility was evident as Taylah interpreted the problem as residing with the irregularities in her bodily function rather than with the app, which in turn reduced her sense of empowerment and control, in contrast to the other participants.

6.2.1 Gaining self-knowledge through continuous interaction

The significant role of femtech apps in the ongoing process of developing self-knowledge appears throughout the participants' interviews. Several reported that their initial intention was to use the app to track their cycles but this progressed into a desire for greater self-

awareness of other bodily symptoms (e.g. mood and bloating) and the factors that impacted their body (e.g. food and exercise). Katy, for example, explained that in the first few years of using the app, she wanted to understand if her cycle influenced her mood, such as feeling down or anxious. She says she used the app "*to see if there was a connection by putting the symptoms in and seeing the patterns for myself*". Patricia recalls that when she "*first opened the app, there were a bunch of questions to answer about what [she] would typically feel in [her] cycle or whatever symptoms might come up*". As Patricia answered the questions, she noticed the app "*making adjustments that were more accurate to how [she] was feeling*". She commented that it "*made her more aware*" of her bodily symptoms:

> *If I'm feeling off, really tired, or hungry or something. Sometimes I'll be like, Oh, I wonder if I'm close to my period. Then I can see I'm a couple of days away or at the moment it's telling me my fertility is legit. Also, because of where I am in my cycle, a little thing pops up that says: Hi, do you notice any signs around ovulation today?*

Patricia and several other participants discussed how they were actively engaged in this question-and-answer process, for example, inputting personal information, which enabled them to make sense of and understand their bodies (Rich & Lupton, 2022). Their comments about this process highlighted the affective dimension of femtech apps whereby users are encouraged to interpret their everyday experiences according to the data on the app. For example, although participants may have intended to only use the app to track their menstrual cycle, the apps initiated interactions outside of their cycle through notifications that prompted them to input information about how they were feeling or their daily behaviours. Patricia commented that when she receives a notification to input information she will "*go in and do this because they make it really easy*". Shannon also indicated how she 'appreciates' all the areas she can track through the app, which increases her awareness and knowledge about her body:

I also appreciate how many things I can track. I started using it after I had really bad period pain but then I saw how it was really important for me to track different things, because I was also figuring out like, if I do this, will it make my period pain worse? If I did this, will it help me get better? It's also super easy to use.

Long-term femtech users, such as Michelle and Katy, described how they use the app to validate their own awareness and understanding of their body and health. Michelle explained:

I'll open the app and the first thing I see is a huge circle that shows how many days until my next period. That's the main information that I need nowadays unless I'm feeling like a symptom strongly that I might want to keep track of or it's a symptom I'm not sure about.

Katy described a similar sentiment to Michelle, explaining how the app allowed her to correlate her symptoms (or bodily feelings and sensations) with the phases of her cycle. Talking about the benefits of continuous use of the app, Katy said she can now 'pinpoint' where she is in her cycle:

I've reached a point where I can track my cycle, without necessarily looking the app, but the app kind of confirms what I know. Its insights I've been able to know this in the first place.

Jane, who used the app for contraceptive purposes, reported that the app would "*ask about your mood, how long you slept or what you ate*". When asked how this information helps her predict her most fertile window, Jane said she wasn't sure but that it enhances her understanding of the factors that influence her body. For example, she explained that the app helps her understand how her "*mood swings*" can be related to "*how much alcohol you've drunk, your hormone levels or if you're stressed*". She also echoed other participants' comments regarding how the app encourages interaction after she has "*tapped on the emojis or little pictures*" to answer the questions:

> *Once you've logged it all, it'll come up with some communication being like "oh, we've noticed you've logged stress. Here are some ways to help relieve your stress." Then it will give you tips and hints which are helpful. But I'm usually like, I know I should meditate but I work and I've got kids.*

Jane's experience illustrates the complex and multiple affects that circulate around women's engagement with femtech apps. For example, Jane's app prompted her to interact with it by sending notifications to her phone, encouraging her to answer questions, and directing her towards health information which she described as "*helpful*". However, her affective connection with the app was disrupted by other responsibilities, such as caring for her children and work management, which elicited stronger emotional responses.

In this second theme, the dynamic and shifting entanglement between women and their preferred apps is seen in how the affects associated with notifications, data entry, insights, and health information produced new possibilities for experiencing the body. However, the possibilities were limited when other, more affective relations, reduced their capacity to take action.

6.2.2 Planning and managing life more efficiently

A recurrent theme across the interviews were reports that femtech apps helped participants plan and manage their day-to-day life, which included work, social relationships, and holidays. This finding is consistent with previous research that has demonstrated that some users refer to the diary function within these apps to check their cycle dates (and to avoid surprises), as well as to coordinate work commitments and to mentally prepare for likely symptoms (Levy et al., 2019; Patel et al., 2024). For example, Michelle felt that femtech apps could coordinate and conceal her menstrual cycle which "*comes down to tracking*". Michelle explained:

> *First of all, there's a tracking thing. The days when it's like "oh, your period might come in the next 5-6 days." I'd start wearing a liner just in case. In the lead up to your period, the app can say "you might be feeling temperamental, moody" so to be more mindful of that.*

Some participants described a similar approach whereby femtech apps enabled them to manage personal experiences at work. For example, although Katy observed that "*when you get older, your own knowledge of your health and body improves*" she also noted how femtech apps enabled her to prepare for bodily symptoms that might impact her work and exercise routine. Katy said that if she was "*going to have a really stressful week at work*", she would "*look at the app to check what phase [she] will be in*" and to "*go gentle*" or "*easy*" on herself. She explained that she used the app to make decisions about her exercise and lifestyle choices, such as opting for a walk instead of a more intense workout to better cope with the demands of her work. These comments suggest that femtech apps can mediate affects with other relations including work, exercise, and lifestyle choices.

While the participants explained how femtech apps helped them plan, they also shared personal memories that affected their current preparation and management techniques. Shannon, for example, commented that in her earlier years she would "*miss out on school because [her] period pain was so bad*" and that her "*cramps would be so bad it felt like [she] couldn't move*". She explained how she had to take days off work but she "*can't do that anymore*" in her current role. Shannon also described how the app helps her choose certain clothes: "*if the app tells me my period is coming up, from one to two days out I will make sure I have a heat pack at work, and I will wear comfortable clothes like black pants".* That is, the self-knowledge that Shannon gains through her affective engagements with the app contributes to how she makes decisions about her work, appearance, and comfort.

Participants also described how they turn to the calendar function within the app to schedule personal self-care appointments, social outings, and holidays. Taylah explained that since getting her period back she "*has been relearning*" how her body feels and acts during particular phases of her cycle. For example, she reported that she would "*be mindful*" of booking self-care appointments to avoid discomfort or "*even facials that might aggravate [her] skin*", a symptom she has associated with her cycle through the use of the app. This was echoed by Michelle, who commented that she would "*literally open up the app to help schedule outside [her] cycle*". Katy said she used the app's calendar function "*if there was a particular party on or [she] was going away*" while Shannon said she would refer to the app when she was making plans with her friends:

> *If I'm making plans or something, I'll use the app to check if I'm going to have my period. Because the app can predict a few cycles in advance it's quite helpful to check if I'm going to have my period or if I want to even go on holiday when I have my period.*

Shannon shared a recent experience where she "*made plans to go away with [her] friends*" and felt "*lucky*" when the app showed she would likely not have her period at the time. When asked if she ever had to cancel plans after she checked the app, she said "*Oh I've done that more so for dinners or parties*". She also commented that she would inform her friends and she once said them: "*I'm just telling you, I might get my period that day so I might just be a bit tired. So sometimes it'll be a tentative plan*". Shannon's comments illustrate how engagement with the femtech app influences not only her self-knowledge about her body but her relations with friends and experiences in social settings. This use of femtech apps to manage everyday factors (e.g. work and relationships) illustrates postfeminist and healthism discourses at work, whereby women are encouraged to manage their bodies despite being 'normal' and 'healthy'.

6.2.3 Improving self-management and interacting with doctors

A fourth recurring theme in the interviews was the way in which participants noted the relationship between their health, bodies, and femtech apps and interactions with healthcare professionals. This theme emerged, for example, in discussions of how the femtech apps enabled participants to enhance their understanding about their bodies, cycles, and patterns, which were previously unknown to them. These views surfaced mainly in relation to their experiences with doctors, notably, general practitioners (GPs) and gynaecologists. While two of the participants reported that they had no need to discuss their menstruation or reproductive health with their GPs, they agreed that if they did, they would refer to the information on the femtech app to support their discussion. For example, Katy said that "*fortunately [she] hasn't had to raise an issue with [her] doctor, but there is no doubt in my mind that I would defer to the app because it's all stored there*".

Most participants shared anecdotes about how they referred to the calendar function on the app (to check the start and end date of their cycle) or used insights about their symptoms in consultations with their doctors. Leanne, for example, said that before she started self-tracking through the use of femtech apps, she "*couldn't answer much of [her] GPs questions*" when they discussed menstruation and reproductive health. She explained that as she now has more personal insight based on the app's data, if her GP were to ask "*okay, when was your last period?*" she can simply "*take out the app and respond: it was on this day*". Another participant, Patricia, made a similar comment, where "*the doctor would ask all these questions like, how long is your cycle? How many days does it usually go for when you get your period?*". She said that before she had downloaded the period-tracking app, she had "*found those questions hard to answer*" and had to "*try to take notes in my notes app*".

Rae's comments also illustrate a common sentiment among the participants whereby it was a sense of frustration with traditional knowledge spaces (e.g. doctors in medical settings) that had influenced their moves towards femtech apps. At the same time, their engagement with these apps, such as awareness and understanding of their bodies, shaped their perceptions and subsequent interactions in these traditional knowledge spaces. For example, apps provided personal insights that participants such as Rae could use as a 'tool' to identify patterns in their cycles. It is through this type of documentation that they gained a sense of empowerment in their interactions with doctors, some of whom they felt were 'dismissive' of their irregular cycles.

> *The app was a really good tool for me to get advice from my doctor and to know that it's not just in my head and I'm not just exaggerating it. In my experience, especially around female health, some doctors I've seen are really dismissive or they don't give full information.*

In this case, the relational dynamic between Rae and the app shaped affective relations with other people—in this case her doctor—as well as her ongoing embodied engagement with the app:

> *When I do have all the information like documented or catalogued in the app, I've been able to say: okay, this has been happening for this period of time, these are the dates, this is the cycle, this is how heavy it was. I haven't relied on the app over a doctor, but it's kind of helped support my case. Rather than if I went to a doctor with no documentation where they'd go "oh, that's normal". Now I can actually say "no, this is <u>not</u> normal".*

A sense of reassurance is evident in Rae's description of how the app's affordances (calendar function and visualisation) supported her interactions with her doctor. The affects produced in this relation meant that, even though she recounted some unpleasant experiences with her doctor, the app produced a sense of self-knowledge and awareness that motivated

her to become more proactive with her personal health. Similar to other participants, Shannon's previous experiences with doctors shaped her emotional connection with the app. However, unlike Rae, who used the information to consult with her doctor, Shannon indicated that she hasn't felt the need "*to talk to a doctor about [her] period for a while now that [she] knows what to expect*". As she explained:

> *I think it comes down to my experience of having a bad period in high school. Although it's been fine now, back then, it was really bad. I felt like the doctors didn't really provide much support. For example, there was one really bad day where I was in so much pain that I couldn't move. My mum ended up taking me to the GP where we sat in a waiting room for two hours. When I went in, the doctor, who was male, was just: can't really do much. We'll just give you Panadol and the pill.*

This anecdote draws attention to the ways in which the participants negotiated the insights and knowledge gained from femtech apps and used this knowledge in their everyday lives. For example, engagement with femtech apps motivated participants such as Rae to revisit their doctor and to use app-enabled insights to "*support her case*". For other participants, engagement with the apps served to strengthen their attachment to digital media rather than prompt a return to their doctor. Shannon explained that although her experience with her doctor was around six years ago, it left her with the impression that "*the doctors didn't really want to help*". Shannon used the analogy of a car to describe her experience: "*the more and more little things you put in the car, the better it gets*". As she explained:

> *I like to think it's reassuring as someone who had previously had issues with their period that were really bad. It's reassuring that I can look back at this and keep track of how my period is going. To be honest, it makes me feel on top of it.*

While earlier themes captured how the apps provided opportunities for participants to learn about and know their bodies, in this theme, the app appeared to compensate for a lack of recognition of their embodied feelings (sensations and emotions) by others in their

everyday lives. Patricia, for example, explained that she "*wasn't really happy with [her] doctor*" who she had been seeing for many years and who "*couldn't give me answers or any information*". She said she had "*to go shopping around for a new GP and couldn't find one*" who understood her, and nor could her friends who were also "*struggling to recommend one they trusted*". Patricia referred to this experience, which led her to visit a gynaecologist who diagnosed her with PCOS around two years ago. As she explained, she "*liked and trusted*" this gynaecologist although the answers to her health concerns were "*very medical science based*" and "*traditional*" and she "*felt anything outside of that wasn't considered in the process*". Taylah shared a similar sentiment, despite being diagnosed with endometriosis over eight years ago:

> *The doctor will just say "oh, you've got this". We need to have surgery, we need to do X, Y, and Z. And then when you have questions about grey areas, they don't really know how to answer it. They don't tell you things about how to look after your fertility or how you can improve it and things like that. The only advice he gave me was just make sure you eat healthy, but also that is the only thing he told me. I'm pretty sure there's a lot more I could do than just that.*

Taylah, who recently moved from the 'contraception' to 'conception' version of her app, also shared experiences where she believed that the personal insights and information derived from the app produced "*more information than what [her] doctor could tell [her]*". For Taylah, this experience was powerful enough to make her feel that she "*doesn't really trust them. I trust them to do the procedure, but then the pre and post care I have to go elsewhere for my insights*".

Several participants were especially critical of the advice they had received in the medical setting. Leanne described how she was "*pretty much poked and prodded every*

month" then told she was going to "*really struggle to have a baby*" which "*spurred*" her into doing her own research:

> *When they checked my fertility level, I came back really, really low. They were like: you're really going to struggle to have a baby. That was in January and so it kind of spurred me on to trust my own research so much. I tried to turn everything around and so the app really helped me to track everything. I've definitely been told some things earlier this year, and being like, okay, I'm just going to do my own research.*

When asked where she searched for information, Leanne mentioned online forums, social media platforms, and podcasts. These sources of information were similar to those identified by all of the participants in the study. The most notable benefits of these sources of information for participants was the sense that these digital media spaces resonated with them more than the medical setting. As Leanne noted:

> *I like in the forums on the app, I've kind of found more information that I felt like I wasn't provided by medical professionals. But I also do take the information I found in the forums with a grain of salt, because I know it's not always going to be right. But it also felt like a bit of a support network at the same time. I think I probably didn't use the app for getting the information. It was more like Facebook groups, or podcasts and stuff like that.*

In this example, Leanne illustrates how participants searched for and negotiated information about their health and bodies. It aligns with recent research that suggests that young women are turning to online spaces to 'fill the gaps' and to hear (or read) personal accounts from other women (Clark & Southerton, 2024). Yet, there is also a sense that they are willing to take the information they encounter on digital and social media 'with a grain of salt' compared with information they might receive from their doctor or in the medical setting. Participants like Leanne allude to the embodied emotions of comfort and personal connection they experience when the content encountered on online forums, social media

groups, and podcasts reflect their own. This content is significant for participants and influences how they identify and manage relationships with their doctors. As Leanne explained:

> *They have changed so I started going to a fertility specialist. And I also change GPs because of the way she delivered the news was pretty much like, 'Oh, sorry, you can never have children.' It really turned my world upside down for a few months. And it wasn't the case at all. It was just like, 'Okay, you're going to have to do different things.' So I completely, I was just like, new GP and go to a fertility specialist*
>
> *have changed so I started going to a fertility specialist. And I also change GPs because of the way she delivered the news was pretty much like oh, sorry, you can never have children. It's just really turned my world upside down for a few months.*

Similarly, Patricia commented that information "*that come through about my health from the app, to me, I take with a grain of salt*". While participants therefore expressed a sense of empowerment and control around managing their bodies themselves, they also expressed a desire to maintain relations with their doctors (especially for conception and surgery, as noted above). An interesting contrast was found in Jane's anecdote which noted her positive interactions with her doctor who had recommended femtech apps to support her self-awareness of her body. Unlike other participants, who mostly used the app to track their periods or for conception, Jane began using Flo as a contraceptive method when she was 28 years old. She explained that she didn't respond well to other contraceptive methods and her gynaecologist had said that "*there's plenty of [self-tracking] apps on the market that are quite easy, user friendly*". Jane described feeling confident in this recommendation as her gynaecologist knew her history well. While her gynaecologist hadn't recommended Flo specifically, Jane said "*it was the first one that came up, probably because it was sponsored*". She signed up to the paid subscription to Flo after five or six years of using the app. Although

she thought the free version provided her with everything she needed, the paid subscription offered "*access to a lot of different articles by gynaecologists, doctors and nurses*".

While this fourth theme captures the participants' various experiences related to consultations with their doctors, it also illustrates the associated affective flows that femtech apps generate beyond standardised engagement between the woman and the app (i.e. period tracking). Where the participants' engagement with the app produced feelings of knowledge and control, it shaped subsequent affective encounters with their doctors and also their experiences with digital media such as online forums and Facebook groups. This illustrates how femtech apps can promote the postfeminist-healthism imperative to self-manage the body in the context of interactions with doctors and medical institutions.

6.2.4 Control of individual and collective health and wellbeing

All of the participants expressed the view that the knowledge they gained from femtech apps produced feelings of self-empowerment and a sense of self-control over their bodies. Most participants were comfortable with entering their personal details into the apps and did not consider this to be sensitive information. When prompted about this issue in the interviews, the participants frequently commented on how this information would not be of much value to anyone other than researchers for whom it was believed the data could contribute to an area with limited knowledge. These findings are consistent with previous research (Ford et al., 2021; Hohmann-Marriott, 2023). For example, Hohmann-Marriott (2023) found that femtech users in New Zealand considered their personal information to be 'uninteresting' for anyone beyond themselves and perhaps researchers. She contends that this presents a paradox in femtech whereby a sense of empowerment and control through the use of the app is in fact shaped by the very systems that disempower women's bodies.

For some participants, the knowledge they gained through the use of the app outweighed any potential risks to their privacy. Shannon, for example, commented that she "*wouldn't even know what there was to criticise*" about the app. She said that "*it's the reason I use the app so there would have to be data about me, my period and like my health. I'm not even sure what you could do with that*". When Jane was asked if she had any concerns about using the app, she said she had briefly thought about where her data is kept. However, she questioned the value of her information:

> *If someone wants to know what my cycle is, good luck to them. It's not like there's any real details about yourself. Like you have your name and stuff. There's not much else. It doesn't know where you work.*

As described in previous chapters, participants were increasingly surrounded by digital media in their daily lives and if the possibility of their personal data being used elsewhere was raised, they would refer to the many other applications they used. For example, Michelle said she "*honestly doesn't have that many concerns*" and felt that "*there were other apps that [she] puts way more data into and actually tracks me*". She recounted "*moments when [she] is on TikTok and an advertisement will appear that [she] was literally talking about two hours earlier*". Michelle added that she has "*multiple Alexas at home*" and together with TikTok "*they could be taking way more data than my period tracker app*".

A common view among the participants was that the limited information they uploaded to femtech apps as well as having a 'free' account minimised any risk to their personal data. Interestingly, any perceived risk tended to be related to financial information rather than health or bodily information. Some participants viewed the 'free' subscription as holding less sensitive information than the 'paid' version as they would not have to share payment details with the app. This view contrasts with previous studies that found that 'free' digital platforms, such as Facebook and Google, operate through the collection of personal

data which is then sold to advertisers and developers (Cohen, 2024; Hull 2015). For instance, Facebook is able to operate as a 'free' platform precisely due to its collection and sharing of personal information, which is how advertisers can target users on the platform (Quach et al., 2022). Shannon, for example, commented that she is "*aware that they have my health data and they have all this information about my bodily function, but that's fine*" but also that she would "*be more concerned if they had my credit card information*". As Leanne explained:

> *If there was a data breach, I don't think it would be an issue for me because I'm not a paid member. I haven't put many details into it. If there was a security breach and my details were sold to someone, I don't think they could find that much information that would be useful. But I guess if I had paid and everything was in there, then maybe I would be a little concerned.*

Most participants referred to an interesting 'trade-off' between privacy risks and the benefits derived from the app (Shih & Liu, 2023). Shannon, for example, downplayed the risks of sharing her personal information when the knowledge she gained through the app "*empowered*" her. She commented that "*it's good that women have noticed these issues and they're supported in knowing more about themselves*". Her willingness to disclose her personal information on the app illustrates how feelings of personal control override the potential risks to her privacy. Patricia's comments provided an interesting example of this paradox whereby the information stored on the app was enough to facilitate interactions with her doctor and to encourage her to have her health at the "*front of mind*". At the same time, she considered this information as not providing "*enough detail*" for anyone else to take advantage of:

> *Privacy wise, no, because I don't feel like I put enough detail for someone to take advantage of me or take my data or anything. I guess if someone was taking my data it would go towards Women's Health Research. And if they were to sell my data on, that's not really something that enters my mind.*

> *Then health wise, no, I think if anything, like it's a help, because it's good, it means that it's front of mind for me, and I can keep track of it. But also, it's nice to know that if I do have an issue, I can go to a doctor and I have a record that I can speak to in the moment that has like all the detail that I need, if I need to, like investigate a problem. Feel like sometimes you go to a doctor and they don't have so much background, it's so hard to like, talk them through everything. Like they don't have everything on record. So to be able to take a record is nice.*

Patricia's efforts to be in control of her health and body demonstrates the complexities surrounding everyday engagements with femtech apps. For example, she explained that it "*feels like sometimes you go to a doctor, and they don't have so much background, it's so hard to talk them through everything*". Yet, she also commented that the doctors "*don't have everything on record. So to be able to take a record is nice*". Patricia's reflections demonstrate the broader neoliberal discourses that encourage women to be productive and self-disciplined in the management of their own health. These reflections underscore how self-empowerment is related to a sense of control with respect to the information women share about themselves with femtech companies. However, sharing personal data to improve medical knowledge still converges with neoliberal and postfeminist discourses around health, as women are responsible for addressing the limitations within medical systems through practices firmly located in the private market.

6.3 Conclusion

In this chapter, I examined how women use health tracking applications, specifically, femtech apps, and how these technologies influence their embodied knowledge. Drawing on insights from eight women who participated in follow-up interviews, I explored their everyday experiences with femtech apps. The findings reveal how dominant discourses reinforce constructions of health and femininity through these technologies. The women shared what

they had learnt or were told about their bodies through the apps, how they responded to this information, and what purpose the apps held for them. Their motivations for using femtech apps were influenced by their experiences with other relations (doctors) and digital spaces (social media groups), and a desire to validate their own sensations and emotions and to know more about their health and bodies. The insights from these women suggest that their use of femtech apps went beyond personal health – it became a way to cultivate self-empowerment and exert control. However, despite some long-term users expressing a sense of embodied knowledge gained from their use of femtech apps, these apps involved ongoing monitoring and discipline of the body. This reflects the contradictions inherent in neoliberal, postfeminist, and healthism discourses, where empowerment is intertwined with self-surveillance and consumption practices. This chapter has explored women's knowledges, understandings, and experiences of health through femtech apps, and the ways in which affects and relations constrain or limit their everyday practices.

By addressing Research Question 3, this chapter has demonstrated the ways in which digital media, specifically femtech apps, both facilitate and limit women's embodied knowledge of their bodies and health. The participants' experiences highlight the complexities of engaging with self-tracking technologies in a neoliberal context, where empowerment and control are accompanied by self-discipline and normative pressures. In the next chapter, I will synthesise the findings from all three analytical chapters, discussing the broader implications for understanding women's health practices in the digital age and suggesting directions for future research and interventions.

Chapter 7: Conclusion

In this thesis, I have investigated the role of digital media in shaping women's experiences and practices related to their health, bodies, and lifestyles. Specifically, I focused on social media platforms, self-tracking applications, and content-sharing sites to unpack the discourses, affordances, people, and other objects that influence women's embodied knowledge, learning, and action.

The central question that guided this thesis was: *How does digital media mediate women's experiences with health?* To address this overarching question, I developed three sub-questions:

1. How do women engage with health-related content on digital media, and how does this relate to their construction of health?
2. What social and material relations intersect with women's health-related practices?
3. In what ways does digital media facilitate (or limit) women's embodied knowledge of their bodies and health?

In this final chapter, I provide a summary of each chapter in the thesis, highlighting the key findings and their relevance to the research questions. The thesis concludes with a discussion of its contributions to the literature, the study's limitations, and recommendations for future research.

In Chapter 2, the research questions were situated within the existing literature in the fields of health communication, digital health, feminism, and culture and media studies. The chapter aimed to identify gaps in the literature and establish the theoretical foundation for the thesis. The chapter began with an examination of the rise of neoliberalism in Western countries, such as Australia, and its impact on healthcare. Neoliberalism promotes the idea of

individuals managing their own health through rational decisions, benefiting governments by reducing public healthcare funding and private entities by encouraging reliance on their products and services (Dutta, 2015). Additionally, the chapter discussed how neoliberalism and healthism (Crawford, 1980) reinforce neoliberalism, facilitate the growth of industries such as food and wellness, and contribute to normative expectations of good health and management practices. Feminist scholars highlight the impact of neoliberalism on women, driven by a postfeminist sentiment equating empowerment with self-discipline and improvement (Gill & Orgad, 2022; McRobbie, 2004). This sentiment intersects with healthism by encouraging 'healthy' choices through self-monitoring, exercise, and diet, often overlooking broader social health determinants (Riley et al., 2018). The chapter also examined digital media's role in women's daily lives, noting how it fosters constant self-improvement and adherence to idealised lifestyle choices to maintain health. While digital media offers positive opportunities, it also reinforces constructions maintaining these expectations. Given these pervasive ideas about health and the growing role of digital media, the chapter explored perspectives from sociomaterialism, specifically new materialism (Barad, 2007; Braidotti, 2013; Deleuze & Guattari, 1988), to shift the focus from individual factors to broader social and material influences. Sociomaterialism's relational ontology highlights the material, discursive, and affective forces shaping women's engagement with digital media (Fox & Alldred, 2022b). Recent empirical studies employing relational perspectives were reviewed to explore the connections between individuals, health discourses, and digital media (Reade, 2021; Rich & Lupton, 2022). The chapter concluded by synthesising insights from various fields, highlighting the need to move beyond individualistic frameworks to understand how women engage with digital media and the social and material contexts influencing these interactions, particularly regarding health meanings and practices.

Chapter 3 outlined the methodological approach employed in the study, explaining its alignment with the ontological and epistemological foundations of sociomaterialism. The compatibility of qualitative methodologies with sociomaterialist and feminist perspectives that prioritise women's knowledge, emotions, and everyday experiences was discussed. The research design incorporated an online recruitment survey, in-depth semi-structured interviews, and reflexive thematic analysis (Hesse-Biber & Johnson, 2015; Morse, 2016). Sampling techniques, recruitment methods, and participant demographics were described, including women aged 18-35 in Australia who used digital media, with an additional emphasis on women of Asian descent to address underrepresentation in existing literature. The data collection focused on in-depth interviews, aligning with feminist methodological approaches that prioritise women's knowledge, emotions, and everyday experiences. The chapter also discussed the data analysis process, detailing how reflexive thematic analysis was employed to identify patterns and themes within the data. This approach allowed for a nuanced interpretation of participants' experiences, consistent with the relational ontology of sociomaterialism. Additionally, the chapter included a critical reflection on my involvement in the research design, data collection, and knowledge production in this thesis. The chapter concluded by discussing how the methodological approach employed in this study addressed the complexities related to health and digital media in a contemporary neoliberal society, thereby making a valuable methodological contribution to our understanding of women's interactions with digital media and the impact these interactions can have on their daily experiences, particularly in relation to health.

In Chapters 4, 5, and 6, the analytical chapters, I addressed the three research questions by outlining women's understanding, experiences, and practices related to health and digital media. The analysis was divided into three specific areas: diet and exercise, wellness, and reproductive health. This division allowed for a detailed exploration of how

digital media influences women's understanding of their health and bodies, as well as what supports or constrains their health-related practices. In these three chapters, I conceptualised health as involving 'assemblages' (Deleuze & Guattari, 1988) which are produced through a variety of 'relations' and 'affects'. This approach allowed me to capture the complex and contradictory ways in which health is engaged with and produced in women's lives.

In Chapter 4, I addressed the first research question, examining how women engaged with health-related content on digital media and how this engagement related to their construction of health. I explored the ways in which digital media influenced women's attitudes and actions regarding diet and exercise, contributing to their views on health. Drawing on interviews with 35 participants and employing concepts of 'relation' and 'affect', I examined the interactions participants had both online (via digital media) and offline (in their daily lives). The findings revealed that women actively engaged with social media influencers, wellness experts, and online communities, which significantly shaped their health-related practices. Participants showed a high awareness of their health, consciously managing their eating habits, body, and lifestyle choices. Influencers provided relatable and trustworthy advice, motivating participants to adopt similar diet and exercise routines. Consistent with previous research on the role of social media influencers in the context of health (Baker, 2022), the affective bonds formed with these influencers enhanced the credibility and appeal of their content, such as new diets and workout routines they promoted, whether it be their own business or endorsements of others. Online communities offered support, shared experiences, and practical advice, reinforcing ideas and practices associated with health. Participants were members of online communities, including Facebook groups and discussion forums, grounded in shared interests that linked health to various aspects of life, including career, finances, and motherhood. This sense of community reinforced health-related practices by providing both emotional and practical advice on how it could be

maintained in their daily lives. Additionally, the findings illustrated the factors that influenced these participants' acceptance or rejection of health advice. For many women in the study, wellness experts on digital media offered alternative sources of knowledge which they perceived as authorities in the context of health. These interactions were shown to shape the participants' understanding of health and how they connected diet and exercise to broader health issues. For example, participants reported requesting pathology tests from their General Practitioners—even in the absence of specific medical concerns—because these were recommended by wellness experts on digital media. The women justified these tests as a way of gaining knowledge about their bodies, aligning with their sense of personal responsibility towards maintaining their health, and the risk reduction strategies this involved. Despite the significant role of digital media in health-related domains, the findings also highlighted the broader social and material circumstances that intersected with women's commitment to health-related practices. For instance, the interactions between the participants' work, relationships, and family life sometimes had a more profound impact than the health-related content they engaged with through digital media. At times, these experiences exemplified postfeminist healthism, wherein women expressed a desire to be responsible for managing their health while simultaneously meeting traditional gender norms and expectations. This chapter demonstrated that while digital media played a significant role in shaping women's understanding of health and influencing their practices, their engagement was deeply embedded within social norms, discourses, and consumer culture. It underscored the need to consider the complex sociomaterial relations that both supported and constrained women's health practices related to diet and exercise.

In Chapter 5, I addressed the second research question, examining the social and material relations intersecting with women's health-related practices. This chapter explored the interplay between digital media, discourse, and the wider sociomaterial environment, and

their combined impact on women's understanding and management of their bodies. Drawing on interviews with 35 participants of Asian descent, the analysis extended the relational approach employed in Chapter 4. Concepts of 'assemblage' and 'becoming' were employed to investigate the dynamics shaping women's health, bodies, and identities. The findings revealed the dual role of digital media in these women's daily lives, serving as a platform for global connectivity and empowerment while simultaneously reinforcing societal norms related to the body and femininity. Participants engaged with online communities such as Subtle Asian Traits which, for some, fostered solidarity and sharing experiences related to culture, racism, and personal interests. This engagement reflected the neoliberal idea that individual wellbeing and physical health could and should be managed independently. They also connected with celebrities and influencers, particularly in the K-Pop industry, which enhanced their cultural identity and motivated health-related practices. However, digital media also reinforced idealised beauty standards, sometimes leading to negative affects on their mental and emotional wellbeing, such as body dissatisfaction and unhealthy dieting. Family influences played a significant role, affecting self-monitoring behaviours and responsibility towards health management. Participants navigated medical advice, personal research, and familial expectations in their health practices. For example, some participants reported that family members encouraged them to seek medical consultations and diagnoses, which led to a commitment to medical advice and self-regulation practices. However, the findings also show the affective relations with digital media where participants turned to digital media to perform personal responsibility and management outside of traditional medical advice. This chapter highlighted the intricate sociomaterial assemblages that shaped women's health practices and identities. It illustrated how digital media both supported and pressured women, emphasising the complex dynamics between empowerment and adherence

to societal ideals. The findings underscored the importance of considering cultural, social, and material relations in understanding women's everyday lives.

In Chapter 6, I addressed the third research question, focusing on how digital media facilitated (or limited) women's embodied knowledge of their bodies and health. This chapter delved deeper into women's engagement with digital media and examined the significance of social and material relations, particularly how specific female-oriented technologies (femtech) informed women's understanding of health and their bodies. The chapter analysed the experiences of eight participants from the wider sample who used self-tracking applications, specifically femtech apps, and participated in follow-up interviews. Building upon sociomaterialist concepts employed in Chapter 4 and 5, particularly affect, assemblage, and embodiment, connections were drawn between femtech, neoliberalism, healthism, postfeminism, and consumerism. This analysis illustrated how these social and material relations assembled to promote normative understandings of health, bodies, self-control, and surveillance. Participants highlighted how femtech apps contributed to embodied knowledge by enabling participants to systematically track and monitor patterns in their menstrual cycle and associated symptoms, fostering a sense of self-awareness about their health. The personalised insights offered by these apps, based on the data they entered, helped them understand the impact of their lifestyle choices on their bodies, including their diet, exercise routines, and mental and emotional wellbeing. This, in turn, empowered them with deeper knowledge about their bodies and their interactions with the world around them. The findings also underscored how commercial companies promoting femtech apps leveraged discourses of postfeminist healthism, emphasising 'empowerment' and 'choice'. These discourses stressed the importance of self-management and self-discipline, advocating for women to understand their menstrual cycles to effectively manage their health and bodies, thereby fostering a deeper understanding of themselves. For the women in this study, the use of

femtech reinforced the sense of responsibility they felt towards their health. Ultimately, these findings illustrated both the facilitation and limitations of women's embodied knowledge through digital media. Femtech apps supported embodied knowledge when used as tools for tracking, personalised insights, and education, providing women with a sense of awareness and control over their health. However, their effectiveness depended on consistent and accurate data input, and some femtech apps did not adequately address specific health needs or conditions.

The next section discusses the significance of these findings and their contributions to the field of health communication, as well as how they offer valuable insights into several related subfields.

7.1 Contributions

This thesis makes significant contributions to critical health communication by adopting a relational perspective to enhance our understanding of how digital media shapes women's health knowledge, practices, and experiences. By viewing women's interactions with digital media as part of a complex assemblage—comprising other bodies, discourses, social norms, and technology—the research moves beyond individual-centric models that dominate existing literature. This relational approach, supported by qualitative methods such as an online recruitment survey, semi-structured interviews, and reflexive thematic analysis, effectively captures the nuanced ways women engage with digital media. These methods provide deeper insights into the feelings, emotions, and experiences of women in both online and offline contexts, offering valuable perspectives that enhance critical health communication.

The theoretical and methodological approaches used in this study contribute to existing literature in social sciences and feminist studies. By enriching research on relational perspectives, particularly sociomaterialism and new materialism, the study highlights the broader social and material relations that intersect with women's health practices. It delves into how factors such as family, work, relationships, and cultural norms influence women's engagement with health information and shape their behaviours. It also advances feminist perspectives within qualitative research by examining discourses of postfeminist healthism and the internalisation of societal expectations regarding personal responsibility, self-improvement, and choice.

The empirical findings also offer valuable insights for media and communications scholars and the field of critical digital health. The study underscores the dual role of digital media in providing support and fostering a sense of community while mediating dominant discourses of health and femininity. By analysing social media influencers and the affective connections formed with them, the research explores the power dynamics and cultural implications of health-related content on digital platforms. Additionally, it examines self-tracking technologies and femtech apps, demonstrating how these tools empower women with greater knowledge and control over their health. The study emphasises the importance of balanced use alongside professional medical advice, thus contributing to the growing field of critical digital health.

To conclude this thesis, the original contributions to knowledge will be discussed in relation to the limitations of this research project. Future opportunities for extending this research will also be identified.

7.2 Limitations

This thesis has set out to contribute to our understanding of the impact of digital media on women's health-related practices. While the findings presented in this thesis suggest that women's engagement with digital media contributes to how they learn, understand, and practice health, these findings should be considered in light of several limitations. First, the study has explored a range of factors related to women's everyday engagements with health and digital media; however, while this broader examination has been a strength of the study as it has allowed for a nuanced understanding of women's knowledge and experiences of health, it has not been possible to provide a more in-depth exploration of some of the specific practices identified.

Second, the generalisability of the study has been limited by the demographics of the participant sample. For example, the study primarily focused on women aged between 18 and 35 years, with most of the participants being between 22 to 35 years; the findings, therefore, cannot be generalised to all age groups. The majority of the participants were located in metropolitan areas in New South Wales, Queensland, and Victoria, which means that the sample is not representative of the views of women in other locations. Most of the participants whose views were presented in Chapter 5 were from Southeast Asia, which means that women from other countries in the Asia Pacific region were not well-represented within the sample. Further, the fact that most of the participants in the sample were university-educated and employed full-time was possibly due to the use of social media advertisements for the purposes of participant recruitment. Finally, the sample lacked gender diversity, as most participants were heterosexual women; indeed, the recruitment call for 'women' may have discouraged non-binary individuals from participating. As a result, the findings may not be applicable to the entire population and should be interpreted accordingly.

Third, as noted previously, contextual factors may have influenced the data collection process, as reported in Chapters 5 and 6. In particular, the COVID-19 restrictions in place at the time of the study meant that the qualitative interviews could not be conducted face-to-face, and as discussed in Chapter 4, virtual and phone interviews were used to help expand the sample. While this may have minimised potential barriers for some participants with respect to travel and distance, other participants may not have been as comfortable with video-call platforms (e.g. Zoom) for reasons such as access, privacy, or confidentiality (Keen et al., 2022). For this reason, the reliance on the video-call format may have impacted the data that was collected. There is also the possibility that the changing environment brought about by the COVID-19 pandemic may have influenced the participants' responses. For instance, the stay-at-home measures may have led to an increase in engagement with digital media, the social media influencers they followed, or how they accessed and prepared particular foods. The study could have been improved by conducting additional post-restriction follow-up interviews with the participants to determine whether their experiences were the same or different following the lifting of the COVID-19 restrictions.

The above limitations have been acknowledged, reflected upon and, as far as was possible, mitigated so as to not detract from the rich, insightful findings of this study. The following section offers recommendations for future research.

7.3 Future directions

The findings in this thesis suggest a number of promising avenues for further research into digital media and health-related practices that could be of benefit to critical health, media and communication studies.

The findings presented here highlight the various ways in which women interact with digital media and how this interaction shapes their knowledge and behaviour related to their health and bodies. As such, this thesis adds to the growing body of research by using a sociomaterialist approach to understand the connections between health, bodies, discourses, and technologies (Duff, 2023; Fox & Powell, 2023; Rich & Lupton, 2022). The application of this approach in Chapters 4, 5, and 6 demonstrates the possibility of understanding meanings and experiences related to digital media and health. Considering the complexity and fluidity associated with being 'healthy' and engaging in 'health-related practices', this study could be replicated with different study populations, and future studies could investigate how digital media engagement produces different health-related knowledge and behaviours in these different populations. Specifically, such research could focus on seeking to understand what influences women's engagement with digital media by studying the experiences of women from diverse sociodemographic backgrounds. This could lead to new and valuable insights about women's understanding of health and their willingness to adopt particular health-related practices. Such studies could expand our understanding of the relationship between digital media and health across diverse sociocultural contexts.

To investigate the complexity of women's affective experiences, I have focused in this study on a variety of digital media and health-related practices. Yet, specific digital media, experiences, and health behaviours may warrant further investigation. Previous research has shown that a relational approach can be used to examine social media platforms such as Facebook (Lupton & Southerton, 2021), Instagram (Reade, 2021), self-tracking devices (Thorpe et al., 2020), and TikTok (Pomerantz & Field, 2021). A study of specific digital media technologies such as devices, platforms, and applications could increase our knowledge of how women are drawn into the affective dynamics of health. Further studies could examine how women's engagements with Instagram (or other social media platforms)

influence how they learn about and practice health, for example, the relational connections and flows of affect that drive women to use content-sharing apps such as YouTube and TikTok; how they incorporate self-tracking technologies into their lives and the capacities that are produced; and the role that policymakers, commercial entities, and health promoters play in shaping women's experiences with digital health technologies. In addition, in-depth research into different health practices, such as dietary patterns, exercise routines, wellness activities, and health tracking, could provide further valuable insights. For instance, examining women's participation in the clean eating movement and exploring its connection to digital media may reveal the motivations behind this practice and its associated challenges. This type of research has the potential to offer valuable insights into the factors that encourage women to adopt and maintain health-related practices, as well as the role of digital media in generating knowledge about these practices.

The findings from this thesis may also inspire new approaches to designing and implementing health communications campaigns. Whereas most current campaigns tend to focus on the individual and the choices they make, the conceptual approach employed in this thesis can help shift the focus away from the individual and towards the social and material context in which health is understood and practiced. The approach adopted in this thesis has enabled an understanding of the dynamic, complex, and heterogenous aspects of everyday life that play a meaningful role in health and health-related practices. An investigation of health communications campaigns and interventions specifically could reveal a broader range of factors that shape women's health choices and show how affective flows produce capacities and incapacities beyond immediate interactions. Such research could contribute to the development of strategies that affect people's capacities to engage with public health messaging.

Finally, the findings in this thesis have provided valuable information about women's experiences during the COVID-19 pandemic. As noted in the previous section, it would be useful to consider the factors that influence women's experiences with digital media beyond these particular conditions. Further research, for instance, might explore the experiences of women as they transitioned away from physical distancing and lockdown measures to provide a point of comparison with the findings in this thesis. Such research could help us better understand the different contexts that shape women's ability to learn, interpret, and embody health-related practices and contribute to the growing body of research that recognises everyday practices and experiences as being produced, not just cognitively, but relationally.

7.4 Concluding summary

In this thesis, I have investigated the influence of digital media (for example, social media and self-tracking apps) on women's health practices and experiences. I used a sociomaterialist approach that goes beyond traditional models to consider various factors that shape women's understanding of health. The findings highlight how the emphasis on health in digital media adds to the already existing pressure on women to maintain good health. I argued that digital media has a significant impact on women's perceptions of health and the body, and reinforces the influence that discourses of neoliberalism, healthism, and postfeminism have on women in everyday life. The thesis sheds light on how apparently unrelated values, beliefs, actions, and behaviours are interconnected in women's health decisions. A key contribution of this study is the exploration of what being 'healthy' means to women and how they believe that the state of 'good health' can be achieved.

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Appendices

Appendix A

Recruitment Survey

Demographic

1. Full name [open-ended / free-form answer]
2. Age [open-ended / free-form answer]
3. Location [open-ended / free-form answer]
4. Heritage [open-ended / free-form answer]

Health-related practices

5. Can you name a health or food related program you once followed? [open-ended / free-form answer]
6. In the above case, has there been a time when a social media group, influencer or celebrity has increased your awareness of a health condition? [multiple choice: yes/no/maybe]
7. Would you consider the condition to be serious? [multiple choice: yes/no/maybe]
8. Were there any benefits in following their recommendations/what was presented in their social posts? [multiple choice: yes/no/maybe]
9. Were there any barriers for you to enact that behaviour? [multiple choice: yes/no/maybe]
10. What made you conduct that behaviour? [multiple choice: yes/no/maybe]
11. Was there anything that could help you successfully enact that behaviour? [multiple choice: yes/no/maybe]

Consent

- I give consent to my participation in this research project [multiple choice: yes/no]
- Do you agree to being contacted by one of our researchers to arrange an interview? [multiple choice: yes/no]
    - If yes, please enter name and email below [open-ended / free-form answer]

Appendix B

Sample Semi-Structured Interview Guide

Demographic

1. Tell me a bit about yourself (e.g. age, profession, residence, cultural background, etc.)

Use of digital media

2. What type of digital media do you use? Can you tell me why you like these?
3. Do you follow any social media influencers or celebrities on social media platforms? If so, which ones, and can you tell me why you choose to follow them?
4. Are you a member of any social media groups? What is the type of content that draws you to that group?

Interactions with online (digital media) and offline (everyday life)

5. How do you like to connect with these groups? (e.g. mobile device, laptop etc.)
6. How do you like to interact with these groups? (e.g. liking, commenting, posting etc.)
7. Is there a particular time and place you like to look at/interact with these platforms?
8. Have you found that you have brought some of these encounters into your real life? (e.g. recipes, exercise regimes etc.)
9. Do you have favourite health and food-related pages or influencers? If so, can you tell me what you like about them?
10. Would you mind showing me some examples?

Culture and representation (questions for Asian Australian women)

11. Do these groups/influencers/celebrities reflect your cultural heritage? If not, why do you think that may be?
12. Do you follow any groups/influencers/celebrities who reflect your cultural heritage?
13. Thinking about what you like to share on social media, do you upload any visuals that reflect your cultural heritage? If not, why do you think that may be?
14. Would you mind showing me some examples of what you like to upload?

Health-related practices (perceptions, risks, motivations)

15. Has there been a time when a social media group, influencer or celebrity has increased your awareness of a health condition?
16. Would you consider the condition to be serious? In terms of your overall health/lifestyle
17. Were there any benefits in following their recommendations/what was presented in their social posts?
18. Were there any barriers for you to enact that behaviour?
19. What made you conduct that behaviour?
20. Was there anything that could help you successfully enact that behaviour?

Wrap up

21. Before we wrap up, do you have any last thoughts about this topic you would like to share?

Appendix C

Sample Follow-up Interview Guide

Follow-up from previous interview

1. Do you have any questions before we begin?
2. You mentioned [name of female health technology] in your initial interview, do you still use this technology?
3. Can you remind me why you adopted this technology?
    a. Why did you stop?
    b. Is there a new technology you now use? If so, why did you adopt this? Tell me a bit about yourself (e.g. age, profession, residence, cultural background, etc.)

Use of female health technologies

4. Can you tell me why you use this technology?
5. What does using the [name of female health technology] involve?
6. What do you like about this technology? How does it make you feel?
7. How much time do you spend on this technology?
8. Has your pattern of usage changed over time?
9. Is there anything that concerns you about using this technology for your health and wellness?
10. What do you think has influenced your attitude towards using this technology for your health?
11. What are your reasons for choosing the information on this technology over other forms of health information, such as messages from your GP?
12. How would you respond to criticisms about the technology?

Reflection

13. Looking back since our initial interview, how has your attitude towards your overall health and wellness changed (if at all)? Why do you think there has been this change?

Appendix D

Thematic Analysis Example (derived from Chapter 4)

Main Theme: 4.2.1 Trusting influencers and engaging with health narratives

Sub themes	Initial Codes	Interpretation	Example Participant Quote (keywords highlighted)
Credibility and reliance on health advice from influencers	Trusting influencer expertise	Participants consider influencers as trustworthy sources of health information, suggesting an emphasis on individual responsibility to stay informed and make health decisions.	"She's [Abbie Chatfield] currently talking about COVID a lot and the importance of getting the AstraZeneca vaccine and reasons to do so. She also frequently addresses feminine health issues".
Relatability and personal connection with influencers	Motivation through shared experiences	The influencer's personal journey appears to motivate participants, indicating an internalisation of the need to monitor and improve oneself.	"When Dara began sharing how her health and overall happiness had improved, it inspired me to adopt a much stricter approach to my own well-being".
	Identification through similarity	Physical and life similarities enhance relatability for participants, fostering aspirations to achieve similar success through personal effort; this may reflect postfeminist healthism by balancing motherhood with self-care and fitness.	"She runs HIIT gyms and is a mother of four, with an athletic figure and a long torso like mine. I appreciate her content and the positive messages she shares".
	Connecting over shared health challenges	Open discussions about health challenges seem to reduce feelings of isolation among participants, encouraging self-awareness, proactive management, and the creation of supportive communities through shared experiences.	"It's really refreshing to see influencers discussing these issues candidly. Especially with a condition like endometriosis, you often feel isolated, thinking the symptoms are normal. It's reassuring to hear others share similar experiences and to realise that what you're going through is not normal. It's definitely nice to see influencers talking openly about their personal experiences".
Visibility and authenticity leading to self-regulation	Shifting towards holistic health	Participants prefer relatable and authentic content over celebrity influence, which may indicate a broader understanding of health beyond appearance to include overall well-being; digital media enables selective engagement with content that aligns with personal values.	"I tend not to follow high-profile celebrities like Kim Kardashian. My focus is more on local Australian influencers rather than global ones. When I was younger, I was more concerned with appearance and followed fitness influencers. Now that I've grown older, I've shifted my focus to a more holistic approach to health.
	Imprint of continuous exposure	Frequent exposure to content may influence self-reflection and engagement among participants, with external circumstances (COVID-19) potentially enhancing interactions with online health information.	"Seeing it constantly, I think eventually makes an imprint on you. And with COVID, having that extra bit of time to reflect on things like that has had an impact.
	Influence of online health trends	Participation in health trends appears to be driven by the desire for self-improvement, with pursuits of health tied to self-esteem, body image, and consumer practices.	"There was a trend with detox teas that I did. When I was younger, around 18 or 19, I followed more influencers. At that time, I still had some baby fat. I'm not necessarily vain, but I like to feel healthy and it's more about self-confidence. The influencers I followed were obviously focused on health and fitness".