Nadine

The maze of health concerns, gendered bodily norms and social pressure

Nadine is a single mother of three with an insecure and underpaid job. She sometimes must work during evenings, which raises problems of childcare, especially as their father is not contributing to care work. She also has parents in need of care whom she tries to see regularly. Nadine has gained a lot of weight and her physician advises her that losing some might ease risks for some health issues that run in her family. He recommends a sports group and healthier food, but Nadine knows that she lacks the time and money to afford either. Her friend Alia tells her about a new app with exercises and a calorie-counting function. Alia connects with other women on the app and thinks it's "great fun" and it "is for free." Nadine downloads it right away and likes the cheerful design. She switches on the step count and starts the first work-out with the help of the app. She also writes her first comment for which she gets some likes. However, over the next weeks Nadine notices that she feels rather burdened because she never seems to find the time to do exercises. She tries to count her calories, following the discussions about it in the comment section. But sweet snacks are one of the things that keeps her going, and she suppresses the thought that she constantly skips typing in these calories into the app interface. Nonetheless, she gets more and more upset with the app and with herself. She feels embarrassed to meet Alia who texts her how much weight she lost.

Discussion: self-image, digital labor and feelings of guilt

Health apps can be marketed as fun, 'free' and helpful activities, but their use requires a lot of time and effort. No wonder that some of them are designed to be addictive. The 'free' ones aren't free either: one pays for them in health data that the providers might commercialize. Meanwhile, to make these apps bring results, users must do a lot of work. This has brought some digital health sociologists note that self-tracking involves labor – one that users are not paid for. This can get burdensome, especially when the user, like Nadine, is poor and stretched for time, that she could spent with juggling her already badly paid job with being a solo career for her children and aging parents. She barely has time for herself, not to mention exercise. This is a crucial aspect of health equity: Studies show that those profiting from health apps are rather from privileged backgrounds. The degrees of freedom are higher if you live in a more privileged contexts, and it can be easier to include app-instructed exercise into your life.

She also lives in one of many societies that have rather extensive expectations of women when it comes to bodily and beauty standards, where women are put under societal pressure to adjust to idealized 'norms', including by other women, who internalize societal gender 'norms' and pressures. Navigating what one might want to consider as a health concern while finding the right boundaries against stereotypical expectations and stress that one may not wish to entertain in their life is not an easy endeavor. Doing this in ways that would be kind to oneself also hasn't been exactly a strategy supported by standard medicine and healthcare or mHealth technologies. And yet, these are also concerns which relate to wellbeing and good mental health in particular. So how can apps be designed in ways that strike the right balance, motivating a healthy lifestyle in ways that will benefit instead of undermine all aspects of user physical and mental health, and simultaneously avoid increasing health inequities?

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