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# HEALTH ON HER TERMS

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The Marketer's Hippocratic Oath to Women

## Forward

**Health On Her Terms** is a study of the way in which women are reflected in health and wellness media and advertising compared with the way in which they see themselves. Any reference to women in this study should be read as including all people who identify as women. The study was conducted by WPP (through Mindshare and Grey) and in partnership with SEEHER to identify:

- How the existing representation of women in media and advertising influences women's health outcomes
- How self-identity by women should permeate health and wellness communications
- How the portrayal of women by brands in the health sector (and beyond) should be portrayed in terms of women's healthcare needs across mental health, weight, and reproductive care

**“ This study ensures women are reflected in health and wellness media and advertising in the way in which they see themselves. ”**

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# Women's health communications must step up

The historical framing of womanhood ignores the complex, multi-faceted way in which women and those who identify as women see themselves. The participants in this WPP and SEEHER study said it is time for this to change if women's health outcomes are to improve.

While media and advertising have made progress with the representation of women, and those who identify as women, health communications continue to lag. This is because, for many years, women and other marginalized genders have not been framed as a primary audience in health communications despite their very specific needs, and despite their majority impact on purchasing decisions.

Compounding the problem is a dearth of representation of women in health research which has fueled the decentralization of women and their health.

Historically, in the US, **women were not included in clinical research**—that only changed in the 1990s. Even today, outside oncology, **women's health conditions represent less than 2% of healthcare research.**

There are many similar examples such as **male participants in brain imaging studies on autism outnumber females by an 8 to 1 margin**, and women have not been included in any early research on this topic at all. This is alarming given that **autistic women are twice as likely to commit suicide as autistic men.**

Further, in the 19th century, Dr. Samuel A. Cartwright, a leading US doctor, **published a report that justified racial bias and violence by saying that Black people don't feel pain.** Today, statistics show that **Black women are 3 times more likely to die during childbirth than White women.**

The implications of this decentralization of women and their health have deep-seated roots in culture and the medical community. These have had a material effect on how women gain access to health today. This has led to an inaccurate portrayal of women in health and wellness communications.

Overall, women and non-binary people in our sample told us that they think it is important for media and advertising to represent their identities—as these individuals see themselves. Participants said that gender and race are, for them, the most important classifications of identity, and the study showed that disability is the least represented area of women's identity portrayed in media and advertising today.

Worryingly, the study showed that **47%** of women believe that media and advertising shy away from women's health issues. The study respondents said that communications on women's health can—and should—better represent women's needs across weight, reproductive care, and mental health.

The results of this study confirmed that media and advertising make women feel most negatively about their weight among other factors. Participants also said that most women's health and wellbeing are portrayed negatively or they are portrayed in a mixed fashion in media and advertising.

Reproductive health—defined as menstruation to menopause—is significantly under-represented

in media and advertising. This is especially concerning given the number of experiences of women suffering with these issues. The study showed that the women in our sample would like to see mental health portrayed in media and advertising both increasingly, and in more nuanced terms.

Women want brands to stop perpetuating the plethora of women's health taboos, and they would also like to see brand champions emerge who will break these taboos. Research shows that women are craving authentic and inclusive content.

We found that those individuals in more marginalized groups (especially if they identify as gender non-conforming, have

other sexual identity, or are neurodiverse) actively choose to support brands that are cause-oriented, that reflect their identities, and that are not afraid to embrace sensitive taboo topics. They would like to see media and advertising as being more inclusive in the representation of women generally.

Through the study, we identified three themes that are constantly surfaced in relation to the way in which women's health is depicted in today's media and advertising. It is believed that these are getting in the way of improving representation. These key themes are:

- The dynamism of womanhood
- The end of exceptionalism, and
- More than caregivers

# 2

## The dynamism of womanhood

Media and advertising often flatten womanhood and health needs associated with women to a homogenized concept whereas, in reality, it is far more dynamic and nuanced than that. If you were to ask three different women what being a woman means, you are likely to get three different answers. A woman's opinion of womanhood is hugely varied.

While the research showed that gender is incredibly important to women's identities, it is not something that can easily be defined as a social construct. The way in which brands currently connect with women is at odds with the way in which women self-identify.

The study showed that physical aspects of womanhood are far less important to women than their personal beliefs. These personal beliefs are aspects of womanhood that are internal and not simple to surface.

The participants in our sample told us that the important parts of their identities relate to:

- Personality traits – **34%**
- Beliefs and values/culture – **19%**
- Roles and titles – **13%**
- Sexual orientation and relationship status – **11%**
- Physical traits – **9%**
- Interests – **5%**

**“Maintaining self-identity is important because it strengthens your character. That is, when we know who we are, have confidence in ourselves, and are able to identify our strengths, we emerge as stronger individuals.”**

The study showed that media and advertising tend to focus conversations on issues that are not representative. The view is that they are largely ignoring the intersectional and diverse needs of women highlighted in this study. Therefore, marginalized women—defined as those who are not represented in media and advertising and are often at the intersection of different categories—often face issues with their health.

**For example, the study found that:**

- **56%** of Indigenous women in the US struggle with anxiety and depression—more than any other ethnic group
- Women with disabilities and those who are neurodiverse are most impacted by a lack of reproductive care and
- **38%** of underweight and **41%** of overweight women have body-image issues—but overweight women reported higher levels of discrimination

**“I haven't seen anything or anyone that represents me personally. If you mean the way middle-aged White women are being portrayed [...] that doesn't represent me.”**

Respondents to this study said they wanted to see collective views of womanhood broken down:

- **38%** of women wanted to see more weight diversity in health communications. This increased to **44%** of women who are underweight and **54%** of women who are overweight
- **36%** of women wanted to see more diverse representation of race/ethnicity in health communications. This increased to **44%** of all respondents who were Black, Indigenous, or Women of Color
- **19%** of women wanted to see more representation of disability in health communications. This increased to **36%** of respondents who were neurodiverse and **51%** of respondents with disabilities

**“Gender non-conformity is being portrayed as a fetish, or otherwise, as a joke.”**

# 3

## The end of exceptionalism

We see women, and people who identify as women, doing extraordinary things in today's culture. While we see transgender women on magazine covers and women living with a disability competing at the Paralympic Games, but we rarely see women just as they are, when they are not doing extraordinary things.

This phenomenon of exceptionalism gets in the way of communicating about those topics women care about, partly because such topics are not exceptional. Reproductive health is especially impacted. The women in this study reported

that reproductive health is most likely to be absent from media and advertising. A total of **52%** of women reported that miscarriage is not portrayed and **45%** reported periods not being portrayed accurately.

This concept of exceptionalism also has an impact on the communication of weight issues in media and advertising. Larger women are rarely seen in media and advertising unless they are doing extraordinary things, and weight diversity is not commonly portrayed in media, with **52%** of women reporting that body dysmorphia is not portrayed at all.

**“ Disability is mostly shown as inspiration. But rarely are women with disabilities portrayed as being the object of attraction or love.”**

**“ I tried telling a doctor about feeling like people didn’t understand me, which I now know to be autism. The doctor told me I was just being attention-seeking.”**

**“ Nearly every doctor has said that every single concern (including depression) can be ‘cured’ by losing weight, despite the fact that my blood work and other exams attest to the fact that I’m healthy despite being ‘overweight’.”**

The study showed the necessity for dignity around the handling of body size and shape, regardless of gender or any other attribute, and the need for a full representation of all health needs.

In fact, weight and age were the primary factors said to be a reason for not being listened to by doctors and/or caregivers. A total of **63%** of neurodiverse women in the study said that healthcare providers do not listen to them. A similar percentage of women living with a disability also said this. A total of **50%** of LGBTQ+ women said they were not heard and **50%** of overweight women said the same.

## More than caregivers

Our research challenged prevailing concepts around women and caregiving. Over **70%** of women saw their family as an important part of their identities when navigating social contexts. Less than **40%** of women saw their career as an important part of their identity in the same circumstances.

We found that most mothers don't feel positively represented by the media in relation to their health, but women and

non-binary people—who are statistically less likely to be mothers based on intersecting demographics—felt even worse about the representation of their health in media and advertising.

There was a lack of inclusion of both maternal and non-maternal contexts across all areas of health and self-care, but the biggest gaps existed in reproductive care. We found that women are reluctant to seek reproductive healthcare

support. The numbers are surprisingly low:

- **21%** of women in our sample said they seek advice about reproductive health from a professional
- **14%** said they seek online forums where they can read about the experiences of others
- **8%** said they seek influencers on social media for advice and/or recommendations for their reproductive health needs

**The Dynamism of Womanhood**

**The End of Exceptionalism**

**More Than What We Endure as Caregivers**

**WOMANHOOD IS DEEPLY PERSONAL- WOMEN RANK PHYSICAL TRAITS OF WOMANHOOD AS FAR LESS IMPORTANT THAN OUR INTERNAL, INDIVIDUAL SENSE OF IDENTITY**

Survey fielded to 1545 women, inclusive of race, gender, sexuality, income, age, disabilities

5 sections in custom-designed survey – mix of open and closed ended questions

**Women believe that movies, TV shows, and brands are improving representation, compared to when they were younger**

**PURPOSE OF THE PROJECT** How can we improve representation of women's health as advertisers across marketing and make women's healthcare communications written by women?

**APPROACH** Interrogate the cultural realities of women's health and how advertisers can better represent those needs today. We dissected the nuances women from intersecting identities face across:

1. Mental health
2. Weight discrimination
3. Reproductive care

**The rigid framing of womanhood doesn't see people outside of linear health needs.**

**2x** probability for women to suffer from mental issues

**85%** of non-binary people suffer from anxiety and/or depression

**71%** of non-binary people suffer from body image issues

**38%** of cisgender women suffer from anxiety and/or depression

**30%** of cisgender women suffer from body image issues

**4x** probability for women to have issues with contraceptive access

**Weight and age are the primary factors for discrimination against women receiving proper healthcare**

- **35%** of women said their age contributed to a doctor or caregiver not giving proper care
- **30%** of women said their weight contributed to a doctor or caregiver not giving proper care

**WOMEN WANT TO SEE THESE MONOLITHIC VIEWS BROKEN DOWN AND REMOVED SO WOMEN ARE MORE CENTERED AND REFLECTED AS THEY SEE THEMSELVES**

**38%** of women want to see more weight diversity in health communications

- 54% of overweight women
- 44% of underweight women

**19%** of women want to see more representation of disability in health communications

- 51% of women with disabilities
- 36% of neurodiverse women

**Healthcare communications flattens womanhood to whiteness, cishet, young, and non-disabled**

**56%** of Indigenous women struggle with anxiety and depression – more than any other ethnic group

Women with disabilities and those who are neurodiverse are most impacted by lack of reproductive care

**49%** of both underweight and overweight women have body image issues – but overweight women reported higher levels of discrimination

**Women said mental health is the most commonly portrayed of all health issues, including anxiety, sadness/depression, and stress, though it is portrayed negatively in media.**

Cultural standards around mental health are more broadly accepted for high-powered women – because vulnerability is socialized as a positive trait for women.

**WPP | SEEHER**

PROPRIETARY RESEARCH STUDY CONDUCTED BY WPP

Overall, non-binary people, women with disabilities, and Gen Z women are two times more likely to struggle with finding help for their reproductive needs from a healthcare professional or from a place where care is provided.

The study revealed significant and valuable insights about the gap between the way in which women are reflected in media and advertising compared with the way in which they see themselves.

**“No matter if you have biological children, non-biological children, or choose no children, it's acceptable...and if you can't reproduce on your own [you are no] less of a woman.”**

**Weight and age are the primary factors for discrimination against women receiving proper healthcare**

Factor	Percentage
Age	35%
Weight	30%
Race/ethnicity	21%
Disability	16%
Gender identity	15%
Sexual orientation	11%
Religious affiliation	6%
Other	26%

% Contributed to doctor or caregiver not giving proper care - Women 18+ who hadn't been listened to by doctor/caregiver

**Women who say that healthcare providers don't listen to them**

- 50% LGBTQ+
- 63% Neurodiverse
- 38% BIWOC
- 50% Overweight
- 62% Disabled

**Our worth is still tied up in the context of what we can do for others.**

**Over 71% of women see their family as an important part of their identity when navigating social contexts.**

**Less than 40% of women saw their career as an important part of their identity when navigating social contexts.**

Most women aren't seeking out information about reproductive care from professionals, media, or peers

**Womanhood is deeply personal**

Women rank physical traits of womanhood as far less important than our internal, individual sense of identity.

- 34% Personality traits
- 19% Beliefs, values, and culture
- 9% Physical traits

**"I tried telling a doctor about feeling like people didn't understand me, which I now know to be autism. The doctor told me I was just being attention-seeking."**

**Women who are most affected by exceptionalism want brands to speak about health issues with more candor**

- 33% LGBTQ+
- 37% Neurodiverse
- 32% Disabled
- 28% Plus-size

When considering weight, larger women are rarely seen unless they are doing extraordinary things.

Weight diversity is not commonly portrayed in media, with 58% of women saying body dysmorphia is not portrayed at all.

**We offer little affordances to speak honestly around reproductive care in the same way - because culture doesn't see anything "exceptional" about the topic and actively attaches a stigma to it**

Women reported that reproductive health is most likely to not be portrayed in media

- 52% of women report that miscarriages are not portrayed
- 45% report periods are not portrayed

**Despite this, communities of women use social media to fill in the gaps of healthcare and support...**

- 21%** "say I seek out advice for my reproductive health from a professional."
- 14%** "say I seek out online forums where I can read about the experiences of others."
- 8%** "say I seek out influencers on social media for advice and/or recommendations about my reproductive health needs."

**The majority of mothers don't feel positively represented in the media**

But women who are the least likely to be mothers are even less likely see positive representation of their health in media

**Women feeling positive about their...**

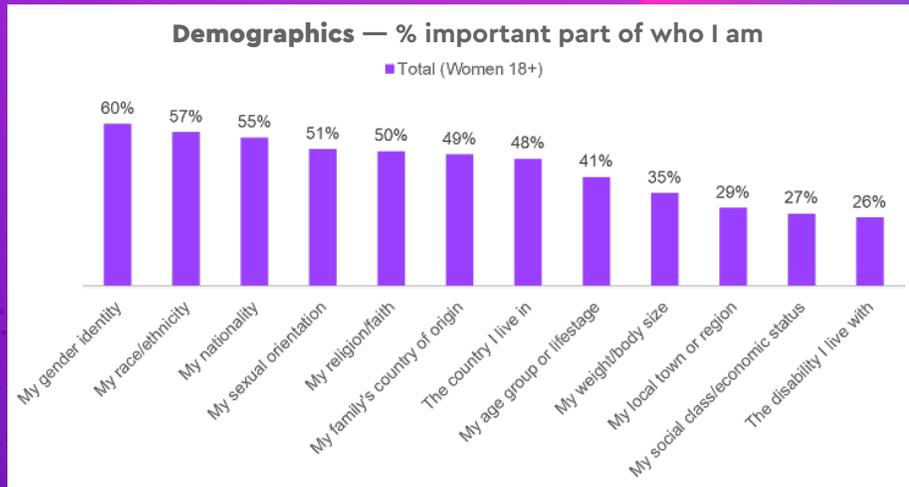
	Mental Health	Reproductive Health
Mothers	39%	41%
LGBTQ+	28%	28%
Non-binary	17%	16%
Gen Z	31%	33%

WPP | SEEHER  
PROPRIETARY RESEARCH STUDY  
CONDUCTED BY WPP

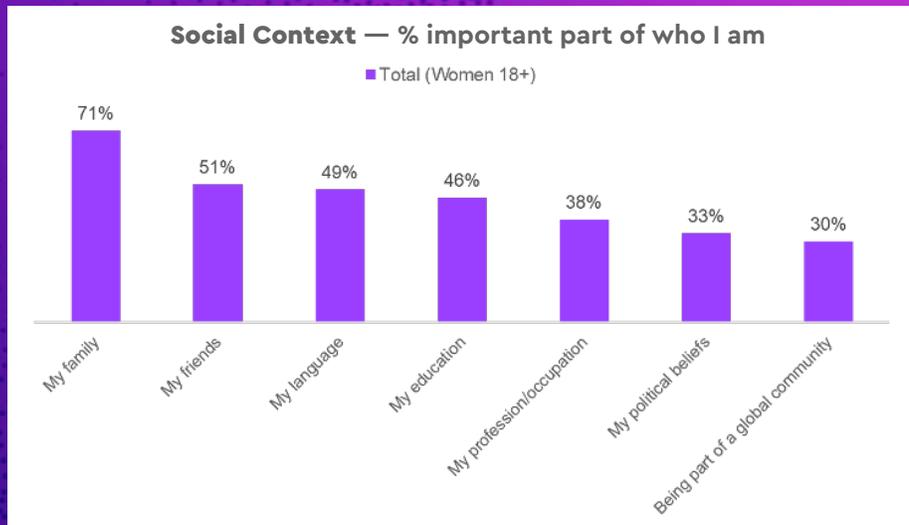
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## Women's identity

Participants in this study said that gender and race are the most important attributes of their identities.



When navigating their social context, the participants in this study said their family is the most important part of who they are.



The women sampled in this study reported that they have the greatest affinity with music in terms of media that they consume. Gen Z, women with disabilities, neurodiverse, and gender non-conforming categories were more likely to report gender identity as important to their identities. Black women and Women of Color were more likely to report race/ethnicity as important to their identities. Asian women were more likely to report their families' country of origin as important to their identities. Asian, Black, working parents, and millennial women were more likely to report social/economic class as important to their identities.



# The impact of identity and media on women

The respondents to this study said they believe that it is important that media and advertising represent their identity and experience, including the intersectional characteristics of their identities, especially in relation to news. Furthermore, Women of Color and LGBTQ+ women said they believe it is important for media and advertising across all channels to represent their identity.

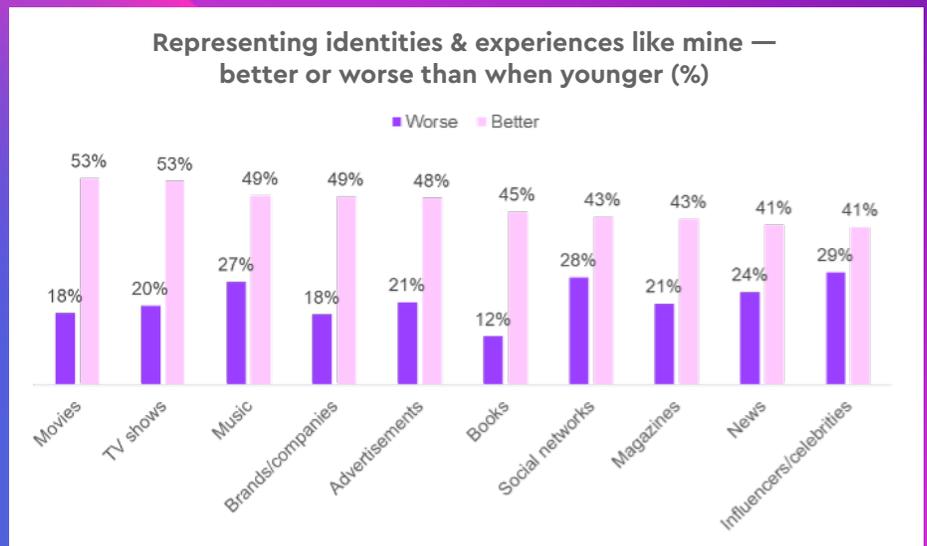
Black women were more likely to say that it is important that news and advertising represent their identities, while Hispanic and Asian women were more likely to say that it is important that social networks represent their identities. As we looked deeper into the study data and dissected the data by generation, Gen Z and millennials were more likely to say it is important for their individual identities to be represented in media. When the results of the study

were dissected by gender identity, gender non-conforming individuals were more likely to say it is important for their identities to be represented in media and advertising.

When segmenting the data by ethnicity, Indigenous women were more likely to say that media—across all types—do not represent their identities at all. When segmenting by gender, gender non-conforming and queer/asexual identities were more likely to say that

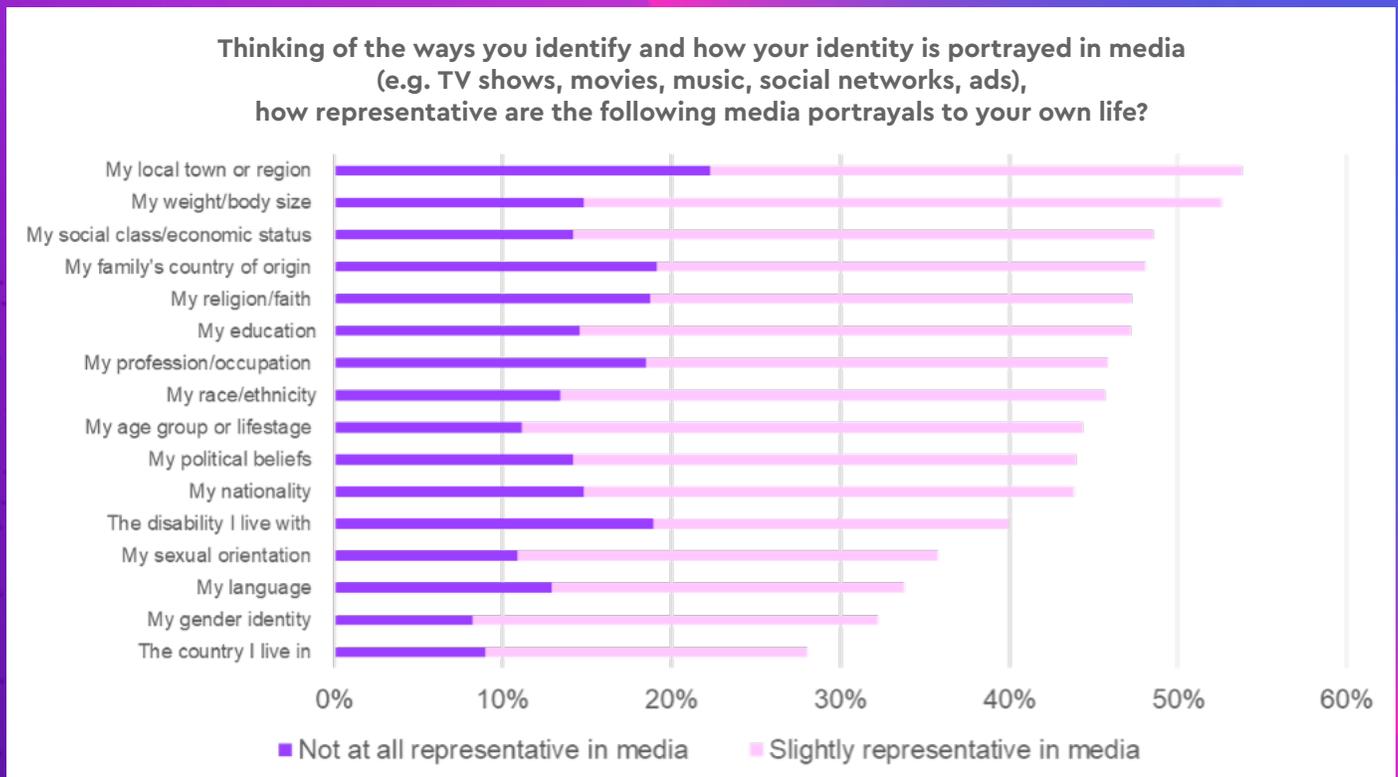
media—across all types—do not represent their identities at all.

The study found that music and books represent women's experiences in a more positive light compared to how experiences are represented in the news. Women across the sample said they do believe that movies and TV shows, for example, are improving their representation of women compared with when they were younger, providing a more hopeful outlook.



## Representation of women's identities by media

The study showed that media and advertising are, overall, under-performing in terms of the representation of women across the spectrum of how they self-identify.



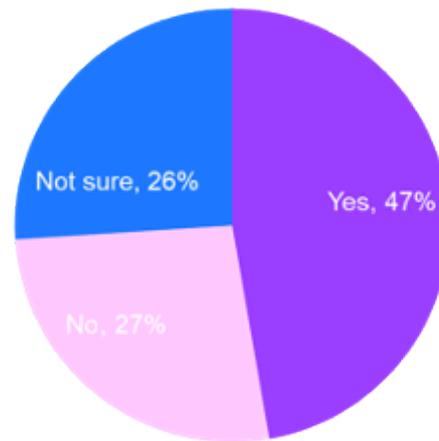
The study also showed that intersectional identities are some of the most poorly represented across most media:

- LGBTQ+ (other sexual identities, gender non-conforming) women and non-binary people said they largely do not see their gender identities represented in media and advertising
- Asian women said they are not likely to see their identity represented in media and advertising
- Women living with a disability, who also identify as gender non-conforming or bisexual, said they are least likely to see their disability represented in media and advertising

## Representation of women's health in media

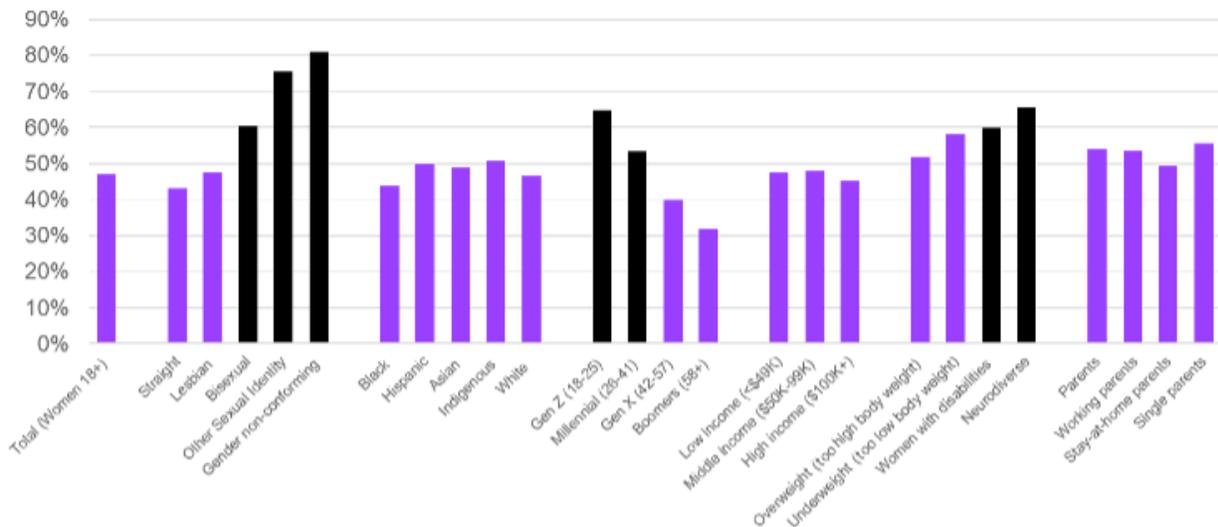
The study found that media and advertising shy away from the representation of women's health. Almost half of women reported that there are topics related to women which are taboo and are not openly represented in media and advertising.

**Q12: Do you feel that there are certain topics related to women that are considered taboo that aren't openly talked about or represented in media (e.g. TV shows, magazines, social media) and advertisements?**

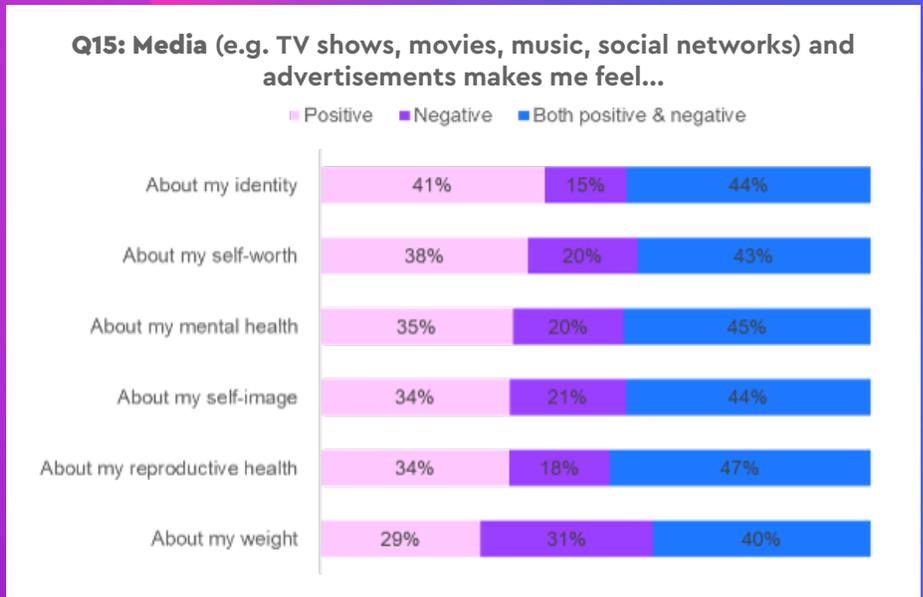


This sentiment was strongest among women and non-binary people in the LGBTQ+ community, who are neurodiverse, have disabilities, or are younger.

**% agree there are certain topics related to women that are taboo and aren't represented in media and advertisements**

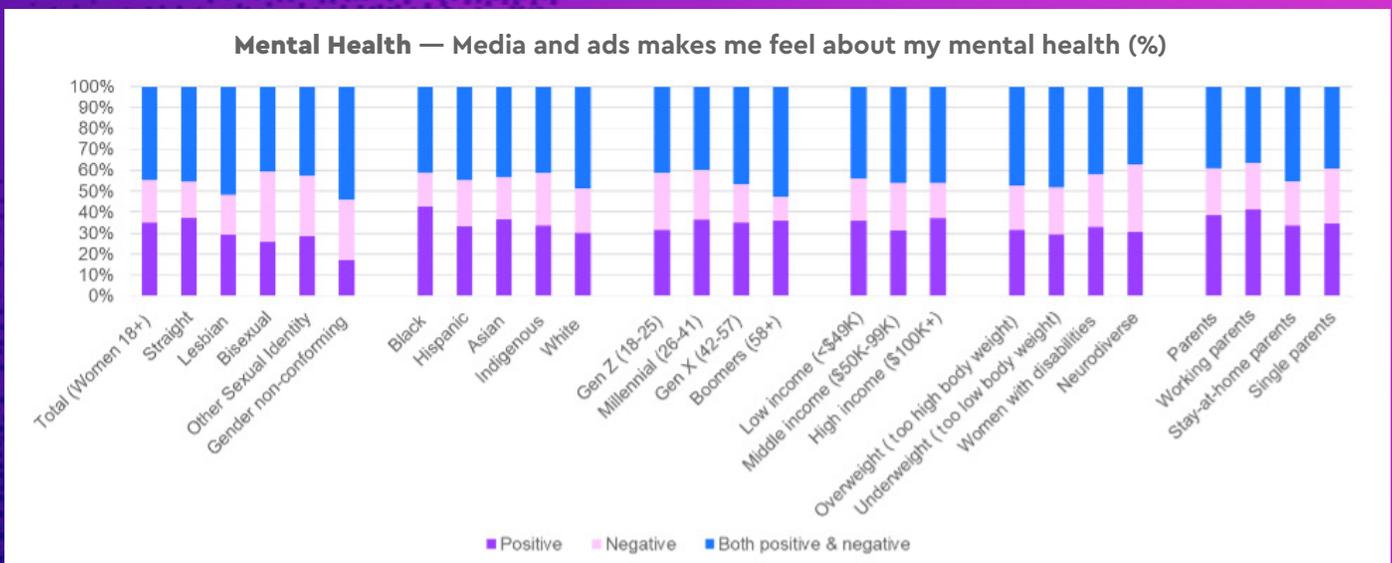


Women reported that media and advertising make them feel most negatively about their weight compared with identity, self-worth, mental health, self-image, and reproductive care.



In fact, those who reported the depiction of weight to be most negative in media and advertising were gender non-conforming people, plus size, and Gen Z women.

Those who reported the depiction of mental health to be most negative in media and advertising were bisexual and other sexual identities, and neurodiverse groups.



## Women's health diagnosis

The study showed some interesting findings about health diagnoses across the sample of women:

- Women reported mental health issues, including stress, anxiety, and depression to be common amongst diagnoses
- Those who are gender non-conforming, have other sexual identities, are overweight, have disabilities, are neurodiverse, and Gen Z women reported being impacted by **weight discrimination** more than other groups. These groups also said they were personally impacted by body image issues
- Gender non-conforming, neurodiverse, and women with disabilities reported being impacted by **contraceptive access** more than other groups
- Bisexual women, Millennials, and parents reported being impacted by **miscarriages** more than other groups
- Bisexual, other sexual identity, gender non-conforming, and Gen Z women reported being impacted by **anxiety** more than other groups
- Bisexual, other sexual identity, gender non-conforming, and Gen Z women reported being more impacted by **depression** than other groups

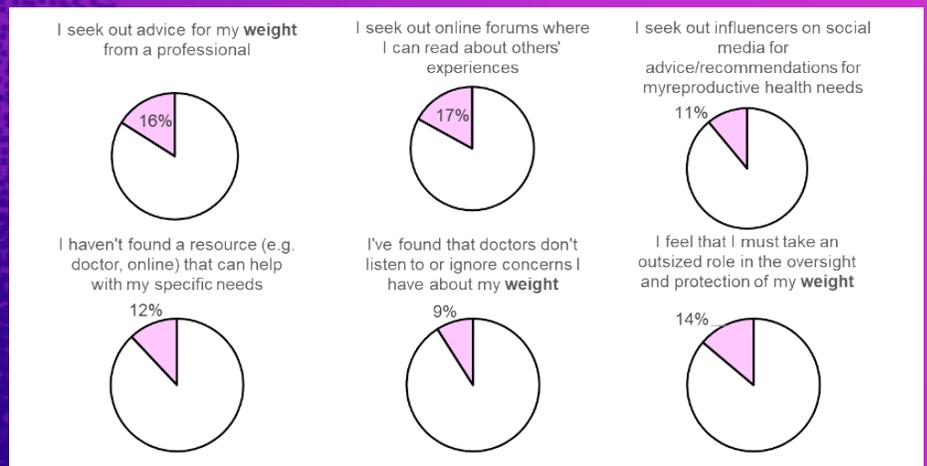
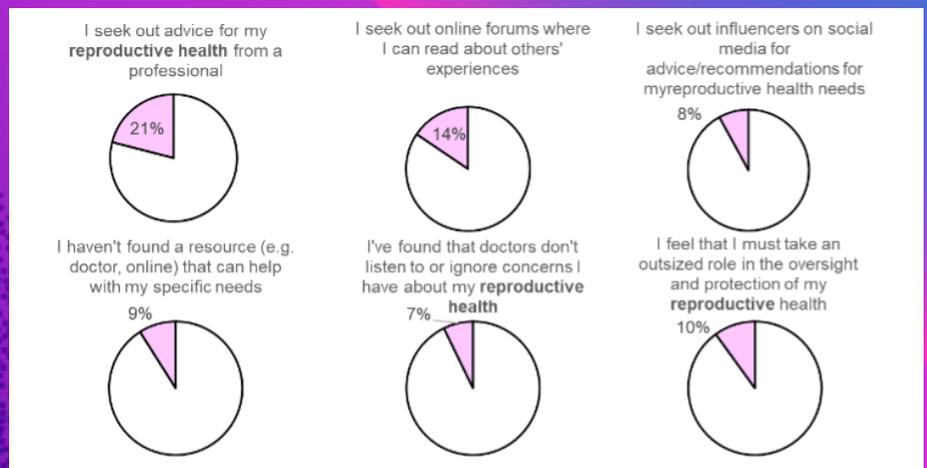
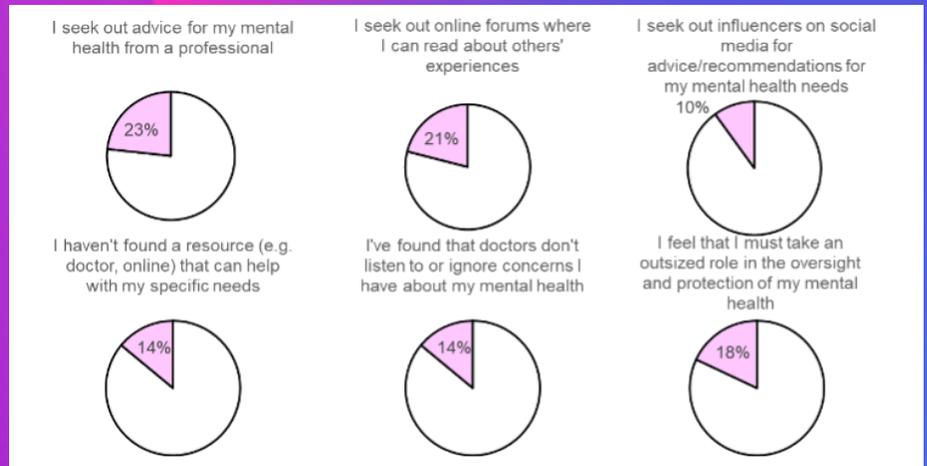
## Mental health and reproductive care, and weight diversity

Nearly a quarter of the sample said they seek out **mental health** advice from a professional, and **21%** said they seek out online forums where they can read about others' experiences.

When it comes to **reproductive health**, **21%** of women in the sample said they seek advice from a professional, and **14%** said they seek online forums where they can read about others' experiences.

In terms of **weight**, **17%** said they turn to online forums for information, and **16%** said they seek advice from a professional.

The study showed a huge appetite for information-sharing across mental, reproductive and weight health, yet there is generally a limited supply of reliable information in these areas.



## Discrimination and not being heard

About half of the women in the sample reported being discriminated against—by media and advertising, society generally, or by an individual. The areas in which discrimination was believed to be most

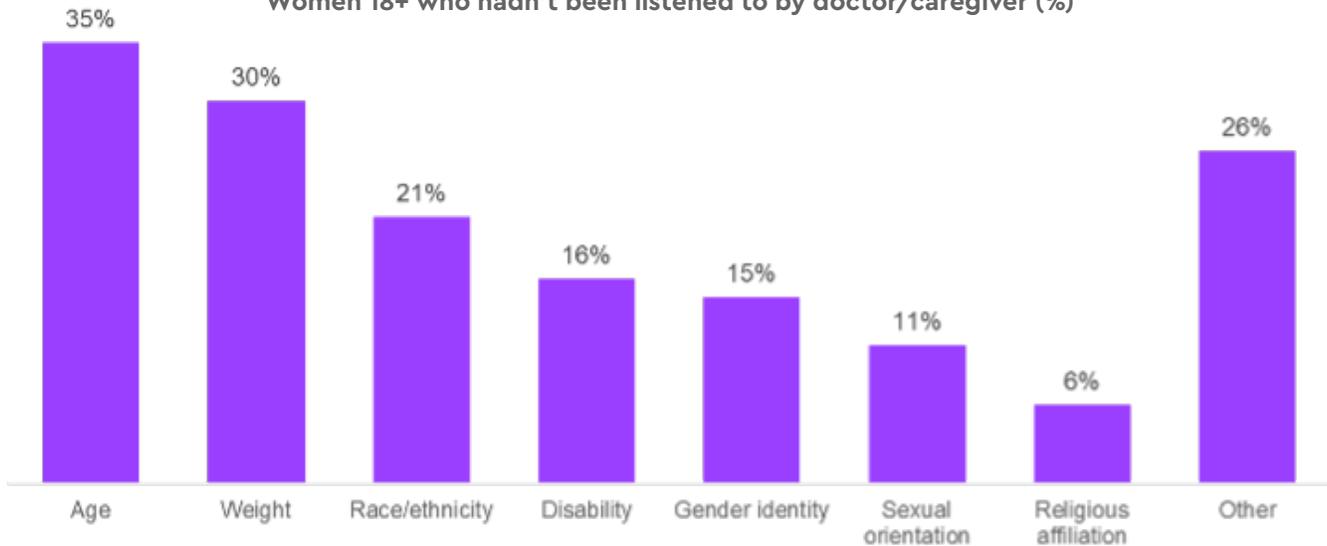
prevalent were race/ethnicity followed by weight.

When it comes to being heard, there was significant concern amongst the sample that doctors and/or caregivers do not listen

to women's concerns. This was most prevalent amongst those who are older or have weight issues. Across the entire sample, **40%** of women reported feeling that they have not been listened to in a healthcare environment.

**Age and weight were reported as the largest contributing factors for the failure to receive proper care.**

Factors contributing to doctor or caregiver not giving proper care — Women 18+ who hadn't been listened to by doctor/caregiver (%)



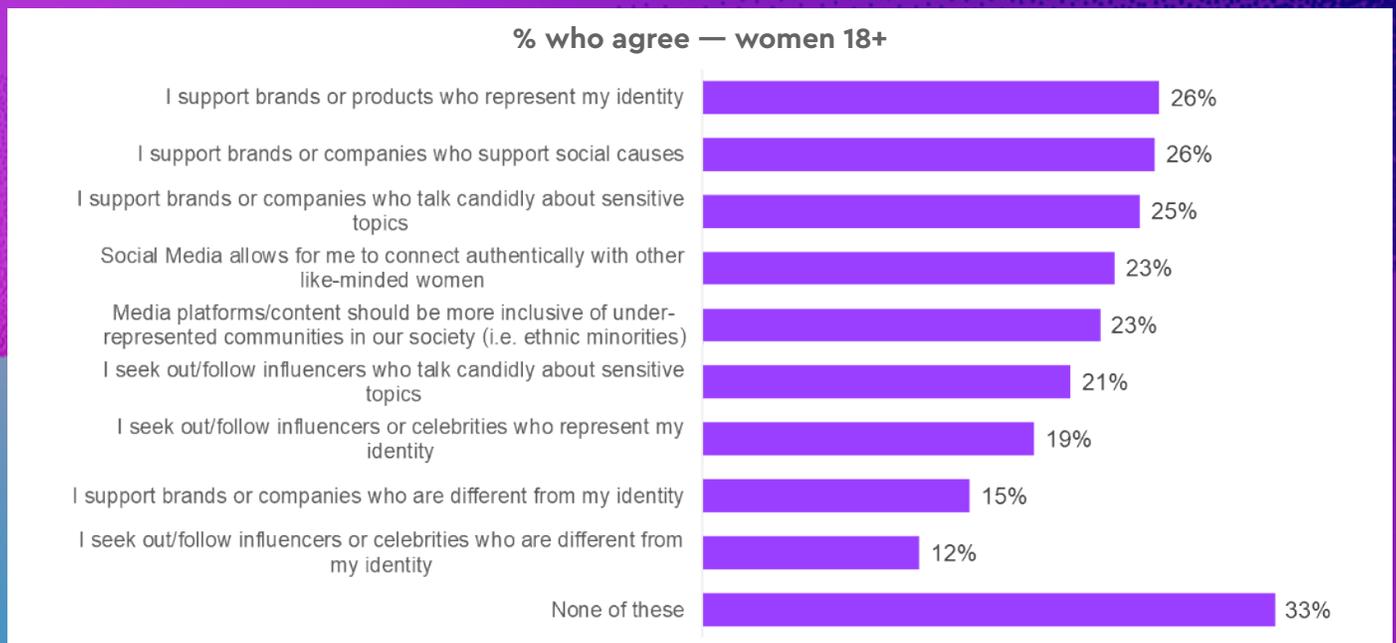
## Media and its portrayal of women's health

**The Health On Her Terms study revealed the following opinions about how mental health is currently portrayed in the media:**

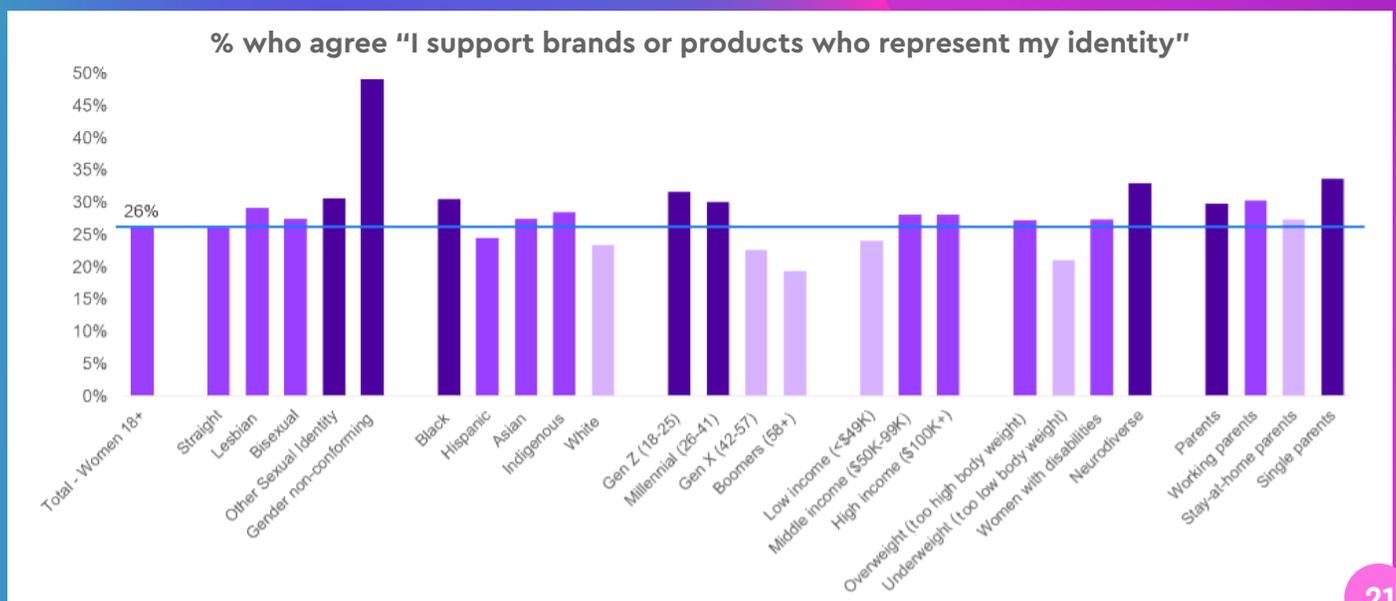
- TV, movies, and social media are the leading channels for portraying health and wellbeing issues
- Drug addiction, mental health, and body image issues were the most represented issues across channels
- The least represented issues were compulsive exercise, miscarriage, body dysmorphia, and contraceptive access
- Most women's health and wellbeing issues were portrayed negatively
- Women have a desire for mental health topics to be portrayed more often or with more nuance
- Mental health and weight issues were portrayed as unrealistic, unhealthy, incorrectly, or poorly

## Media and brands' relationship to identity

Across the study, we found that women support brands that they believe to be representative of their healthcare needs and identities.



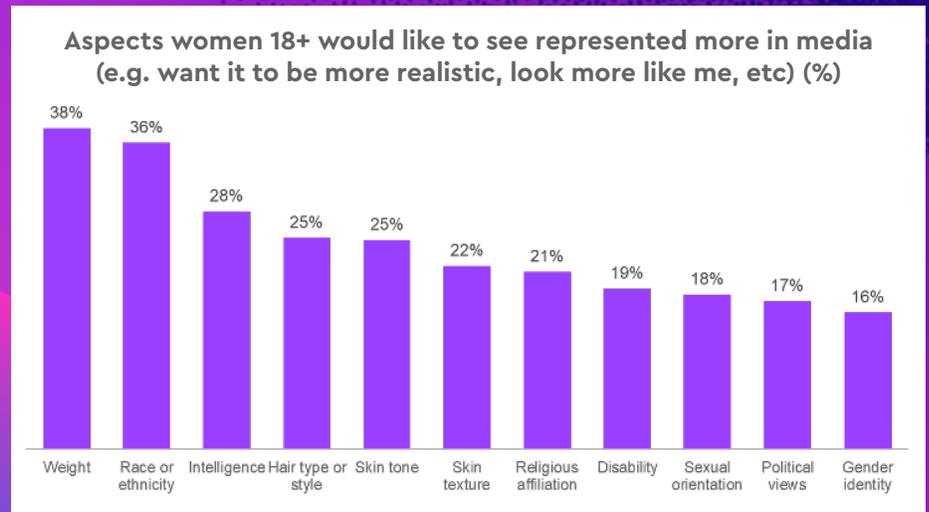
Those who are gender non-conforming were the largest group to be most interested in supporting brands who represent their identities.



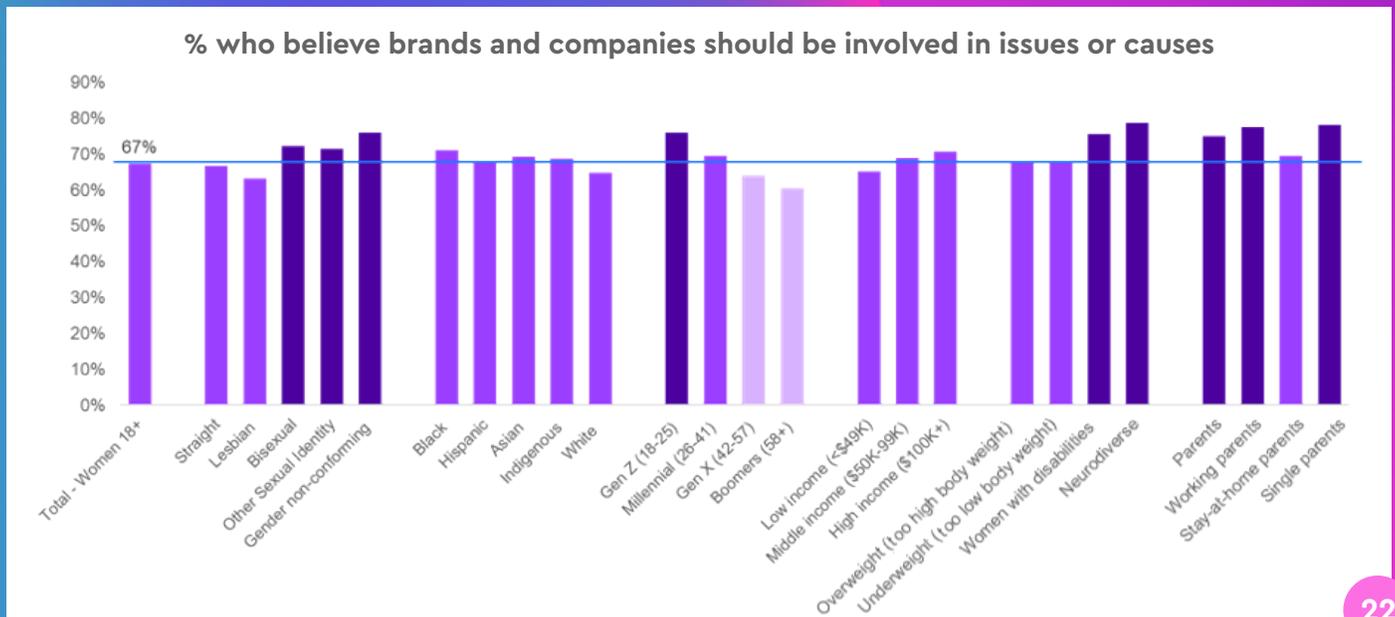
The most marginalized groups—in particular, people who are gender non-conforming or have other sexual identities—said that they support brands or companies who support social causes. These groups agreed that media platforms should be more inclusive. The same groups said they wanted brands to be more candid when talking about sensitive topics, and they also said they seek out influencers

who do the same. The study found that social media is an outlet for these groups to connect more authentically with other like-minded women.

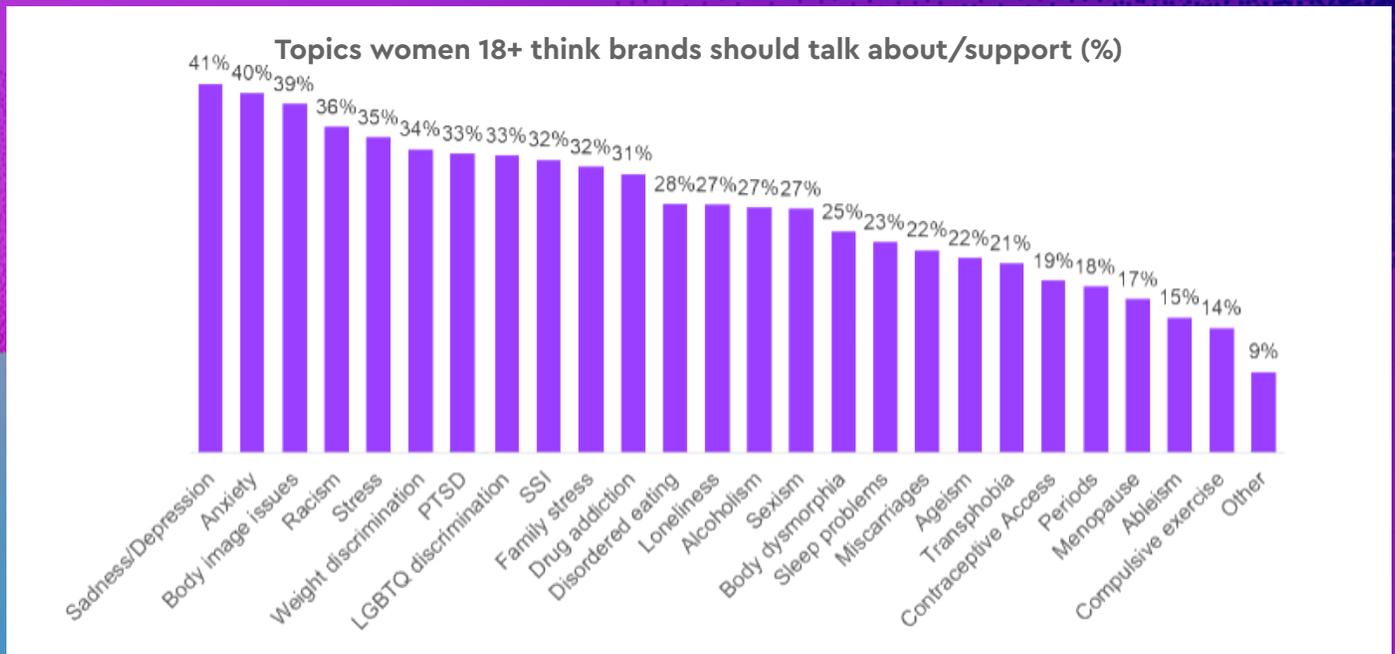
Overall, weight and race/ethnicity are key traits that women would like to see increasingly represented in media and advertising.



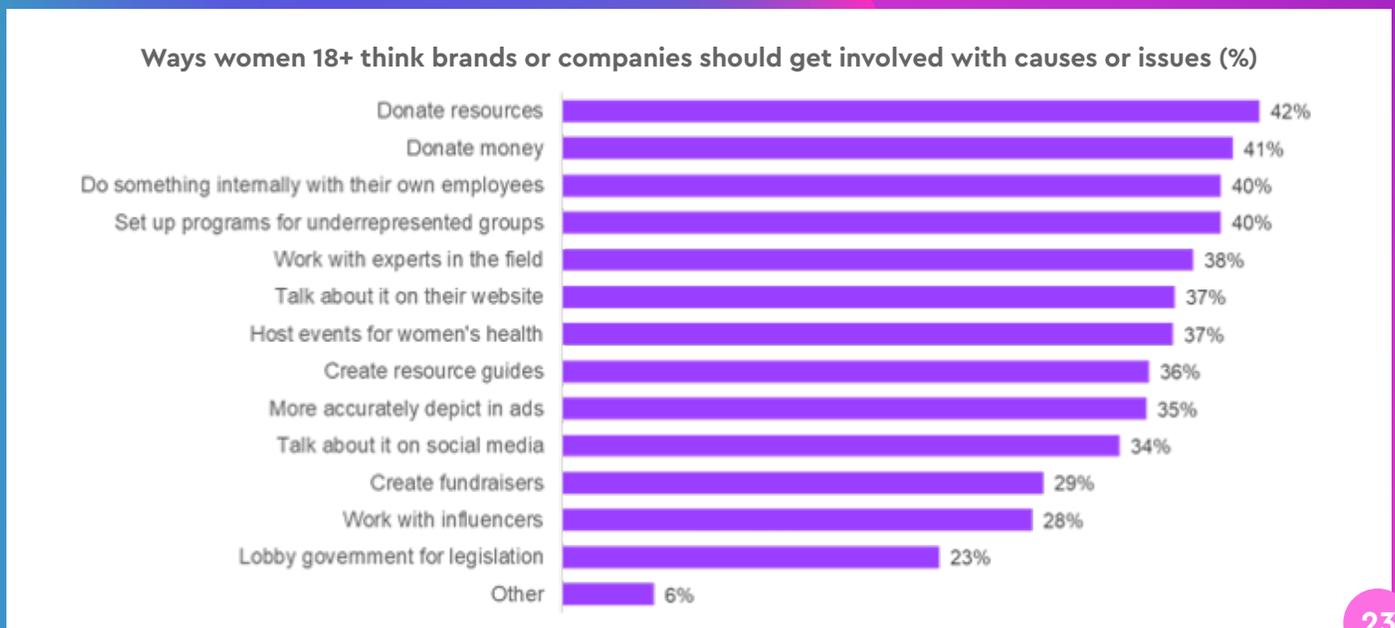
Most women who participated in the study said they think that brands should be involved in issues and causes.



The study showed that **mental health, body image, racism, and discrimination** are the key topics that women think brands should support.



Below lists a number of ways that women in this study said brands should get involved.



## Looking forward: actions for brands

The opportunities for health and wellness brands to lead (and grow their market share) are boundless. Based on these data, it is believed that the brands that are willing to break biases and taboos, push boundaries, and represent the uniqueness of all women will see exponential growth. The study depicts that there is currently a missed opportunity caused by the prevailing focus on conversations that are not representative of women themselves. Now is the time to break down historical health taboos and reflect women in the way they see themselves.

So how can brands better represent and engage with women to achieve growth and to do good?

### 1 RESTAGE YOUR BRAND PROMISE

Start with authentic human insight that is not based on historical preconceptions. Understand that universality does not generate an accurate portrayal of women, their identities, and their health needs. Women want brands to portray them as they really are, with all their dynamics,

and not just as exceptional versions of themselves. Does the consumer or human insight underpinning your brand promise reflect this? Does your tension lean into the dynamism of women as they really are? Does the promise your brand makes, or the purpose with which your brand is associated, tackle what is truly meaningful to real women and those who identify as such?

Push your marketing to present everyday women as healthy role models and eliminate stereotypes and stigmas related to exceptionalism. Represent the diverse needs of all communities by depicting women's mental health more authentically, weight more realistically, and reproductive health more inclusively. Finally, make sure your creative output amplifies the diversity of women and is in sync with current health and wellness movements.

### 2 THE MINDSET OF YOUR AUDIENCE

Rethink the way in which you segment the needs of your current and future consumer base to be dynamic. We believe

it should be driven by mindset and motivations, not only by demographics and needs.

What motivates women to buy a product or choose a service helps marketers think beyond distinct segments to create an effective experience. Note that the needs of the sample used in this study will be constantly evolving and multi-directional, partly because of the intersectionality of women, and people generally.

**A generic view of an audience will not give you impact.**

We need to discover a more contemporary understanding of audience identity and behavior. We must all **quickly adapt to a more personalized future**, one that embraces a variety of identities and needs to drive value at scale.

However, we must think about what audiences care about—the issues that reflect their own lives and their very real concerns. Brands need purpose and authenticity. Don't rely on content or creative that has worked in the past, but rather focus on ensuring the

perspectives of real women are translated into communication strategies. Highlight themes that speak to how women view the world and their nuanced experiences. Message and target women based on mindsets and motivations as opposed to just demographics and diagnoses. Reconsider age segmentation to be more reflective of evolving lifestyles and aspirations.

### 3 MEASURE WHAT MATTERS

Make sure you are setting the right KPIs. These KPIs should not just be set at the center of a business, or in one business unit. They should be set at scale across all the geographies and areas of your business. They should be cognisant of all the learnings about the desire for women to be more accurately represented in media and advertising.

Build these KPIs, and the measurement system associated with them, to track progress across all key stakeholders. This will continue to drive issue ownership and accountability

across the entire organization. Test your creative with relevant tools, such as GEM®, to ensure an accurate depiction of women.

Women are craving brands to speak to them authentically and represent them accurately. There is much work to be done:

- Let's represent her as a self-empowered, intersectional person with diverse motivations, needs, and experiences
- Let's empower her as a role model for championing health and wellness without her needing to be exceptional. All women deserve a platform/spotlight
- Let's depict her whole self, not just a human caring for others. Humanize her narrative

WPP and SEEHER are committed to helping our clients, members, and the health community at large break biases and taboos, push boundaries, and best represent the beauty and uniqueness of women and their whole selves. We need more

honesty, more vulnerability, and more empathy for women from all backgrounds if women are to be represented better and if we are to create a healthier world.

WPP wishes to recognize **Cassandra Sinclair** (President, Health and Wellness of Grey Group) and **Rachel Lowenstein** (Global Head of Inclusive Innovation of Mindshare) for conceptualizing, spearheading and launching this pivotal Women's Health research study.

**We look forward to sharing more research with you as we continue to discover what women want from health and wellness media and advertising to strive for more Health on Her Terms.**

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## The data sample and methodology

This study surveyed 1,545 US women and non-binary people who fell into 26 groups within 6 broad categories which relate to:

- Gender and sexual identity
- Racial/ethnic identity
- Age identity
- Socioeconomic identity
- Health identity
- Parent identity

By talking directly to these 1,545 participants, we have removed all the lenses through which women and other marginalized genders are typically seen. Our findings depend upon answers from the respondents themselves, and the way in which they identify themselves.

All data used was derived from the Audience Origin platform run by Kantar Profiles Health. The women and non-binary people in the sample identified according to the following groups:

### Gender and sexual identity

- Straight
- Lesbian
- Bisexual
- Other sexual identity (queer, asexual, self-describe)
- Gender non-conforming (non-binary, intersex)

### Racial/ethnic identity

- Black
- Hispanic
- Asian
- Indigenous
- White

### Age identity

- Gen Z (age 18–25)
- Millennial (age 26–41)
- Gen X (age 42–57)
- Boomers (age 58+)

### Socioeconomic identity

- Low income (<\$49K)
- Middle income (\$50K–\$99K)
- High income (\$100K+)

### Health identity

- Overweight (too high body weight)
- Underweight (too low body weight)
- Women with disabilities (invisible, visible)
- Neurodiverse

### Parent identity

- Parents
- Working parents
- Stay-at-home parents
- Single parents

The survey comprised a mix of open-ended and close-ended questions.