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# Starving for safe spaces

Knowledge production, consciousness-raising  
and “the political” in the Facebook group *Fittlife*

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## ***Abstract***

*The thesis explores online knowledge production around a subject that has been considered taboo and inappropriate through history – sexual, reproductive and genital health for people with female genitals. Therefore, it also examines the political potential of coming together to openly discuss such “delicate issues”. The focus of the study is the Swedish Facebook-group “Fittlife – underliv och hälsa”, where questions are posed and advice is shared on matters regarding genital health and sexuality. In accordance with feminist standpoint theory, qualitative interviews with nine young women have been conducted, in order to understand the explanations and interpretations of Fittlife-members themselves.*

*Fittlife is a unique case as it allows for looking at online knowledge production on genital health as well as for extending the view to include the social context and political potential of said knowledge production. Although there are many studies on health-related media use online and several of them research support groups and forums – and despite there being many studies about feminist online initiatives, such as feminist digital activism, there is not much done that matches the combined parameters of this study. The framework for analysing the group’s political potential is Peter Dahlgren’s “civic cultures” and Bennet and Segerberg’s “connective action”.*

*The findings reveal that “the political” can be present even in seemingly apolitical settings. Although the women engage in Fittlife in order to learn more about genital health and broaden their horizons on bodies and sexuality, they are also part of a collective struggle with feminist foundations. They partake in the practice of consciousness-raising, linking their own experiences with those of others and mapping the reasons behind knowledge gaps about female genitals. The insights from the group reaches those outside of it too, but for the political voice in Fittlife to become even louder and lead to bigger societal shifts, more will be required. The study shows that the challenges lay in forming a collective identity and deciding which issues to prioritise.*

*Keywords: knowledge production, political participation, feminism, postfeminism, consciousness-raising, experiential knowledge, authoritative knowledge, digital affordances*

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To the student skimming through this thesis I want to say – writing a master thesis *is* demanding in many ways, but also very rewarding. And even though you will not always feel confident and successful, please remember that you can and will complete it!

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## Introduction

Searching for health information online is something most of us have done. As social media platforms have grown, they have also become new sources for health information and there are, for instance, many Facebook groups devoted to discussions about various health issues. Online forums have been important sites for lay people to acquire and share health knowledge (Maslen & Lupton, 2019).

In Sweden, *Fittlife – underliv och hälsa*, with almost 35 000 members<sup>1</sup>, is a popular Facebook group about sexual, reproductive and genital health for people with female anatomy. It is also the focus of this particular thesis. In *Fittlife*, group members, mostly but not exclusively ciswomen<sup>2</sup>, pose questions or ask for advice from others. Often, the answers they receive are based on others' personal experiences, a type of knowledge that can be hard to find in official, medical sources.

Comparing health experiences with other people is not something digital technology has brought about. However, what distinguishes talking about genital health with peers from posing a question online, is the sheer amount of responses one can receive on the Internet. When people come together to share experiences in Facebook groups, it is up to individuals to decide what is useful information, what can be ignored and why. This puts responsibility on the subject, which at the same time can be empowering and overwhelming.

However, it is not just for health-related purposes that people connect and mobilise on digital and social media. Many political initiatives and campaigns have started online, with likeminded people connecting in movements without any real leaders. To take but a few examples – in 2011, both Europe and the United States saw occurrences of what Bennett and Segerberg (2013) call “crowd-enabled connective action”. *Los Indignados* in Spain and the *Occupy Wall Street* movement that started in the U.S., were both targeting the longstanding consequences of the financial crisis in 2008. About the same time, North African countries like Egypt and Tunisia saw massive crowds taking to the streets to call for

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<sup>1</sup> 34 917 members as of May 17, 2020. When the case was chosen, in November 2019, the group had little over 30 000 members.

<sup>2</sup> Cisgender (e.g. cisman or ciswoman) = person whose gender identity is the same as the sex the person was identified as having at birth (source: Merriam-Webster dictionary). The opposite is transgender, transman or transwoman.

social and political change. In these uprisings, social media played an important role (ibid).

### **Choosing *Fittlife* for a case study**

Several studies have investigated online support groups for various patient populations, some of which have focused on health-related forums for women. However, *Fittlife* is not a traditional online support group. There are also studies of awareness-raising initiatives and political campaigns online headed by feminists, with various issues on the agenda. Although *Fittlife* is not too distanced from feminist activism, as the discussions in the group link with feminist discourse, it is not an ongoing campaign striving for social and political change. I argue, however, that it has the potential of transforming into a political initiative. *Fittlife* houses political talk and, as I argue further on, political practices, and deserves therefore to be in the spotlight of academic attention.

Thus, this thesis examines an environment where Facebook users and the affordances of the platform meet to form a space where health-related knowledge production intersects political participation. This environment will be explored from a feminist standpoint perspective where the individual users', in this case female group members' interpretations, will take the centre stage.

Through the accounts of some of its members, *Fittlife* will be researched guided by two overarching theories of current political participation, in which digital media plays an important role – Peter Dahlgren's (2009) framework of “civic cultures” and Bennet and Segerberg's (2013) notion of “connective action”. The study is also informed by research from the field of feminist media studies and by empirical studies investigating different forms of knowledge, how people make use of it and what they gain by doing so.

Choosing to situate the study in a very specific case – a forum for and by people with female genitals, on a particular platform and in a Swedish context, can offer a different perspective on online health-related knowledge production and political participation than what has previously been studied. The Danish social scientist Bent Flyvbjerg argues for case studies conducted in specific contexts as a cure “against relativism and nihilism” (2001:130).

Studies on other forms of health-related knowledge production online cannot necessarily be transferred to the case of *Fittlife* because the group focuses on parts of the body that

historically have been considered shameful to discuss. Furthermore, knowledge production online can manifest itself in many ways depending on the cultural and social context. What is accepted to talk about and what is regarded as taboo, can differ between countries and cultures and shapes the way knowledge production takes place. Who is invited and who is excluded also affects the process of knowledge production, making it vital to go beyond large studies aiming for generalisation, toward smaller, in depth studies focusing on the particularities of each case.

## **Why does the study matter?**

In *The Vagina - a literary and cultural history*, Emma Rees (2013), shows how even in our times depictions of and references to female genitals are met with strong emotions, critique and accusations of obscenity. She notes how a female Japanese artist was even prosecuted for obscenity after creating a vulva-shaped boat in 2014<sup>3</sup> (ibid).

There is, in fact, only one English word that refers to both the inner and outer female genitalia – “cunt”, a word that also functions as a derogatory term, although it was not until the 18th century that it became labelled obscene. “Vagina” is not really an equivalent to cunt, as it only refers to one genital organ, even if it is used as such in everyday language (ibid).

My translation of the Swedish “underlivshälsa” as sexual, reproductive *and genital health* (the latter is my addition) shows that even when speaking of healthcare aimed at specific organs, language use bypasses the genitals themselves. One certainly has genitals without necessarily being sexually active or reproductive. The Swedish word “underliv” (translated as “life down under”) can also be seen as a euphemism, as it reminds us of a common reference to female genitals – “down there”. It is, however, more inclusive than vagina.

In the Western world, Rees (2013) argues, we are unsure about how to talk about “it”, it being the cunt, to use the most comprehensive word in English. There is, in other words, something powerful with groups like *Fittlife* (the Swedish word “fitta” can even be compared to cunt) where “it” is not only named, but the focus of attention.

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<sup>3</sup> The artist, Megumi Igarashi, was eventually fined in 2016 for distributing obscene images, after she had shared data that made possible 3D-printing of her genitals in order to raise money for her artwork (McCurry, 2016).



*Fittlife* is, of course, not the first time women have taken it upon themselves to gather and spread information about their bodies. Already in 1969, the book *Our Bodies, Ourselves*, was published by a group of women who wanted to empower other women by putting together health information that, at the time, was hard to come across (Gross, 2019). The book and the Facebook group can be seen as examples of how women and people with female reproductive organs come together to discuss and solve health-related problems.

Users' views on *Fittlife* might differ from the views of medical professionals. A recurring critique from the latter has been that the information shared online is not always reliable and that it can pose a threat to the authority that medical professionals have (Maslen & Lupton, 2019). It is therefore important to investigate *Fittlife* from the perspective of its members and users. As Deborah Harding writes when explaining standpoint theory – “things look different if one starts off thinking about them from our lives” (2008:124).

## **Aims and research questions**

The aim of this study is to understand *Fittlife* from the perspectives of some of its members. I want to explore the member's rationale for participating in knowledge production in *Fittlife*. I want to learn more about what they gain from using this specific information source about sexual, reproductive and genital health and how they value the information from the group compared to other information sources.

I want to understand the pros and cons of sharing experiences online in a society that still has knowledge gaps about sexual, reproductive and genital health for people with female anatomy. I want to find out how members manage and negotiate what is relevant and trustworthy in this information flow. Last but not least, I am interested in whether members link the group and the practices within it with feminist awareness and organising and if so, whether they see a political potential with the type of crowdsourcing that takes place there.

The thesis is also an attempt of studying-up in order to say something about the society we live in where ideas and practices from the “dominant institutions” (Harding, 2008:117) shapes sexual, reproductive and genital health for people with female anatomy.

The outline above can be condensed into the following research questions:

- What role does the knowledge production in *Fittlife* play for the members' understanding and meaning-making around their sexual, reproductive and genital health?
- How can we understand knowledge production in *Fittlife* as political participation?

## **Thesis structure**

The introduction is followed by a chapter on *Fittlife* and healthcare in Sweden for people with female genitals. After this first part, I lay out a literature review – key studies and theories that have informed my research. Then comes a chapter on methodology and methods, including research ethics. The largest part is the analysis where I, linking back to the literature review, discuss the most important findings and illustrate them with interview excerpts. The thesis ends with a concluding chapter, with a discussion and summary of the findings and the study's limitations and with suggestions for further research.

## **The case and its healthcare context**

### **What is *Fittlife*?**

*Fittlife - underliv och hälsa*, is a closed Facebook group created in 2017 by a group of women. In the forum, they write that they suffered from genital health issues for many years before they managed to find solutions<sup>4</sup>. The first step in achieving this was to talk about their issues in an open way and the group is thought of as a forum where these conversations continually can take place. Everything related to the genital area as well as the body and sexuality is up for discussion. Everyone with female genitals, regardless of gender identity or sexual orientation, is welcome to join. The group can be seen as a separatist forum, due to the fact that cismen are excluded from participation.

Members are encouraged to use inclusive language and keep a nice and welcoming tone in

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<sup>4</sup> Information extracted from the Facebook group's "about section".

their communication. The group has three administrators at the moment (at least one of them is one of the original founders), as well as three moderators. Apart from the Facebook group, there is a Facebook page (where news and content is uploaded), a poorly updated website, an Instagram account and a podcast (with nine episodes, the latest from February 2019). The study will exclusively focus on the very active Facebook group as it is growing fast and is the most updated of the communication platforms mentioned above. It is also in the group that the interaction between members, in what is often threads with long comments and answers, takes place<sup>6</sup>.

## **Healthcare for people with female genitals in Sweden**

Swedish healthcare is tax funded. Only a small part of the costs is covered by patient fees. The organisation is decentralised, meaning that 20 regional councils are responsible for healthcare. There are private healthcare providers too. Their funding also comes from taxes and their patients are subjected to the same regulations and oftentimes the same fees as those who choose public healthcare clinics (SI, Svenska Institutet, 2019).

Regarding sexual, reproductive and genital health, there are free youth health clinics (“ungdomsmottagning”) for young people between 12 and 23 in every region. At the clinics, young people can get counselling on contraception, relationships and sexuality, psychological counselling as well as get tested for sexually transmitted infections and take pregnancy tests (UMO, 2020).

After having turned 23, women who seek sexual, reproductive and genital healthcare and pregnant women, are directed to a midwife’s clinic. The midwife can help them with pap smears, contraception and test them for STIs<sup>7</sup> as well as counselling during pregnancy (1177 Vårdguiden Skåne, 2017). For other queries regarding sexual and reproductive health such as gynaecological illnesses, surgery, abortions and miscarriages, patients are referred to OB-GYN<sup>8</sup> units at hospitals (1177 Vårdguiden Skåne, 2020). Depending on regional regulations,

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<sup>5</sup> [www.fittlife.se](http://www.fittlife.se)

<sup>6</sup> For example, during the weekend May 16-17th 2020, 29 posts were uploaded in the group. The most popular one received 76 comments and 68 likes.

<sup>7</sup> STI = Sexually transmitted infection.

<sup>8</sup> OB-GYN = Obstetrician-gynaecologist

patients can also seek healthcare from OB-GYN practitioners at private clinics. The latter might be a more expensive option unless the patient has private healthcare insurance (Aleris, 2020).

## **Situating an interdisciplinary study**

A study of online knowledge production on genital health for people with female genitals, that also investigates the political potential of said knowledge production, intersects several academic fields. Firstly, feminist media studies will be a helpful vantage point. They link with a feminist discourse that often shines through in the threads in *Fittlife*. This discourse embraces critique about how healthcare historically has dealt with, and to some extent still approaches, genital health for people with female anatomy. Therefore, one section in the literature review includes, for example, studies about feminist digital activism.

Secondly, another applied perspective in the study has its roots in discussions of what constitutes knowledge in a health context and in empirical studies of how different forms of knowledge are used.

Thirdly, as the study investigates online knowledge production, it is grounded in the concept of digital affordances. Digital affordances entail the functions that guide our behaviour on a particular platform. This section also contains studies about what people gain from using online support groups and health-related websites.

Finally, as I'm interested in the political potential of *Fittlife*, theories about political participation and the possibilities that come with many people connecting through digital media, will be discussed. My point of departure here is Peter Dahlgren's framework of "civic cultures" and Bennett and Segerberg's concept of "connective action".

## **Feminist media studies**

Let us start with the field of feminist media studies. Ackerly and True (2010a) state that traditional feminist media studies have focused on the objectification of women in media, advertising and pornography as research topics. In recent years, interest has however turned to

online feminism and feminist activism via digital media. Research from the following categories of feminist media studies will be presented and discussed below: online consciousness-raising and feminist knowledge production, feminist digital activism and postfeminism and the media.

### **Consciousness-raising in the fourth wave**

There are several terms originating in feminist discourse that connect with this case study. “Consciousness-raising” describes smaller, women-only groups during second-wave feminism (in the 1960’s and 1970’s). In these groups, women met to discuss personal problems, linking them with larger, structural issues in society. In doing so, they became equipped to make changes in their own lives as well as to demand political change together (Pruchniewska, 2019). Feminist scholars worked out terms and concepts from the issues that consciousness-raising groups and activists were discussing. When the personal became political, it also reached academia, and early on there was a clear link between feminist theory and practice (Ackerly & True, 2010a). Consciousness-raising seems natural to include in the context of *Fittlife* as the group also excludes men and links the personal with the structural.

In her study of women-only, private career groups on Facebook, Pruchniewska (2019) discusses the importance of researching the not-as-explicit feminist practices in so called fourth wave feminism. By not-as-explicit practices she refers to everyday practices of women who do not necessarily view themselves as feminists, rather than typical feminist activism. These everyday online activities can be viewed as political in themselves (ibid). Is *Fittlife* an example of non-explicit feminist practices? Nowhere in the group is it stated that it rests on feminist foundations, but this does not exclude that members interpret it as such.

Other relevant terms here are second- third- and fourth wave feminism. “Fourth wave feminism” is a form of current feminism defined by the digital media that it employs (in, for example, hashtag activism), together with characteristics from the previous waves. From second wave feminism it has borrowed collective action and from the third wave, that started in the late 1980’s, it incorporated individual empowerment and awareness of intersectionality (Pruchniewska, 2019).

By interviewing female members of a few career groups for women on Facebook, Pruchniewska (2019) found that the groups provided possibilities for consciousness-raising through sharing personal stories and experiences, the first step of feminist political action. For

example, the female members shared advice on how to deal with sexual harassment in the workplace. They also created career networks, similar to “boys clubs” that women traditionally have been excluded from (Pruchniewska, 2019). However, these career groups also reproduced a “normative Whiteness, heterosexuality and middle-class ethos” that led to some groups not joining at all, keeping a low profile in the discussions or forming their own break-away groups where they felt more comfortable (ibid:1368).

Is the knowledge production in *Fittlife* also a form of consciousness-raising? Users sharing their experiences of maltreatment in healthcare can educate others about their rights and what kind of behaviour they should not accept. By sharing information and personal stories, users can also counter myths and misinformation about sexual, reproductive and genital health and thereby help others. And if sharing knowledge on genital health is consciousness-raising, how do the members link *Fittlife* to feminist struggles in Sweden? I agree with Pruchniewska – interviewing the members themselves is the right way to find out.

Consciousness-raising online has been explored in both explicitly feminist groups and forums and in those where this is not necessarily spelled out. Anderson & Grace (2015) created a group for mothers on Facebook after having blogged about their own experiences of motherhood. The group was subsequently used for research purposes using both questionnaires, discourse analysis and interviews. It can be seen as a less-explicit feminist group in the same way as Pruchniewska’s career groups, as the primary focus of the group was not feminism. However, Anderson and Grace also found that women, in supporting and validating each other in the struggles of everyday motherhood, simultaneously opened up discussions about social change. This happened via sharing of articles about, for example, maternity leave and public breastfeeding (Anderson & Grace, 2015).

The referred study also showed that there were factors (such as educational background and income), restricting participation in the discussions (ibid). These factors are important to keep in mind when researching *Fittlife*, as the group is large enough to contain several categories of users. What Anderson and Grace’s study lacks is a stronger focus on the data that interviews could have offered, if carried out as the main method, instead of one among several. For instance, what were the participants’ reflections on the practice of sharing tips about alternative and at-home cures (ibid) for health problems in the group? Giving additional space to the women’s own voices could have revealed more about the group’s role in their

newfound feminist awakening.

### **Broadening the horizon – feminist knowledge production**

A Swedish study, (Karlsson, 2019), of the campaign #prataomdet (#talkaboutit) around so called sexual grey zones, situations that do not fit into either rape or consensual sex, is fruitful to include in this overview, as it explores knowledge building and broadening horizons about something language has overlooked. Karlsson links the Swedish campaign, that was started by journalists on Twitter in 2010 and gained massive media attention, to consciousness-raising (ibid).

Her analysis, both discursive and narrative, showed that the campaign challenged the traditional dichotomy of victim and perpetrator by highlighting situations where, at least to some debaters, it was not crystal clear who was who. Not surprisingly, the campaign also received critique for ending in a form of victim blaming as it emphasised the possibility of victims learning from former experiences. The fact that the campaign did not focus on structures and that the perpetrators were not mentioned as much, leads Karlsson to connect it to neo-liberal ideas about personal responsibility (ibid).

The critique notwithstanding, the campaign was an example of broadening a feminist discussion and producing knowledge through sharing personal experiences of sexual encounters that did not feel right. What is lacking is the voices of the contributors as well as those who were on the reception side of the campaign. Would it not be intriguing to know how the contributors felt when they were accused of victim blaming and what conclusions they draw from the #Metoo-campaign seven years later, which focused more on highlighting structural problems in society? And what were the audience's thoughts about this way of talking about grey zones? Discourse analysis only goes so far in answering these questions.

In terms of broadening the horizon, the American online breast cancer movement has been investigated for its contributions to opening up another type of discussion about the illness. In her study, based on textual analysis and interviews, Orgad (2005) showed, for example, how women sharing their stories of the illness helped make it publicly visible instead of just a personal pain. In so doing, they were not only creating a sisterhood, where women felt as they were not alone and where the multitude of illness experiences was accepted. Their contributions also held a wider social and political potential, as the disease historically has

been a taboo subject (ibid).

However, Orgad concluded that anonymous accounts in the forums were counterproductive to the aim of public visibility. The discussions were kept private and did not leak to other societal spaces. She called for a coming together of the female breast cancer patients with those who need to hear their stories. Orgad also saw a problem with a focus on the personal experiences, noting that the forums seldom touched upon social and structural issues, stating that “[...] the discourse around breast cancer in online spaces occurs mainly outside the progressive feminist tradition” (2005:156).

What is important to take into account when applying these insights to *Fittlife* is that there are probably differences in how the discussions connect and disconnect with feminist discourse. Not only is there an age difference between the subjects (in Orgad’s study the majority were between 40 and 60 years while my assumption is that most members in *Fittlife* are in their 20’s and 30’s), her study also took place in a different cultural context, and since then, 15 years have passed. However, one substantial commonality between the two, is that *Fittlife* is a private, closed group, whose insights not necessarily reach a wider audience. Nevertheless, does a spread to a wider audience really require that the safe space of the closed group is opened up to everyone?

Some online forums are created in the hopes of normalising the female body and the many shapes and appearances different body parts can have. In their discourse analysis of a body positive community on Tumblr, *The Large Labia Project* (LLP), where users share images of their vulva, Mowat et al (2020) found that the users often described the site as a project or movement. Their motivations for taking part was to spread knowledge about the diversity of female genitalia and to counter societal beauty norms and ignorance (ibid), which is in line with feminist consciousness-raising.

The Tumblr community criticised the porn industry and plastic surgeons who advertise labiaplasty<sup>9</sup> for reproducing faulty beauty standards. Many users stated that they lacked knowledge about female genital anatomy and that they had encountered inaccurate information. Many had also struggled with their body perception and self-esteem because of this. The account was an eye-opener and a sort of “public pedagogy” – a term coined by

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<sup>9</sup> Plastic surgery to alter the labia.



feminists to describe education on sexuality and gender outside of formal institutions (Mowat et al, 2020:41f).

As might be expected, the account also featured support and advice, as users posed questions about how to deal with certain situations (much like the question threads in *Fittlife*), and there was a sense of a “we” taking shape online (Mowat et al, 2020). The scholars see aggregation of such content and the context that surrounds it in the LLP – in other words, discussions about female beauty standards, societal ignorance and lack of knowledge, as a possible first step to larger political awareness. Whether this awareness is transferred to the offline environment, the study cannot say (ibid).

However, the scholars also problematise this one-sided assessment of the account’s positive outcomes. They note that the LLP in some ways links to a post-feminist context where body exposure is requested of women, resulting in large amounts of private information being stored on commercial platforms (ibid). The rich findings resulting from this study could be further advanced by interviewing contributors. One subject to go deeper into would be what happens after users start engaging with the LLP and if the awareness created through the account transfers to their everyday setting.

### **Feminist digital activism**

Feminist digital activism has been in focus in recent years, as we have seen several hashtag campaigns, such as #MeToo. Some of the discussed campaigns below include activism where the female body was used as a tool. However, common critique against these activist campaigns pointed out the lack of intersectional perspectives.

The #freethenipple campaign started in 2013 with the purpose of ending the censorship of breasts in non-sexual environments – an attempt to challenge objectification and sexualisation of women in present day capitalism. In their study of the campaign, Matich et al (2019) concluded that the popular social media campaign in some ways reinforced the male gaze instead of subverting it, at least if the campaign’s reception was taken into account.

Digital activism has been seen as a fresh, new start for feminism, as it allows feminists to mobilise and share knowledge more easily than before. However, other scholars have warned that this may be a too positive assessment. Knowing and acting are two different things and

once information has been put out there, no one can tell how it will be received by audiences (ibid).

At the micro and meso levels, women participating in #freethenipple appreciated feeling control and agency over their own bodies and connecting with other activists to become part of a global campaign (Matich et al, 2019). However, on the macro level, it was much harder to point out any significant changes. Intersectionality also proved to be a challenge in the movement as Matich et al note that certain type of bodies dominates the contents under the hashtag: those of “young, white, slim, able-bodied, cisgender women” (2019:357). This links #freethenipple to other activist initiatives that have been criticised for representing “white feminism” (2019:356). Under those circumstances, those who are closer to living up to societal norms will also be more comfortable to partake.

Having said that, Matich et al acknowledge that #freethenipple succeeded in calling for a more collective feminist activism and pushed for a conversation about the norms surrounding women’s bodies. And, they ask, perhaps the small changes that similar campaigns achieve, will eventually spread, resulting in bigger shifts?

Hester Baer (2016) examines three examples of feminist activism in Germany where digital media played an important part: *SlutWalk Berlin*, a video by the artist *Peaches* in support of the Russian activist group *Pussy Riot* and the Twitter hashtags #Aufshrei and #Yesallwomen. She notes that feminist activism revolving around body politics takes place in a neoliberal context where the body is altered to “a key site of identity, empowerment, and control” at the same time (Baer, 2016:19). Baer argues that this type of activism is in fact reinventing collective feminist action in the neoliberal society, to breach the borders of the individual.

In the case of the *Peaches*’ video, which was shot in Berlin with masses of women participating all dressed in balaclavas to show support for the *Pussy Riot* members on trial in Russia, Baer sees an example of collective, de-personalised action. However, not everyone was masked. Some protesters, among them several celebrities, showed their faces. This, Baer argues, can be seen as an example of the ambiguity of modern-day feminism in neoliberalism – carrying elements of both individualism and collectivism, of “hegemonic femininity” and “self-stylization” (Baer, 2016:27).

The above-mentioned Twitter hashtag-campaigns from 2013 denounced sexism and turned the focus on how common an experience it is for many women. Personal stories were used to

highlight the collective experiences of living in a male-dominated society. #Aufschrei was the first social media campaign in Germany to receive substantial media attention. It connected with the American campaign #Yesallwomen that took place around the same time. However, #Yesallwomen was criticised by Black feminists for not attending to intersectionality (Baer, 2016).

For *SlutWalk Berlin*, the lack of intersectional perspectives proved to be the end of the protest movement in Germany, as the walk was cancelled in 2013 after only its second year. The campaign, a protest against slut-shaming, victim-blaming and rape culture originating in Toronto, was predominantly criticised for turning a blind eye to “white privilege” when it comes to women reclaiming the word “slut”. The last drop for the critics came when the Ukrainian activist group *FEMEN* participated in the protest in 2012. Their manifestation on Brandenburger Tor, where some protesters were dressed in veils with black face paintings but bare breasts, was criticised, by Black and Muslim women among others, for racism and for speaking for others. The organisers behind *SlutWalk* were denounced for failing to take action against *Femen*’s controversial participation (Baer, 2016:25ff).

This shows the problems of large-scale feminist protests in an era with a multitude of feminisms, where some groups have a harder time reaching out, whereas other sympathisers risk pushing the former groups away by portraying their own struggle as universal. Baer argues that in the current state of neoliberalism, where collective protest has been commodified into “private microrebellions”, activism has to take place where it is essentially impossible for it to do so (Baer, 2016:30) So, instead of seeing feminist activism as succeeding or failing, it can rather be viewed as “process-based political action” in search of “new political paradigms, languages, and symbols that combat the neoliberal reduction of the political to the personal” (ibid:30).

### **Post-feminism, health and media**

In her narrative analysis of popular discourses on women’s health, Tasha Dubriwny (2012) notes a new, different way of looking on women’s health than the perspective that accompanied the feminist women’s health movement during the second wave. The movement emphasized “collective empowerment, autonomy, and a critical evaluation of the medical industry” – in other words, it was more interested in the social explanations behind the issues it was combating (2012:8). The current discourse is influenced by postfeminism and neoliberalism, and focuses more on personal responsibilities, Dubriwny claims.

Postfeminist ideas are seen as a backlash to feminism by their critics. In Rosalind Gill's definition (2016), postfeminism centres around individualism, choice and agency (which connect them to neoliberalism), a diminished focus on structural inequality, a growing form of surveillance and discipline of the female body together with a growing beauty industry and the altering of the feminist subject (2016:612f). In this milieu, Dubriwny (2012) writes, political action is replaced by consumerism as it allows the subject to take responsibility for her own health – and while equality is celebrated by everyone, inequality, in all its aspects, is still going strong.

In the context of health, Dubriwny (2012) argues that the marriage between postfeminism and neoliberalism leads to a new female subject – the vulnerable, empowered woman. This is a woman who is empowered when it comes to taking individual action to avoid certain risks, but in doing so, she is reduced to the traditional gender roles of the naive daughter, the passive wife or the nurturing mother. Dubriwny shows, for instance, how young women were addressed as individual choice-makers in the American commercials for the HPV-vaccine Gardasil. However, hardly any young woman was present in the many media debates about mandatory vaccination that followed the campaign. Young women were instead represented by those wishing to protect them – politicians, parents, medical professionals etcetera and those that opposed vaccination often displayed a negative attitude toward premarital sex (ibid).

In addressing other scholars who pose the question “is postfeminism a useful term in a society where feminism is more visible than ever?”, Gill (2016) argues that not every type of feminist activism gets the same media attention. She also stresses the fact that alongside feminism, misogyny is on the rise and notes that what is interesting today is how ideas that contradict each other, like feminism and postfeminism, can actually co-exist.

As I have seen a feminist discourse in various threads in *Fittlife*, this study will also draw focus to how interviewees connect the practices of the group with the discourses and attitudes in the society that surrounds them and whether the benefits they highlight are individual, collective or perhaps both.

## **Different forms of knowledge**

This study focuses on knowledge production and it is therefore necessary to give an overview of different forms of knowledge and what they can offer in a health-related context. This section also examines how people make use of different forms of knowledge in their everyday lives.

### **Experiential and authoritative knowledge**

*Fittlife* is not a group for and by medical professionals. Therefore, the knowledge shared can be seen as originating in a lay perspective. Nevertheless, discussion threads often refer to medical knowledge as well. However, the division between expert knowledge and lay knowledge around health has been deemed over-simplistic in academic debate.

Already in 1976, before the dawn of Internet and social media, Thomasina Borkman coined the term “experiential knowledge” to explain the primary truth source for members of different self-help groups such as the AA (*Alcoholics Anonymous*) (Borkman, 1976).

Experiential knowledge stems from having specific and concrete experience of a phenomenon, in contrast to professional knowledge, which evokes authority since access to it is restricted. But experiential knowledge is also linked to trust, especially if it comes from someone with long experience, or “experiential expertise”, who can function as a role model (1976: 446f).

The two forms of knowledge differ but also have commonalities. For example, both professionals and self-help group members have non-hierarchical peer or collegial relationships. They are equals amongst each other in the sense that they all have knowledge about the same issue. Borkman claimed that the two forms of knowledge are not mutually excluding – unless there are competing sources of authority about the same problem. In that case, there will be conflict. One of the strengths with experiential knowledge in self-help groups, is that participants can share information, which helps them to see commonalities but also to distinguish everyone’s uniqueness. It then forces them to select what is relevant for them in their particular situation (ibid).

The opposite of experiential or lay knowledge is professional or expert knowledge. A synonym is “authoritative knowledge”, coined by the anthropologist Brigitte Jordan (1997), who studied the anthropology of childbirth in different cultures. She explains how parallel knowledge systems often exist in society. The system that ultimately wins is either better at

explaining things or is supported by a stronger power base. Authoritative knowledge works in such a way that it becomes socially accepted, seen as natural and reasonable and the alternatives as unthinkable, through way of consensus. Knowledge does not have to be correct to achieve the status of authoritative knowledge – what matters is what counts in society. Authoritative knowledge is then constructed through social processes that build on cultural values and power (Jordan, 1997; Davis-Floyd and Sargent, 1997).

In real life situations people can, however, choose to ignore authoritative knowledge and rely on their own beliefs. A study with 158 American pregnant women in prenatal care (Browner & Press, 1997), found that authoritative knowledge was rejected or adjusted to fit the specific situation, when women felt it clashed with their own experiences or when it was too hard to follow in their everyday lives. They could, for example, reject advice to take supplements because they felt they already had a healthy diet or ignore the advice to lay down and rest as they had small children that needed them. Authoritative knowledge was harder to resist when it was backed up with technology, such as foetal diagnostics, or during labour (ibid).

Writing about anthropology's quite recent interest in childbirth, Davis-Floyd and Sargent (1997) note the fruitful combination of feminist theories and postmodernism in the discipline. The former introduced a more grounded ethnography while the latter offered reflexivity and complexity, turning the focus on oneself, not just "the other" (1997:16). In the methodology chapter, the methodological framing of this study, an updated version of feminist standpoint theory borrowing from postmodernism, will be discussed.

### **Knowledge clashes and combinations**

Borkman's conclusion about how conflicts of knowledge arise – when competing sources of authority clash, can be exemplified by the discussion about how to view pelvic girdle pain among pregnant women in Norway. Is it "normal" during pregnancy (the view of the medical establishment) or is it a societal issue (women's own experiences backed up by official sick-leave statistics) (Haukeland Fredriksen et al, 2008)? There is an ambivalence in how to perceive pregnancy in Norway. It is not seen as an illness, but at the same time, the focus lays on minimising health risks during pregnancy. Previously, pregnant women were recommended to take it easy. This is no longer the case, and Haukeland Fredriksen et al ponder if this change of perception might contribute to pregnant women not being listened to (ibid).

The researchers' discourse analysis of posts on a Norwegian online forum revealed that female users did not feel acknowledged and that some had negative experiences of healthcare. There was a "gap between women's bodily experiences and the biomedical definition of the complaint" (2008:297). But how do women with pelvic girdle pain in this particular forum see their own participation in the discursive struggle and what do they gain from connecting with others online? Again, research based on discourse analysis or content analysis cannot fully answer those questions. Qualitative interviews could have offered other insights.

In a more recent study in the mediated context of infertility blogs, Harrison (2014) notes how female bloggers produced a hybrid-style narrative of situated and embodied knowledge "through weaving together personal narrative and public medical discourse" (2014:332). In other words, both their own experiential knowledge and scientific knowledge was made use of in their blogs. The bloggers reintroduced the first-person – the patient. While "bridging the gap between personal experience and medical science", they were provided with validation of their experiences and with emotional support from their readers (2014:338). Harrison sees this type of blogs as part of a larger change within healthcare in which patients are mobilising online for the sake of empowerment.

That people often combine two forms of knowledge when making health-related decisions has been confirmed in several empirical studies. One example is France et al's (2011) analysis of interview data with women across the UK about diagnostic testing during pregnancy. They could show that women used both their own and other people's personal experiences and medical or scientific knowledge when deciding whether to have antenatal diagnostics, as well as what to do when the results were revealed. Furthermore, religious or cultural beliefs, attitudes and societal stigma could also be taken into account in the decision-making process (ibid).

France et al defined experiential knowledge as "[...]the kinds of knowing that arise from everyday interactions and interpersonal experiences, and through which everyday life events are interpreted" (2011:756). The combination of two sources of knowledge created "an embodiment of professional knowledge" and the informants presented their decisions as "medically and maternally rational" in their attempts to decide what was the "least-lose option" (2011:761). However, the study did not give a more detailed answer about how different sources of information were weighed against one another.

Another example of how different forms of knowledge become intertwined is Hollsten's (2018) analysis of public knowledge about cholesterol in Finland, in the period between 1970 and 2010. What was first scientific knowledge about the link between cholesterol and coronary disease, reached the larger population to become public knowledge in the 1960's and 1970's. The connection between the two started to be questioned in the late 1980's, as new studies emerged. By the 2000's, when the Internet was used by medical professionals and non-professionals alike, private knowledge (mostly based on personal experience) started to slip into public knowledge through digital and news media. Bloggers claimed that they in fact were healthier eating foods rich in fat and low in carbohydrates. A group of doctors and researchers could then back this up with new scientific findings. These blogs and media reports created a new authority where private knowledge became transformed into a form of public knowledge (ibid).

In Hollsten's definition, private knowledge differs from experiential (or lay knowledge) because it also contains aspects that are culturally shared. What becomes public knowledge is not only influenced by science but also by contributions from individuals drawing on their experiences. The public, experiential and private types of knowledge become intertwined. What is being researched in society is then a question of power (ibid).

What is relevant for the case study of *Fittlife* is to explore how the members view the knowledge produced and shared in the group and how they weigh it against other information sources. Are they also combining different forms of knowledge to create something in between that can help them with their health queries and problems? How critical are they to experiential knowledge (which forms a large chunk of the content in the group) and how accepting are they of the expert sources?

## **Affordances and health-related media use**

In this part, the term affordances will be introduced. Studies examining the pros and cons of using health-related media, such as online support groups, will also be reviewed.

### **Digital affordances**

“Digital affordances” is used to describe opportunities for an object (technology) and a social agent (a user) to interact. In the case of social media, digital affordances can be seen as a



number of possible actions that platforms offer, but digital affordances can also prevent action or prevent a certain group's participation (Pruchniewska, 2019). Affordances can be divided into high-level affordances that enable "communicative and social practices" and low-level, technological affordances, such as the possibility of uploading a profile picture on social media (ibid:1365).

In a study of Australian women's use of Facebook for health information, Maslen and Lupton (2019) show how, what they call technological affordances, come together with human affordances to shape how women make use of the platform for gaining different types of knowledge. The platform offers the users a way of getting in touch with others who share the same experiences. Emotions and relational aspects played an important role in the women's use of Facebook for health purposes, as these are linked to support, trust and reassurance (Maslen & Lupton, 2019).

The study, based on interviews and focus groups, lays out three different ways of engaging with Facebook and enacting expertise and lay knowledge. There are users who self-identify as experts due to having both experiential and medical knowledge about a certain illness. They sometimes function as admins or gatekeepers in the groups, with the ambition to help others. Another group of users are there to share their own experiences; therefore, the experiential knowledge in the groups was the most appreciated feature for them. They would often seek out groups where other members had the same approach to health as themselves. However, the most common group of users were the observers – people who were content with reading others' posts (ibid).

Some affordances of Facebook can deter from participation. For instance, the fact that some health issues often lead to conflicts or debates and that users post under their own names, could affect a user's choice not to participate more than in the form of observing (ibid). Other features of Facebook groups, such as the possibility to exclude certain people, for example men, from joining, could make some users more inclined to share personal information. The informants' explanations also revealed an awareness of what could be asked and who's answers could be trusted, something they learned after some time in the groups (ibid).

What is interesting with this study is that it focuses on different ways that women engage with health-related Facebook groups and how their activity is shaped by the affordances of the platform. I expect to find similarities with how *Fittlife*-members view the group and its

functions. What sets the study above apart from the one that this thesis builds on, is that my study will also look at how different information sources are weighed against one another – in other words, comparing knowledge in *Fittlife* with knowledge gained from other sources.

### **Benefits and downsides of online support groups, forums and websites**

Several studies have looked at online support groups on social media or website forums. They have often pinpointed the emotional support and reassurance provided in these groups (Ziebland & Wyke, 2012) which can make people feel better. For instance, an interview study with female participants as well as a smaller sample of men struggling with infertility (Hinton et al, 2010), found that the support forum that they used provided niche support and a safe space, where they felt reassured by others with the same experiences. The women reported feeling more agency and that engaging in the forums helped them reach decisions (ibid).

What sets online support groups apart from face-to-face support groups or support provided by people one is close to, is the new communication channels it has opened up “ [...]that supplement the real world and provide an access to personal experiences that was impossible in the pre-Internet age” (Hinton et al, 2010:440). Support groups online can expose users to many more personal stories from people going through the same health issue, than one can normally expect from offline settings. Not everyone has a local support group close by and the possibility of online anonymity might be encouraging for some users.

However, reading about other people’s experiences can also trigger negative feelings such as fear, anger or guilt (Ziebland & Wyke, 2012). Hinton et al’s study on infertility forums showed that partaking in the forums could increase the feeling that only other people suffering from infertility can really understand one’s difficulties, which poses a risk for social isolation (Hinton et al, 2010).

Other studies have confirmed that emotional support is an important factor in so called “disease-specific” groups on Facebook (*Fittlife* is, however, not a disease-specific group). Other than emotional support, information seeking was shown to be an important activity in diabetes groups on Facebook, which a content analysis of the 15 largest diabetes groups on the platform found (Greene et al, 2011).

Greene et al’s study also pointed out how different sources of information are used when people deal with health issues. The users of the diabetes groups compared their own experiences with doctors’ accounts, especially when discussing side effects. Despite the fact

that non-approved drugs and treatments could appear in advertising posts, (which made up 27 % of all posts, or the third biggest category), the research team found very little evidence of risky behaviour being promoted in the groups. Posts containing information and support were the largest categories (ibid).

So, what kind of health information do people search for online? Ziebland and Wyke (2012) did a review of previous studies on the topic, combined with panels of participants who had searched for health information online. They found that people searched for alternative treatments, found ways of coping with their health issues and confirmed their diagnosis by comparing their experiences with others. The downsides were encountering inaccurate or biased information that potentially could lead to wrong decisions. Too much information or conflicting accounts could also leave users feeling confused (ibid).

Other positive outcomes were information about where to seek help, what questions to ask the medical professionals and comparisons of different healthcare experiences, something that can reveal inequalities in healthcare. On the other hand, this discovery could result in diminished trust in the healthcare sector and have a negative impact on the relationship with healthcare staff (ibid).

Acquiring narrative knowledge, in other words, learning how to tell one's story (to the doctor or family members, for instance), was yet another benefit of online health searching. Learning how to narrate one's own story can be a coping strategy in itself, but there are also risks of opening up online by sharing a personal story, such as encountering criticism or ignorance (ibid).

Yet another important aspect of online support groups is community building. Community building is eased by what Caroline Parsons (2019) refer to as "relational support" – making newcomers feel welcome and belonging to the group. In her content analysis of 200 posts from an online forum about hysterectomy, she showed how users even created a language of their own, welcoming new "hystersisters" to "hysteritaville" (2019:129). This can be found in *Fittlife* too, where many users refer to each other as "fittisar" (someone with a "fitta", Swedish for cunt).

Furthermore, Parsons showed that even information posts often contained a form of emotional support. Affect could be displayed using images or emoticons when replying to someone's post and emotional support was the overall largest category of support found in the examined

posts. The study could also show how sharing one's own personal story promoted self-disclosure from others (ibid).

Information sharing, emotional support, comparing experiences and building communities all belong to the category of high-level digital affordances, while new ways of expressing oneself, such as using images and emojis, can be seen as low-level affordances. The sheer number of stories, resources and examples one can encounter online, the aggregation (and in some cases systematisation) of health-related content, is also a low-level affordance of digital media.

## **Political participation and digital media**

*Fittlife* connects people with female genitals and offers a space for discussing previously neglected topics. This way, alternative perceptions can develop and the opportunity to gather a collective that demands political and social change, is made possible. But what is required for this to happen? In this section, Peter Dahlgren's framework of "civic cultures" and Bennet and Segerberg's "connective action" will be discussed as useful theoretical concepts to apply to my case.

### **Mobilising through connective action**

Connective action (Bennet and Segerberg, 2013) defines a newer form of political mobilisation where collective action frames are replaced by more personalised, inclusive frames, to create networks of individuals who can be mobilised in an instant. Digital and social media play the role of organising agents instead of just tools for communication.

In connective action, activities are either crowd-enabled or enabled by organisations that allow more personal engagement while taking the backseat themselves. This differs from collective action (a classic notion used to assess different forms of collective, political struggle) which manifests a clear leadership. Sharing is an important element in connective action. It is facilitated by social media and new technologies, although mobilisation also takes an offline, face-to-face form in, for instance, demonstrations (ibid).

Connective action fits well into a political environment where people are more reluctant to identify according to traditional group identities and where political parties and other

organisations are struggling to attract large membership numbers. In this new reality, simple messages that can unite people with different ideological inclinations, problem descriptions and solutions (at least to some extent), and that allow for personalisation, are often employed. One example is the *Occupy Movement's* slogan “We are the 99 percent” (ibid).

Many scholars have questioned whether connective action has what it takes for sustained action and real political change. Bennet and Segerberg examine several recent cases of activism that focuses on economic inequality and climate change. They show that connective action can succeed in getting media coverage, making allies in the political elites and in some cases bring about change. The networks also hold the capacity of reorganizing further on to fight for other causes (ibid).

### **Civic cultures – analysing political participation**

Peter Dahlgren (2009) outlined a framework, “civic cultures”, for analysing what is required for political participation to take place. Before reviewing his concept, let us look into other important parts of his thoughts on current democracy. Drawing on Chantal Mouffe’s political theory, Dahlgren (2013) underlines the difference between “the political” and “politics”, which is important for this study. “The political” refers to conflicts of interest that can arise in any social setting, while “politics” take place in formalised settings. The former evolves through communication, even informal conversation, while the latter is debated in centres of power (ibid). Referring to the political potential of *Fittlife*, I thus have in mind the potential found in discussions among citizens. This type of conversations is, Dahlgren argues, a form of democratic participation. However, talking seldom leaves the discursive level to transform into political action (ibid).

Nevertheless, digital and social media have provided new spaces for political talk and offers new possibilities for people to be democratic citizens. Essentially, Dahlgren (2013) points out that without communication, without sociality, political participation would not exist. He incorporates Maria Bakardijeva’s notion of “subactivism” (2013:54) to further discuss people’s everyday conversations about societal norms and political issues where the links to politics are not necessarily drawn. Dahlgren asserts that it is a complex endeavour to research when political talk leaves the societal sphere to enter the spheres of the mainstream (media and various interest organisations) and the elite (political as well as economic) (ibid). In his discussions on civic agency, Dahlgren (2009) emphasizes something crucial that directly links to the activity in *Fittlife*, namely, that experiences in our private lives affect political

participation. Thus, everyday conversations always harbour political potential and can transform into something greater.

Turning now to “civic cultures”. The term refers to “cultural patterns in which identities of citizenship, and the foundations for civic agency, are embedded” (Dahlgren, 2009:103). Hence, Dahlgren sketches the key elements needed for democracy to function, “the collectively generated resources” that people can draw on in order to participate in political matters (ibid:106). There are six dimensions that interconnect in various ways to shape civic cultures.

Knowledge, and the skill of acquiring it, is a crucial dimension. Dahlgren (2009) notes that diverse political actors, such as activist groups, make use of the Internet to produce and share knowledge. This is exactly what goes on in *Fittlife* too. Values, both substantive values (for example, equality and liberty) and procedural values (how to behave and interact) is another important element. Sometimes different substantive values clash and in those situations, strong procedural values can help lead the way to a solution. Furthermore, trust plays an important role in civic cultures. It can (drawing on Robert Putnam’s ideas) be “thick trust” in people we know, as well as “thin trust”, which we can show unfamiliar people (ibid). The latter form of trust is vital for the functioning of social movements and political parties, as it helps develop what Dahlgren calls a “we-ness” (ibid:114). It can be assumed that thin trust is also required in order for knowledge production, that builds on the practice of sharing, to occur in groups like *Fittlife*.

The next dimension, spaces where citizens can interact, is clearly manifested in *Fittlife* as it connects people wanting to discuss particular topics. Digital media has increased people’s possibilities to meet in new spaces without having to be physically present. However, spaces also include those spaces where citizens can meet their representatives, and this is not as easy to create through new technology (ibid). Dahlgren further asserts that a stable democracy must be anchored in practices, a dimension that links with several other dimensions, not least with knowledge. In his construct, talking is a practice as it allows for developing common issues that bond people together in collective endeavours (here Dahlgren connects to Philip Agre’s thoughts) (ibid).

In the middle of civic cultures, with links to all other dimensions, Dahlgren places civic identities, namely, to see oneself as a democratic participant. What is of importance for civic

identities to grow, is that people feel empowered as political agents and that they are part of some form of political community, or group with common traits. From here, they can mobilise against opponents, building issue-publics (ibid).

Some links between what goes on in *Fittlife* and Dahlgren's civic cultures have already been drawn. But the group also manifests characteristics of connective action. For instance, *Fittlife* lacks a formal organisation (although it has admins and moderators) and is a growing forum for sharing personal experiences between members that may or may not share a collective identity.

## **Mapping the knowledge gap**

The literature review makes clear that there is not much research that a) focuses on knowledge production on sexual, reproductive and genital health b) studies this practice on social and digital media and c) extends the research interest to include the social and political contexts and potentials of said knowledge production.

As we have seen, different forms of knowledge and how they interconnect, has been a focus in academic research over the years. But health-related knowledge production in digital and social media appear to be a smaller field of inquiry. It seems to be the same for studies investigating "the political" in initiatives not viewed as straightforwardly political, although some relevant research can be found in the domains of feminist studies as this branch has showed particular interest in consciousness-raising. However, there are few studies situated in a Swedish or Scandinavian context, that are similar to the research that this thesis embarks on.

Studies of health-related support groups are often carried out through discourse analysis. When using qualitative interviews, they are often combined with other methods. While this in some ways broadens the insights, one limitation is that the users' voices can get lost in the vast number of findings. All this together, demonstrates the relevance, importance and necessity to study *Fittlife* through the eyes of its members.

## **Methodology and methods**

### **Feminist standpoint theory 2.0**

The thesis is framed by a revised version of feminist standpoint theory that has adopted postmodernist ideas and critique, here referred to as standpoint theory 2.0. When feminists in the 1960's presented standpoint theory as an alternative to scientific theory that did not include the experiences of women, it put these everyday experiences in centre stage and strived to give voice to an oppressed group. In women's accounts one could find hidden knowledge that would fill the gaps. But a political aspect was included from the get-go – feminist research would reveal truths about society and pave the way toward change (Brooks, 2007).

There was power in women coming together to share stories. They connected with each other and extended the personal into the collective and political. Some feminist scholars, like Deborah Harding, claimed that women had a “double consciousness”. They were familiar both with their own reality and with the reality of the male world they inhabited, which lended them the skill of “strong objectivity” (Brooks, 2007:12). Because of this, women's perspectives of reality were more truthful than men's. So, by starting off from the lives of women, feminists can reveal what is wrong in our societies and find solutions (ibid).

However, starting in the 1980's, another group of feminist scholars began to question whether women really possess a more objective perception of reality, seeing as different groups of women have different experiences. This led to a debate prompting some scholars, like Harding, to suggest that when truth claims clash, those coming from the more oppressed group are more objective claims. Other academics, like Susan Hekman and Donna Haraway, concluded that every individual standpoint should count and that we could learn more, although different things, by giving all standpoints equal value (ibid).

This alternative interpretation of standpoint theory that the critics supported, was inspired by postmodern and poststructural ideas as well as the growing influence of intersectionality. Marxism, where original standpoint theory had found inspiration, was losing ground. Hekman (1997), for example, questioned a paradox in the statement of her opponents – that knowledge could be socially and materially constructed, and yet, some perspectives were just more objective than others. If feminists were to embrace “situated knowledges”, the logic consequence that followed was to consider all such knowledge partial. This position,



however, posed a threat to feminist activism, for how can feminists organise politically if they cannot agree on issues where several standpoints co-exist? (Brooks, 2007; Hekman, 1997).

Donna Haraway's (1988) contributions to the debate is also where this thesis takes off – namely that feminist objectivity equals situated knowledges. That is, always partial knowledges, that avoid both relativism and universalism. They are not objective, meaning unbiased, but then again, nothing is. There is no vision from “the above”. When standpoints are combined, we see things together without having to take each other's positions (Haraway, 1988).

Hekman (1997) joined forces with Haraway by concluding that feminism and postmodernism could be combined. One could reject all truth claims as partial and discursively shaped, while striving to contribute to a better society. And even if feminists cannot produce objective knowledge, they can produce “persuasive, counter hegemonic arguments” that aim toward a less repressive world (Hekman, 1997:362).

So, in saying that I strive to understand the standpoint of the *Fittlife* users, I aim to understand *some* positions that *some* members have – different ways of seeing the group and its functions, even if they might end up having many commonalities. These standpoints will constitute particular interpretations that are not in any way the only possible or meaningful ones. Having said that, the interpretations can still tell us important things, perhaps new things, about the society we live in, especially if they come from positions seldom heard and articulate understandings of issues seldom discussed.

### **In-depth interviews and reflexivity**

As feminist standpoint theory puts the research participants' explanations in the foreground, the method of qualitative in-depth interviews stands out as a suitable way to gather research data. One of the reasons in-depth interviews are carried out, is because the best way of finding out how people feel is to ask them in a conversational form. The method also allows the researcher to dig deeper into an interviewee's own understanding about an issue (Bruhn Jensen, 2012).

The feminist perspective on in-depth interviews perceives the interview as more of a dialogue than a question-and-answer session. Therefore, it is important to listen and not just pose questions in a specific order (Hesse-Biber & Leavy, 2007). Although I kept my semi-

structured interview guide in mind (see appendix 2), especially the different themes I wanted to cover, I let the informants lead the way. For example, I would pose follow-up questions on subjects and let the informants finish telling me something even if this aspect was not the most interesting for the research. Their stories were, however, interesting to me as a woman close in age to them. Even if the interviewees often changed the order of themes, they often also introduced upcoming themes by themselves.

Qualitative methods are often iterative, meaning flexible and not pre-determined from the start (Bruhn Jensen, 2012). How is this iterative process reflected in my research? For example, parts of the analysis are devoted to the issues of privacy online and inclusion/exclusion. I did not anticipate the informants to talk as much as they did about these aspects. However, their reflections guided me to see *Fittlife* from other perspectives and to understand that these subjects were important to include.

The example above emphasises the importance of reflexivity in research, something that feminist methodology values (Oakley, 2005). As I strive to let the voices of the interviewees be heard, I cannot solely focus on the reason I chose the case, although I am always responsible for my final interpretation. In an attempt to balance the analysis more to the side of the informants, I have included the above-mentioned topics that at first were not intended to be part of the research.

Reflexivity also requires the researcher to ponder her own position in the research process. There are pluses and minuses with being an insider and an outsider in research (Hesse-Biber & Leavy, 2007). In this case, I see myself as someone close to the informants in terms of gender, age and class and/or educational background (at least what I could infer from the interview situations). I would also say that we share a feminist awareness or worldview, and, in some cases, we probably also share political affiliation. Moreover, I am a member of the studied Facebook group too, in other words, very much an insider. Some would say that this eases understanding, cooperation and recruitment in the research process and the dialogue during the interview, as it minimises the distance between the parties (ibid & Oakley, 2005). I agree and have used it to my benefit, but I am also aware of how this impacts the results of the study.

One example of our similarities that must have facilitated the interviews, is that the majority, if not all, of the participants have a higher education. They are thus aware of methods for

doing research and what they can expect from a researcher. Less experienced participants might hesitate to reveal so much private information, as they are unsure whether they can trust the interviewer. The fact that we had much in common, was used as a tactic to build trust. During some interviews I shared information about myself, but not only in order to encourage them to talk and to be comfortable (Hesse-Biber & Leavy, 2007), as they, to my experience, were already highly motivated to share their stories. Rather, I wanted to highlight the commonalities in women's experiences, as this was also part of my research interest. My insider status is, in my view, more of a benefit in this context.

### **Ethical considerations**

There are different things to consider in order to make sure that research is conducted in an ethically responsible manner. I have thought about the users' perceptions of private and public, as discussed in the recommendations from the AoIR<sup>10</sup> about Internet research (Markham & Buchanan, 2012). The group is a closed Facebook group and should therefore be considered a private setting. With this in mind, I decided not to combine interviews with text- or discourse analysis. The threads contain sensitive information and would require consent from each participant.

In terms of recruiting interviewees, I decided not to go through *Fittlife*. Firstly, I would have needed the consent of the group administrators. Secondly, I saw the potential risk of making members feel insecure about what they have shared or thought about sharing, knowing that a researcher recruits in the group. Even if I would let interested members reach out to me, instead of vice versa, there is a risk of intimidation. Everyone can see that I myself am a member and have access to all posts. My own ethical stance, in combination with time pressure, guided me to solve this differently.

As I have many friends and old acquaintances in the group, I decided to recruit through them. I posted a general inquiry on Facebook and contacted almost everyone I know in the group. Some more distanced acquaintances were asked to participate themselves, whereas more close friends were asked to check with their friends. In the end, I only interviewed people unknown to me. I described my project in short to my friends in the group and said that I would only contact their suggested friend if she had given a green light to our mutual friend first. The

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<sup>10</sup> Association of Internet Researchers.

mutual friend can then be seen as a gatekeeper between me and a potential informant (Ackerly and True, 2010b). I established separate contact lines with several friends and acquaintances. Having received a green light, I then contacted the recommended, potential informant myself, provided more information and checked once again that she consented to participate.

Two of the interviewees were recruited through other informants after finished interviews, using snowball sampling (two different snowballs). Ackerly and True write that snowballing should, however, not be used to get introductions (ibid), which was the case in my recruiting process described above. However, there were ethical reasons not to recruit in the easiest way, that is, directly through *Fittlife*. But before scheduling an interview, I would ask short questions to ascertain if the suggested informants were suitable to talk to (for example, questions about how active they are in *Fittlife*, et cetera).

I followed guidelines for informed consent, confidentiality and the right to withdraw participation as well as to not answer specific questions (Kirsh, 1999). Consent was obtained by recording it instead of filling out forms. I offered all participants to read their transcripts afterwards and comment on things I might have misunderstood or that they in hindsight preferred to leave out (Harrison, 2014 & Kirsch, 1999) (see appendix 3 for more details). Only one person wanted to read through but did not have any comments. They were also told it was alright to change their mind after some time had passed and given a last date (April 19) to withdraw. It gave them a couple of weeks to think about it and me a couple of days to find a replacement. However, no one ended their participation. Recorded interviews were deleted after transcription and translation into English<sup>11</sup>, while recorded consent was deleted after final submission. The names of the informants have been anonymised.

The informants were asked where they felt comfortable to meet. One interview was held in a study room at a library and three at cafés. Later on, after social distancing was recommended due to the coronavirus, I switched to video call interviews from home. This allowed me to also interview people in other parts of Sweden, which somewhat facilitated recruitment. It also made at least me feel more comfortable, as I had been sceptical about meeting at cafés, due to the sensitive nature of the study. It is not always easy to find a quiet spot at a café and even if the informants gave the impression they were not bothered to discuss genital issues in

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<sup>11</sup> In total, approximately 80 transcribed pages.

the presence of others that might overhear, I myself felt that it was better to choose a non-public setting for this study.

### **Sampling and limitations**

As described above, I used the snowball method of sampling, or a “modified version” of it with gatekeepers, both to get in contact with relevant, potential informants and to find new participants after finished interviews (Ackerly & True, 2010b). This has most definitely affected my research, as the interviewed women share many commonalities with me.

Although ethically problematic, recruiting through the group might have resulted in a more varied sample and allowed for purposeful sampling (ibid), mixing for example age and educational background with gender identity. It could, for example, have been interesting to interview previous members of *Fittlife* that started a break-away group after several conflicts around inclusion erupted in the end of 2019 (see analysis for details). In terms of gender identity, I only spoke to informants identifying as cis-women and although they had insightful reflections on inclusion, I would probably have received different answers with a sample also consisting of transwomen or non-binary informants.

All in all, nine interviews were conducted, lasting from 47 minutes to one hour and 20 minutes (one hour on average). The youngest interviewee was 25 years old, the oldest 37. Seven informants live in southern Sweden, while two live in the south-west and western parts of the country (see appendix 1 for details).

### **Coding and analysing**

I found it useful to write short field notes after every interview (Ackerly & True, 2010b), noting down the most interesting, surprising or important thing the interviewee had said, which helped me identify patterns early on.

I used inductive coding, starting with descriptive, open codes (Bazeley, 2013) for every transcript. The initial codes were then grouped into coloured sub-categories. The 21 sub-categories<sup>12</sup> were assembled into 9 categories or clusters and 5 more analytical themes (ibid). The themes are the following: functions and digital affordances, motivations and engagement, political potential, integrity and critical awareness and knowledge production. The transcripts

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<sup>12</sup> Not all subcategories and categories were found in every transcript. The subcategories ranged from 18 to 21, the categories were 8-9.

were then read again to collect illuminating quotes corresponding with the themes, both quotes about recurring aspects and those that were not as common.

## **Women talk about *Fittlife***

The interviews resulted in very rich material. The informants provided comprehensive and well-reasoned answers and explanations. Many themes were recurring, while some informants had a more personal take on things. The analysis is split in five themes: feeling normal in a safe space, consciousness-raising in *Fittlife*, the challenges of inclusion, the role of experiential knowledge and feminism and the political potential of the group.

### **Sharing is caring – feeling normal in a safe space**

The informants see *Fittlife* as a safe space, a forum where they can be honest and expect not to be judged. This makes group members share personal and sometimes sensitive information. The group is often described as supportive and some express that members are very generous, both in terms of sharing experiences and encouraging and supporting others. When people open up about issues that are hard to talk about, or problems that are seen as shameful or taboo, others going through the same problem feel that they are not alone. This confirms the results in Ziebland & Wyke's (2012), Hinton et al's (2010) and Harrison's (2014) studies in regard to emotional support. Some informants stress that it is okay to talk about things one would not necessarily bring up in other contexts.

“It’s an open climate where you can talk about things you wouldn’t necessarily talk about at or party or something: ‘By the way, my vagina smells’. It doesn’t necessarily come naturally, but in that group, it is natural to talk about it.”

(Denise, 26)

For Denise, identifying with others is one important explanation as to why people share their experiences. If someone just starts, others will be encouraged to contribute and the non-judgemental tone in the group will confirm that the forum is indeed a safe space to share. She explains how the group “almost becomes a small community of its own”, reflecting what has been shown in Parsons’ study (2019). Another example is Ylva’s description of her friend’s

experience of *Fittlife*:

“I have a friend with herpes and when she started to read, there were so many who had it too, and it felt so good: ‘It’s not just me!’. ‘I don’t have to walk around with my own thoughts’. Because, you’re often alone in healthcare, you’re on your own.” (Ylva, 28)

For others, it is not just about being encouraged to share. It can be a conscious decision. They can feel an obligation to break the norms around what is considered acceptable to talk about, or a will to help someone else. This obligation is a substantive value (Dahlgren, 2009) – a commitment to openness and solidarity with others. Bea explains it as follows:

“But there is also a great solidarity in sharing and many step up for the sake of others. Both for your own sake, to be able to share and get your story acknowledged by others, but also: ‘I want to share because I want this to be talked about’. I think it’s very generous in that way and generally, the importance of sharing with others has caught people’s eyes.” (Bea, 37)

Several informants mention that a forum like *Fittlife* did not exist a few years ago. Now that it does, it fills a need that probably has existed for as long as the issues themselves.

“What made me join when I got to know about it and the reason I’m still there, is that, primarily, it’s a platform that hasn’t existed before. A platform where I feel safe at least, and a room to share experiences and have conversations in, that you haven’t really done before.” (Ylva, 28)

Ylva has also invited a few of her friends to join the group. For Vera, *Fittlife* is unique. She does not see an alternative forum for similar topics.

“I mean, I don’t see any other forums to talk about this in, except with your friends. For me, it’s with my friends or somewhere online...if you don’t want to go to a

gynaecologist, to ask about something specific. [...]it's like a Google, but in a group with a lot of girls who can share their experiences.” (Vera, 28)

Nina reasons the same way as Bea – that there is a power in sharing and connecting with others. These benefits can be seen as high-level digital affordances of Facebook. They build on a large number of people, with similar issues but varying experiences of them, coming together – an exchange facilitated by the space that Facebook offers its users. The dimension of space in Dahlgren's civic cultures (2009) is here too created through digital media. It differs from the space that people make when meeting face-to-face, as the number of connections is larger and there is a possibility for anonymity.

Nina describes herself as an outspoken person with a close circle of friends and female relatives she can talk about anything with. At the same time, she recognises she would have needed something similar to *Fittlife* in her younger years.

“There's a unity and a strength in not being alone with certain things. Because I think...when I was younger, I had big problems with pain during sex. And I was so ashamed, but it was also a sorrow for me that it was so hard for me to have sex. I'm as I said soon 29, so when I had those issues there were not any groups of that kind. Talking openly about things...and maybe it has to do with my age and probably it's related to the lifetime of the Internet or Facebook, but back then I would have needed this.” (Nina, 28)

However, when asked about whether they have posted anything in *Fittlife*, none of the informants have. Only two of them say that they probably would have shared under their own names, had they had something to post about. The rest show a clear hesitation regarding sharing private information on Facebook, even in a closed group many of them describe as a “safe space”.

Ylva and Bea both had a clear interpretation of *Fittlife* as a feminist group. They talked a lot about breaking the norms for what is considered normal and the groups potential in achieving this. This explains both of them saying that if they had something they wondered about and



they could not find an easy answer to in the group, they would not mind posting under their real names. In fact, it seemed like they felt this was important to do in order to contribute to an open climate. Ylva puts it this way:

“But at the same time, I want to be a part of working for us being able to talk about anything without judging and without it affecting...I think people might be scared of it leaking out or reaching a future employer or in some way...But I have to be able to be my private self and have my sexuality left out and it shouldn't affect anything.”

(Ylva, 28)

Bea does not think she would have been ashamed if people found out particular things about her. However, she acknowledges that not everyone feels comfortable talking about their genitals: “that is because I'm privileged to not be as sensitive or feel as much outer pressure to act in a specific way regarding my genitals”.

The “thin trust” (Dahlgren, 2009) in the group does not seem to be that high. However, this is not necessarily a proof of mistrust in other members, as it is an example of awareness of privacy problems with social media. Facebook offers a space for conversations, but in participating, members also risk private information leaking out. This awareness highlights a problem with organising through social media – how much control can the individual participant expect to have? While some are just reluctant to share private information on Facebook, others have too many acquaintances in the group for them to feel comfortable doing so. This second attitude can be highlighted by a quote from Johanna:

“I don't think that I have had a direct need, but to be honest, because I have many friends and people that I am acquainted with and that I feel might be a bit weird...it's one thing to say something to a total stranger, unfortunately, but to people in the periphery of your life...that can be really awkward”.

(Johanna, 31)

For Johanna, it is one thing if a close friend sees your post, and a totally different thing when the girl you took a course with a few years ago can read the same information. She is neither a friend, nor a stranger. This links to the notion of “context collapse” (Marwick and boyd, 2014:1054). The type of information we are comfortable disclosing, depends on the context of

the disclosure. However, in social media different contexts merge, as we are friends with many different people – something that can require various solutions to keep our privacy (ibid).

Having a personal profile and being able to join groups are two low-level, technical affordances of Facebook. Nevertheless, the fact that people in the periphery of your life might see your personal information can also be a hindrance to participation. What Maslen and Lupton call “affordances of human bodies” (2019:1640), for example, emotions and cognitive functions, intersect with the technological affordances of Facebook, to create relations between people. This allows for personal experiences to be expressed and shared. However, as has been demonstrated in this study too, the affordances of Facebook can also shape a type of user that mostly observes others’ interactions.

It is interesting to note that all but one of the interviewees knew for a fact that a friend had encouraged them to join *Fittlife*. In several cases, either the informant or her friend had a gynaecological issue, and this is how *Fittlife* was found. “Thick trust” (Dahlgren, 2009) is then an initiator for developing “thin trust” through new connections. Even Emelie, a trained midwife, was recommended by a friend to join the group. Denise had this to say about joining *Fittlife*:

“Well, I think it was when I was diagnosed with endometriosis. I started to search a little to find out where I could find information. And I think it was a colleague of mine at the time who recommended different Facebook groups that you can join.”

(Denise, 26)

The interviews with *Fittlife*-members show that most often it is a friend that introduces them to the group. Connecting with strangers online and talking to close friends about genital issues are supplementary practices in the quest for knowledge about one’s own body. There were, surprisingly enough, very few comments about *Fittlife* as a community, something Parsons (2019) found in her hysterectomy support group study. One possible explanation is the sheer size of *Fittlife*, with over 34 000 members. How the interview questions were posed can also have impacted the results.

### **Broadening perspectives – consciousness-raising in *Fittlife***

It is clear that the informants have learned a lot by being members of the Facebook group. What is often mentioned is an increased awareness about different gynaecological problems. Johanna could find useful information about a diagnosis a friend of hers has, as well as information about her own diagnosis. When she was first diagnosed in her late teen years, the information she got was faulty and contradictory, making her confused.

“I’ve learned A LOT about endometriosis, I have a friend who has endometriosis. I have learned a lot about what is called PCO/PCOS [polycystic ovary syndrome], that I myself have and that I’ve tried to find research about. But that has also been positive for me, the fact that all of a sudden, there were people who had it too and who managed to get pregnant and have positive things to say.” (Johanna, 31)

*Fittlife* gave Johanna another perspective and many positive stories that countered much of what she had previously heard about PCO/PCOS. Her experience is an example of what Borkman (1976) referred to as competing sources of authority. When Johanna was diagnosed, there was not much research in this field. Several years later, the personal experiences in the group made her realise that authoritative knowledge could be put into question, just like anything else.

Another benefit with *Fittlife* is gaining a broadened perspective, on sexuality, for instance. Several informants mentioned that they appreciate the open conversation about sex toys. Ylva said, for example: “It’s super cool to be a part of a normalisation of that – ‘of course you have a sex toy!’. Others appreciate that *Fittlife* strengthens their attitudes toward their own sexuality and female sexuality in general. It can be hard to say exactly where one first encountered an idea or viewpoint. Nevertheless, if female pleasure is seen as important and something that should be liberated from guilt and shame in *Fittlife*, those who already lean toward this perception will feel empowered and reassured, while those with a different perception will encounter a more positive alternative. Vera feels the view on sex in *Fittlife* differs a lot from what she encountered growing up:

“But I still think it’s interesting how sex is talked about in this group, because it’s from a different perspective than I was used to growing up. Basically, that it’s not

as much from a guy's perspective or very hetero normative...it's very much from a female perspective, a bit feminist in some ways." (Vera, 28)

The young women often compared how sexuality and bodies are talked about in *Fittlife* with attitudes in society and what they encountered when they were younger. Zara sees a problem with young girls receiving bad sex education combined with health messages from influencers, who are not always properly educated. Add to this mix the porn industry, and what you end up with is a younger generation misinformed about their bodies and their sexuality. In *Fittlife*, they get a body-positive perspective instead:

"There are young girls in there, 15 years or so, who only got their impression of how you're supposed to be from porn. And it's really important that they get more experiences from real people with real genitals that are not retouched, styled and only there to please the male gaze. Well, that's not only important for young girls. It's important for everyone to experience the normalization of the genitals – they can be hairy and they're not supposed to smell like forest berries." (Zara, 25)

Linking one's own experiences with societal structures was one characteristic of original, feminist consciousness-raising (Pruchniewska, 2019). By connecting with others through personal stories, members in *Fittlife* discover that they are not alone and that their experiences are affected by the society that surrounds them. This was also noted in the analysis of the various feminist hashtag campaigns discussed above. The linking of the personal with the political was, however, something that Orgad (2005) lacked in the breast cancer groups she studied, while Anderson and Grace (2015) saw clear examples of critical perspectives on motherhood in their Facebook groups for mothers. This study shows that *Fittlife* members are not just discussing common health issues, they also talk about the reasons behind health- and gender inequalities in Sweden.

The dimension of knowledge in Dahlgren's (2009) framework is easy to spot in the group. But sharing knowledge and broadening perspectives is also a practice with political undertones as it leads members toward certain problem formulations – the society and patriarchy are to blame for women's harmful body perceptions.

While Zara sees a huge benefit of engaging in *Fittlife* for young girls, Bea, the oldest interviewee, expresses that she too has gotten an increased body acceptance after having engaged with different body-positive, digital media, like *Fittlife*:

“But I also think that my perspective on my pussy is a bit, at least I think so, a bit better because of me hearing...and that I can talk about it. I can normalise certain things, I can hear other people who appreciate their pussy or find ways of liking it even more. And not be bothered by it.” (Bea, 37)

Bea has referred a younger friend to *Fittlife* to help her normalise her own body functions. The friend had opened up about not being able to orgasm through penetration and Bea wanted her to look up threads in the group to understand that this is not uncommon. Zara’s and Bea’s accounts reflect the findings in Mowat et al’s (2020) study of the vulva-positive Tumblr community the *Large Labia Project*, as well as Matich et al’s study (2019) of the campaign #freethenipple. In *Fittlife*, like in the two other examples, users seek an alternative perception of the (female) body to counter what they normally are confronted with. This normalisation can be seen as “public pedagogy” (Mowat, 2020:41), a form of knowledge production in areas with many knowledge gaps.

Ylva not only uses the knowledge in the group for personal purposes. As someone who teaches sex education for children in the pre-teen years, she can incorporate what she learns into her profession:

“And I know it’s been brought up a couple of times in the group, others who work with this have asked for advice. ‘What did you lack and what do you think is important to include?’. And that has been fantastic threads with a whole bunch of answers and important things to take with you [...]” (Ylva, 28)

Here, Ylva not only highlights her choice to improve as a sex-ed teacher, she also sees an opportunity for her pupils to get a better education in this field than the one she received. In so doing, she links the individual with two collectives – the class benefitting from an updated teacher and the adults in the group speaking up in hopes that the youth of today can gain from their insights.

Mowat et al (2020) questioned the assumption that engaging in body-positive activities is only about achieving individual self-acceptance – a claim that links these initiatives to neoliberal and postfeminist individualism. However, this study aligns with Mowat et al’s perspective, by highlighting that members are not only there for their own sake. They share a common persuasion that things can be changed. I argue that they can be seen as an issue-public (Dahlgren, 2009) currently being formed.

Emelie, the midwife, already has a broad knowledge about genital health. But reading what others share regarding their experiences of healthcare can help her improve how she communicates with her patients.

“I doubt that I can get more knowledge there than from my studies, but I’m always open to learn more. And I might get more ‘experienced’ information than I get from fact-based information. But that part is also important, for empathic treatment and understanding.” (Emelie, 28)

Emelie’s attitude toward picking up information about patients experiences can be seen as an example of closing a potential gap between how healthcare professionals view themselves and how they are viewed by patients. Haukeland Fredriksen et al’s study (2008), showed that differing opinions about pelvic girdle pain can create problems for women suffering from it. If healthcare workers are attentive to recurring critique from patients, these gaps can be closed. Closing the gaps does not require collecting experiences online. However, an affordance with Facebook groups is that they can bring together thousands of members and thousands of similar or varying experiences about the same topic.

The opposite opinion, in other words that members can learn how healthcare works and what they should not accept as patients, was also raised by some informants. They stressed that medical professionals are not always right and that reading about what happened to others can help you stand your ground if you are treated in a disrespectful way. Comparing healthcare experiences with others was also found in Ziebland and Wyke’s study (2012). There it was linked to a possible negative outcome – diminished trust in healthcare. However, none of the members in *Fittlife* expressed a total lack of trust in healthcare, just an awareness that doctors are not always right.

Therese's friend felt dismissed by a midwife after it was found she had an STI. Therese and her friend found *Fittlife* when they researched the particular infection together and both joined the group. Even if Therese herself does not have negative experiences of healthcare, she has been affected by what friends of hers have recounted:

“[...] just going to see a doctor, not necessarily a woman going to a gynaecologist, but a regular visit to the doctor's, you're in quite a vulnerable position. And on top of that, if you go to a gynaecologist, you feel even more exposed and vulnerable. If it's a person that says something that you don't really agree with or would like to put into question, you might not have the power and the courage to do it there and then. So it's important to help each other out, so that you know what you have the right to demand and what you can question.” (Therese, 26)

Therese's story is an example of women questioning authoritative or expert knowledge, as was shown in Browner-Press's (1997) study. She and her friend felt that the answers the midwife gave regarding how to deal with the STI did not feel right and joined *Fittlife* to see if there was more information and experiences to compare with. Although Therese raises a collective benefit of sharing healthcare experiences, her perspective can also be linked to empowerment in the postfeminist sense of the term. In other words, if women feel they need to prepare before seeking healthcare, it puts the responsibility on them to help themselves, instead of the system to do so. Feeling empowered can of course lend a feeling of agency for the individual woman and is not negative per se. But this leaves us with the question: what happens to the women who are not updated or well-prepared when seeking healthcare? And who should make sure they are not mistreated due to lack of knowledge?

### **The challenges of inclusion**

In general, the tone in *Fittlife* is described as nice and supportive. Members try to understand each other and avoid judging others. Some interviewees label the group as separatist, meaning that only those who identify as women (either cis-women or trans women) or non-binary people, are welcome to join. Some believe that the exclusion of cis-men (which in this case is logical since only those with specific genitals are welcome) makes the forum a safe space. In this respect, *Fittlife* resembles the private career groups on Facebook where women created their alternatives to traditional boys clubs (Pruchniewska, 2019).

When asked if they can compare *Fittlife* with other Facebook groups that primarily attract women, two types of groups are mentioned. Firstly, the more general and often very large “girl groups”, that lack a specific focus, are brought up. Those are often described as more conflictual. Secondly, the various “gäris and icke-binäris groups” (separatist groups for girls/women and non-binary people) are noted. They are often more niched than *Fittlife*, (there are, for instance, groups about cross stitching or pot plants), while the respectful tone is reminiscent of the language and tone in *Fittlife*. Johanna sees a clear ambition in similar groups to keep the space safe:

“And that there’s a supportive element in there, we are here for each other. Sometimes I can feel that in all these groups, women, and I mean all women, trans-women and non-binary too, it’s like you’re starving for safe spaces and when you do get the opportunity, it just [makes a sound], it just explodes. And you are aware about how the tone on the Internet can be, so often you perhaps make an effort so that we can keep it like that.” (Johanna, 31)

Another explanation for the nice tone, according to some informants, is that there is an implicit expectation to be norm-critical and somewhat updated in current feminist practices. Zara puts it like this:

“And my experience is that these groups also have a preunderstanding for this...you never have to begin talking from the start and then someone says: ‘I don’t know what patriarchy is’. Most people in those groups are into that already. So, its defined as a certain norm-critical view.” (Zara, 25)

Zara has studied gender studies and is familiar with separatist groups for women and non-binary people. She does not mean that every member in *Fittlife* holds an academic degree in this discipline. However, many have a general awareness of these topics and do not necessarily need to be introduced in order to understand the communication. This preunderstanding makes the communication more “effective” as the problem formulations are shared and do not require explaining (Pruchniewska, 2019:1369). It would be interesting to know if less experienced members of *Fittlife* also gain a narrative knowledge (Ziebland and Wyke, 2012). Has the group given them new insights about inclusive expressions?



We see how values (Dahlgren, 2009), both substantive (as in committing to norm-criticism) and procedural (as in respecting the tone and language use) come together with knowledge about rules in the group and conditions in the outside world, to form certain discursive practices. Nevertheless, different interpretations of reality clash, even in a safe space. At the end of 2019, there were several threads about how to express oneself in the group. To sum it up, the harshest conflicts revolved around the use of gender-neutral language when addressing others, as not all members identify as women. Although it can be assumed that most members do not possess very strong opinions about this, two groups were easily detected: those who demanded a more inclusive language as the lack of it made them feel excluded and those who stressed that people should be able to express themselves in the way they see fit. The latter fraction could write that it should, for example, be accepted to refer to others as women, even if not everyone identifies with this. Sometimes the debates contained harsh attacks on opponents.

The interviewees all referred to this polarised debate as a clear example of an exception to the general rule – the respectful tone. Although they could see the benefits of an inclusive language, and some even expressed that it was hard for them to understand how this could be so controversial, they also showed a deeper understanding of the difficulties of keeping a space inclusive for everyone. Several of them pointed to the risk of coveted inclusion actually leading to exclusion of those who do not understand the rules of the game. This differs from Pruchniewska's career groups which manifested norms that could be excluding to some, such as people of colour (2019:1368). In *Fittlife* there are norms around language use, but also counter reactions to these norms. Both can make members feel unwelcome and deter participation.

Therese stresses that people who probably meant well and who mustered the courage to ask a sensitive question under their own name, were criticised for not writing in the prescribed way:

“For a forum that is marketing itself as safe and relaxed, it's pretty pompous many times. And I think that many can experience it as a bit excluding because one does not necessarily identify with that way of writing or expressing oneself.”

(Therese, 25)

However, she adds, along with many others, that most members try to explain and guide others about inclusive language in a nicer tone. Others point out that focusing too much on the language use and whether to write “Hey girls” or “Hey friends”, can redirect focus from the important issues the group aims to discuss. As Johanna describes it: “So, that’s a debate that I sometimes feel takes the focus away from what we’re supposed to talk about. And that’s really, really such a shame”. Others, like Nina, stresses that how people communicate is closely linked to what contexts they are part of, their education and networks. Demands on certain language use can reflect a form of elitism:

“I’m all about discussing word choices and definitions in eternity, but I also think there’s a certain elitism there sometimes. A certain elitism and, at the same time, a certain arrogance from others.” (Nina, 28)

Sometimes people see a malicious intent where there is none, comments Zara:

“Another con with these separatist forums is that if someone who doesn’t have as much knowledge gets engaged, it can easily lead to that ignorance being seen as ill will. And that ignorant person can receive very harsh feedback, in my opinion. And I think that has to do with the fact that when you’re out in regular society, it’s almost impossible to be non-binary without constant critique. And then you will raise your guard, so when someone who doesn’t know that comes along, it will come off to you as the same type of attacks that you always keep getting.” (Zara, 25)

Ylva and Bea were both disappointed to see the tone in the group deteriorate over inclusive language, something that is non-controversial to them.

“I had always had the impression that it was natural to include and to use an inclusive language and that we keep each other’s backs, you know, support and strengthen, and be there for each other, that it was beyond doubt. And all of a sudden, as lightning, at least to me, this came and got really, really big.” (Ylva, 28)

Both Ylva and Bea are also members of a break-away group, called *Fittsnack* or “Pussytalk”, that was created shortly after the debate exploded, by members who felt excluded from *Fittlife*. They describe it as similar in content to *Fittlife* but with an explicit focus on inclusive language. The formation of a break-away group also echoes the findings in Pruchniewska’s study (2019). The implicit norm was to be white, heterosexual and middle class, which made some members retract to their own groups. And, as was shown above in the German cases (Baer, 2016), feminist activism often meets critique from other feminists for not being intersectional enough to be “allowed” to speak for everyone. It would be interesting to know whether the debate on inclusion in *Fittlife* resulted in some members leaving the group without forming an alternative and if it has made others keep a low profile? As was shown in Anderson and Grace’s study (2015) of a Facebook group for mothers, educational background had an impact on participation.

Although the opinions of the interviewees’ differ to some extent in regard to inclusive language, many of them show awareness of an intersectional perspective. Intersectional awareness is a key feature of the third wave of feminism that Pruchniewska (2019) argues the fourth wave has incorporated. Linking back to Dahlgren’s civic cultures (2009), we here see challenges with forming a collective identity in a group for everyone but men. What should we call this population – women, pussy-carriers, *Fittlifers*, non-males? If the group turns into a political initiative of any kind, will the identity conflicts stand in the way of successfully framing a collective issue that can resonate with larger groups in the Swedish society?

The fact that an alternative group was created by previous members proves that one of the ambitions of *Fittlife* – to provide a safe space for people with female genitals, was not fully accomplished. And it is important that all informants had noticed where the nice tone in the group was visibly disrupted – in threads about representation. This is something every feminist initiative, whether a group, a street protest or a hashtag campaign, will have to take into account in order to avoid infighting, and what is worse, totally falling apart.

### ***Fittlife* as a complement – the role of experiential knowledge**

How do informants compare *Fittlife* to other information sources and what, if anything, makes *Fittlife* stand out? As mentioned above, many see the group as a unique forum and comment that they would have needed something similar when they were younger. What most of them have in common, even if they use different information sources all in all, is that

everyone has used 1177.se. 1177 is the Swedish official website and help line for health queries, controlled by the regional authorities and containing fact checked information. Despite the fact that the informants see 1177 as too general, it is considered to be a good source to measure other sources against.

What *Fittlife* offers that makes it valuable and a complement to sources like medical professionals, alternative health counsellors, health-related websites and other social media accounts, are the numerous stories about people's personal experiences. This is what Bea has to say about this advantage:

“It's really important to me. Often that is the most important thing in order to feel that I...to legitimise my own choices and own experiences. Many things get more real if they are told through the experience of someone else rather than a theory or healthcare information or facts. It broadens my understanding of things and my understanding of how we differ from each other.” (Bea, 37)

This links with Hinton et al's statement about online support groups supplementing the “real world” (2010:440). At the same time, Bea says she is careful with some advice because, after all, it is not always medically correct information, even if a person is telling something from her/his perspective. She is very much aware that what worked for one person, might not work for someone else. This is an oft-repeated comment in the interviews, as can be seen in this quote from Denise:

“Because again, personal experiences can be positive but also negative. Just because something worked for you doesn't necessarily mean it will for someone else.” (Denise, 26)

As Borkman (1976) concluded, one benefit of experiential knowledge is that it provides possibilities to ascertain what is personally relevant of the many similarities and differences that exist. Some, like Nina below, acknowledge that personal stories cannot always be trusted, but then again, genital issues are not always well-researched and therefore healthcare often lacks clear answers.

“Tips and advice are not the same as medical knowledge and that has also been a discussion in the group. And one could perhaps wish that people had a stronger compass for this because some might lack this. But that’s also such a fine line because I think it’s also...once again, women’s diseases that are not well-researched, taboo and people don’t know as much. Doctors haven’t known much either: ‘Well, that’s just how it is. It should hurt having sex for the first time’.” (Nina, 28)

So how do they know what and who they can trust? Some informants google certain issues and filter the results according to what feels trustworthy, while others also follow online health profiles on the alternative spectrum, whose interpretations can be weighed against other sources. Several informants display an attitude that seems to combine both a questioning of medical claims or authoritative knowledge *and* a questioning of personal experience. Borkman (1976) claimed that experiential knowledge is linked to trust. But the informants’ explanations of how they combine different sources to research different topics, shows that no one source is trusted above others, at least not always.

It does not mean that they question whether anything can be true, rather, they understand that no single source can include everything that is true and relevant about a topic. Thin trust intersects with knowledge to form a net through which different forms of health information are filtered. Neither medical knowledge (or what is claimed to be medical knowledge) nor supportive, fellow members in a safe group, can be wholeheartedly trusted. The context steers what knowledge is accepted and embraced. Building on Stephen Turners thoughts, Dahlgren asserts that a level of “critical trust” (2009:79) in experts among the citizenry, is necessary for civic agency. In order for young women to navigate in the not fully explored field of genital health, they must show critical trust toward both medical information and other people’s personal experiences.

1177 was by far the most common source brought up in the discussions. If 1177 describes yeast infections and the preferred medical treatment, *Fittlife* tells you how it is to walk in the shoes of someone who often suffers from them and what people have found effective in order to get rid of them. The combination of different forms of knowledge reflects the findings from France et al’s (2011) study about prenatal diagnostics and Harrison’s study (2014) about infertility bloggers. If a text-analysis of the group was to be carried out, the chances are high that a “hybrid-style narrative” (2014:332) could be traced in the threads.

There are examples of at home-cures, alternative medicine or even pseudo-science in *Fittlife*. How the interviewees perceive this type of information depends on the content. Some at home cures are seen as safe even if they prove to be totally ineffective. Other things, like dietary advice such as to avoid sugar to reduce the risk of yeast infection, is perceived as yet another example of things that work for some and not for others. What is seen as problematic though, is when members claim “this is how it is” without having anything to back it up with. But if a member writes “well, this worked for me”, the informants reason that it cannot be put into question. However, it does not automatically mean they buy into it.

Emelie, the midwife, has intervened in a thread about a shot given to Rh-negative pregnant women with Rh-positive babies. In the discussion, some women advised against taking the shot, claiming they got an allergic reaction from it. This type of discussion thread differs from those where, for example, old at-home cures for yeast infections are shared. The former example might lead to very negative outcomes if followed, whereas the latter, depending on the type of advice, is not necessarily dangerous, even if it is not backed up by science. Emelie felt a responsibility to explain the benefits of taking the shot:

“That is probably that person’s experience but according to the advice and guidelines we have, the science we have, it’s a medical mistake not to recommend this. So, that’s when I feel I have intervened and taken charge because I felt, ‘no I can’t keep quiet’. We can’t spread misinformation. But of course, I don’t want to strip someone off their experience of having developed an allergy due to the shot, absolutely not.”

(Emelie, 28)

Emelie’s description is yet another example of different sources of authority clashing. She represents the expert or authoritative side, and while she does not question the experiential knowledge in the thread, she sees the need to intervene in these circumstances, as the two alternative solutions are not equal in terms of medical consequences.

While all the informants have seen a couple of examples of alternative medicine or even pseudo-science in *Fittlife*, they do not see it as a huge problem, as it only represents a small fraction of the content. The opinions around what can be trusted in *Fittlife* suggest that informants feel they can easily spot information that is not reliable. They often phrase it as filtering or using common sense to discern what is reliable and dubious information. Johanna

is sceptical toward at home-cures:

“[...] because in the end it’s also about common sense. And that you understand that...a lot of things in the body can be related...sometimes I feel when there’s advice about ‘if you have this and that you should eat a specific diet’. I mean...you have to take some personal responsibility and think: ‘maybe, this is not something for me?’.”  
(Johanna, 31)

Vera thinks that source criticism is something the younger generations are quite good at. Her impression is that members of *Fittlife* often have a higher education that lends them a critical eye. For Therese, higher education is an assurance that she can filter out unreliable information.

“Well, at the first level of filtering, I use common sense and check the comments. And I guess then it’s googling the methods to see if there’s any scientific evidence for it. And because I have studied at university, I feel like it’s pretty easy for me to ascertain whether information is scientific or not.”  
(Therese, 26)

Maslen and Lupton note that an “expert patient” (2019:1649) is not only someone who finds and evaluates health information online. Rather, it is someone who understands the prescribed behaviour for social media like Facebook and can negotiate the affect and personal information that engaging with Facebook requires. As has been discussed in the previous section, not every *Fittlife*-member is an expert in terms of observing prescribed language use. In terms of prescribed behaviour in the group, I argue that a level of critical thinking is required of the users, in order to figure out what type of advice might be interesting for them to apply to their own circumstances.

A central question is whether everyone in *Fittlife* is critically aware? The informants seem to count themselves to this category of members. And even if some do see risks with personal experiences shaping people’s opinions, they do not view *Fittlife* as a group where pseudoscience blossoms. However, they say that members have to take some responsibility not to be easily fooled. Zara has read threads about common over-the-counter products for vaginal issues. After having read users’ reviews, she has done more research, looking up

pharmaceutical information, before deciding whether to try the product: “I still think that...in the end, it’s about what I put in my body and so I’m responsible for the right thing being used in the right place and for the right problem”.

The quotes above reflect the personal responsibility emphasised in post-feminism, where women are asked to make their own choices and to be empowered in health-related issues (Dubriwny 2012 & Gill, 2016). But as critics of post-feminism have pointed out, the ability to make the right choices is shaped by factors such as educational background and socio-economic position (Dubriwny, 2012). Emelie is concerned that younger members might easily fall prey to dubious advice:

“I mean, it’s because I have another knowledge behind me that I can filter that, but a young girl who is 18, 19, might not be able to do so. And that’s what I think is sad, that there is no limit in the group, there’s no limitation. Everyone has the right to express themselves.” (Emelie, 28)

The fact that the informants were confident that they could distinguish between good and bad advice is closely linked to their age and educational background. Although years of education was not clearly pointed out, their professions today reveal a suggestible level of schooling. Had the sample included women with a different educational background or age, the results might have varied more.

### **Feminism and the political potential of *Fittlife***

“Even if the group is not identified as a feminist group, I would call it...or say it has a feminist value system. Definitely.” (Vera, 28)

There are two categories of informants – those who describe the group as a feminist group, because they see feminist values, expressions or practices there, and those who are reluctant to call it feminist, as this is not stated in the group itself. However, when asked specifically about the practices in the group, they do see feminist characteristics. Denise would at first not label *Fittlife* feminist, because feminism is a “given” to her, something natural that she hopes most people agree with.



(I:) So, what is it then that you find reasonable with that description [feminist], because you said you understand the thought behind it?

“I think as women, we have been taught not to talk about our issues openly and that it almost feels unhygienic or shameful. And not just in terms of genitals but in general – thoughts, feelings...and it’s like a mobilisation. A place to gather. ‘Now we’re taking space. Now we’re asking questions. Now we’re learning about ourselves, which is our right, but society taught us not to’.” (Denise, 26)

For Denise, the description does fit after all – she recognises the feminist practices in women and others with female genitals coming together to break the silence norm around these topics. She calls it a mobilisation, something Harrison (2014) noted in support groups where patients mobilise for empowerment. In *Fittlife*, members mobilise to help each other fill the knowledge gaps about their genital health.

Political affiliation, interest in and knowledge about feminism, shape informants’ inclination to label *Fittlife* feminist. However, the way they describe and talk about *Fittlife* before the questions about feminism and the political are introduced, show an interpretation of the group as a form of counter reaction to traditional gender roles, where women are not encouraged to talk about such “delicate” topics as their genitals. Let us compare how Ylva and Emelie discuss *Fittlife* and feminism. Ylva, who is also engaged in the movement for girls’ shelters, was quick to label the group feminist:

“But here you can talk about everything and it breaks taboos about conversational topics that traditionally have been very private. If we look through history, we haven’t even had a name for the cunt. So it’s a great leap forward. It’s cool to be a part of that.” (Ylva, 28)

Emelie on the other hand does not see the group as explicitly feminist and questions whether every member would sign up on being called that. But this is how she talks about opening up around these topics the way it is done in the group:

“That is a positive thing about it, because in general, talking about women’s health issues has been taboo. As women, we’re not expected to be so open and talkative, it’s the traditional woman. [...] according to the norm perspective in society, we’re supposed to act in a certain way and move in a certain way, it has been like that through history and I think it’s a positive direction that you ignore those expected norms and dare to be yourself.” (Emelie, 28)

This is also reflected in her statement about issues dear to her. As a midwife, she is passionate about helping women who have had abortions and might struggle with feelings of shame and guilt. According to Emelie, many have “flashbacks” years later, when they meet her as pregnant patients in prenatal care. Some women can feel unworthy to become mothers. Emelie thinks it is very important that these patients, as well as those posting about abortion in the group, are met with a non-judgemental attitude, because abortion can be stigmatising, even in a liberal country like Sweden. The will to support women who have had or are planning to have an abortion, is strongly connected to feminist attitudes about women’s right to their own bodies and the right to choose.

Pruchniewska’s (2019) statement about the importance of also researching feminist consciousness-raising in non-explicit feminist groups, directly comes to mind. It boils down to the question: does something have to be labelled feminist in order to be seen as feminist? This study pairs up with Pruchniewska’s in answering no to that question. One possible explanation to *Fittlife* not being explicitly labelled as a feminist group by the founders, is that such labels could deter some people from joining. Perhaps the practices in *Fittlife* – what it can accomplish, is more important than discourse – how it should be labelled?

However, even if some group practices are more concrete, such as practical problem solving, the discourse in the group, the conversations themselves, are practices too. This is what Dahlgren (2013) refers to when discussing “the political”. As was noted above, the everyday conversations can harbour what can be turned into political talk and should therefore not be dismissed. In *Fittlife* I argue, this is already taking place as members are not only discussing problems, but also their causes and, to some extent, what can be done about them.

When asked about whether a group like *Fittlife* can have political potential, several informants' answers once again reflect a feminist awareness and worldview. The change that most have in mind is a changed perspective among the members themselves, in Nina's words: "the micro political". A change that, if fomented, could put pressure on those with political power in society. Ylva and Nina hope that groups like *Fittlife* can help improve healthcare and redirect research funds to studies about genital health for those with female genitals.

"Yes, I absolutely think that this could be a political issue, equality in healthcare. [...] now Sweden is quite equal and a good country where there is a certain level of social security. But if we look at the knowledge about different bodies in healthcare, it differs. So, of course this could be a politically grounded issue in some way."

(Ylva, 28)

"I mean, hopefully, and I can't look into the future... and I think there needs to be a collective power around so many different things...but I think that, if people wanted to, they could do something really cool. [...]this could be one channel for collecting stories and there could be other channels too. So if you then write about all these birth injuries, for example, gather them and give them to either leading politicians or lobby organisations or political parties that are more inclined to raise these issues...".

(Nina, 28)

For Nina, there are many stories about genital health in the group that could be collected to give reliable evidence of a problem and support political demands to change healthcare. Bea, who stressed the body-positive aspects of the group, sees a potential on the individual level – a more embracing view on one's own body and sexuality. She questions whether *Fittlife* can be turned into a political initiative, as the group is not focused on one single problem formulation. But perhaps it can be a springboard for other initiatives?

"[...] but I do think that it could be, and probably already is, a forum for starting up groups together and starting initiatives in order to change things in different ways. And I think that these types of forums are so freaking important for understanding: 'it's not just me' and 'maybe it doesn't have to be this way?'"

(Bea, 37)

Zara is at first reluctant to label anything related to women's health a "political issue".

"Women's health has for a long time been political. It IS political, still in our society. I think we need a forum where it's not connected to politics. That it's not turned into a conflict issue." (Zara, 25)

However, during the interview, it became clear that "political" in this context to her, meant connected to partisan politics, which turns the issue into something highly conflictual and polarised. But when asked whether it is political in itself to open up about previously taboo topics, she sees, once again, a plausible, positive impact on a younger generation of girls:

(I:) And you said that it's important that young girls get another perspective, another view on themselves and their bodies. Can that also be politics?

"Absolutely, yes. That it's spread to more people...the more people that join, the more will it be noticed in classrooms and in the local political assemblies and at different offices. It will, of course, have an impact. Even if the group doesn't lead to any actions, there are people in there who will get good insights and those people will also, many of them, will have important positions in the society in the future."

(Zara, 25)

For Zara then, *Fittlife* should primarily be viewed as a space where women and other people with female genitals acquire the support and knowledge that they need in order to stand up against stereotypical views on their bodies and their sexualities. This is something they will have in the back of their minds when they reach a position from which they can make a real difference.

According to the informants, *Fittlife* is first and foremost a group for sharing knowledge and raising awareness among members. However, many see a political potential with connecting online like they do. One hindrance for substantial political action could be the fact that the group is not niched enough, the collective is not finished with creating their own "issue-public" (Dahlgren, 2009). It houses several such publics (for example, those who criticise healthcare and those who question beauty norms). Another obstacle can be challenges in forming a common identity in the group.

Connective action might well happen through the group, but even if this form of mobilisation invites personalised issue frames (Bennett & Segerberg, 2013) there has to be something to rally against, such as the reckless economic elite on Wall Street. And as Bennett and Segerberg show, even leaderless movements have to have someone in the front line, “core activists” (2013:204) to organise, if not lead the mobilisation. These core activists could take it upon themselves to formulate a comprehensive message for media, or the mainstream public sphere (Dahlgren, 2013), a prerequisite for getting the attention of the sphere of the elites. In that sense, *Fittlife* is closest to a form of online public sphere that Dahlgren (2009:167) calls a “pre- or proto-political domain”. This domain can consist of everything from blogs to discussion forums and although the political is not always visible here, there is potential for it to emerge.

Nevertheless, we also see how insights from *Fittlife* reach the outer world as interviewees recall being recruited by friends and inviting friends to join. Members see a potential in *Fittlife* becoming a springboard for more niched initiatives. This does not, however, have to clash with the opening up to an outer world that Orgad (2005) calls for. *Fittlife* can still be a closed group, sheltered from breaches of privacy, although a collection of stories and accounts will have to be made public to represent the experiences in the group. If this representative sample can show links between personal experiences and societal structures, like the German hashtag campaigns in Baer’s (2016) analysis, anonymity might not have to be a barrier.

In regard to consciousness-raising in the fourth wave, *Fittlife* includes all of the criteria Pruchniewska (2019) lays out. There are examples of what can be seen as individual empowerment as well as an intersectional perspective. When it comes to collective action, however, it becomes more complex. Does collective action have to involve concrete action? Pruchniewska’s study highlights women sharing career tips and exchanging knowledge in Facebook groups. If helping each other solve career-related problems is collective action, then sharing advice on health-related issues surely counts as this too. As Pruchniewska notes, even those activities that are set in everyday life and are not as visible, can be political. Taking into account Baer’s conclusion about the feminist activist campaigns she reviewed – *Fittlife* is then a book in writing, an example of “process-based political action” (2016:30).

## Conclusion

*Fittlife* is a safe space where members can connect with others going through the same problems and get strength from knowing they are not alone. It is a forum where previously ignored or taboo topics are given the space they deserve and where members are reassured it is safe to share, through the generous and supportive tone in the group and their interactions with each other. The connections and interactions are facilitated by the affordances of Facebook and the members' will to take matters into their own hands as well as to help others. Even so, other affordances, namely that Facebook lets users gather friends from various aspects of their lives and that the group, although closed, is situated on a highly public platform, also impacts on the disclosure of personal information.

Many group members have a pre-understanding or a feminist awareness, that leads them to join the group and stick to the prescribed language use. However, the fact that the group is very large and unites diverse groups of people with different knowledge and experiences, is reflected in what is at times very heated conflicts. By enforcing inclusion of some, exclusion of others can come as a side effect, possibly leading to self-censorship. This is not in line with the ambition of the group – to open up conversations around topics that previously were considered inappropriate. On the other hand, not enforcing language rules strictly enough, has already resulted in members leaving the group to create an alternative. Here, conflicts about intersectionality, like in many other current, feminist initiatives, lead to division and fragmentation.

Linking back to the research questions, the following parts summarise the crucial findings of this study. The knowledge production in *Fittlife* helps members fill in gaps by providing them with experiential knowledge, something they cannot find in many other sources. The digital affordances of Facebook make collective knowledge production possible. It is no surprise that some of the informants refer to the group as a “knowledge bank”. Experiential knowledge serves as a complement, and when assessed with a critical eye, helps the individual member to figure out where s/he stands in a flow of explanations and advice about genital health.

As has been shown, engaging in *Fittlife* is not just a solution to individual problems. It plays an important role in the members' meaning-making around sexual, reproductive and genital

health as it links them to others, thereby opening up for a collective understanding of the societal structures that aggravate these issues. *Fittlife* is therefore not an example of post-feminist individualism – it is a consciousness-raising enterprise. Even the less active members, a type of observers who have not yet posted themselves, learn from the group, expand their horizons and spread the insights to others by, for instance, inviting friends to join. The interviewed women display a will to learn more by connecting with others, but not just in order to personally benefit. They see open conversations about genital health as a leap forward in a collective, feminist struggle for equality, identifying the discussed topics as taboo and dismissed through history and as under-researched in present day.

By applying the framework of “civic cultures” on *Fittlife*, we can see how it is a space for discussion and knowledge sharing. The informants showcase a critical awareness and source criticism that extends to the dimension of trust. They trust the practices in the group to the extent that they want to be part of them, while keeping a watchful eye over how much personal information they want to disclose and whose stories and facts they can rely on. As *Fittlife* is a separatist group, excluding all men, the members have some values and identities in common. But it is also in the dimensions of values and identities that conflicts occur. The diversity in the group has proven to create challenges for respectful interactions (how should one express oneself?) and for a common identity (who are the members of the group?). Being someone with female genitals can mean many different things and houses very diverse experiences.

Nevertheless, engaging in everyday conversations about sexuality and genital health in *Fittlife*, and seeing recurring patterns together, are political practices. Members are forming a collective voice in a “pre-political domain” (Dahlgren, 2009:167). Here, the prefix pre- marks the lack of some tones that would make the voice louder and even more political. The changes brought about from the practices in the group happen on a micro-level, they are the first step toward more substantive action on the upper levels of political participation.

What will it take for the next steps to be realised? First of all, we do not know whether a large part of the group strives for this to take place. Perhaps they are content with the smaller, but equally important, changes that the interviewed women testify about? Learning about themselves and their health, broadening their horizons in order to counteract the restrictive

norms of society, is not a petty accomplishment. After all, women who openly talk about bodies and sexuality and who claim their full right to do so, are yet to be freed from judgement and rejection, even in societies declaring to be progressive.

Starting out from the practices of seeking and sharing knowledge, women and other members of *Fittlife* are encouraged to participate in a political struggle that can invoke larger shifts in society when it reaches outside the group and links with other feminist initiatives to form a strong, collective voice. This requires deciding one or several issues to focus on – or an issue-public to emerge, with the goal of transforming how genital health for people with female anatomy is treated in healthcare, in research, in education, in media and in the power centres where resources for these institutions are allocated. It will also be necessary for a similar initiative to reach the “mainstream public sphere”, as this will help it spread awareness to other groups and connect with new sympathisers. Crucial for the insights to reach out from the group is that someone accepts the role and responsibility of an organiser or manager, if not a formal leader or spokesperson.

I argue that for this to happen, the safe space of the group does not need to be opened up for each and every one curious about what is being shared there. Anonymous stories to present to media outlets, organisations or public agencies, could be collected in the group. And if *Fittlife* never reaches this stage, the knowledge sharing and consciousness-raising in the group could still lead to improvements as, for example, teachers and healthcare staff are members of *Fittlife* too. Moreover, the study shows how members are already helping each other, from solving the most practical problems to changing the way they see themselves and their bodies.

Interviewing female members of *Fittlife* displays the benefits of researching environments that at first glance seem to be apolitical. However, the study has its limitations. As has been noted, a more varied sample in terms of age, gender identity or educational background could have resulted in more diverse reflections and possibly new insights. Despite the ethical challenges of using text- or discourse analysis to research content in closed groups, it is important to note that such an endeavour could have balanced the findings to represent a larger part of the member population. It would also have captured practices my interviewees have not noticed or were uninterested or reluctant to talk about. In order to find out more



about the groups' political potential, the founders of *Fittlife* could have been interviewed as a complement to the informants' perceptions. Future studies could, for example, centre around comparative analyses between groups that are yet to take the first step outside their safe space and those who, with varying degrees of success, have done so.

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## Appendix 1 – sample

<b>NAME</b>	<b>AGE</b>	<b>PROFESSION</b>	<b>INTERVIEW DATE</b>	<b>LENGTH OF INTERVIEW</b>
<b>VERA</b>	28	Student in public management	March 3, 2020 (pilot)	50 min
<b>DENISE</b>	26	Student in social work	March 10, 2020	47 min
<b>JOHANNA</b>	31	After school teacher at elementary school	March 17, 2020	60 min
<b>ZARA</b>	25	Employee at correctional facility	March 18, 2020	50 min (video call)
<b>BEA</b>	37	Actor at local theatre	March 20, 2020	78 min (video call)
<b>THERESE</b>	26	Analyst in economics at private company	March 20, 2020	46 min (video call)
<b>NINA</b>	28	Teacher at folk high school	March 24, 2020	66 min
<b>YLVA</b>	28	Teacher at elementary school	March 27, 2020	78 min (video call)
<b>EMELIE</b>	28	Midwife	March 29, 2020	60 min (video call)

## **Appendix 2 – interview guide**

Age:

Occupation:

### **Engagement and motivation**

Do you remember how you found the group?

What made you join it?

How do you use it? What do you do?

- Read, post, comment?

Have you ever posted something yourself?

If yes, can we take a look at it together?

If not, why have you not posted?

Do you use other sources for health information too?

- Which ones?

- Can you compare them to Fittlife?

What are the pros and cons of using this group to learn about sexual, reproductive and genital health?

What do you find the most interesting? Any specific topic?

Do you lack something in the group?

If a friend asked you to describe Fittlife, what would you say?

### **Knowledge production and source criticism**

Have you learnt something new about sexual, reproductive and genital health being in the group?

Have you changed something after reading about it in Fittlife?

-If yes, do you remember what made you change your ways?

Have you ever seen a post or a comment that made you question the scientific accuracy?

- Can you describe in general what it was about?

Have you ever looked something up after reading about it in FL?

- How do you know what information you can trust?

- Is there something you do to make sure the information is accurate?

Are there any topics that often lead to heated discussions?

- Why is that, do you think?

### **Emotions and community**

Some of the posts contain very personal and perhaps sensitive information. How do you feel about that?

Why do you feel people share that type of information in this group?



How would you describe the atmosphere in Fittlife? (positive, negative, supportive etc)

How do you feel, in general, when you scroll through the posts in the group? (excited, angry, curious etc)

Do you know any other group that mostly has female members?

-\*Which one - what is it about?

-Can you compare it to Fittlife?

### **Political potential**

Can we read the part about the group in the info section together?

-How do you feel about this description?

\*Do you see other outcomes with Fittlife other than sharing knowledge and advice?

\*\*Imagine that Fittlife continues to grow and becomes very influential. What do you think it could lead to?

\*Some might call Fittlife a feminist group. What are your reflections about that?

-\*Do you see yourself as a feminist?

### **Do you have anything else you would like to add?**

\* questions added after pilot interview

\*\* questions added after second interview

## Appendix 3 – information to informants

### Interview – Fittlife

Master Thesis Course, Masters programme in Media and Communication Studies  
Lund University, 2020

Researcher: Dajana Kovacevic

The purpose of this study is to understand the members of the Facebook group *Fittlife – Underliv och hälsa*. It focuses on how knowledge is produced in the group and why members engage in it.

The interview will last about 45-60 minutes. It will be recorded, and the record deleted after transcription. Informants are anonymous and no personal information can be linked to an individual informant. Informants' real names will be changed. All personal information linked to individual informants (email, phone number etc) will be erased after the interview.

You can at any time choose to end the interview or not to answer a given question. You decide how much information you would like to share with the interviewer. After the interview, you will be offered a copy of the transcript to approve. If you have any comments, you can contact the researcher on the following e-mail: x

If you, for any reason, should change your mind about participating in the study, you can fully withdraw your participation by contacting the researcher on the email above, no later than **April 19, 2020**.

As this is a student project on post-graduate level, it does not count as research and will not be published in an academic journal. However, if given the highest grade, a shortened version will be published in the institution's publication series *Excellent MSc Dissertations*.

### Appendix 4 – example of coding scheme

<b>Sub-categories</b>
1. Reason for joining
2. Use of group
3. Group description
4. Comparing with other groups
5. Privacy
6. What's good about FL
7. Interaction/communication
8. Admin's role
9. Media use in general
10. Knowledge gaps
11. Links to feminism
12. Deficiencies/problems with FL
13. Comparing with other sources
14. Knowledge in FL
15. Sharing with others
16. What she has learned
17. Source criticism
18. General about genital health
19. Specific interests
20. Emotions/affects
21. Links to politics
<b>21 sub-categories</b>

<b>Categories</b>
<b>1. Characteristics of and functions in FL</b> (group description + interaction/communication + deficiencies/problems with FL + what's good about FL + admins' role + FL compared to other groups)
<b>2. Motivations for joining</b>
<b>3. Use of group</b> (use of group + specific interests)
<b>4. Media use in general</b>
<b>5. Knowledge</b> (knowledge in FL + what she has learned + general about genital health + FL compared to other sources)
<b>6. Linking to feminism and society</b> (links to feminism + knowledge gaps + links to politics)
<b>7. Privacy</b>
<b>8. Source criticism</b>
<b>9. Relating to others</b> (sharing with others + emotions/affect)
<b>9 categories</b>

<b>Themes</b>
<b>Functions and digital affordances</b> (includes six sub categories in category 1)
<b>Motivations and engagement</b> (includes categories 2, 4, two sub categories in category 3 and two sub categories in category 9)
<b>Political potential</b> (three sub categories in category 6)
<b>Integrity and critical awareness</b> (includes categories 7, 8)
<b>Knowledge production</b> (includes four sub categories in category 5)
<b>5 themes</b>