

## FACT SHEET

# Gender and Choice

### **Problem #1: The option or “choice” to take a drug like flibanserin is embedded in a gendered social order where women are encouraged, and pressured, to be “sexy” and available for sex.**

- Women’s experiences of sexuality cannot be divorced from their sociocultural context, that is, the enduring structure of masculinist desires for women’s sexual availability. Feeling “distress” over diminished libido is embodied and personal, but cannot be separated from this larger sociocultural context.
- Young women, the target market for flibanserin, have been raised in a sexually-charged culture with high expectations for their sexual experiences. Yet they rarely receive the kind of comprehensive sex education that would prepare them to navigate as equals a complex maze of physical and interpersonal sexual challenges. Thus, they are often disappointed and may be more vulnerable to a promised quick-fix solution (c.f. Tolman 2002).
- Women in this age group have experienced years of direct-to-consumer pharmaceutical marketing, and may have exaggerated expectations for a drug’s performance as well as an uncritical attitude towards taking pharmaceuticals (Critser 2005).

### **Problem #2: Focusing on the right to “choose” misdirects outrage over gender injustice towards consumer product choices.**

- Boehringer Ingelheim (B-I) draws rhetorically on notions of gender inequality by stating that their drug “gives women additional choices” and enhances female empowerment. We may forget that sexual discrimination and inequality aren’t a matter of too short a list of women’s consumer product choices, but rather, result from the long history of shame, misinformation, silence, and exploitation about women’s bodies and desires.
- As gender scholar Braun (2009) explains, “Choice has been a central mechanism by which consumption, actions or representation otherwise cast as conforming to patriarchal, heterosexist gender relations are reframed as positive and empowered individual choices” (236).
- Women’s desires for sexual empowerment are exploited and undermined by pharmaceutical industry rhetoric. Drugs and drug companies cannot provide the groundwork for social change that improves women’s lives, and they confuse the public by conflating consumer choice with social and personal empowerment.
- The emphasis on choice and agency by the pharmaceutical industry should raise questions as to whose interests these “choices” serve. As Lippman (1999) argues, “The current dominance of economic conceptions of health and health care... make it imperative to wave cautionary flags when choice is the focus in discussions of women’s health. We need to ensure that supposedly new options truly support our genuine autonomy and do not become further risks to our health” (288).
- Repeated references to flibanserin as the “pink Viagra” leads the general public to expect a quick-fix solution to a very real problem that men, but not women, appear able to solve. The public believes in Viagra as a facilitator of good sex for men, and might rightly feel that it is unfair, or discriminatory to constrain women’s abilities to achieve the same. The press should be telling the public that available research cannot explain how new brain drugs like flibanserin work to increase desire, what research is needed for them safely to be administered over the long-term, and how they might be expected to affect women’s ever-changing bodies.

### **Problem #3: Offering women a “pink Viagra” uses the Viagra brand to promise equal opportunity. This analogy is not only misleading, but harmful.**

- Repeated references to every drug that is offered for women as the “pink Viagra” misrepresent the differences and challenges of each new drug in the service of catchy news and familiar branding. This may be useful to pharmaceutical companies, but it is not useful to the public.
- Flibanserin is a completely different class of drug from Viagra. Viagra increases blood flow to genitalia, whereas

flibanserin is thought to affect the brain's levels of serotonin and dopamine. One is short-acting, the other accumulates over time. One has several choices of dose, the other appears to have effects only at the highest dose.

- In this new domain of Central Nervous System (CNS) drugs, women need accurate information about brain chemistry that informs them about an unfamiliar topic rather than advertisements and video-bites that lull them with animations about balanced neurotransmitters and perky pleasure centers.

## References

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- Critser, G. (2005) *Generation Rx: How Prescription Drugs are Altering American Lives Minds and Bodies*. New York: Houghton Mifflin.
- Lippman, A. (1999) "Choice as a risk to women's health." *Health, Risk & Society* 1(3): 281–291.
- Tolman, D. (2002) *Dilemmas of Desire: Teenage Girls Talk about Sexuality*. Cambridge: Harvard University Press.