

STRATEGIC DESTIGMATISATION IN MARKET ENTRY  
– Case Analysis of Online Communication in the Pelvic Health Market

Master's Thesis  
Anneliina Sipiläinen  
Aalto University School of Business  
Creative Sustainability  
Autumn 2020



---

**Author** Anneliina Sipiläinen

---

**Title of thesis** Strategic Destigmatisation in Market Entry – Case Analysis of Online Communication in the Pelvic Health Market

---

**Degree** Master's Degree in Economics and Business Administration

---

**Degree programme** Creative Sustainability

---

**Thesis advisor** Prof. Jouni Juntunen

---

**Year of approval** 2020

**Number of pages** 106

**Language** English

---

## **Abstract**

Stress urinary incontinence (SUI) is a stigmatising medical and social problem suffered in silence by millions of people globally. The worldwide market for adult incontinence protection is larger than the mobile phone market in the United Kingdom, which means that this consumer group has significant purchasing power. Companies planning to enter the market with exercise products for pelvic floor muscles face barriers to entry related to the stigma of incontinence. This thesis shows how three companies, which have entered the market in recent years strategically use stigma related multimodal discourse, and especially stigma removal (destigmatisation) in their public online communication.

New destigmatising discursive practices such as devictimisation, empowerment, anonymisation and medicalisation were discovered. Rationalisation, scientification and conformisation were recognized, in line with previous studies' findings. Devictimisation, empowerment and anonymisation were targeted to relieve the client stigma. Medicalisation is used in a new context for raising awareness about the incontinence problem and building legitimacy for the products. A combination of the stigma removal practises was used for product differentiation and positioning. Destigmatisation was used also for risk management purposes; to affect client purchasing behaviour by highlighting positive and minimising negative risk factors. A stigmatising discursive practice such as shaming was actively used by one company to attack a competitor. Anonymising was intended to be used for destigmatising clients yet it could be interpreted as maintaining a stigma related to female body.

This thesis expands the research of stigmatised markets into a new industry and adds to the theory of strategies for entering them. It develops the dimensions of strategy by taking into consideration the hidden stakeholder communication as well as the active stigmatisation aspects. It builds upon the research by empirically revealing a "sleeper" strategy -previously theorised but not proven.

For managerial implications this thesis brings out the systemic nature of the stigma related challenges in strategy formulation, as well as the criticality of consistent implementation of the entry plans in stigmatized markets.

Future research proposals include exploring the interface between corporate social responsibility and business ethics, and further exploring a customer's role in stigmatized markets. An interesting research topic would be to attempt to quantify the role of for-profit companies in contributing to a positive affect in treating the root causes of SUI .

---

**Keywords** strategic destigmatisation, market entry, pelvic health

---



---

**Tekijä** Anneliina Sipiläinen

**Työn nimi** Strateginen destigmatisointi markkinoille tullessa  
–Case -analyysi lantionpohjan terveyden markkinoiden online-kommunikoinnista

**Tutkinto** Kauppatieteiden maisteri

**Koulutusohjelma** Creative Sustainability

**Työn ohjaaja** Prof. Jouni Juntunen

**Hyväksymisvuosi** 2020

**Sivumäärä** 106

**Kieli** englanti

---

## **Tiivistelmä**

Ponnistusinkontinenssi on maailmanlaajuinen lääketieteellinen ja sosiaalinen ongelma, josta miljoonat ihmiset kärsivät vaiten. Aikuisten inkontinenssisuojien globaalit markkinat ovat suuremmat kuin Iso-Britannian vuotuisten matkapuhelinmarkkinoiden koko, joten kyseisten kuluttajien markkinapotentiaali on huomattavan suuri. Yritykset, jotka pyrkivät markkinoille lantionpohjan lihasten harjoitustuotteilla, törmäävät strategisessa suunnittelussaan inkontinenssiin liittyvän stigmaan markkinoille tulon esteenä. Tämä opinnäytetyö tarkastelee miten kolme viime vuosina markkinoille tullutta yritystä käyttävät stigmaan liittyvää multimodaalista kommunikaatiota, erityisesti strategista destigmatisaatiota, online-viestinnässään.

Työssä havaittiin uusia diskursiivisia destigmatisoinnin keinoja, kuten voimaannuttaminen, ei-uhriuttaminen, anonymisaatio sekä lääketieteellistäminen. Aiemmissä tutkimuksissa havaittuja keinoja, kuten rationalisaatio, tieteellistäminen ja mukauttaminen tunnistettiin. Voimaannuttamisella, ei-uhriuttamisella ja anonymisaatiolla lievennettiin asiakkaan kokemaa stigmaa. Lääketieteellistämistä käytetään uudessa kontekstissa lisäämään asiakkaan tietoisuutta inkontinenssista sekä rakentamaan tuotteiden legitimitettä. Eri destigmatisaatio-taktiikkojen yhdistelmiä käytettiin tuotteiden erottamiseen kilpailijoista (differentiointiin) sekä positiointiin. Destigmatisaatiota käytettiin myös riskinhallintaan. Sillä haluttiin vaikuttaa asiakkaan ostokäyttäytymiseen painottamalla myönteisiä ja minimoimalla negatiivisia riskitekijöitä. Yrityksistä yksi kohdisti aktiivista stigmatisaatiota kilpailijoihinsa. Anonymisointia käytettiin asiakkaan destigmatisointiin, mikä oli mahdollista tulkita myös naisen kehoon liittyvän stigman ylläpitämisenä.

Tutkielma laajentaa stigmatisoitujen markkinoiden tutkimusta uudelle alalle. Se lisää teoriaa laajentamalla markkinoille tulon strategian dimensioita piilossa olevan sidosryhmäkommunikaation sekä aktiivisen stigmatisoinnin osalta. Empiirisen analyysin perusteella todettiin ”nukkuja”-strategia, joka oli aiemmin havaittu vain teoriassa.

Yritysjohtamisen osalta työ tuo esiin stigman tuomien haasteiden systemisen roolin, joka on huomioitava markkinoille tulon strategioiden suunnittelussa. Lisäksi työssä painotetaan strategian toteutuksen johdonmukaisuutta ja tärkeyttä.

Työssä ehdotetaan yritys vastuun ja yritysetiikan risteyskohdan tutkimista sekä aktiivisen kuluttajan roolin lisäselvittämistä stigmatisoiduilla markkinoilla. Myös voittoa tavoittelevien yritysten työn merkityksen kvantifioiminen ponnistusinkontinenssin hoidossa on mahdollinen tulevaisuuden tutkimuskohde.

---

**Avainsanat** strateginen destigmatisointi, markkinoille tulo, lantionpohjan terveys

---

## **PREFACE AND ACKNOWLEDGEMENTS**

My thesis process that I started with a clear plan became a journey spiced up with unexpected events, a change of scope and research methods due to the hit of the COVID-19 pandemic. I would like to thank my supervisor Prof. Jouni Juntunen –your good questions challenged me to bring my thought process forward.

I would also like to thank Dr. Tiina Vaittinen and her research group in Tampere University for commenting on my plan and letting me join your reading circle. Thank you too Riitta Ylätaalo for the mentoring process that led to my final subject decision. Thank you also to the physiotherapists Mari Camut and Elaine Miller for providing insights to the subject in my material collection phase. Warmest thanks to Tiina Rautio for good discussions on the forest paths of Helsinki.

Last but not least I would like to thank my husband Martin for the patience and flexibility, for the encouragement and believing in me during my whole studying process. Eilidh -this thesis would not have been made if it hadn't been for your birth in all its wonders and challenges.

In Helsinki on 11 December 2020,

Anneliina Sipiläinen

## Table of Contents

1 INTRODUCTION.....	4
1.1 Background.....	4
1.2 Research gaps.....	6
1.3 Research objectives and questions.....	9
2 LITERATURE REVIEW.....	10
2.1 Entering a new market.....	10
2.1.1 Forces that shape market entry strategies.....	11
2.1.2 Complements and nonmarket forces.....	13
2.2 Stigmatised markets and categories.....	14
2.2.1 Individual, organisational and market level stigma.....	15
2.2.2 Stigma removability.....	16
2.2.3 Stigma pervasiveness and stakeholder convergence.....	16
2.2.4 Market thickness and market efficiency.....	17
2.2.5 Stigma in incontinence markets.....	18
2.3 Entry strategies to stigmatised markets.....	19
2.3.1 Steatlh strategy.....	20
2.3.2 Disruptive strategy.....	21
2.3.3 Leveraging and sleeper strategy.....	22
2.3.4 Practical considerations.....	22
2.4 Stigmatised markets evolvment.....	23
2.4.1 From stigmatised markets to legitimacy.....	23
2.4.2 Destigmatisation in emerging market categories.....	24
2.4.3 Stigma diversion process model.....	25
2.5 Research scope definition.....	27
2.6 Summary of the literature review.....	27
3 RESEARCH DESIGN AND METHODS.....	30
3.1 Multimodal discourse analysis.....	30
3.1.1 Critical discourse analysis.....	30
3.1.2 Multimodality.....	31
3.1.3 Systemic-functional linguistic approach.....	32
3.2 Research setting.....	33
3.3 Introduction of case companies and their brands.....	35
3.3.1 Atlantic Therapeutics and INNOVO Shorts.....	35
3.3.2 Chiaro and Elvie Trainer.....	36
3.3.3 Living With and Squeezyapp.....	36
3.4 Data collection.....	37
3.4.1 Data management.....	39
3.5 Data analysis.....	39
3.5.1 Coding process.....	39
3.5.2 Analysis process.....	40
3.6 Evaluation of the research process.....	41
3.7 Ethical considerations.....	43

4 EMPIRICAL FINDINGS AND ANALYSIS.....	45
4.1 Company visibility in social media platforms.....	45
4.2 INNOVO – key marketing messages.....	47
4.2.1 Innovo and stigma.....	49
4.2.2 INNOVO’s market entry questions.....	52
4.3 Elvie Trainer.....	53
4.3.1 Elvie Trainer – key marketing messages.....	53
4.3.2 Elvie Trainer and stigma.....	55
4.3.3 Elvie and client stigma.....	58
4.3.4 Elvie Trainer’s market entry questions.....	59
4.4 Squeezyapp.....	61
4.4.1 Squeezyapp – key marketing messages.....	61
4.4.2 Squeezyapp and stigma.....	62
4.4.3 Squeezyapp and client stigma.....	64
4.4.4 Squeezyapp’s market entry questions.....	66
4.5 Summary of findings.....	67
5 DISCUSSION AND ANALYSIS.....	71
5.1 Purpose of destigmatisation.....	71
5.1.1 Raising awareness and legitimacy by medicalisation.....	71
5.1.2 Product differentiation.....	73
5.1.3 Positioning.....	74
5.1.4 Risk management.....	74
5.1.5 Influencing clients via stakeholders.....	76
5.2 Purpose of stigmatisation.....	77
5.3 ”How”s of entering a stigmatised market.....	78
5.4 Managerial implications.....	79
5.5 Limitations of the study.....	80
5.6 Suggestions for future research.....	81
6 CONCLUSIONS.....	83
7 REFERENCES.....	85
APPENDIX 1 - LIST OF ONLINE DATA.....	96
APPENDIX 2 – VISIBILITY DATA.....	99
APPENDIX 3 – OVERVIEW OF VISUAL DATA.....	100

## LIST OF TABLES

Table 1: Most viewed social media accounts and Youtube videos.....	45
Table 2: Destigmatisation efforts related to clients.....	67
Table 3: Stigmatising communication related to clients, products and competitors.....	68
Table 4: Destigmatising efforts related to product.....	69

## LIST OF FIGURES

Figure 1: The forces that shape market entry strategies.....	12
Figure 2: Strategies of firms entering stigmatised markets.....	20
Figure 3: Stigma diversion process model, simplified.....	25
Figure 4: INNOVO shorts, Elvie Trainer and Squeezy app,.....	37
Figure 5: INNOVO's homepage view.....	47
Figure 6: INNOVO's process of product use and its outcomes.....	49
Figure 7: Elvie Trainer and a naked woman's torso.....	53
Figure 8: Elvie's product page view .....	54
Figure 9: The only person in Elvie's website with a face.....	57
Figure 10: Visualisation of Elvie Trainer inside a female body; Elvie Trainer on a podium.....	58
Figure 11: Squeezy's homepage view .....	61
Figure 12: Squeezy's friendly user.....	63
Figure 13: Squeezy's use of humour when approaching a client.....	65
Figure 14 Dynamic market entry dimensions based on extended destigmatisation and visibility.....	70
Figure 15: Holby City tv series colour themes compared to the case companies.....	72

## LIST OF APPENDICES

Appendix 1: List of online data
Appendix 2: Visibility data
Appendix 3: Overview of visual data

# 1 INTRODUCTION

## 1.1 Background

Pelvic floor – the set of muscles that supports men and women’s bladder, bowel and sexual organs – is fairly unknown to many until its proper functioning is lost for example due to ageing, medical conditions or childbirth. “Oops” moments, having a leak, wetting yourself when coughing, sneezing or physical exercise “stress urinary incontinence” (SUI) is one of several forms of unintentional passing of urine (nhs.uk 2020). I got interested of pelvic floor muscle rehabilitation after my attempts to return to running post-partum kept ending up in disaster. I was determined to find a way to continue my active life and didn’t want to adapt to the situation.

Incontinence is a nuisance and a medical condition the prevalence of which is estimated to be “up to 30.5% in European populations and up to 36.4% in US populations dependent on age and gender” (Milsom et al. 2014). Put into numbers, this would be roughly 136 million people in the European Union, 120 million in the US and 21 million people in the United Kingdom, the area studied in this thesis. This means that people trying to cope with the situation form a market with a significant purchasing power. It has been estimated that the worldwide sales of adult incontinence protective pads forecast to grow from 9.2 billion USD to 14.7 billion between 2015 and 2021 (padproject.online 2020, statista.com 2020). This is more than the size of the annual mobile phone market revenue in the United Kingdom and almost four times as big as the annual shaving product market in the US (statista.com 2020).

Although this is a sizeable market opportunity it cannot be overstated that it has significant negative impact on these individuals, as well as a large economic and social cost in both direct and indirect measures. A disability is associated with a large decline in individual’s life satisfaction (Weimann et al.. 2015). Social isolation, being overweight and a lack of exercise related to incontinence may form a vicious circle leading to the “potential risk of developing other more serious and costly medical conditions such as type II diabetes or a heart disease” (Sinclair & Ramsay 2011, Fultz et



al. 2004). One study measured absences from work to be on average 28.7 hours per annum per woman (Nygaard et al. 2005).

The economic burden of a disease is the total cost of all resources used or lost by patients and society (Milsom 2014). For those incontinent patients actively seeking help the mean per capita annual costs varied roughly between 270 and 500 Euros in Germany, Spain and United Kingdom (Papanicolaou et al. 2005).

SUI symptoms can be relieved up to a point by exercising the pelvic floor muscles (Deffieux et al. 2015), (Hagen et al. 2017), (Hagen et al. 2019). National health organisations recommend lifestyle changes, pelvic floor exercising and bladder training as non-surgical treatments for SUI (kaypahoito.fi 2017), (nhs.uk 2019). The need for exercising has been recognized for over 70 years when American gynaecologist Arnold Kegel published a description of such exercises (Kegel, 1951). The “Kegel exerciser” has become a generic product name for different kind of vaginal cones, balls and vibrators as well as biofeedback devices. A simple search in Amazon.co.uk returns over 2000 results in 10 different departments.

Solutions and products do exist so why does a social and medical problem of this scale still exist? Based on experience, exercising is slow and nerve wrecking because progress is difficult to feel. The silence and the stigma around the problem makes it feel awkward to discuss even with medical personnel. Approximately “70% of incontinent people do not seek treatment or advice” (continence.org.au 2020). How do companies enter and operate in these types of “silent markets” with “silent customers”?

In this thesis I am concentrating on consumer markets targeted at active women suffering from post-partum stress urinary incontinence. I am defining the “incontinence market” as the market that has developed between consumers and companies offering a range of consumer solutions from dealing with hiding the consequences of stress incontinence (absorbent pads) to addressing the root cause (pelvic floor exercising products).

## 1.2 Research gaps

“Stigmatised markets” (Mirabito et al. 2016) can be defined as markets where “either the products/services exchanged, or the consumers, or both, are negatively stereotyped and collectively devalued by one or more stakeholder audiences in ways that discredit the market as a whole” (Shantz et al. 2019). Stigma in business has been studied in organisational and entrepreneurship contexts. For example, how a negative event like bankruptcy (Sutton & Callahan 1987) or an environmental crisis has affected the companies and their reputation. Mirabito et al. (2016) addresses how stigmatised individuals or consumers (e.g. bargain shopping, homosexuals) may be mistreated in a market. Employees doing “dirty work” have also been studied (Ashforth et al. 2014), (Ashforth et al. 2017). Although stigmatised consumers, products, organisations and employees have been recognized, there has not been much research focused on a stigma at market level. One of the few papers on this subject is a review of market entry strategies to stigmatised markets by Shantz et al. (2019). Another exception is the medical cannabis industry where research has recently been carried out on reducing the associated stigma. (Lashley & Pollock 2020)

Market entry has been studied for decades, since Michael Porter published his five forces affecting competition (Porter 1979). Recent developments have noticed that market entry decisions have become even more complex (Zachary et al. 2015) leading to a recognition of “complements” and “non-market forces” that need to be taken into consideration (Markman et al. 2019) when planning strategic market entry decisions. Markman et al. (2019) define “complements” to be elements that can assist the entrants or be assisted by entrants, including for example products, services and networks. Non-market forces can be non-economic forces such as government, social, cultural or political arrangements (Markman et al. 2019). Stigma is a social construct (Goffman 1963) and therefore I would consider it to be an example of such a non-market force that affects companies market entry.

Shantz et al. (2019) conceptualized strategies for entering stigmatised markets in different contexts such as gambling, medical marijuana, mixed martial arts or plus sized fashion. Their model concentrated on two dimensions, the degree of destigmatisation attempted by the company and the degree of visibility in the eyes of stakeholders. They found strong evidence for two different strategies. The first was a disruptive strategy, where the level of destigmatisation and visibility is high and a stealth strategy, where a company enters a market with high destigmatisation effort but low visibility, in order not to draw attention of the dominant stakeholder. They also pointed out barriers of entry that are likely to affect a company's strategy decisions such as market thickness, the removability level of stigma and stakeholder convergence. (Shantz et al. 2019) The question rising from this study is to deepen the knowledge on how companies are using destigmatising communication in their market entry.

Organisations paths to legitimacy over time have been studied (Hampel & Tracey 2017, 2019). Siltaoja et al. (2020) analysed how organisations in emerging categories can actively resist stigmatisation originating from the incumbent market players who are aiming to prevent the newcomers. They studied a discursive power struggle between mainstream farming and organic farming in the early years of category development. Their stigma diversion model is a process that describes phases of manipulative discursive actions of the market players over decades, leading to eventual differentiation from mainstream and legitimacy of the category in question. (Siltaoja et al. 2020) A question remains – how might a market entrant try to affect stigmatised markets development?

At consumer level Dubost's (2018) market research on visually impaired consumers discovered passive consumers who are targeted by offers that are adapted to their needs and consumers who wish to play an active role within the markets. Scaraboto and Fischer (2013) studied the market dynamics of how marginalized (overweight) customers mobilized to seek greater choice in mainstream fashion markets. Culturally, "stigma targets subcultures whose values and ideologies run counter to what is

considered normative in the broader culture” (Kosut, 2006). Incontinent people do not form “subcultures” unless belonging to a continence foundation or if an online forum would be considered as one. Could they be considered as a threat or an opportunity to companies based on stakeholder salience (Mitchell et al. 1997)?

A study by Johannesson et al. (1997) discovered that patients are willing to pay significant sums to get rid of the incontinence symptoms. This raises moral questions for the organisations where the target of increasing of sales (for example absorbent pads manufacturers) is in conflict with the need to feel better for the customers. On the other hand, value may be created to potential customers when they observe that a company is not merely attempting to exploit them but to destigmatise them (Dioun 2018, Humphreys 2010, Shantz et al. 2019). Shantz et al. (2019) pointed out that the intersection related to business ethics or corporate social responsibility (CSR) lacks research. Naturally ethical questions are not only present in stigmatised markets but relevant in any business.

Companies that service markets which affect vulnerable people, can be categorized into for profit companies, social enterprises (Mair et al. 2012) and hybrid organisations that balance between social value and commercial revenue (Battilana et al. 2012). There is research on social enterprises but not in the context of incontinence. What could be the role of for-profit companies alongside of public healthcare systems in solving wicked social problems, complex and interconnected?

To conclude, the choices available in studying stigmatised markets, in the context of incontinence, are enormous. There are more questions arising than there are answers. To narrow down the research options I will return to my first question on how companies enter and operate in stigmatised markets related to SUI. I will build my research questions to study market entry of for-profit companies targeting active women whose condition should be possible to relieve by pelvic floor exercise.

### 1.3 Research objectives and questions

My research objectives are to build an understanding of what is specific to strategic market entry decisions when entering stigmatised markets. I will do this by studying communications of the case companies targeting active women suffering treatable post-partum SUI. I will focus on a management perspective even though I am using public company communication as a research tool. My objective is that by my analysis, I would discover what are the strategic questions driving the selected communication. To get to a more detailed level on the case companies market entry I am focusing on the three following research questions:

*RQ1: What are the marketing messages of companies offering exercise solutions to fight incontinence?*

*RQ2: What is the role of product or client related destigmatisation efforts in their communication?*

*RQ3: What does the communication reveal about their market entry strategy?*

I am approaching the questions theoretically by first going through general market entry literature (Porter 1979), Zachary et al. (2015), Markman et al. (2019). I will proceed by building an understanding of the specificity of the stigmatised markets, looking at the origin of the stigma as well as its social aspects (Shantz et al. 2019). Additionally I will analyse recent academic studies of market entry to stigmatised markets (Shantz et al. 2019) as well as destigmatisation in emerging categories (Siltaoja et al. 2020). My objective is to build upon the relevant parts of Shantz et al. (2019) and the discursive method used by Siltaoja et al. (2020), further discussed in chapters 2.3-2.4, and determine if my data analysis will reveal additions or new theoretical findings.

This is not a communication thesis but rather a study of what the communication efforts of the companies might reveal of their entry strategy. Because the concept of market entry strategy is wide and has multiple factors impacting it I am not attempting to draw a picture of the overall strategies but rather concentrate on “how to enter” (Zachary et al. 2015) questions interacting with stigma as a “nonmarket force” (Markman et al. 2019).

## 2 LITERATURE REVIEW

Firstly, I am concentrating on general market entry theory: forces affecting companies' market entry and the recent findings that extend the theory from traditional "order of entry" discussion (Zachary et al. 2015) to "complements and non-market forces" (Markman et al. 2019) relevant for stigma. Next, I will go through concepts and definitions of stigmatised markets and a theory of market entry strategies to stigmatised markets (Shantz et al. 2019). Last, I will show how communication has been used for discursive reconstruction leading to a category's legitimacy (Siltaoja et al. 2020).

### 2.1 Entering a new market

Market entry decisions have been recognized to be among the most critical ones for company survival and growth, market evolution, and industry profitability (Root 1994, Zachary et al. 2015). Where as a "strategic marketing plan lays out a company's target markets and its value proposition" (Kotler and Keller 2012 p58-59) a market entry strategy is associated to "the plan developed by the company to enter a new market or sub market" (Littler and Wilson 1995 p50) thus often from domestic to international or global markets. Market entry according to Markman et al. (2019) also refers to an expansion modality, "a planned movement into a new or adjacent market for the creation and/or delivery of offerings". They define markets broadly to include service or product categories, technology or resource spaces, or in terms of industry, sector and/or geography (Markman et al. 2019).

I am excluding the market entry internationalisation aspect (entry modes such as export, licencing, franchising, joint ventures etc.) take a standing point where I use the term "market entry strategy" in referring to companies' high level plans for entering markets in the first place. Broadly thinking, a market entry strategy should not be limited to only decisions at hand at the time of entry but have a that long term business game plan (Kotler and Keller 2012)

### **2.1.1 Forces that shape market entry strategies**

Market entry has been a continuous subject to academic research ever since Michael Porter introduced five forces “the awareness of which can help a company stake out a position in its industry that is less vulnerable for attack” (Porter 1979). In practise this means finding a position in the industry where the company can either defend itself of influence the forces in its favour (Porter 1979). His model is still widely accepted and threat of new entrants, bargaining power of suppliers and customers, threat of substituting products or services and the industry jockeying for position among current competitors (Porter 1979) are cornerstones for strategic planning.

If considering the incontinence market of this thesis from an existing absorbent product supplier perspective, “threat of entry” and “substituting products” have been real as there are multiple producers with similar offerings. Porter’s action plan of positioning the company, influencing the balance of competitive forces and anticipating shifts in the factors underlying the forces were aimed for companies already at the market. My interest in this thesis is turning the question from the existing market player to a market entrant’s perspective. The same forces are present at the industry and the entrants must recognize and deal with them. Knowing that “market entry is risky and failure is a likely outcome” (Zachary et al. 2015) how to formulate a strategy to enter a market a becomes crucial.

Porter (1979) discusses barriers of entry that are quite heavily related to the financial status of the entrant. Product differentiation or creating an identifiable brand forces entrants to spend heavily. Economics of scale forces the aspirant to accept a cost disadvantage or come in in large scale, something that also requires capital, not to talk of creating distribution channels for the products. Government policies and regulation may also create barriers of entry. (Porter 1979) Most recent studies have recognized that market entry rules are becoming even more complex, diverse and disruptive (Markman et al. 2019) than before. They challenge scholars to “go beyond quantifiable outcomes (e.g. entry and exit rates) to those relating to contexts, surprising events and processes” (Markman et al. 2019).

Market entry timing as a strategic decision has been widely studied (Kotler and Keller 2012, Zachary et al. 2015). Early entrants to mature industries are more likely to succeed than early entrants to an industry’s early years (Dobrev & Gotsopoulos 2010). Zachary et al. (2015) reviewed 105 management and marketing articles between 1989 and 2013 discovered that “timing, while important, may not be a primary, and certainly not the sole consideration for making entry decisions”. They introduced a straightforward conceptual model of entry contingencies (Zachary et al. 2015) which suggested that any entry choice depends on five interlinked forces which should be considered simultaneously and dynamically in the process of entry. Strategic management scholar literature has adopted this as a clear concept, it is for example referred to in Rothaermel (2018). Markman et al. (2019) added two more forces to this model to ”Forces that shape market entry strategies”, marked green in Figure 1.

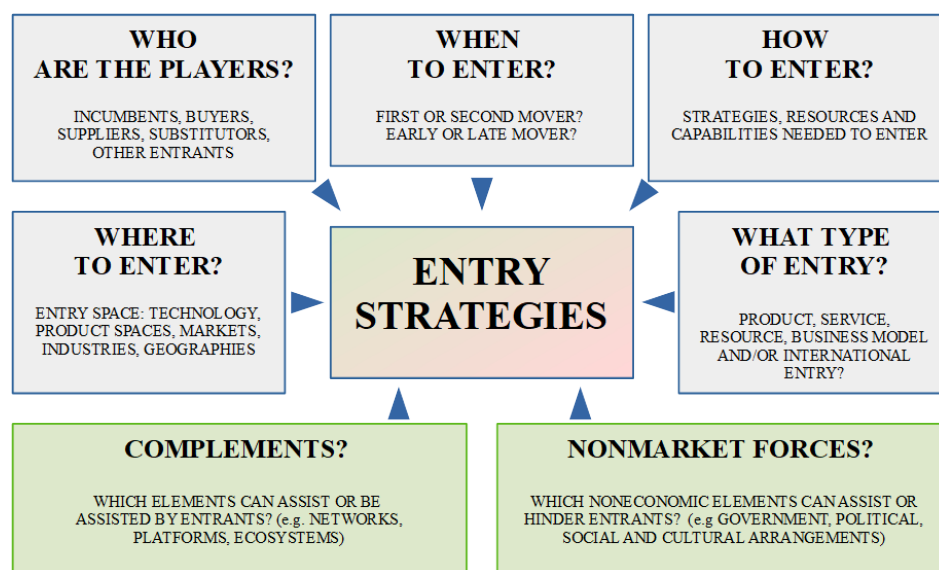


Figure 1. The forces that shape market entry strategies by Markman et al. (2019) visualized by Sipiläinen

Combined, the seven forces are: (1) *who*—the relevant actors (e.g., entrants, incumbents, buyers, partners, stakeholders, regulators); (2) *where*—the area that is entered (e.g., technology corridors, product spaces, markets, industries, or geographical locations); (3) *what*—the entry type (e.g., product, service, resource, or business model



entry); (4) *how* (the strategies, resources, capabilities, and assets needed to enter); and (5) *when*—the contextual timing for entry (e.g., first, second or early mover, early follower, late mover, late follower) (Zachary et al. 2015) 6) *complements* (e.g. networks, platforms, ecosystems) and 7) *nonmarket forces* (e.g. government, political, social and cultural arrangements (Markman et al. 2019). In conceptual level, the approach is rather straightforward and practical and I would argue is close to another well known strategic management tool, for example business model canvas by Osterwalder (strategyzer.com 2020)

### **2.1.2 Complements and nonmarket forces**

The complements and nonmarket forces are relevant for this study because of the nature of stigma as a social construct and because of the online communication in various platforms. Markman et al. (2019) define "complements" to be elements that can assist the entrants or be assisted by entrants, including for example products, services and networks. As examples of assistance they use Apple and Google that for AppStore and Google Play shop have facilitated their complementers by granting access to for example Software Development Kits, intellectual property (IP) rights and by sharing marketing resources. Network as a complement means a significant facilitating effect of a large number of other users to the value of products/services, for example the Internet. Markman et al. (2019) argue that the addition of complements into the model is necessary because "that could reduce risk, cost and uncertainty while assisting in understanding and predicting entrant-incumbent relations". I am defining complements in this study to be the online shopping platforms and internet pages that are used by the silent customers for the search of the information. They enable companies to approach an audience that they might not be able to reach by other than partnering with medical professionals. Because I am not aiming to study the competition I am excluding studying the entrant-incumbent relations from this study to limit the scope.

The nonmarket factors in the model include diverse elements and stakeholders - governments, regulations, cultural value systems, social and political arrangements and activists (Jia 2014, Markman et al. 2016). Markman et al. (2019)'s core point is that the

nonmarket influencers are a distinct category. This is well aligned with stakeholder theory where stakeholders are defined as "any group or individual who can affect or is affected by the achievement of the firms objectives" (Freeman 1984 p25). Medical and pharmaceutical industries are heavily regulated and an example that is pushing boundaries is for example the use of cannabis plants for therapeutical purposes. (Botswitck 2012). Another example is Airbnb, a globally known market entrant whose entry strategy has involved pre-empting and fending off regulators in multiple countries (Markman et al. 2019). The nonmarket forces that shape entry choices may be related to "less formal, normative and cognitive institutional factors" (Markman et al. 2019).

Market entry's relation to legitimation in the eyes of different market 'audiences' is an emerging stream of studies that requires identifying elements likely to influence audiences' judgments about the legitimacy of a firm's entry (Markman et al. 2019). Therefore a market entry may depend also on socio-cognitive factors that support the view of organisational legitimacy (Markman et al. 2019). In recent academic literature Shantz et al. (2019) identified market entry strategies to entry stigmatised markets also theorising conditions under which companies would one entry strategy over another. Siltamäki et al. (2020) has studied how over 12 years time organic farmers entering the mainstream farming setting built legitimacy and constructed identities by resisting the stigma addressed to them by the audiences of media, competing farmers and a larger public. I am defining stigmatised markets and the market entry theory in the next chapter.

## **2.2 Stigmatised markets and categories**

In this chapter I am discussing the definition of stigma, different levels of stigma in business research, stigmatised markets and market categories and characteristics of them. Shantz et al. (2019) recognized that the stigma characteristics form barriers of entry -different from Porter (1979)'s capital based barriers -and are likely to affect companies' strategies entering a stigmatised markets, dealt further in chapter 2.3. I claim that the stigma related to barriers of entry discovered by Shantz are an example

of previously discussed "nonmarket forces" (Markman et al. 2019) and are therefore in line with the recent, general market entry theory.

### **2.2.1 Individual, organisational and market level stigma**

North American sociologist Erving Goffmann defined stigma, or discredited personal attributes to emerge from social perceptions of physical characteristics, aspects of character, and "tribal" associations e.g., race; (Goffman 1963). stigmatised characteristics in one situation or by one audience may be positively perceived by another (Paetzold et al. 2008), (Shantz et al. 2019). Therefore the perception of stigma is social but also cultural and I wish to remark that I am studying stigma related discourses in this thesis through the eyes of a West European person. As an example of differences in perception within a North American cultural group, some think of marijuana as "an intoxicant used for hedonistic pleasure", while others view it as a "compassionate palliative for the seriously ill and dying (Dioun, 2018)", Shantz et al. (2019).

Management research categorizes differences of stigma levels between individual, event-based or organisational stigma and market-level stigma. Individual stigma can refer to for example stigmatised occupations where employees are doing "dirty work" (Ashforth 2014, Ashforth 2017) or customers suffering from mental health issues. An event-based or organisational stigma discretises negative events such as company's bankruptcy, environmental disasters or scandalous organisational misconduct that for example Volkswagen emissions scandal had caused. If companies have a relatively enduring attribute, core element or "core trait" (Hudson 2008 p254) that stigmatises they might suffer of a "core stigma" in the eyes of some observers. This concept of core stigma can be applied in individual level. (Shantz et al. 2019)

*stigmatised markets* can be defined as those where either the products/services exchanged, or the consumers, or both, are negatively stereotyped and collectively devalued by one or more stakeholder audiences in ways that discredit the market as a whole (Mirabito et al.. 2016), Shantz et al. (2019). General examples of markets considered stigmatised nearly all over the world are arms trade or pornography industry.

Interestingly, markets that might not be originally stigmatised may become such because of the actions of the existing players or stakeholders. They may feel threatened and use power to “protect their value system, position and interests which sometimes may lead to stigmatisation of new categories and their offerings” (Siltaoja et al. 2020).

### **2.2.2 Stigma removability**

Core stigma at individual level is difficult to remove (Goffman 1963) from which one can draw a conclusion that a customer core stigma would be difficult to remove. This naturally creates problems to companies of how to address their stigmatised customers. According to Devers et al.(2009) removal of individual stigma and organisational stigma is possible if it is event based rather than a core element, especially if actors or actions associated with a misconduct can be decoupled from the organisation. At the market level the removability of stigma is likely to depend on the source of the stigma and stakeholders (Shantz et al.2019). The removal of stigma in market level is more feasible if it is primarily on products or services but difficult if it is based on customers (Devers et al. 2009). Shantz et al. (2019) combine the stigma origin type and removeability dimension and refer to a term ”*market stigma stickiness*” when discussing the ease or difficulty of relieving the stigma. From market perspective only if and when dominant stakeholders somehow stop to look down to a once-stigmatised audience (for example catering for those with mental illnesses (e.g., Lu, 2016)) is removal of stigma at the market level likely (Devers et al. 2009). In this thesis I will continue by using the term ”*removability*” .A practical example of partially removed stigma is tattoos becoming of valued “fine art” (Kosut 2014).

### **2.2.3 Stigma pervasiveness and stakeholder convergence**

Pervasiveness refers to what extent different stakeholders consider the market stigmatised. For example, the sex work market is largely, nearly universally stigmatised by all stakeholder categories (Weitzer, 2009). Individual-level stigmas are treated by most people as “social facts” and are therefore more pervasive. (Devers et al. 2009). Markets vary in their stigma pervasiveness. In a less pervasively stigmatised market,

fewer stakeholders negatively judge the market. In a more pervasively stigmatised market all or most stakeholders view the market as stigmatised. (Shantz et al. 2019)

Mitchell et al. (1997) had defined the same dimension as "convergence" among dominant stakeholders. "Dominant" refers to both the power and legitimacy of a given category of stakeholders and "convergence" refers to the extent to which the stigma judgement is common across multiple dominant stakeholder groups in a field. (Shantz et al. 2019) Differences in stakeholder convergence create both complexity and openings in stigmatised markets. Stakeholder disapproval may lead to company's defensive actions such as impression management techniques (Piazza and Perretti, 2015) or disengagement from a stigmatised category even by asset divestment (Durand & Vergne 2015) as a result of persisting stigmatising attributes. (Siltaoja et al. 2020) In consumer level an example of complexity is a study by Heejung and Olson (2014) which noted that "stigma consciousness" of gay customers affected their perception of the quality of client service. This led to a recommendation that service providers interested in attracting and maintaining gay customers should educate their employees about stigma-consciousness (Heejung and Olson 2014). In the online market place negative customer reviews can quickly cause damage which should be prepared for in the company reputation control.

Overall, as Shantz et al. (2019) point out, "it is possible and plausible that for some markets, non-dominant stakeholders (e.g., suppliers) will not view the market as stigmatised, but dominant stakeholders (e.g., regulators, investors or media) will view it as such." A variance like this creates strategic opportunities for how companies can represent themselves (Zhao et al. 2017) and is related to the choice of market entry strategies (Shantz et al. 2019).

#### **2.2.4 Market thickness and market efficiency**

Market thickness refers to "the density and range of market participants including suppliers, competitors and customers who conduct business with one another in a stigmatised market" at the time of market entry (Shantz et al. 2019). It is a factor effecting market efficiency for which a sufficient number of firms and customers

making transactions are needed to achieve high efficiency, (Agrawal et al. 2015; Roth, 2008). The more there are companies offering products and services to targeted customers the more competition there will be. This is likely to lead to more advertising and more visibility -which will inform and attract more customers. Companies that create value can effectively deliver consumer surplus to targeted customers, and capture economic profits in effective markets (Shantz et al. 2019). When organisations enter stigmatised market where there are not many market participants they may not have enough customers or users to achieve their objectives which is correlated with market failure (Agrawal et al. 2015). To raise awareness of products and services of more potential customers/users to reach an adequate exposure, an entrance into a thin market has to be openly communicated (Shantz et al. 2019).

### **2.2.5 Stigma in incontinence markets**

The stigma of urinary symptoms such as frequency, urgency and incontinence hinges upon whether or not the issue can be noticed by others. Women feared having an unclean body or compromised social identity. (Elstad et al. 2010) Toye and Barker (2020) concluded that the “culture of secrecy and profound sense of shame” is a barrier to looking for help for the problem. Combined with Shantz et al. (2019)’s theory and Goffman (1963) I argue that the incontinence market is stigmatised.

It means that companies addressing products to customers suffering from urinary symptoms should notice that the stigma is partially event based and, partially customer core stigma especially if the symptoms were untreatable by e.g. physiotherapy. For some their perceived stigma could be either relieved or even removed if the root cause of pelvic floor weakness could be ameliorated by self management (following guidance, pelvic floor exercises) of using e.g. physiotherapy services or surgery. My assumption for this thesis is that the perceived category of the product affects the stigma. For example, medical, fitness or healthcare segments are less likely to be considered stigmatised than for example vibrators (sex toy) that functionally might be used to achieve the same purpose as the medical product and achieve superior results (Rodrigues et al. 2019).

The monetary value of the absorbent product market is huge. For those people whose condition could be treated the use of pads is an opportunity cost and a significant business potential. In addition, many women are unaware of their pelvic floor muscles 30-50% and do not know how to actively contract these muscles (Rodrigues et al. 2019)! Combined with the finding of Johannesson et al. (1997) who discovered that patients with incontinence problems are willing to pay “substantial amounts for a reduction in the number of micturitions and leakages” the combination of stigma and business is two-fold. There are business opportunities yet questions related to business ethics -there is always a chance for exploiting vulnerable or unaware customers. The intersection between stigmatised markets and business ethics or corporate social responsibility is not widely studied (Shantz et al. 2019).

### **2.3 Entry strategies to stigmatised markets**

Shantz et al. (2019) recognized market stigma as a factor affecting organisational strategy. They created a conceptual model for strategies and tactics for companies entering stigmatised markets after studying e.g. the use of medical marijuana, gambling business, arms trade, services to gays, nascent biodiesel sector, graffiti art and plus sized fashion market. At it's simplest form, four strategies and tactics were recognized: "stealth", "leveraging", "disruptive" and "sleeper" strategy (see Figure 2) based on two dimensions, visibility and destigmatisation effort related to their stakeholders.

Destigmatisation effort refers to the “extent to which a strategy aims to destigmatise the market being entered by changing the perceptions of some or all stakeholder audiences as part of their market entry strategy”. Visibility refers to how “overt or hidden” entry the company has chosen to do, whether they hide it from most stakeholders. (Shantz et al. 2019)

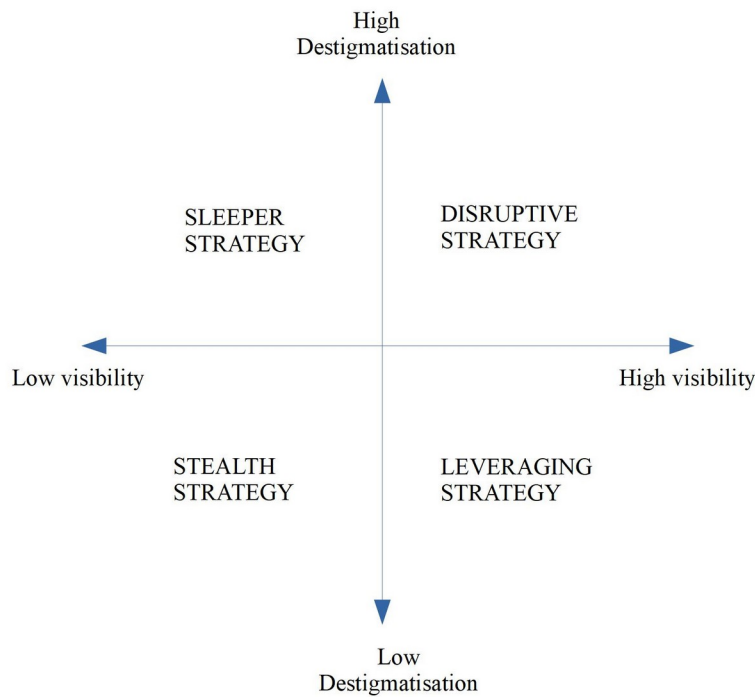


Figure 2. Strategies of firms entering stigmatized markets by Shantz et al. (2019), visualized by Sipiläinen

### 2.3.1 Stealth strategy

In a *stealth-entry* strategy, the entrant hardly tries to destigmatise the market, and the visibility of its market entry is deliberately made low. This strategy is likely to be dominant “when stigma originates with the market’s users, when dominant stakeholders are convergent in their stigma judgements and when the market is thick”.(Shantz et al. 2019) It is related to trying not to draw attention of the dominant (most powerful) stakeholder to the market entrant. This ”stealth” strategy is supported by other studies that have discovered that when stigmatising attributes are deeply present, firms are more likely to use tactics of privacy and secrecy (Vergne 2012), (Wolfe & Blithe 2015), Siltaoja et al. (2020)

A communication tactic Shantz et al. (2019) recognized relating to this strategy was ”*digital disintermediating*” where a firm finds a direct pathway to its customers in a



stigmatised market through the use of digital technology. They use examples of payday lending products and distribution of pornography enabled by ever increasing access to, the internet, the sale of personal data, and online behavioural advertising. (Shantz et al. 2019) I would argue that in countries where online shopping platforms are a part of everyday life this tactic is perhaps not related to hiding but could be considered a business necessity -especially during the ongoing Covid -19 pandemic.

### **2.3.2 Disruptive strategy**

*A disruptive strategy* by Shantz et al. (2019) is the most visible one of the strategies discovered. It is likely to rule when the product is the original source of the stigma, when dominant stakeholders stigma judgements vary and when the market is not yet thick. “The company confronts the market’s stigma head on, attempting to destigmatise it.” (Shantz et al. 2019). Two discursive tactics are associated with this strategy; normalising and moralising which a company can be use independently, simultaneously, or sequentially. Normalising is to attempt to by rhetorical practices reframe the stigmatised entity as acceptable and untainted. An example provided by Shantz et al. 2019 is casino gambling. It has changed from having been associated with crime, filth and disorder to a form of business and entertainment by companies that entered the market with effective normalising frames – or “megamarketing” (Kotler 1986) –to disrupt the stigma. (Humphreys 2010), (Shantz et al. 2019) The second tactics is to moralize the stigma by providing ethical reasons why serving the market is morally virtuous. This rhetoric tactics is meant to rise “sympathy and compassion” for the people who are target customers or users in a stigmatised market. Medical marijuana market would be an example of disrupting the stigma by moralising, when organisations working to enter the market used an appeal to position the use of marijuana as a “compassionate palliative for the seriously ill and dying” (Dioun 2018). (Shantz et al. 2019)

### **2.3.3 Leveraging and sleeper strategy**

*A leveraging strategy* by (Shantz et al. 2020) is one where the “market entrant’s effort to destigmatise a market is low, but the effort to gain visibility is high”. A company

using this strategy may use visibility to its advantage by actively supporting the stigma of its users or products, a tactic they called *exploiting*. Exploiting as a term does not mean exploiting of the people involved but exploiting the “controversial nature of the events and practices associated with it by co-opting the stigmatised labels used by stakeholders” (Shantz et al. 2019).

Examples of this tactics are mixed martial arts market in the US that was initially stigmatised by the public and legal actors because of violence. The controversy heightened awareness among the targeted customers, let market players to grow in client and participant numbers, increased market thickness and profit potential while mainstream public kept judging the market as stigmatised. (Shantz et al. 2019) In chapter 2.4 I am discussing Siltaoja et al. (2020)’s stigma diversion model that has features related to this leveraging strategy.

The fourth strategy theorized by Shantz was “*sleeper strategy*” where the company’s destigmatisation level would be high but visibility low. However, they did not find examples of it and speculated whether the reason might be that this strategy was uncommon or perhaps “because, when done effectively, such strategies would go undetected by observers” (Shantz et al. 2019).

#### **2.3.4 Practical considerations**

As mentioned earlier, visualisation of Shantz et al. (2019)’s model is a simplification. They found clear implications for the use of stealth and disruptive strategy in certain conditions related to the removability or market stigma stickiness, market thickness and convergence of dominant stakeholder judgements regarding stigma. However, as Shantz et al. (2019)n also point out, the conclusions depend on which factor exercises more weight on the firm’s entry strategy, consistent with the general market entry theory by Markman et al. (2019). For example, in a case where the stigma was on users, dominant stakeholders were convergent and the market was thin a company might choose disruptive strategy over a stealth one because they may have a strong need to address the market thinness factor to get more visibility and clients (Shantz et al. 2019). This

would make sense especially for de novo/start-up entrants because no company would survive if they were not trying to encourage customer to try out their products.

## **2.4 Stigmatised markets evolvement**

In this chapter I am presenting a scenario of how stigmatised markets can evolve based on the actions of different market stakeholders such as companies, competitors and customers. I am explaining more detailed an example of a stigma resistance in the context of organic farming and a model developed around the observed process (Siltaoja et al.) Introducing their research serves also as an introduction to my research development of using company communication as a research tool for strategy analysis. Siltaoja et al. (2020) reason that their stigma diversion model is more than a communication or a mere impression management tactic (Sutton & Callahan, 1987) because it “shapes core meanings and identities and has an impact on actual practices”.

### **2.4.1 From stigmatised markets to legitimacy**

Social perceptions of various types of product- and user-based stigmas can be dynamic, sometimes because social attitudes change over time (Davis et al. 2008), (Shantz et al. 2019). Where some audiences perceive stigma, others may have “illegitimacy” in mind -a milder form of disapproval (Hudson, 2008), (Hampel & Tracey 2017, 2019). Combining the concept of stakeholder disconvergence related to stigma removal (Shantz et al. 2019) and the dynamic social perceptions means that even though the chances of removal of stigma were small due to a core stigma there could still be evolutionary trajectories for stigmatised markets depending on the market players actions. Entrant companies that actively destigmatise the target markets can affect the future of them (Davis et al. 2008). Long term focus could include a range from maintaining the status quo (letting attitudes evolve) to developing to illegitimacy, legitimacy and even fashionable sector. This could happen by positioning such as in nanotechnology industry (Granqvist et al. 2013) or for example by allying with the stigmatisers to lower the sense of moral threat (Hampel &

Tracey, 2017) among the audiences. (Siltaoja et al. 2020) studied “discursive reconstruction of the central and distinctive characteristics” of the organic farming category at its emergence phase. Their finding was that over time the labeling of organic farming was manipulated, the practise of farming associated with more familiar and conventional context while stigma was simultaneously being diverted elsewhere.

From consumer perspective Scaraboto and Fischer (2013) studied consumer activism of plus-sized fashion market suffered from stigma by association with the customers it serves. They found that “fatshionistas, plus-sized fashion bloggers” started destigmatising the market by normalising the commonness of plus-sized consumer in North America and moralized serving the market by pointing out to the “injustice of discriminating against women with plus-sized bodies”. (Shantz et al. 2019). Veiling was stigmatised in the secular and urban mindset of Turkish women but by consumption practises of some changed to a fashionable clothing practise for many (Sandikci and Ger 2010).

#### **2.4.2 Destigmatisation in emerging market categories**

Market categories can be defined as economic exchange structures where shared meanings define the offerings, practises and identities of their focal members. (Navis and Glynn 2010), Siltaoja et al. (2020). A new market category is generally perceived to exist when two or more products or services are considered to be of the same type or close substitutes for each other in satisfying market demand, resulting in the perception that the producing organisations are members of the same market category (Navis and Glynn 2010), Siltaoja et al. (2020). An emerging category is a new market environment “in an early stage of formation” (Santos and Eisenhardt 2009, p. 644) where “meanings, core features and boundaries are ambiguous” and in a process of changing (Siltaoja et al. 2020).

Companies aiming to enter an emerging market can be start-ups, incumbents and everything in between just as well a start-up can make an entry to well established markets described by Markman and Waldron (2014) as “de novo entry or a micro entry” An incumbent is by language definition “a person or business that holds a particular

position in a company, market, industry, etc. at the present time” (cambridge.org 2020). In other words, incumbents can be actors in ”dominant categories” which could be defined as “conceptual schema that most stakeholders adhere to when referring to products that address similar needs and compete for the same market space” (Suarez, et al. 2015, p. 438). Dominant market categories can be easily differentiated from other similar categories. Because core features of an emerging category are not yet clear and durable it is possible to resist stigmatisation. (Siltaoja et al. 2020). For this thesis the dominant market categories depend on the perspective. For consumers they could be either the absorbent products markets or, if considering very niche consumer markets, the medical grade therapy devices that a few consumers may purchase not to be dependent on the physiotherapist.

### 2.4.3 Stigma diversion process model

Siltaoja et al. (2020) created a stigma diversion process model by studying how “members of a nascent category of organic farming resisted stigmatisation of mainstream farmers and other stakeholders and provided the foundation for organic farming to be considered a legitimate category of farming” (see Figure 3).

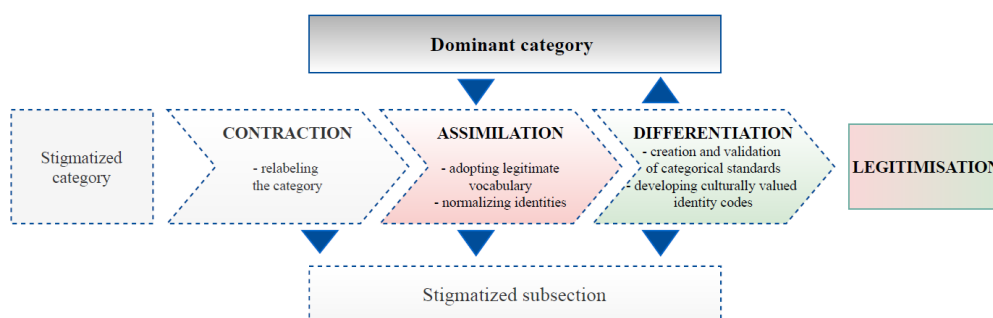


Figure 3. Stigma diversion process model by Siltaoja et al. (2020) , visualized by Sipiläinen

Siltaoja et al. (2020)’s model begins in a situation where an emerging market category has multiple labels and stigmatised identities such as eco-farmers, biodynamic farmers

and organic farmers. The stigmatising audiences need to be recognized and their key principles, identity norms and practices studied. In the first phase, *category contraction*, the stigma is made to change direction to a feature of another community and practices. Tainting attributes are constructed for a subgroup and the main label is manipulated so that it no longer has the previously core stigmatising attributes. A *relabelling* process is the beginning of the exclusion of the core stigmatised identities, labels and practices. (Siltaoja et al. 2020)

The second phase is *category assimilation* where the stigmatised community takes advantage of the publicity it has received and persuades audiences such as dominant category (mainstream farming) by adopting legitimate vocabulary and normalising identities (organic farming). This leads to a simultaneous enforcement of differentiating from the stigmatised subsection. In the third phase, the difference from other similar types of categories such as the stigmatised subcategory and the dominant stakeholders is enforced. This happens through “standardisation and adoption of distinct identity codes that signal culturally valued qualities”. In practise this means emphasising positive matters of being an organic farmer compared to conventional farming. As an overall result, stigma diversion forced the core community (organic farmers) to (re)define their reason for existence compared to both the excluded community (biodynamic farmers) and the mainstream (conventional farmers). (Siltaoja et al. 2020)

Destigmatisation can offer possibilities for new organisations to engage with audiences by embracing the stigma and using it to persuade audiences (Helms and Patterson 2014), Siltaoja et al. (2020). This is consistent with the stakeholder approach, and the leveraging and disruption strategies described by Shantz et al. (2019). Siltaoja et al. 2020 also argued that their model is more than communication tactics because it lead to action. I would argue that their finding is also a model for industry positioning with the help of destigmatisation as a strategic tool. This is in line with Porter’s strategy that calls for company strategyst for positioning the company as a response to market forces (Porter 1979).

## **2.5 Research scope definition**

From theoretical perspective I am limiting the scope to management theory of market entry and "How" to enter stigmatised markets in the context of companies offering solutions for stress urinary incontinence. I limiting the scope to two pieces affecting market entry strategies, the "how" component and the "non-market" forces. I am excluding marketing theory because my aim is to study the strategic questions management has faced through the communication targeted at consumers. I am excluding stakeholder theory because my decision to focus on public data sources -the channel of "silent customers" limits the possibilities of studying stakeholder interrelations. This means that management interviews are excluded as a research method. I acknowledge of risk that that narrows down the reasoning possibilities of what was intended by the communication but it allows to see what emerges from the data.

Context wise I am excluding communication targeted at male consumers, women who are not seeking for treatment and healthcare professionals (where applicable) and excluding companies that offer exercisers meant primarily for professional healthcare personnel use. Market wise I am concentrating in the communication in the United Kingdom market and the differences in for example French or German communication are excluded. Culturally the study is made through the eyes of western culture background which limits the interpretation in other cultures. Environmental questions though important in markets related to incontinence are excluded. I am going through data content limitations in chapter 3.4.

## **2.6 Summary of the literature review**

Market entry decisions have been recognized to be among the most critical ones for a company firm survival and growth, market evolution, and industry profitability (Root 1994, Zachary et al. 2015). From incumbent's perspective, finding a position in the industry where the company can either defend itself of influence the forces in its favour (Porter 1979). From market entrant's perspective, knowing that market entry is risky

and failure is a likely outcome (Zachary et al. 2015) how to formulate a strategy to enter a market becomes crucial.

The latest evolution in market entry studies has moved from bare entry timing studies to recognising that entry is complex (Markman et al. 2019) and impacting forces of it interrelated. New forces recognized are relating to “contexts, contingencies and processes” (Short and Payne 2008; Zachary et al. 2015, Markman et al. 2019). Markman et al. (2019) define “complements” to be elements that can assist the entrants or be assisted by entrants, including for example products, services and networks. The nonmarket factors in the model include diverse elements and stakeholders - governments, regulations, cultural value systems, social and political arrangements and activists (Jia 2014, Markman et al. 2016, Markman et al. 2019)

*Stigmatised markets* can be defined as those where “either the products/services exchanged, or the consumers, or both, are negatively stereotyped and collectively devalued by one or more stakeholder audiences in ways that discredit the market as a whole” (Mirabito et al. 2016), Shantz et al. (2019). Removability and pervasiveness of the stigma are characteristic to the market affecting strategies and tactics that the companies choose when entering the market. (Shantz et al. 2019). Incontinence markets are stigmatised because there are elements of shame and taint and I argue that the stigma is originated in the client or the event of urinary leaks and is thus partly removable. General examples of stigmatised markets by a wide number of global audiences are arms trade or pornography industry. Market entry strategies recognized for stigmatised markets can be “stealth”, “leveraging”, “disruptive” and “sleeping” strategy (see Figure 2) based on two dimensions, visibility and destigmatisation effort related to their stakeholders.

Developing social attitudes can influence how dynamic social perceptions of various types of product- and user-based stigmas can be. (Davis et al. 2008), Shantz et al. (2019). Entrant firms that actively destigmatise the targeted market categories can affect the future development of stigmatised markets (Davis et al. 2008), (Shantz et al. 2019). The disruptive strategy by Shantz et al. (2019) has the most potential for changing the



markets. A possible evolution trajectory is moving to legitimacy based on the actions of market players. Siltaoja et al. (2020) created a concept of stigma diversion in emerging market category. It is a model showing how discursive tactics can be used separating a category from both mainstream and a stigmatised subcategory, bringing a category to legitimacy. They argue that their model “shapes core meanings and identities and has an impact on actual practices”. I agree yet I consider it is describing an example of industry level positioning (Porter 1979) over time.

### **3 RESEARCH DESIGN AND METHODS**

I have carried this study out as quantitative research where a hypothesis will arise from the data collected and the concept and research design will evolve through analysis. (Eriksson and Kovalainen 2008) My selection for analysis method falls into multimodal critical discourse analysis (MCDA) and it will use the tools from systemic-functional linguistics (SFL). In this chapter I will go through the relevant concepts of MCDA, SFL, introduce the research setting, and the case companies. Last, I will evaluate the research process and go through the research ethics.

#### **3.1 Multimodal discourse analysis**

##### **3.1.1 Critical discourse analysis**

Critical discourse analysis (CDA) highlights the social, political and ideological dimension of discourse that actively shapes our understanding of reality. (Cameron & Panović 2018). Fairclough (1995) and Fairclough (1992) mention discourse-as-text power relation. Discourse analysts' "home discipline" is in linguistics (Cameron & Panović 2018). The linguistic choices made are important for analysing what the text communicates. Generally, the linguistic features of most interest for CDA are those that could be involved in a non-neutral pattern of representation which is not immediately obvious in the surface. (Cameron & Panović 2018)

Companies approaching a stigmatic, "silent" incontinence topic (social problem) requires a careful selection of language in visual and auditory mode in order to form the meaning they intend to in their communication. Elements of power are present – it is relevant how power and social control by incontinence market players is presented by their choice of words. I approach this as a social construction that constitutes social and organisational life and can be understood by studying discourse (Hardy et al. 2000) CDA has been used for studying stigmatised group of people earlier, for example in a case of attitudes towards obese people (Cameron & Panović 2012). In practise, my systematic approach regarding the textual data I will concentrate on 1) finding patterns

in the marketing communication material 2) focusing on finding what meaning is covert (hidden) in the text via negative analysis. CDA has been criticized for an illusion of objectivity where it is impossible for the analyst to approach the data without any preconceptions at all (Cameron & Panović 2018). The evaluation of trustworthiness of this study is handled in chapter 3.6.

### **3.1.2 Multimodality**

Multimodality asserts that “language” is just one among the many resources for making meaning -it can be treated as providing a partial account of meaning (Kress 2011). If this study was made only by the means of CDA it would lack a lot of information of the visual cues that have been planned by the companies to work together with the textual discourse.

The term “mode” (or “modality”), is sometimes used in connection with human sensory channels such as seeing, hearing, touching, tasting and smelling. Multimodality is in question whenever at least two input (senses) or output modes are involved. (Pauwels 2012) The definition from Kress & van Leeuwen (1996) introduces discourse as multimodal if its meaning is realized through more than one “semiotic code”. Semiotics means roughly “the study of signs” (Cameron & Panović 2018) and semiotic codes can be classified to three types. An icon conveys meaning through a direct resemblance of what it represents (for example photograph), index communicates meaning through a natural association (footprints on the sand “index” to a person walking) and a symbol through a conventional association (traffic signs). In the case of linguistic signs the relationship between form and meaning is typically symbolic. (Cameron & Panović 2018)

Multimodal analysis has a strong focus on the outcome of the different modes interplay. For example the multimodal nature online communication is limited to two (super) modes: the “visual” and the “auditory” senses. Despite this the visual mode broadly considered includes other expressive parts such as typography, layout and design features. Likewise for example the music, spoken texts aka the auditory mode brings diversity and importance in website communications. (Pauwels 2012)

A visual component of a text is an independently organized and structured message - “connected with the verbal text but in no way dependent on it” (Kress & van Leeuwen 1996: 17). This leads to a systemic functional linguistic (SFL) language is one of many ‘social semiotic’ systems—ways of making meaning which are shaped by the needs and the habitual activities of social beings in a social world. It is further assumed that non-linguistic modes of communication work in a way which is analogous to the way language works. It follows that the different modes can also be analysed in similar ways—that it is possible to describe the ‘grammar’ of visual design (Kress & van Leeuwen 1996), or even music (van Leeuwen 1999), using the same kind of descriptive apparatus that is used in SFL to describe the grammar of language. (Cameron & Panović 2018)

### **3.1.3 Systemic-functional linguistic approach**

Systemic-functional linguistic approach provides me a practical tool for systematic analysis of the visual data. Using it reduces the level of interpretation when the analysis is based on an existing framework. Meaning making in modern western tradition of visual communication uses SFL:s three metafunctions: ideational, interpersonal and textual as an organising principle. (Cameron & Panović 2018) According to Kress & van Leeuwen (1996) *ideational meaning* (representing the world) may be analysed as either narrative or conceptual. Narrative images are representations of actions or events, which typically show participants engaged in processes that unfold in time. For example a news photograph is ‘narrative’ if its function is essentially to record the event or encapsulate the story which that moment is part of. Conceptual images, are representations of some general, social or symbolic type of reality which is being visually classified, analysed or symbolized, for example maps, plans, diagrams, graphs, flowcharts and timelines. In the subtype of symbolic image which Kress & van Leeuwen (1996 p110) label ‘suggestive’, ‘detail tends to be de-emphasized in favour of “mood” or “atmosphere” as for example a participant ”just standing” there. (Cameron & Panović 2018)

*Interpersonal* meaning constructs relationships between the sender, the addressee and the message. One system of studying this is how viewers are positioned in relation to an

image based on viewer's gaze, the use of distance, perspective and angle of view. When the subject gazes directly at the viewer it is termed a 'demand' because the viewer is constructed as a direct addressee whose attention is being demanded. In an opposite situation the image is termed as an 'offer', because it "offers" the represented participants to the viewer as items of information or as objects of contemplation (Cameron & Panovic 2018). Distance can be interpreted as follows: a close-up shot produces an impression of intimacy and a long shot suggests a higher degree of social distance. The vertical dimension is about power. An image viewed from above creates a feeling of power in relation to it whereas a view from below casts the viewer as powerless. The horizontal dimension is about involvement: a frontal view suggests a personal connection with the subject and an oblique view detachment with the subject. (Cameron & Panović 2018)

*Modality* also relates to interpersonal meaning, in the truth or factuality of the message. Visual modality is complex because what counts as 'objective' or 'factual' will vary with the type of image and the means used to produce it (Cameron & Panović 2018) as well as context and the viewer. *Colour* can be graded from low to high modality. For example a naturalistic painting would have a higher modality than a modern abstract paintings because colour saturation would be too extreme to be perceived as natural. In scientific diagrams, on the other hand, the highest modality belongs to stark black and white. (Cameron & Panović 2018)

*Salience* is to do with the visual 'weight' of different elements in a composition such as size, focus and position and framing. Highly salient elements tend to be larger, sharper and placed in the foreground and/or near the top. (Cameron & Panović 2018)

### **3.2 Research setting**

In recent years 2014-2018 there have been new entrants into the consumer markets that target active women who are searching for information or are already aware of pelvic floor importance and would like to continue their active, sporty life after childbirth. These companies provide exercisers for pelvic floor muscles. By satisfying the same market demand they can be considered of the same type or close substitutes for each

other thus by definition of Navis and Glynn (2010), members of the same category. These companies can be perceived as medical, health, fitness or sex toy category or a combination of them. The level of the stigma perceived by an audience varies. For example, Kegel exercisers' stigmatisation level is based on individual's values and beliefs being highly stigmatised for some and even pleasurable and fun for others. When a vaginal probe is used in therapy purposes by healthcare professionals it easily falls into a medical category the use of which could be considered normative thus less stigmatising.

They are competing of the same customers as the decades ago established absorbent category. On the other hand they are competing also with the physiotherapists service. The dominant stakeholder category that refers to the "conceptual schema that most stakeholders adhere to when referring to products that address similar needs and compete for the same market space"(Suarez et al. 2015 p438) is thus not fully clear. Therefore I would argue that this means that their market environment is still in an early stage of formation thus an emerging category (Santos and Eisenhardt 2009).

What is sure is there are multiple stakeholders in the game; the network of people that can affect their purchasing decision, healthcare professionals and the media that shapes the public opinion. I am concentrating on studying the customer perspective when searching information for a purchasing decision. Attracting and keeping the customers make the company survive, evolve and succeed. How a new company handles a stigma related to their customers and their products is a strategically important decision especially because the need to exercise does not disappear over years. This means once a product reaches the end of its lifetime there will be a competition of keeping the customers. If they were succesful, their clients would win in multiple fields -a quality of life improvement, less money spent on absorbent products and more money available to be spent somewhere else (opportunity cost).

The core stigma (Goffmann 1963) related to the client is the *event* of involuntarily passing urine but especially *if someone notices* the leaks. I would argue that there is nothing a company could to to remove the feeling of losing control or the shame should

a leak happen. However there is a chance to reduce the number of daily leaks by exercising which means the number of core stigmatised events could be cut down.

### **3.3 Introduction of case companies and their brands**

I have selected three case companies with brands that have entered the incontinence market with a new type of a product within the last six years which means they should have taken into account the recent development of the industry and social attitudes. This also means they would have the opportunity to disrupt the market with their entry or attempt to affect a stigmatised market development in the long run.

Atlantic Therapeutics, Chiaro and Living With are dealing with the root cause of stress urinary incontinence, weak pelvic floor muscles. They are for-profit firms which enables the observation of their behaviour without idealism. As start-ups they must have fought for their existence or must be still fighting about it which means that their communication should not be a trial and error but planned "for real". They are operating from the United Kingdom or Ireland thus they are culturally comparable to each other. Because their brands are globally available and the UK customers are diverse it means they must have thought about the demographics.

#### **3.3.1 Atlantic Therapeutics and INNOVO Shorts**

*Atlantic Therapeutics* is an Irish developer of professional and consumer medical devices, related software and connected health technologies ([atlantictherapeutics.com](http://atlantictherapeutics.com) 2020). They focus on the treatment of incontinence, sexual health dysfunctions and other associated disorders by strengthening the muscles and modulating the nerves of the pelvic floor. All Atlantic Therapeutics Group Ltd. products are certified under the European Medical Devices Directive 93/42/EEC. They launched a product called INNOVO in October 2018 targeted for men and women (see Figure 4 on p37). It consists of black, sporty shorts the electrodes of which stimulate pelvic floor muscles of the buttocks and at the front. The novelty of INNOVO is that it is wearable and does not require a use of a vaginal probe for the muscle stimulation. In addition to shorts and the electrodes a controller unit and accessories are needed. The INNOVO shorts are priced

to £299 (~332eur) in their UK web shop and 399eur in Amazon.de INNOVO is also approved to be marketed as a medical device by the Food and Drug Administration in the United states since January 2020 (fda.gov 2020). (myinnovo.com 2020), (atlantictherapeutics.com 2020)

### **3.3.2 Chiaro and Elvie Trainer**

*Chiaro* was founded 2013 serves as the parent company for Elvie that "develops smarter technology for women to improve their lives" , "bringing women's technology out of the dark ages". They have developed a pelvic floor trainer called "Elvie Trainer" that was launched to the markets in October 2015. In start-up phase the company received funding from Innovate UK and have been in the middle of a real "femtech" media hype in multiple newspapers and online media. Elvie Trainer (see Figure 4) is a small, intra vaginal pelvic floor muscle exercise device that together with a bluetooth connected smartphone app "visualizes your pelvic floor movements in real time. It measures force and motion that help the client to improve their pelvic floor workout technique" (elvie.com). The delivery consist of the trainer, a charger and accessories (Figure 4) and a chargeable app for smartphones.

Elvie Trainer's novelty compared to traditional kegel cones was the biofeedback. They were not the first ones in the market at least a brand called kGoal by Minnalife was lauched the same year January in the US (prnewswire.com 2015). Elvie Trainer is priced to £169 (~190eur) and 179eur in Amazon.de. Elvie has partnered with NHS and the Elvie Trainer can be also be ordered by health professionals via the NHS Supply Chain portal for at least England and Wales (my.supplychain.nhs.uk 2020). (elvie.com 2020),(chiaro.co.uk 2020)

### **3.3.3 Living With and Squeezyapp**

Living With is a company developing remote patient condition management systems the full platform of which consist of a clinician dashboard, patient app and a service provider portal. Squeezy was designed as a self-management app to help people to remember to do their pelvic floor exercises. It is "particularly aimed at women who are following a specialist exercise programme set by a physiotherapist". Is now supporting



also men and people with Cystic Fibrosis. Squeezy has been designed by “chartered physiotherapists specialising in Women's Health working in the NHS”. Squeezy is available in the NHS Choices health apps library the acceptance of which requires a clinical safety review. It’s priced for 4.49€ in GooglePlay store available for anyone with a smart phone. (play.google.com 2020) ,(livingwith.health 2020),(squeezyapp.com 2020)

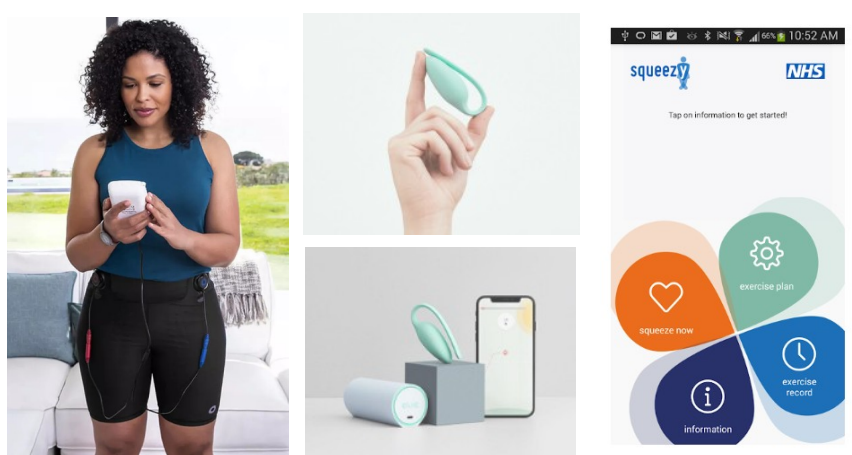


Figure 4. Brands of the case companies from left to right: INNOVO shorts (myinnovo.com), Elvie Trainer (elvie.com) and Squeezyapp (play.google.com)

### 3.4 Data collection

The main bodies of my empirical material are homepages (internet) of the target companies containing textual material, photographs, videos, video links to Youtube and visualisations gathered during September and October 2020. The pages are targeted to (British) English speaking audience or customers in the geographical region of United Kingdom. I wanted to specifically use online data publicly available because my assumption is that that is the main search channel for the ”silent customers” The sites I gathered are the pages where I first landed after using a search machine such as Google or DuckDuck and the secondary landing pages where I ended up after intuitively following the first link for more information. I have listed the analyzed internet pages and their internet addresses in Appendix 1.

To get an understanding of company's visibility I gathered the cumulative number of social media followers and the number of the marketing video views at the websites/Youtube, as well as the quantity of application downloads (Squeezy, Elvie) and reviews in Google Shop. I checked the quantities during September 4 2020 and September 23 for Innovo's Vimeo video. Due to the geographical limitations of Apple Shop and Apple's hardware limitations (software not supported for Ipad2") I could not pull data from there. I excluded other media like newspapers because the availability of articles varies as some are behind paywalls. For the results, see table 1 in Chapter 4.1.

The companies' activity varies a lot depending on different social media platform or customer target group, as does the number their followers in different platforms. Therefore I claim that the web pages as such are better comparable to each other than the companies' social media accounts and I decided to exclude them from the content analysis. Websites are also completely under company's power unlike social media which means the communication there should be intentional and gives an idea of strategic targets.

I treated the still frames of the video links as an additional photographs and excluded the video materials from the study. There are three reasons for this. Firstly, my assumption is that different client segments watch or do not watch videos but most would read the homepage material prior to a purchasing decision especially for Elvie and Innovo that are not cheap in price. Secondly, the amount of viewers of the videos vary and it is not possible to know the duration the people watch the videos. Youtube charges their advertisers only when people choose to view an ad minimum 30seconds or reacts to it (youtube.com 2020) which assumedly leads to companies targeting the first critical seconds. The third reason was practical and workload related to keep the scope of the thesis manageable. I also excluded studying packaging material as marketing material because of the cost of the products and because it would mean that for an average customer one would have needed to meet a friend or a professional in possession of the exact product.

It is likely that companies change the content of their internet pages. Therefore I collected the archived internet pages with the tool called “Waybackmachine” (archive.org 2020). I used it to run a ”sanity check” for the data consistency of all of the case companies after I noticed that Squeezy had actually been in the market 18 months longer for Apple phones than for Android phones.

### **3.4.1 Data management**

I stored the data as screenshots or pdf prints of the webpage and added them into a research aid software called Atlas.ti 8 (atlasti.com 2020). Some of the pages contained text frames the content of which changed in a temporal loop so I collected their text data and visual information into separate files. Due to usability reasons of Atlas.ti and the different technical ways the web pages were constructed for printing some files had to be run them through an additional OCR process (text and image recognition), and save as either word or a pdf document. Some fields lost data in printing or OCR phase so their text had to be copy-pasted manually together with a screenshot of the visual field. This resulted as a database of documents that contain both text and data.

## **3.5 Data analysis**

Because the purpose was not to make statistical relevance I started to make notes of the companies, collect quotations for individual companies. After going through the material company by company I started noticing stigma related discursive patterns and developed a coding system for the data.

### **3.5.1 Coding process**

I wanted to first analyze how the discursive practises of the case companies build meanings. Using Siltaoja et al. (2020)’s coding methods as an example I started coding for *conceptual choices* and labels that the companies used of their products or services. They are relevant for the category meaning and seeing if they would be different from what I assume to be the dominant stakeholder category. Because stigma is a social construct and according to Fairclough (1992): ”arguments build approval or disapproval” thus needed to understand the relation to stigma I coded for positive and

negative (for and against) arguments related to the problem(incontinence), solution (exercising), products and customers. I continued by coding the physical characteristics of the persons in the photographs because that gives a rough idea of the target market segment the company is aiming for and how they aim to describe their clients or to whom they wish to identify oneself with. I also recorded attributes used to describe the products, persons in the photographs and exercising based on my assumption on stigmatised content. Last in the coding system, I made remarks of the use of *vocabulary and choices for grammar* where I noticed there was a relevance for stigma related meaning.

For visual analysis I initially used a similar system but based on what association the image brought to my mind. I added coding for conceptual meaning for symbolic (mood, atmosphere), interpersonal meaning based on the direction of gaze, and interpersonal distance (Cameron & Panović 2018). I coded for the use of colour for modality purposes and textual cues like size where the salience was in question (Cameron & Panović 2018). I excluded coding for webpage composition or typography because this was not a web page composition analysis and my assumption was that the visual design of the sites have been created by a visual team separated from meaning making.

### **3.5.2 Analysis process**

After my initial coding I went through the data again and started organising the codes into groups based on the similarities of the codes. I call this a bottom-up approach where I was working from details towards an understanding of large concepts. I grouped the data to see the quantities of codes in the code groups to notice what kept repeating thus to see whether the repetition brought meaning or importance. I formed attribute groups for products to catch the category the companies prefer to be used. I repeated the process for customers, the problem and the solution. The further I proceeded changing and grouping the codes became a part of the analysis process. I either split codes if I discovered something new, or, combined existing codes if individual findings seemed to form a larger entity.

Moving forward to analysing the argumentation I had collected, I continued to organising the number of quotations coded "against" in the order of most quantities. This enabled grouping of similarities. I repeated the same process for "for" arguments and collected quotations about them. Next, I did a cross-checking of the codes where I had marked the same argument in both categories of "for" and "against" by the help of "co-occurrence" analysis tool by the Atlas.ti8 software. This helped me to find co-occurrent coding and either remove it or discover similarities.

Most importantly, I noticed soon that the companies use indirect expressions and visual cues in their communication related to customers, products, problem and solution. This meant that I had to perform a negative analysis and create a coding to record vocabulary or expressions that were not used.

Visual analysis of same included recording the mental association of the product based on the photographs. I claim this was at first subjective yet also possible to reason with arguments. Visual analysis could not be separated from textual analysis because photographs needed texts and texts needed the photographs to create meaning, as per (Cameron & Panović 2018). It is important to notice here that coding for textual material is much more objective than for visual material because the impressions and feelings evoked by the photographs is related to my personal views and past experiences.

I repeated the analysis processes until I did not make any new findings, left it to rest for a few days and repeated which enabled my thought process to evolve. I switched the tool from Atlas.ti to exel when starting the writing process of the results and the discussion.

### **3.6 Evaluation of the research process**

The general concepts of good quality research are reliability, validity and generalizability (Eriksson and Kovalainen 2008 p291). Reliability tells you the extent to which a measure, procedure or instrument yields the same result on repeated trials (Eriksson and Kovalainen 2008). It is concerned with the question of whether the results

of the study are repeatable and whether the measures applied to business concepts are consistent (Bell, Bryman and Harley 2019).

The repeatability of this study depends on three factors; the data consistency and the degree of personal interpretation and a cultural change of values and attitudes over time. For data consistency the use of the Waybackmachine (archive.org 2020) helped to judge whether the companies have changed their websites after their initial market entry and is the communication significantly different now compared to the market entry. The result for Elvie Trainer site was that there is no archived versions, which means that their website has remained unchanged and the data between today and market entry is comparable. Squeezy's main content remained the same but their target audience had changed slightly 2019 to extend from being a part of physiotherapy programme to not mentioning it. Judging overall there is no affect on the thesis data consistency. Innovo's website keeps changing and it will be interesting to follow where they will end up in their communicative efforts.

For the coding system development I followed roughly Siltamäki et al. (2020)'s system which means it was already repeatable. The degree of personal interpretation of a researcher may vary based on language skills, personal beliefs and values. I am aiming to use a research process where I check the language interpretation with online dictionary resources and a native English speaker as well as use and record logical reasoning even though the first interpretation of for example a visual item was at first emotional.

According to Bell, Bryman and Harley (2019) validity is concerned with the integrity of conclusions that are generated from a piece of research. This means that the findings accurately represent the phenomenon referred to and that they are backed by evidence. (Eriksson and Kovalainen 2008) To increase the validity of this study I have chosen sample companies thus data that approach the customer need from slightly different perspectives. I will compare my findings and argumentation with previous studies which will put them in wider context and either support my findings or not. Another effort to increase the validity of this thesis is that have requested a few other researchers

to read the study before finalising my conclusions – a triangulation effort mentioned by Eriksson and Kovalainen (2008). Ecological validity is concerned with with the question of whether or not social scientific findings are applicable in everyday, naturally occurring social settings (Bell, Bryman and Harley 2019 p47). As an implication to this study, although the marketing material of the companies may not be based on real people but imaginary marketing personas, the search for information that the clients have to do about the products is for real. Therefore I claim that the interpretation of the data from a consumer perspective raises the ecological validity of the study.

Generalizability deals with issues of whether the research results can be extended in one way or another into a wider context. In qualitative research, it implies well-grounded and -argued selection of research cases, or people. (Eriksson and Kovalainen 2008) As the sample size of my case companies three and the data is limited to their main internet pages it will not be possible to talk of statistical generalizability. In analytic generalisation, empirical results of case study are compared with a previously developed theory and if two or more cases support the same theory, then replication may be claimed (Eriksson and Kovalainen 2008). Bell, Bryman and Harley (2019) address generalizability beyond the specific research context as a form of external validity.

### **3.7 Ethical considerations**

This research concerns of three small companies, which do not represent the whole of the pelvic health market but individual examples of it operating in a certain geographic area. My data is collected from publicly available internet pages. This means there is no possibility of bias from interviews. On the other hand, the critical multimodal discourse method and my interpretation might put companies into an unfavourable position without the possibility for them to check for misunderstandings beforehand. To avoid misunderstandings I will compare the findings against the companies' mission or vision statement publicly available. I am planning to share the findings with all the companies after the thesis process which means that there is a chance that this thesis would in fact benefit them with the information it will provide. In addition, the quotations will be gathered wholistically, not separated from their context, which should keep the focus in

the overall picture. A possibility for unethical data collection could be using parts of the company's online data leaving other parts intact for certain, personal motivation. However, I am describing the data collection and analysis process as openly and transparently as possible. For future research computer -aided analysing tools could be used more efficiently to enable the analysis of the whole websites content instead of some parts of it to limit the scope.

Ethically I see a risk that my own opinion or my position as a physiotherapy patient looking for solutions to return to running a could somewhat bias the analysis. I have not however had any connection with the personnel of the companies in question, I have not blogged or publicly spoken about them in social media. I created a separate social media account from my personal ones to check their account data. I have not tried the products of Elvie and Innovo. During the long thesis process I have personally downloaded Squeezy among four other pelvic floor applications which indicates it has not had a special meaning for me. I admit I have started to use it on a regular basis however I claim that using it is not related to the research questions related on stigma communication.

My conclusion based on the previous arguments is that this thesis will be sufficiently reliable and valid to suit its purpose as a master's thesis level requirements set by the university.



## 4 EMPIRICAL FINDINGS AND ANALYSIS

In this chapter I am firstly going through the results regarding companies' visibility social media. Next, I will go through the key marketing messages and the stigma related findings company by company, in the order of appearance in the web site. I have summarized the findings in chapter 4.5.

### 4.1 Company visibility in social media platforms

All three companies are visible in social media platforms such as Facebook (FB), Instagram (IG) and Twitter. All of them are present in LinkedIn although InnoVO was the only one to mark it in their webpage. I have gathered the main findings such as most followed social media platform and the most viewed Youtube video in table 1. The rest of the data is available in Appendix 2. InnoVO's data is closest to market entry date and Elvie's and Squeezy app's data has been cumulative for a few more years. Their marketing videos launch dates are relatively recent, which means that comparing those view counts gives a better overall figure than comparing the social media numbers.

Table 1. Most viewed social media accounts and Youtube videos

Company	Market entry time	Product contains app	Most followed social media	Most viewed YT video	Date added	Google Play downloads
Elvie Trainer	10/2015	yes	179 000 (IG)*	130799	29.05.19	10 000
Squeezy App	2013-2014	yes	3334 (Twitter)	4849	14.09.18	50 000
INNOVO	10/2018	no	2577 (FB)	7638**	09.03.20	-

\*Elvie Pump and Elvie Trainer

\*\*Vimeo (link from website) and Youtube

Elvie had clearly the most visibility measured by followers in all platforms (FB: ~40 000, IG:179 000) but most of their social media accounts were not split between Elvie Trainer and their best known product Elvie Pump (a breast pump) which makes it impossible to check Elvie Trainer's views only. In addition, the 179 000 followers in IG was a global number, not the English speaking countries. Elvie Trainer's main marketing video's visibility in Youtube for Elvie had ~131 000 views, which is ~8200 views/month from the video launch up to the data collection of this thesis(6/19-9/20) Compared to the downloads in mobile phone application shops, Elvie Trainer app had

been downloaded ~10 000 times in Google Shop. Assuming the downloaders have watched the video, this means that Android mobile phone users that have downloaded the app are roughly eight percent of the video viewers. I do not have access to AppleShop for the other significant group, iOS users.

Squeezy does not have a physical product. The situation of Squeezy is the opposite compared to Elvie. They have about ~3000 followers both in Instagram and Twitter, 454 in Facebook. The "What is Squeezy" video had been watched only ~4800 times, which is roughly 200 views per month over two years. One might think these are small numbers compared to Elvie which has been in the market approximately the same amount of time. However, when looking at the app downloads it has been downloaded ~50 000 times in Google shop only (excluding Apple). With the same assumption as before, this is roughly 17 times more than the views in Youtube! This means that Squeezy's clients do not go to Youtube or social media to search for information but get the idea to download it elsewhere. My strong assumption is that the clients get it from their physiotherapist or via NHS website e.g. via stakeholders.

Innovo does not have an app to download with their physical product. Innovo's is the most active player in regards to posting to their social media accounts. Their followers are mostly in Facebook (~2600) which is the oldest social media platform of the ones discussed. This might suggest that their potential clients are older than Elvie's and Innovo's clients. They have ~750 followers in Instagram and ~1200 followers in Twitter. Innovo shorts' main marketing video gathered nearly twice as many as Squeezy's, ~7600 views but ~1270 views/month over six months. Remembering that Innovo's product has been on the market a few years less than Elvie and Squeezy their situation is the closest to a market entry.

All the companies referenced to articles in online media such as quality newspapers (e.g. the Guardian, the Times), lifestyle magazines (e.g. Women'sHealth, Cosmopolitan) and tabloid press (e.g. MailOnline) This means the companies wish to highlight certain -selected press visibility to their potential customers.

## 4.2 INNOVO – key marketing messages

The opening statement for Innovo is a caption text used on top of a photograph that describes a group of mostly white, long-haired, serious, normal weighted women looking straight towards the camera. They are standing confidently side by side, leaning on each other, wearing a turquoise or a gray top and the black Innovo shorts that have visible connectors locations visible (see Figure 5).

*”Treat, don’t tolerate. Award-winning, non-invasive pelvic floor exerciser to regain bladder control. Results in as little as 4 weeks.”*

Under the photograph the text continues:

*”INNOVO is the only wearable pelvic floor exerciser that does all the hard work for you. Get your at home Pelvic Floor Personal Trainer for just £74.75 over 4 Months.”*

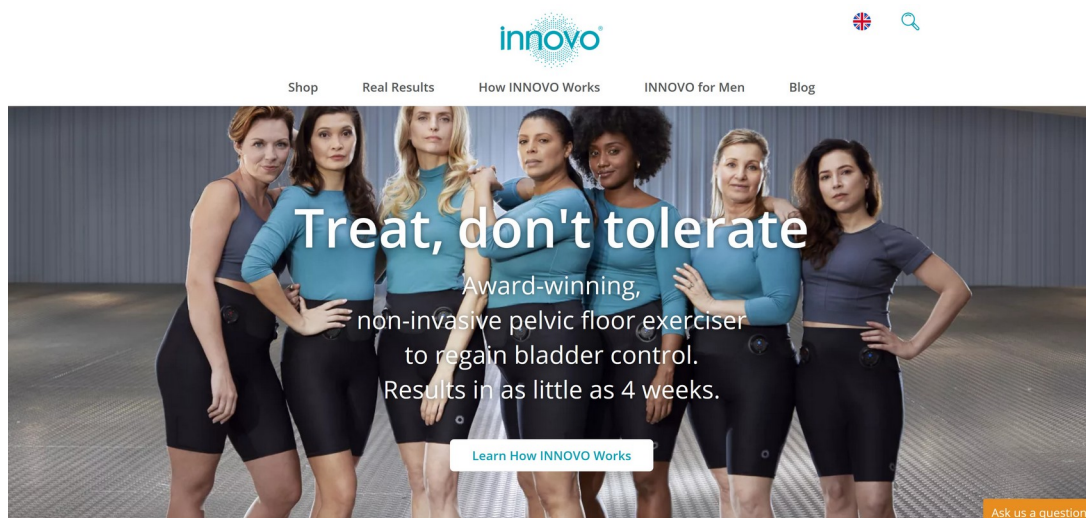


Figure 5. INNOVO’s homepage view. (myinnovo.com/uk)

The text would not work without the figure and the figure would not work without the text. They are independent of each other (Cameron & Panović 2018) and the visual image communicates richly ideational, interpersonal and textual meaning. The large font used for *”Treat, don’t tolerate”* creates salience and importance in textual meaning (Cameron & Panović 2018). The group of women that are all gazing at

the viewer as per setting a demand (Cameron & Panović 2018) which is supported by the use of imperative form in the language. The group of women set horizontal composition communicates involvement (Cameron & Panović 2018) thus messaging to the viewer that "you are not alone". The distance in the figure is not a long shot nor a close one but medium, which means there is a target for communicating some feeling of intimacy. (Cameron & Panović 2018) The straight, almost exaggeratedly confident postures together with the use of a cool, dark colour world and serious faces with chin up sets up a symbolic meaning for power and confidence. There is a fine line whether I interpret the facial expressions as arrogant or bossy rather than confident but for sure I judge only two of the women clearly friendly. The question here is, is the level of confidence existing in the client segment that the company wishes to reach, or is this the image of a client that would become confident after having used Innovo shorts? I'm reasoning for the former option because the communication here is targeted for people before making a purchasing decision.

Combining the visual cues with the caption text and the one under it, Innovo's key marketing messages (I1-I6) are:

I1) We are heavily encouraging you to deal with your condition related to incontinence and not continue to bear it. (*"treat, don't tolerate" in large font size, regain bladder control*).

I2) By using this product you can take back controlling incontinence problems fast, effortlessly (*"regain bladder control, results in 4 weeks, does all the hard work for you"*)

I3) You are not alone. We take this matter seriously. (*Group of seven women leaning against each other, colour world, serious faces.*)

I4) Our product is trustworthy. (*"award-winning"*)

I5) Our product is different from exercising products that require use of an intra-vaginal probe (*"non-invasive, the only wearable exerciser"*), or traditional pelvic floor exercising because using it effortless. (*does all hard work for*

you”at home personal trainer”)

16) We have split the total cost as we would like you to think our product is affordable and our payment terms are flexible. (£74,75 over 4 months = )

#### 4.2.1 Innovo and stigma

The main value promise of Innovo relates to ”regaining bladder control” (I2) . That is an indirect expression for incontinence and a direct referral to the stigmatising *event* of leaking urine. Innovo knows that a *client* feels stigmatised when losing control and is targeting the clients whose condition has already been long-term. The discourse is empowering and devictimising. It continues in the ”How it works” – pictogram (see Figure 6) which is a narrative process informing how the product is used and what will be the outcome of using it. The woman figure is white skinned, has a long , curly dark hair and is dressed in pink this time. In the final figure she is doing high, cheery jumping.

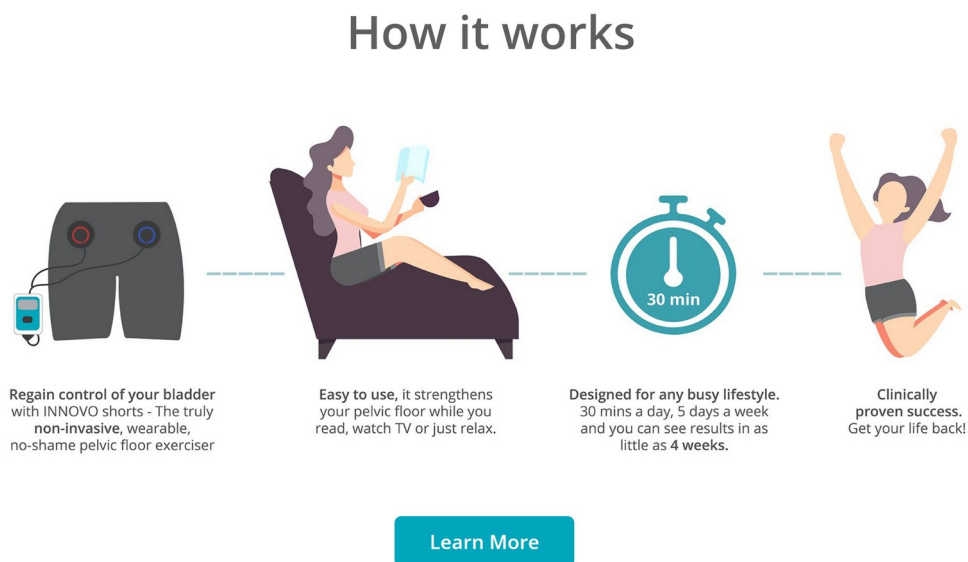


Figure 6 - INNOVO’s process of product use and its outcomes (myinnovo.com/uk/)

The text under the first figure that has otherwise a neutral figure of the product repeats the key messages I3) and I4) again yet adds:

*"Regain control of your bladder with INNOVO shorts -The truly non-invasive, wearable, no-shame pelvic floor exerciser"*

This discourse is stigmatising and it makes it look like that by Atlantic Therapeutics opinion, there is something to be ashamed of if using an exerciser that requires a use of a vaginal probe. Or, it is a chosen tactics to embrace a competitive product's stigma. This is controversial and may be how some clients feel yet might stigmatise those clients happily using vaginal products. In the last text under the figure of the cheery jumping woman is another visual referral to returning to a life without incontinence problems and also a promise of better mental health status than previously:

*"Clinically proven success. Get your life back!"*

This visually support their previous statement of an improved quality of life and simultaneously is another act for empowerment. They are creating the feeling that this activity has been either typical for the clients previously or will be enabled again by the use of this product. Additionally, I get the stereotyped impression of a housewife -which conflicts with the powerful looking ladies of the Figure 5.

The empowerment and de-victimising theme is repeated by a photograph containing a video link (see link in Appendix 1). It serves as a close-shot, directly camera facing photograph of the second from left of the ladies of Figure 5 bringing a feeling of intimacy for the viewer (Cameron & Panović 2018).The text under it adds another competitor element under it:

*"The voice of change For years we've been putting up with bladder weakness. Tolerating it. not treating it. But that ends here. Pads are temporary. We're fixing this for good. With INNOVO you hold the power. You wear the pants."*

This adds another a key message number I7) We offer a permanent solution to incontinence. In addition, they are normalising the commonness of the problem. By normalising the commonness they target to also normalize a different type of exercising

-and the use of their product. One would think that exercising shorts are neutral but Innovo is trying to normalize the use of them by stating:

*“They look like exercise shorts, I lounge in them in front of the telly whilst they do my pelvic floor exercises for me. I can answer the door to the postman and he wouldn’t bat an eyelid”, Nadia Sawalha, TV Celebrity ”*

INNOVO keeps repeating their key messages by factual reasoning, and using scientific and medical arguments. They reference to studies or conference papers with a tiny font size at the end of the page. They use references to *“physicians would recommend”* or *“proven by clinical studies”* and a colour theme suitable for a hospital TV series. Alternative to trust building this can be interpreted as building a category of a medical product, which they in fact are (fda.org 2020) but not highlighting to consumers.

The user quotes that the company has chosen, or marketing personas created for the story embraces what actions the use of the product would enable (sports, coughing, laughing) the increase of confidence and, the excellent value for money. This supports the promise for an increased quality of life and gives hope for the future. The quotes have names and a figure that looks like a social media profile figure. It is not possible to check the quotes from anywhere thus I doubt they would be real persons.

A detail with Innovo is that once a product is in a shopping basket in the UK shop one has to tick a checkbox to be able to proceed with the shopping:

*“I am an individual living with incontinence (pelvic floor weakness).”*

This is related to UK value added tax policy according to which *“disabled and older people”* (gov.uk 2020 ) under certain terms and conditions can apply for zero or reduced value added tax (VAT) (myinnovo.com 2020). This is a two folded approach. A customer benefits for the lower price yet there is no option to choose. To purchase INNOVO shorts in the UK one has to psychologically admit to being a disabled, incontinent person which, depending on the level of perceived stigma (Heejung and Olson 2014) might not be preferable even if it was true. Simultaneously INNOVO is doing everything they can to destigmatised a client and avoid the use of the word *“incontinent”* in their homepage!

#### 4.2.2 INNOVO's market entry questions

INNOVO is using destigmatisation repeatedly and deliberately when it comes to their value promise, the identity of their clients and their product. They aim to use stigmatisation to differentiate from exercising competitors and rational arguments when arguing for the value of money compared to absorbent products. The question of "how" to enter the markets in relation to stigma incorporates to an attempt to strategically use it to benefit the company.

Innovo's communication is controversial enough to be interpreted in two possible ways: either Atlantic Therapeutics has trouble with female "invasive" products or their strategy implementation is not carefully monitored. Their intention might have been to disrupt the market with a brand new innovation, to use a *differentiation strategy* (Porter 1979) from the vaginal pelvic floor exercisers *and* leveraging the stigma (Shantz et al. 2019) of the old category. Atlantic Therapeutics' mission statement (atlantictherapeutics.com 2020) supports the differentiation part and the destigmatisation of the client but not the leveraging strategy):

- 1. To provide the most effective, non-invasive, safe and comfortable treatment to restore pelvic health*
- 2. To enable users to overcome the physical, emotional and financial consequences of pelvic health issues*
- 3. To raise awareness and educate the people about pelvic health, explaining that symptoms are completely natural and prevalent yet absolutely reversible*

The intention may be disrupt the market but the implementation is not carefully thought as it can be perceived as unethical. In addition to stigmatising a competitor's product as it actively stigmatises those clients that might be willing to try the shorts but do not see the vaginal products that they might be already using as shameful.



## 4.3 Elvie Trainer

### 4.3.1 Elvie Trainer – key marketing messages

Elvie's homepage (elvie.com 2020) covers mostly information about their main product, a breast pump after which there is a short section for Elvie Trainer. That includes a strictly framed close-shot photograph of a naked, black woman holding the product on her open palm (see Figure 7). Her head is turned away and only a shadow of her chin is visible. My first attention is turned to the shiny skin of the model and then the size of the product. By scrolling down there is a product photograph with Elvie's mobile app's user interface visible on a mobile phone screen and the charger/carrier case. Next to this is Elvie's opening line:

*"The fun and effective way to strengthen your pelvic floor. Make your pelvic floor health a priority. Better bladder control. Faster postnatal recovery. Stronger orgasms."*

Below this there is a "Get started" section with two more photographs of naked women face turned away and under them the following text with links for more information:

*"Everything you need to know about pelvic floor and Kegel exercises" and Bladder control basics and Incontinence"*.

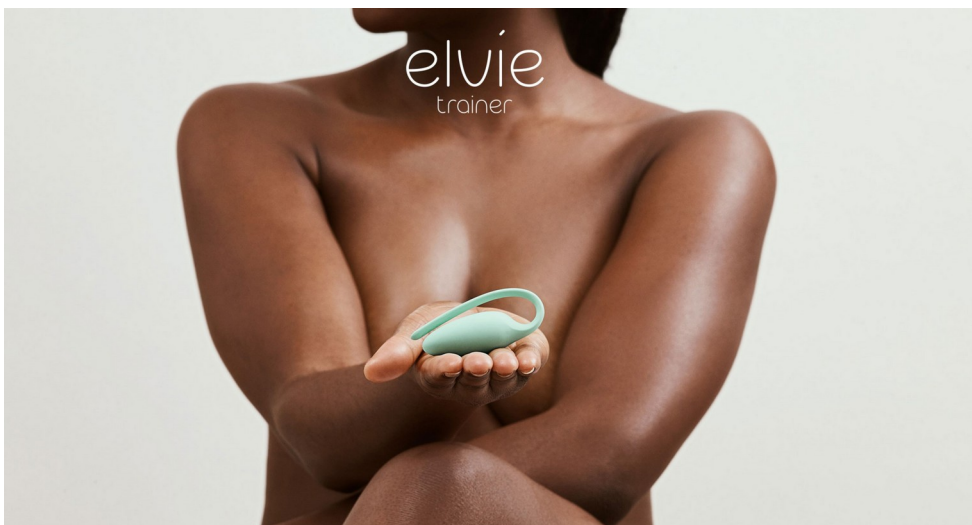


Figure 7. Elvie Trainer and a naked woman's torso (elvie.com)

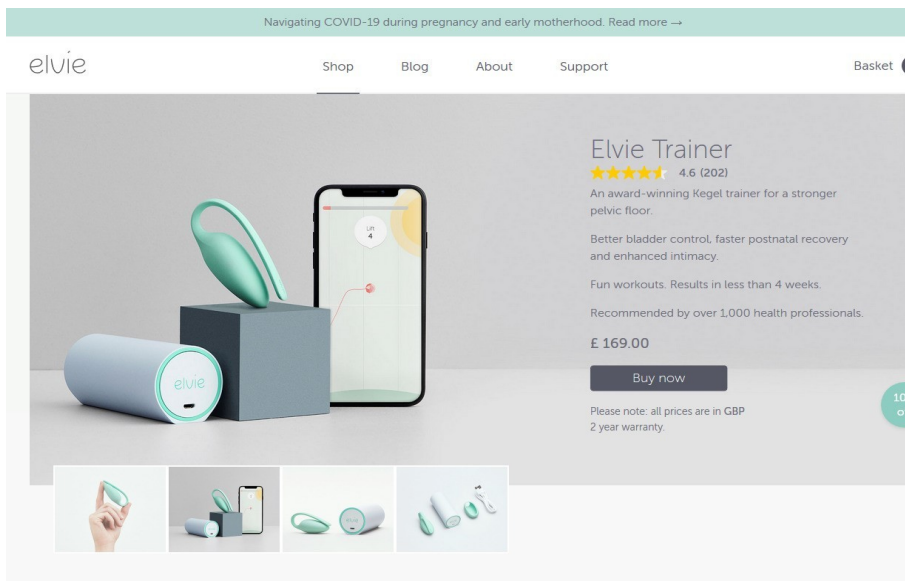


Figure 8. Elvie’s product page view (elvie.com/shop/elvie-trainer)

Intuitively I followed the "Learn More" link to the Elvie Trainer webshop page that I consider to be the Elvie Trainer’s main product site. There is a photograph field on the left that changes slowly or by clicking it between four product photos and next to it on the right there is a text field that keeps unchanged (Figure 8). The opening statement for this page textually adds to the previous one and uses slightly different language:

*"An award-winning Kegel trainer for a stronger pelvic floor. Better bladder control, faster postnatal recovery and enhanced intimacy. Fun workouts. Results in less than 4 weeks. Recommended by over 1,000 health professionals. £ 169.00 Buy now Please note: all prices are in GBP 2 year warranty."*

Combining the textual and visual communication of these two web pages that viewer can see first the nine key messages Elvie is communicating to a potential client are:

E1) Our product is small, clean and mint green coloured (*fits on top of the palm or between thumb and index finger, white, green and light gray colours*).

E2) The purpose of this product make your pelvic floor muscles stronger than without Elvie Trainer. (*strengthen, make them stronger*)

E3) Using our product is an enjoyable (*fun*) and *effective (results within 4 weeks)*

E4) We encourage you to take action on your pelvic floor health as it is very important. (*make a priority, buy now*)

E5) You will benefit from our product as follows: less involuntary urine leaks than without Elvie Trainer (*better bladder control*)

E6) You will become well after having a baby quicker than without Elvie trainer (*postnatal recovery*)

E7) You will experience stronger moments of greatest pleasure and excitement in sexual activity than without Elvie Trainer (*stronger orgasms, enhanced intimacy*)

E8) Our product is trustworthy and a significant amount of professionals think it is worth recommending (*award-winning, recommended by professionals, 2-year warranty, 4.6/5 yellow stars*)

E9) Our product is device that you insert into your vagina before starting to do pelvic floor exercises (*Kegel trainer*)

These can be divided to value promises (E2, E5-7), product descriptions (E1, E3, E9) or differentiators, an attempt to create trustworthiness (E8) and encouragement for action or empowerment (E4). I claim that E1, E3, E4 and E7 are meant to raise an emotional response and are related to the purchasing decision process.

#### **4.3.2 Elvie Trainer and stigma**

For Elvie there the first impression of the company depends on which route the potential client finds the product; by the company home page or directly by the product page. The use of language changes from direct to indirect when moving from the company homepage to the product specific page. For example -there is a section for "incontinence" in the company page yet "bladder control" is preferred in the product page. Additionally, "orgasm" is mentioned vs "enhanced intimacy". The use of indirect

language around incontinence reveals that there are some sensitivities around the subject but whether the change between the pages is intentional is hard to judge.

For Elvie Trainer there is a clear separation of communication related to client and the product. When describing benefits of the product Elvie is using factual reasoning by medical, technical and scientific arguments (see the following quote) Elvie also uses vocabulary that is close to medical terminology such as "postnatal recovery". They refer to health experts recommendations and academic studies (elvie.com), patents and technology. For example:

*"Elvie Trainer visualizes your pelvic floor movements in real time with biofeedback, a mind-body technique often used by health care professionals for pelvic floor rehabilitation." +How does it work? As you squeeze your pelvic floor muscles, a gem on the app lifts in response to the strength of the contraction."*

A product feature, "body safe" is highlighted with a cross symbol that though not red can be associated to the International Red Cross organisation or a symbol for pharmacy. Another feature "no harmful chemicals" did not make sense at first – who would sell a harmful product – but some vibrators have a reputation of containing harmful phthalates related to cancer (Osfield 2017, Kelly 2010).

Regarding the use of the product "a gem" is a positive symbol, something precious and valuable. The photos and figures support the positive message by picturing the very clean, shiny, mint green product from a close distance, held by a very clean hand that has well maintained nails and a great skin (see Figures 7-9) that build a medical mental image. (On the other hand -who would market anything with unclean people unless they were advertising working on an oil field?)

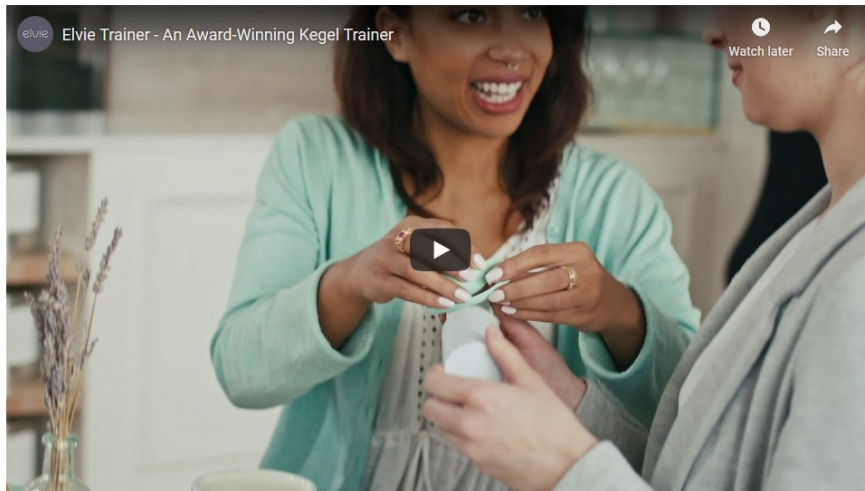


Figure 9. Hospital colours on the only person in Elvie’s website with a visible face (elvie.com/shop/elvie-trainer)

Elvie is thus attempting to both medicalize the product by colours (hospital green and white, see figure 9), make a mental image of something very clean almost clinical, almost associated with hospital instruments. If using the visual analogy of Cameron & Panović (2018) the product images are meant to create a relation with the product – creating a feeling of intimacy with the close shots. I consider it also as a planned effort to differentiate Elvie Trainer from other kegel trainers or sex toys that are often pink or purple (search in amazon.co.uk 2020) and stigmatised for some. It can be that the colour of the product was chosen first and the visuals were just built to support it.

In regards to competitors, Elvie uses grammatical comparisons (“faster, stronger”) but without a subject to compare with. My interpretation of this that Elvie wants the viewer to compare to the situation a life without the product rather than competitors. This communication is neutral with one exception: damage might follow if a product that monitors the exercise was not used (see text in Figure 10). This could be a form of using power over a worried new mother but looking at the total context I am judging this more as factual statement. A sales channel through NHS creates trustworthiness for the clients in regards to competitors.

### 4.3.3 Elvie and client stigma

”Make your pelvic floor health a priority” is an imperative form and demanding the client to take action, to take control. It can be an empowerment however the visual photographs next to the text do not support the message because there are no people in the photographs thus no interpersonal relation towards the viewer is present (Cameron & Panović 2018).

Product related photographs abruptly change at sections ”Proactive monitoring” and ”Built with women in mind” of the webpage. (see figure 10). This is where the visual communication contradicts the scientific, technical and medical messages discussed earlier. The Figure 10 depicts Elvie Trainer set between two white lines against a peach coloured floor-and wall background. If peach is considered to symbolize skin colour and the white lines a vagina this is communicating the product use. There is no female body in the figure, not even a faceless figure. The measuring of force and pressure described by the text is not visualized at all.

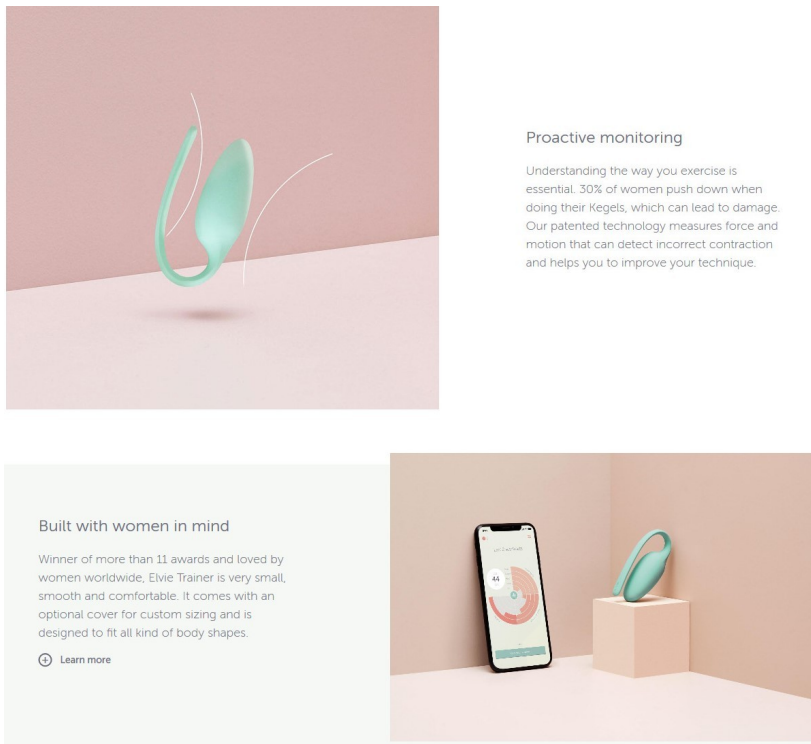


Figure 10. Visualisation of Elvie Trainer inside a female body, Elvie Trainer on a podium (elvie.com/shop/elvie-trainer)

The avoidance continues in the next section where the text is trying to communicate that Elvie is loved by women worldwide. What women? There are no women in the accompanying figure! Elvie Trainer is set to a podium to symbolize the winning of 11 awards. Out of 16 images in the analysed material, three figures have a close shot of a naked woman's arms, back or a side. Only six percent of the pictures (1/16) has a person that actually has a visible face (see Figure 9). It is set as the last photo of the website and serves as a link to a Youtube video (appendix 1) There are two women of which the lady dressed in mint green cardigan is presenting the product to another lady who has eyes strictly gazed on the product. Mint green, white and light gray colours are used again.

#### **4.3.4 Elvie Trainer's market entry questions**

Based on the key messages Elvie has clearly segmented their clients into different groups based on slightly different priority of needs (incontinence / postnatal recovery / sexual wellbeing) the needs of which don't rule out but support each other. Elvie's product related communication can be interpreted as destigmatising or neutral.

It is clearly deliberate and destigmatising for a target audience that is new to a vaginal exercising products or sex toys using *scientification and rationalisation*. They create an image of the product as beneficial, *normalising* the problem and the use of the product. If the audience does not feel the stigma the same product communication can be interpreted as neutral in relation to stigma. In both cases, the discourse is targeted to *differentiate* the product from other kegel exercisers or biofeedback devices.

If the discursive actions that I interpreted as normalising would be considered only as means of *differentiating* from other (pink) kegel exercisers (for some, sex toys) -it could be possible to interpret the actions as leveraging strategy (Shantz et al. 2019) where they would be embracing the stigma based on the the assumption that their audience might not be convergent with their stigma related to sex toys.

The avoidance to use even a figure of the female body not to talk of a photograph with a woman that would have a face is either *anonymising* the potential user embracing the beauty of a naked woman or referring to a possibility that a female body is a difficult

matter to talk about. Because both options keep repeating they are both decisive acts of communication.

Combining the above discussion and comparing it to the clearly feminist mission statement of Elvie's founder:

*"Elvie is bringing women's technology out of the dark ages. Here's the thing. Women shouldn't have to make do with shoddy design or pink spin-offs when there are self-driving cars in the world..."*

*...We don't do controversy for controversy's sake, but we're committed to talking candidly about women's bodies in order to give them the products they deserve."*

it is unlikely that the intention is to leverage the stigma but truly to destigmatise a client. Having trouble depicting a female body or showing a face to the women is controversial to the company's mission which likely means that there are some challenges in the implementation of the product strategy.

Elvie has replied to the question of how the market in regards to stigma should be done is to strategically use destigmatisation in order to *differentiate the product* from sex toy market category, *positioning* the company towards a more legitimate e pelvic *health* company backed up by a partnership with NHS. Hospital colour themes support the mental image visually. They attempt to destigmatise the client but the communication implementation does not 100% support the message.



## 4.4 Squeezyapp

### 4.4.1 Squeezyapp – key marketing messages

Squeezy’s blue logo in the top left corner and the colourful flower of the user interface drew my first attention in their homepage (see Figure 11). The logo describes a person wearing a short dress with crossed legs and arms on top of the groin. This is a manoeuvre already children do naturally when desperately trying to hold the need to pee and stumble towards a toilet. It describes without a word what the topic of the webpage is and manages to do so neutrally or funnily, raising empathy to the target group. The flower pictogram in the user interface is a symbol for something beautiful and nice smelling – on the contrary of what the stigma of SUI might cause. Both are examples of conformisation (Siltaoja et al. 2019) and affect the client’s identity in a positive way. .

Figure 11 shows Squeezy’s homepage as well as their main sales argument:

*”Helping thousands regain confidence in their pelvic floor. Squeezy is the multi-award winning app supporting people with their pelvic floor muscle exercise programmes. Designed by chartered physiotherapists specialising in women’s and men’s pelvic health. Recommended by the NHS Apps Library. Available for £2.99 on iPhone and Android.”*

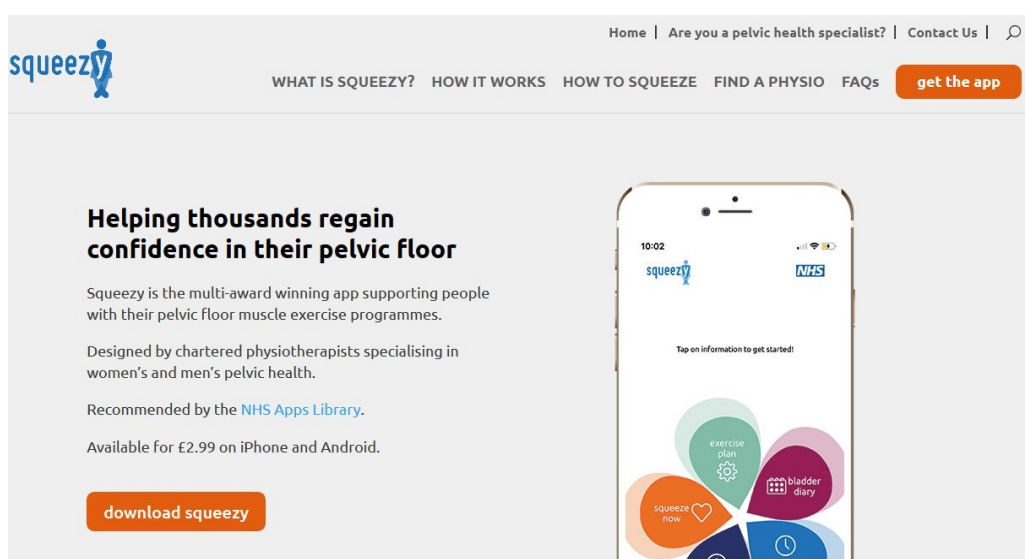


Figure 11. Squeezy’s homepage view (squeezyapp.com),

Verbally their main marketing messages are:

S1) We are making it possible and providing assistance (*helping*) to be certain of your pelvic floor muscles' abilities again (*regain confidence*)

S2) Squeezy is helping you emotionally and in a practical way with your pelvic floor muscle exercise programmes. (*supporting*)

S3) We help you to find a physiotherapist (*link "Find a physio" in the upper right corner*)

S4) We are trustworthy proven by multiple stakeholders. (*multi-award winning, designed by chartered, specialized experts, recommended by the NHS Apps Library*)

S5) We are trustworthy because a significant amount of people use the app. (*thousands*) of people

S6) We are cheap and easily available. (*£2.99 in two most used mobile app shops*)

S7) We create a positive, friendly or empathetic atmosphere around this topic (*logo and UI as a flower.*)

The main value promise thus is to offer practical help for reaching a better mental and physical health (quality of life) than without using the app.

#### **4.4.2 Squeezyapp and stigma**

Squeezy's communication around incontinence is a mix of direct and indirect expressions. Their logo makes it clear in the first place. They list the awards they have won by using the logos of the awarding bodies, for example "National Continence Care" award. These are followed by talks of pelvic health, pelvic floor muscles and the "*effects of pelvic floor dysfunction*", indirect expression for incontinence.

Squeezy address the stigma their potential client might feel almost straight away with a caption text next to a photograph of a smiling, dark haired black woman looking at her cell phone:

*"More than 600 million men and women worldwide suffer from the effects of pelvic floor muscle dysfunction. Although you might feel awkward, it's way more common than you think."*



Figure 12. Squeezy's friendly user (squeezyapp.com)

This is an effort to *normalize* the commonness of the problem and *comfort* the reader by communicating that she is really not alone this issue. It is also *empathising* with the reader by acknowledging that she is *suffering*. The smiling woman looking at her cell phone can be interpreted as either using the Squeezy app or just doing something else that is pleasant. Her gaze is indirect that according to Cameron & Panović (2018) can be interpreted as an offer where as the close shot brings a feeling of intimacy into the message. She looks ordinary in the way that she could be one of the 600 million people described.

Emphatising continues with and addition of an empowerment, a demand for the viewer to take action about the incontinence problem and to joint Squeezy community:

*"You don't have to 'just live with it' Join the thousands of people who have used Squeezy to successfully help them strengthen the muscles supporting their bladder, bowel and reproductive organs."*

The language in the quote above is closer to formal medical terminology than consumer communications -how many consumers would actually talk in normal chitchat conversation of their "reproductive organs"? Regarding language Squeezy refers first to their user as with the pronoun "their" and not speaking directly to "you". This ends as they make a demand to download the application (twice) and to find a physiotherapist (see Figure 13). They address healthcare professionals immediately more directly in the "Are you a pelvic health specialist" -link. From now on they continue using the pronoun "you" in the website.

Similar use of language continues by a green field where Squeezy brings in the statistical, factual and reference based direct reasoning, ended by promise of better sex:

*"A strong, healthy pelvic floor can help stop bladder and bowel incontinence, treat prolapse, and make sex better too."*

Squeezy's communication not only around the topic of incontinence but in general is like two sides of a coin – frank and direct on one side – indirect on the other side. It brings out the question to whom is the messages targeted to -consumers or professionals or both? The language used of the product is relatively neutral and the association to its user face is positive. Association to the event related stigma is also neutral with a medical language. Visually this is supported by the use of medical green and blue as a background colour of important texts and highlights.

#### **4.4.3 Squeezyapp and client stigma**

Overall, Squeezy has only a four photographs on their homepage. Three of them include a woman whose face is either not visible, eyes are closed or looking elsewhere. My initial thought is that they are also anonymising the client, creating a feeling that this could be "anybody". A supporting factor for anonymising a client, following a link "what is Squeezy" to get a better understanding of it (they do not have a process chart related to the functioning of the app like Innovo and Elvie have) opens a still figure that has no photographs but a link to a video animation. The animated character of the still image depicts a white, normal weighted, red haired woman wearing glasses. As previously stated, I excluded also this video out of the analysis.

Squeezy’s anonymising of the client is positive although there is no interpersonal meaning in the pictures. To back up my argument, see Figure 13 which shows three photographs side by side. The first one shows a dark haired, white woman wearing a white t-shirt has been blowing a pink balloon and is squeezing her eyes. Blowing balloons can be normally considered to be related in a fun, party event. A person suffering from SUI knows that that might end up in a leak. Despite that her facial expression is cheery. She is wearing a clean white t-shirt, has clean white fingers and nails which support a bright atmosphere. The second photograph is taken from behind. A long-haired lady with white shirt on a fair sofa has a laptop and is looking for a physiotherapist. The text under it states:

*”Sometimes you need a little help from your friends.”*

This is a reference to a Beatles song ”With a little help from my friends” from 1967, a song that is known worldwide and definitely for many creates positive mental associations. This figure is followed by the third one with just images of marketing posters available to professionals. Even though all the women in all Squeezy’s photographs are anonymized and there is no interpersonal feeling because their eyes are not visible, the entity manages to create a positive, warm feeling where also *humour* is used.

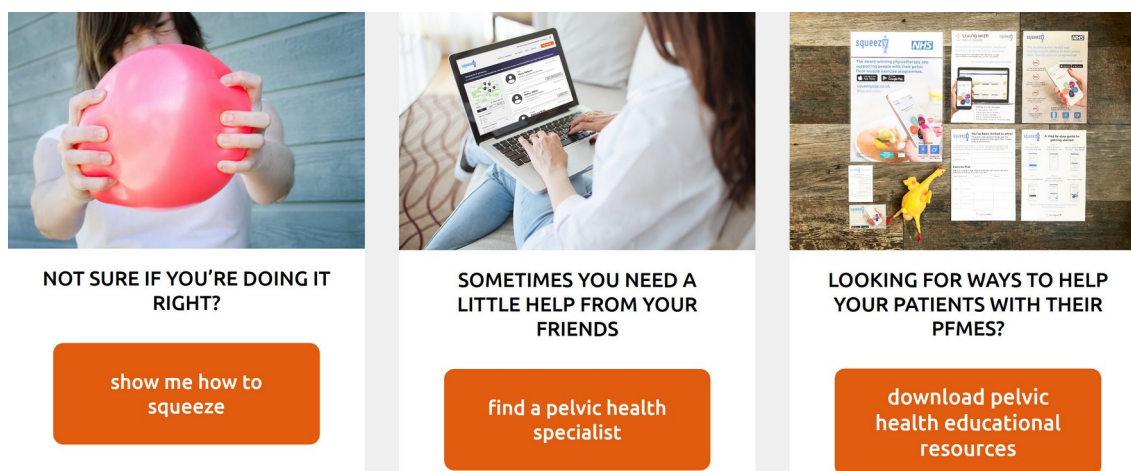


Figure 13 Squeezy’s use of humour when approaching a client (squeezyapp.com)

Squeezy had chosen twelve quotations that rotate in a loop for two seconds at a time. The user name or the origin of the quote is mentioned (iTunes AppStore or Google Play Store). Content wise, Squeezy's chosen quotations support their main value promise (practical help for exercising) have general product praise or a reference to fast results. "Muscle issues with my lady bits" is the closest indirect expression for incontinence. The positivity of the quotes as peer testimonials brings hope for desperate customers, they can be considered as a form of empowerment.

#### 4.4.4 Squeezyapp's market entry questions

Squeezy is using deliberate destigmatisation that is mostly related to the client and their incontinence problem. Their approach to the product is fairly rational and they are building a mental figure of a powerful self-management app with the help of medical associations and experts. There is some controversy with anonymising clients -no faces visible or eye contact -but I consider it to be a more of an example of trying to create a "this could be anyone" -association rather than keeping up the silence. I would argue that the "how" to enter the market with the approach to stigma is also *differentiation* but not from other kegel exercising apps but by building a niche product that belongs to a medical category.

Another finding that rises from the data is the positioning among the medical stakeholders and the chosen marketing channel. The mixed target group of the communication are professional physiotherpists and consumers. Living With's, vision statement (livingwith.health 2020) reveals that Squeezy is clearly targeted to be sold via medical stakeholders:

*"A world where any clinician can configure a smart medical app in minutes, to support any patient, with any condition, so that they can lead more predictable and healthier lives."*

This is supported by the analysis of the low number of Youtube material views compared to the ten times higher download quantities in GooglePlay shop. Healthcare stakeholders address the client stigma by professionalism but also have an authoritative status over patients.



## 4.5 Summary of findings

Overall, Atlantic Therapeutics’, Chiaro’s and Living With’s key marketing messages categorize their products for consumers (“exerciser”), make value promises (e.g. fast results) and build an image of a desirable product by peer referencing (real quotes or storytelling). The communication is used to differentiate from competitors, build trustworthiness (awards and medical references) and address clients emotionally to affect their purchasing decision.

Destigmatisation efforts are used deliberately and systematically when discussing of the client’s problem, client exercising as a solution to it, their products and the client herself. Stigmatising communication also emerged from the data, especially related to competitors’ products and also related to clients. I have gathered destigmatising and stigmatising communication efforts that contain morally valuing claims related to clients, the products and competitors, see Tables 2-4.

The destigmatisation effort is at its strongest related to clients. I recognized multimodal discursive acts related to clients that I call *devictimisation*, *empowerment*, *humourisation*, *conformisation* and *anonymisation*.

Table 2. Destigmatisation efforts related to clients

DISCURSIVE ACT	MORALLY VALUING CLAIM	DESTIGMATIZING CONSTRUCTION	EXAMPLES
De-victimization	Customers are not victims but can take their future in their own hands by using the product. <b>Attributes:</b> power, priority, strong	Normalizing the identities of customers as powerful and in control.	”Treat, don’t tolerate!” ”Get your life back!” ”With Innovo you hold the power.” (Innovo) ”You don’t just have to live with it.” (Squeezy) ”Make your pelvic floor health a priority.” (Elvie)
Empowerment	Customers can become confident and satisfied with their lives as they were before the problem. <b>Attributes:</b> confident, proud of myself, powerful	Constructing positive identities for customers.	”I feel much more confident when I am in a laughing or a coughing state.” ”I’m a completely different person! I feel so much better, I have pride in myself again,” (INNOVO) Giving a face to the silent customers. See <b>Figure 5:</b> powerful INNOVO women.
Empowerment (visual)	Customers are beautiful, and their pelvic floors are precious and pretty. <b>Attributes:</b> beautiful, nice smelling, precious	Constructing positive identities for customers pelvic floors.	User’s body is beautiful and precious. See <b>figure 7:</b> naked user at Elvie’s homepage. User Interface has a Gem going up and down according to pelvic floor movements. (Elvie) User interface is constructed as a flower symbol (Squeezy, <b>figure 11</b> )
Humourization	Customers despite feeling embarrassed are listened to and treated with empathy and humour. <b>Attributes:</b> fun, precious, warm	Constructing positive or humorous identities for customers.	<b>Figure 11:</b> Squeezy’s logo, ”Sometimes you need a little help from your friends” (Squeezy) <b>Figure 13.</b> Lady with balloon. (Squeezy)
Conformization	Customers are among millions of peers with the problem although it is not commonly discussed in public. <b>Attributes:</b> surprisingly common, similar	Normalizing the commonness of the clients’ problem.	”More than 600 million men and women worldwide suffer from the effects of pelvic floor muscle dysfunction. Although you might feel awkward, it’s way more common than you think.” (Squeezy) ”Pelvic floor problems, including incontinence, are surprisingly common, affecting 1 in 3 women, and up to 80% of expectant and new mums.”(Elvie)
Anonymization	Customer could be similar to you and me, ”just anyone”. <b>Attributes:</b> faceless, anonyme	Normalizing the identity of the client	Not showing women’s faces, or avoiding showing them with the product pictures. <b>Figures 7,9,10</b> (Elvie), <b>Figures 12-13</b> (Squeezy)

The stigmatising communication that emerged from the data had features of shaming, hiding and silencing. Innovo used it deliberately but for Elvie and Squeezy it is a matter of interpretation, see Table 3. For Innovo, the underlying target is a competitor attack. For Elvie the communication can be interpreted as a negative effect of the anonymisation of a client or that the company or the team implementing the communication actually cannot deal with a female body or have estimated that certain clients cannot deal with it.

Product related destigmatisation effort (see Table 4) and its interpretation depends on the context and the target audience and the level of stigma perceived. In other words, it is difficult to judge whether it is neutral communication that targets to just differentiation and brand positioning in the market or whether it is actually destigmatising. This depends on which category the company is positioning their products against (or expecting a client to compare them to) and whether that category bears a generally known stigma or not. The communication turns morally valuing or de-valuing (Siltaoja et al.2020) only when the case companies are making comparisons to a category of invasive (vaginal) pelvic floor exercising products. Elvie and INNOVO use medical arguments and references to experts. Innovo is normalising their product use referring to "normal" exercising shorts as a comparison to any vaginal exercisers. Elvie uses colours and science arguments to create a brand differentiation from traditional kegel exercisers (sex toys).

Table 3 Deliberate and accidental stigmatising communication

DISCURSIVE ACT	MORALLY VALUING CLAIM	DESTIGMATIZING CONSTRUCTION	EXAMPLES
Shaming	Using a product that requires a vaginal probe is shameful. <b>Attributes:</b> shame	Shaming the use of a vaginal product and the user of it.	"The truly non-invasive, wearable, no-shame pelvic floor exerciser." (INNOVO)
Hiding	Pelvic floor exercising should not be noticed or seen by anyone. <b>Attributes:</b> normal	Normalizing the use of the product.	"They look like exercise shorts, I lounge in them in front of the telly whilst they do my pelvic floor exercises for me. I can answer the door to the postman and he wouldn't bat an eyelid" (INNOVO)
Hiding	Showing a figure of the product inside a female body is awkward. <b>Attributes:</b> awkward, embarrassing	Hiding of the female body.	Not showing even a pictogram of the product inside the body. Figure 10 Elvie Trainer between white lines.
Silencing	Showing a user's face is awkward. <b>Attribute:</b> anonym, awkward	Hiding of the user's face and eyes.	Not showing women when talking of women, Figures of women without visible eyes or face. Figures 7, 9 (Elvie), Figures 12, 13 (Squeezy) .



Table 4. Destigmatising efforts related to product

DISCURSIVE ACT	MORALLY VALUING CLAIM	DESTIGMATIZING CONSTRUCTION	EXAMPLES
Rationalization	Exercising with this product is a solution to social and health challenges. <b>Attributes:</b> solution, improvement, healthy	Constructing the product and exercising practise as beneficial.	"Better bladder control, faster postnatal recovery and enhanced intimacy."(Elvie) "Pads are temporary. We're fixing this for good."(Innovo) "A strong, healthy pelvic floor can help stop bladder and bowel incontinence, treat prolapse, and make sex better too." (Squeezy) "80% of users found INNOVO significantly improved their quality of life. 80% of users saw a significant reduction of leaks after 4 weeks."(Innovo)
Scientification	Exercising and using this product is based on scientific research and engineering. <b>Attributes:</b> technical, scientific, medical	Constructing the use of the product as scientific.	Elvie Trainer visualizes your pelvic floor movements in real time with biofeedback, a mind-body technique often used by health care professionals for pelvic floor rehabilitation.
Medicalization	Exercising and using this product is based on medical research, built and recommended with medical stakeholders and experts. <b>Attributes:</b> medical, therapeutical, clean, clinical	Constructing the use of the product as medical.	Figures 5-13 (all companies). Use of shades of green and or blue colour themes associated with hospitals, use of white for clean. "98% of physicians would recommend INNOVO." (Innovo) "Designed by chartered physiotherapists specialized in women's and men's pelvic health."(Squeezy) Recommended by over 1000 health professionals."(Elvie)"ORCHA score, assessed as level 3 condition management app. ** (ORCHA is an independent app review assessing clinical assurance, user experience and data security)"(Squeezy)
Reliabilization	The product is of high quality and reliable. <b>Attributes:</b> body-safe, clean, clinical	Constructing the product use as safe.	"100% medical-grade silicone, no harmful chemicals" (Elvie) Figures 8,9 Extremely clean and clinique hands holding the product.(Elvie)
Conformization	The product is similar to an exercising shorts clothes category. <b>Attributes:</b> normal, similar, fun, effortless	Normalizing the product use/practise as normal	"Regain control of your bladder with INNOVO shorts." "They look like exercise shorts". (Innovo) "INNOVO is the only wearable pelvic floor exerciser that does all the hard work for you." "With the help of experts, we designed a unique set of fun, 5-minute exercises that give your pelvic floor a full workout."(Elvie)
Luxorization	Using the product is an exclusive service of a Personal Trainer and part of a healthy life. <b>Attributes:</b> luxury	Constructing the product use as positive, constructing luxurious identity	Get your at home Pelvic Floor Personal Trainer"(Innovo)" I think of Elvie Trainer as my own physio at home!" (Elvie)

The destigmatising communication is used with a strategic intent. It is used to overcome the stigma as a market entry barrier, to differentiate the product from competitors and thus to position the brand among competitors (Kotler and Keller 2012)

If categorising by visibility in social media and the approach to stigma the results can be organized similarly to Shantz et al. (2019) concept of market entry strategies (Figure 14), with the exception of using "high stakeholder visibility" instead of "low visibility" (Figure 2) and "active stigmatisation" instead of "low destigmatisation". The dashed line in the picture refers to the dynamics of the situation. The destigmatisation level depends on two target factors; the target audience can perceived stigma differently and the destigmatisation target can be a complicated mix related to the combination of client's identity, client's problem, the general solution and the company's product. . Also the social media views highlight a partial situation where the online news media and forums are excluded.

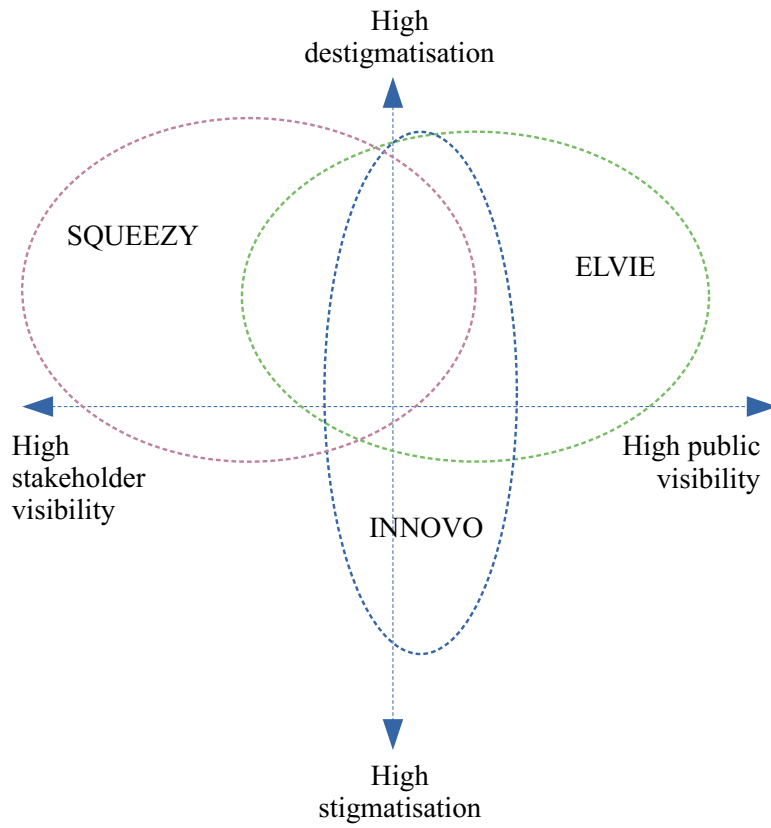


Figure 14 Dynamic market entry dimensions based on extended destigmatisation and visibility.

## **5 DISCUSSION AND ANALYSIS**

In this chapter I am reflecting upon the purpose of stigma removal efforts combining it with the existing theory of stigmatised markets, market entry to stigmatised markets and positioning in stigmatised markets. I will finish by reflecting what my findings could mean for theory evolution. When talking of discourse in this chapter, I will further mean the combination of textual and visual narrative -the multimodal aspect.

### **5.1 Purpose of destigmatisation**

The destigmatising discursive actions rationalisation, scientification, reliabilisation and conformisation that emerged from the data match with the ones that Siltaoja et al. (2020) presented in the context of organic farming. I am contributing to this theory by adding new ones; *devictimisation*, *empowerment and anonymisation* related to client stigma removal and *medicalisation* related to both clients and the products.

#### **5.1.1 Raising awareness and legitimacy by medicalisation**

In the interface between social sciences and medicine medicalisation is defined as "a process by which non-medical problems become defined and treated as medical problems, usually in terms of illness and disorders." Conrad (2007 p4) SUI is undoubtedly a medical condition so why medicalize the products meant for relieving the root causes of it? I argue that there are two reasons; raising awareness and legitimacy building. Women don't know that the condition would be treatable thus the first reason is to raise awareness away from the social stigma towards the solution. Incontinence, especially post-partum is still considered "normal" state by many reinforced by absorbent product manufacturers even though criticized for it (bbc.com 2019) The case companies empowering communication supports this - "*you don't just have to live with it*" (Squeezy).

The legitimacy building is done by building ideational meaning (Cameron & Panović 2018) combined with medical vocabulary and expert referrals. The colour themes used create mental associations to a hospital world. It is hardly a coincidence that these colours are similar ones used in medical facilities' interior designs, medical staff

uniforms or television’s hospital series. See Figure 15 to compare the visuals of Innovo and Elvie to BBC’s hospital drama ”Holby City” (bbc.com 2020). The vocabulary used for medical staff ranges from ”health professionals” or ”health experts” to ”physicians” (general doctor) to ”chartered” (formally trained, qualified) physiotherapists, *obstetricians* (a doctor specialised in how to care for pregnant women and help in the birth of babies) and fitness personal trainers. Elvie and Squeezy are also using the NHS logo as a symbol or partnership. By doing this all companies are aiming to build an image of medically competent /or medically clean (Elvie) actor that their customers can trust. In Squeezy’s website meant for professionals it is possible to find the physiotherapists involved in the development with their name and their photograph (squeezyapp.com 2020). Third reason would be to build trustworthiness but that could be included in the legitimisation.

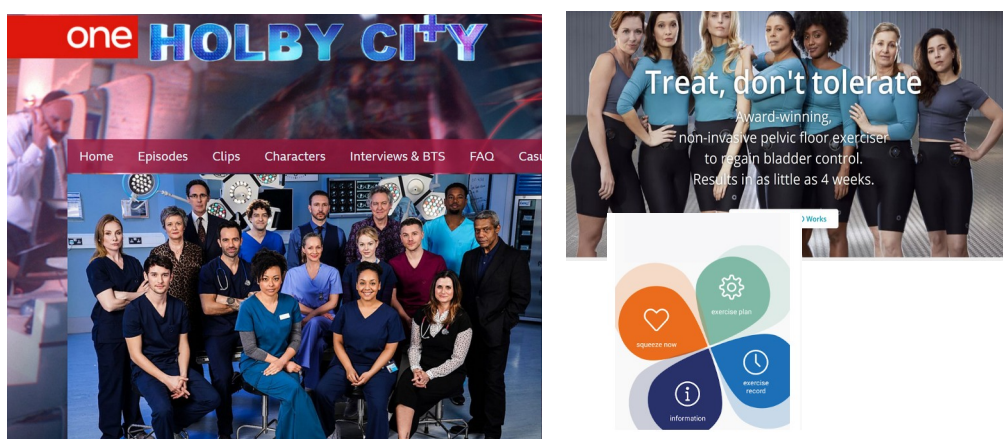


Figure 15 Holby City television series colour themes compared to the case companies (bbc.co.uk/programmes/b006mhd6, play.google.com, myinnovo.com)

Of these one can question whether ”medicalisation” would be industry dependent or whether it could be classified under ”scientification”. I decided to lift it out as industry specific one because it is so strongly brought out as a common finding in all of the case companies – and it as a specific purpose – to build legitimation (Siltaoja et al. 2020). Management research around medicalisation is rare, only in the context of macro marketing (Brennan et al. 2010) and health branding ethics (Anker et al. 2011).

### 5.1.2 Product differentiation

The discursive actions of rationalisation, scientification, reliabilisation and conformisation and medicalisation defined as destigmatising can be also used for differentiating the product from competitors. I argue that this would be the case when the client would be either adapted to the disability (Weimann et al. 2015) or when they would not be too stigma conscious (Heejung and Olson 2014).

All three companies conceptually categorize themselves for consumers as providing award winning *exercisers or trainers for pelvic floor problems or bladder control* or as a supportive mobile app for *pelvic floor exercise* programmes. The language in the categorisation is indirect. These are categorisations for different solutions to the same client needs – to manage urine leaks which would enable improved physical activity and better mental wellbeing. They are also part of the companies value proposition, a cogent reason why the customer should buy the product and a result of brand positioning (Kotler and Keller 2012).

Siltaoja et al. (2020) discovered that it is possible for “emerging categories to resist stigmatisation through reconstruction of the central and distinctive characteristics of the category in question”. Their stigma diversion model starts with relabeling the category. Shantz et al. (2019) approaches similar discursive act of reframing; a “deliberate effort to change schemas or interpretation such that a market that once was stigmatised is no longer perceived as such”. Both refer to dominant stakeholder or stakeholder category.

In this case the dominant category or a dominant stakeholder depends on the company. Elvie is offering a “*Kegel*” *trainer* – containing an assumption that a client already knows what one is - and aiming to differentiate themselves from *other* kegel trainers by hospital colour themes, medical arguments, cutting edge technology and material safety. Whether the discourse is merely for differentiation or whether it is destigmatisation? For clients already using a kegel exerciser it might be only a matter of differentiation, for new clients it could be destigmatisation. What is certain is that discourse however is not stigmatising towards other products but rather comparing to a situation without the trainer, conflicting with Siltaoja et al. (2020)’s next process phase.

### **5.1.3 Positioning**

In the beginning of the thesis I classified companies providing exercising solutions broadly as part of incontinence markets. Based on my analysis not a single company would categorize themselves providing an incontinence product. The clients needs may be part of the same regarding incontinence which lead me to that category definition (Navis and Glynn 2010). When looking at the firms individual communication, they are comparing themselves to different categories, depending on their target audience, completely new clients or clients familiar with existing products. A uniting factor is they compare themselves to exercisers and operate in health or medical markets. It looks like the market has evolved from "incontinence markets" already and the absorbent products have been that nascent stigmatised category (Siltaoja et al. 2020) at the time when the first exercisers came to market as alternatives to pads. The exercisers had become the mainstream in the pelvic health markets -not stigmatised when related to treatment by medical personnel. Based on these findings I would argue that market category is still evolving. It is in the process of changing from a professional medical category devices to medical grade consumer products (exercisers), or for a category of pelvic health self management category. I stick to my claim where destigmatisation effort, when related to category building (Siltaoja et al. 2020) is actually related to strategic positioning (Porter 1979) of the individual companies within the market.

### **5.1.4 Risk management**

The companies normalising the commonness of the incontinence problem and doing so simultaneously normalising the identities of their clients. All are systematically trying to devictimize them -all attempts to change the mental images of the clients themselves. The client and their leaks are sources of core stigma even though theory states it is difficult to remove (Goffman 1963), Shantz et al. (2019) all companies are doing it. Why? In a product introduction stage companies focus on buyers that are most ready to buy (Kotler and Keller 2012). This could mean that the communication is targeted for the most desperate clients offering "fast results". However, I would argue the main reason is practical. Because the clients bring the money to the table and if they don't make purchasing decisions there soon won't be anything to purchase.

A probable root cause for the client targeted destigmatisation effort is deliberate risk management - to affect the process of purchasing decisions by lowering the negative and highlighting positive risks (opportunities) for the client. This is in line with general marketing theory where the goal is to overcome the “unanticipated situational factors” that may erupt to change a purchasing intention and especially the perceived psychological risk that may influence the decision. (Kotler and Keller 2012) . For example, in incontinence related purchases the attitudes of others might intervene leading to a cancellation of a pre thought purchasing intent. (Kotler and Keller 2012). The unanticipated situational factors might be related to the one or more types of customer perceived risk such as functional risk (product performance might not be up to expectations), physical (there would be a threat to physical health), financial (product is not worth it price-wise), social (product use might lead to embarrassment in front of people), psychological (affect on mental well-being) or time risk (ending up to finding another satisfactory product thus opportunity cost). (Kotler and Keller 2012)

When comparing this approach to the key marketing messages, they get a meaning which is well related to negative and positive perceived risk. Functional risk – that the product would not perform to expectations -is replied by the companies with the discursive efforts of rationalisation. Financial one is most argued against by Innovo - where the peer testimonies highlight the purchase as the ”best investment in myself.” Social risk is most related to the stigma – that the product would result in embarrassment in front of others -is resisted by Innovo by normalising the use of the product. Elvie resists it with the marketing video where the scene (analyzed as an image, see figure 9) is set in a public place. Turning to another risk perspective -positive risk – turns physical risk and psychological risks mentioned by Kotler and Keller (2012) upside down - there would be a chance to quality of life improvements – key marketing points highlighted by all of the companies. The social risk would be present especially in packaging and delivery of the physical product which I had excluded from this thesis.

The case companies have taken the risk management related to a client to maximum in the sense that the client role is passive to the companies. What they are NOT doing is involving the client apart from requesting to join a mailing list. It is a good question

whether there would already be active clients such as the "fatshionistas" by Scaraboto and Fischer (2013) or whether the consumer activist phenomena would start to exist only when the stigma was no longer in mainstream. Siltaoja et al. (2020) mentioned it from different perspective -"how moral (dis)approval (stigma and illegitimacy) vary among audiences and how the main stigmatising audience affects the category development", see also Hampel & Tracey (2019).

### **5.1.5 Influencing clients via stakeholders**

Squeezy's communication is built around their medical stakeholders and targeted for them and the consumers. What emerges from the data is the medicalisation and Squeezy's approach to competitors. It looks neutral because they are using language to compare the outcome of the product use merely to a situation without the product. However they are marketing the product via physiotherapists – dominant stakeholders with power and salience (Mitchell et al. 1997) over their patients. Stakeholders role in consumer purchasing decision making should not be underestimated. Goodman et al. (2017) brings up a possibility of secondary stakeholders being more relevant for social (or environmental) oriented innovation processes.

Squeezy was born because a physiotherapist was frustrated of NHS and got together and prototyped a concept with a friend who happened to own a tech company (Johnson 2018). Shantz et al. (2019) and Siltaoja et al. (2020) discuss about the dominant stakeholder but in their texts they talk more of the role of for example investors or media rather than secondary stakeholders. Overall, Squeezy's co-creation with NHS has already created a strong position within the market which will be extremely difficult for future entrants to penetrate. Whether it was originally planned or emergent is clearly responding to the threat of new entrants (Porter, 1979) and a great positioning strategy.



## 5.2 Purpose of stigmatisation

Innovo has entered the market with a novelty product which they are comparing it to the existing category of vaginal pelvic floor exercisers. They have the feature no one else has; wearability but instead of using it to their benefit they have chosen to actively stigmatise their competitors. Simultaneously they stigmatise those clients that are already using a vaginal probe. This reveals that the company feels the stigma lies in the vaginal products but is their customer segment only those that do not wish to use ones?

Siltaoja et al. (2020) stigma diversion model market category actors manipulate stigma related meanings so that there is a category that continues to legitimacy and a subcategory that remains stigmatised. If it wasn't for the customer stigmatisation I would argue that the communication would be in line with Siltaoja et al. 2020. For Innovo there are features of enforced exclusion of a stigmatised category by destigmatising discourse of their trousers (normalising its use) so in that part it is in line with Siltaoja et al. (2020). Stigmatisation is a way to protect one's identity and diminish the moral status of the threatening actors (Sutton & Callahan, 1987). Stigmatisation can arise in situations where interests, norms, structures and values that work for the benefit of those in power are under attack, for example from fear of economic disadvantage. (Link and Phelan, 2001), (Siltaoja et al. 2020)

Innovo's active stigmatising approach is rather interesting considering that they have entered the market with a novelty product. I argue that in Innovo's case it looks like, rather than stigma diversion, to be poor implementation of differentiation of the product. They have perhaps not noticed that by shaming the vaginal products they shame those potential clients that might consider Innovo as additional means or a new means to fight incontinence. This tactics cannot be sustainable in the long run. To support that there has been a recent change in Innovo's website where they have removed the shaming discourse at some point after the data collection part of this thesis. (myinnovo.com accessed on 2 December 2020)

### 5.3 "How"s of entering a stigmatised market

Elvie's, Innovo's and Squeezy's communication reveals what questions the companies have been facing when planning the "how" element of market entry (Markman et al. 2019). It reveals to whom the message is targeted: to clients that make the purchasing decision and to healthcare personnel that may affect the clients decision making. The destigmatisation efforts reveal where the companies have identified incontinence stigma as such a barrier that it needs planned counter efforts; the problem, clients identity, the solution, products and competitors. This is in line with the theory of the origin and removability of stigma forming a barrier of entry to stigmatised markets(Shantz et al. 2019) with the exception that in this empirical case the stigma is wholistic and extends beyond the products and clients. This in line with the theory of non-market forces affecting market entry strategy (Markman et al. 2019) because there is deliberate and repeated -strategic effort -to overcome hinders (Elvie, Squeezy, Innovo) and similar effort to use stigma to assist (Innovo) the entry.

"How" to enter planning process in pelvic health markets thus has minimum the following questions covered: 1) how to raise awareness of the solution? 2) how to ease the client's stigma and affect the purchasing decision 3) how to move from stigmatised category to legitimate one? 4) how to differentiate the product? 5) How to position against the competitors?

I claim that the planning process needs a wholistic approach conrfirming Zachary et al. (2015), and Markman et al. (2019)'s approach yet the interdependencies between the stigma perception of the clients, stakeholders and company's needs and values make this particular stigma a systemic question. In practise, all the case companies had challenges in the consistency of their messages, Innovo had failed to notify the impact of their stigmatisation.

One answer to all the questions emerging from the data is by the help of public visibility. This is the first dimension Shantz et al. (2019)'s brought up when conceptualising the entry strategies. The second answer is by the help of stakeholders, emerging especially from Squeezy's behaviour. The role of stakeholders was brought up

by Shantz et al. (2019) and Siltaoja et al. (2020). Based on my visibility analysis the main distribution channel of Squeezy is via healthcare stakeholders rather than direct consumer communication. I argue that this is an example of a sleeper strategy, that Shantz et al. (2019) theorized but found no examples of. Adding the empirical findings from Innovo's and Elvies controversial communication I am building on top of Shantz et al. (2019) model (see Figure 14, chapter 4.5) and claim that their two dimensions need to be expanded. The model needs to take public and stakeholder visibility into account as well as the variance between high stigmatisation and active stigmatisation. The approach is systemic due to different combinations of companies communication efforts to products, competitors, clients and other stakeholders and the variance of the stigmatisation level perceived by clients. This is not in contrast with Shantz et al. (2019) a practical finding and addition to their theoretical conceptualisation.

Answering question 2) requires strategic destigmatisation and is perhaps the most important question of all. All the questions naturally related to the value promise (Kotler and Keller 2012). How that is done is related to the use of language – a form of power. Language reflects the interests of actors, creates novel understandings and challenges existing meanings (Grodal and Kahl 2017), (Siltaoja et al. 2020). In this case the communication reveals power aspects that the companies may have over their clients especially through medical stakeholders. However, value may be created to potential customers when they observe that a company is not merely attempting to exploit them but to destigmatise them (Dioun 2018, Humphreys 2010, Shantz et al. 2019).

#### **5.4 Managerial implications**

From managerial perspective stigma needs to be taken into account when planning the entry. I have two practical suggestions. The first one is that a company entering stigmatised markets must pay special attention not only to the strategic planning but the implementation of the plan, especially what comes to communication and its interpretation. Because stigma is social construct, the customers perceive it differently and it evolves over time systematic follow up or a feedback loop of the communication

impact should be monitored after the market entry and regularly after that. Communication can be interpreted in multiple ways and contradictions in it cause questions of the company's values and business ethics thus affect their reputation and client trust. If a company is simultaneously attempting to destigmatise their potential clients if they were planning on a purchasing decision and yet stigmatising their competitors it does not create a trustworthy nor an ethical image of the company.

The second managerial implication is related to business ethics. Companies in incontinence markets have a chance to affect a wicked, large scale social problem, genuinely make their clients lives better. Value may be created to potential customers when they observe that a company is not merely attempting to exploit them but to destigmatise them (Dioun 2018, Humphreys 2010, Shantz et al. 2019). There would be an opportunity to go beyond reputation control and take a step towards an embedding strategy (Valente 2018), positioning the company as a leader by aligning their social values with customers' ones. This would of course be the case only if the company values truly are aligned with customer's, not for impression management only.

## **5.5 Limitations of the study**

Firstly, I would conclude that the chosen research method -multimodal discourse analysis was a correct choice because in incontinence markets consumers are exposed to the power of healthcare system as well as the companies and other stakeholders such as media. By discourse actors can strategically affect meaning making and “persuade audiences over time in order to bring about change” – altogether exercising of power (Hardy et al. 2000), Siltaoja et al. (2020). Related to the use of power, I argue that my decision of analysing strategy based on public communication was relevant because stigma is a social construction the stigmatised, “silent” customers not willing to talk about the matter are under the influence and power of the organizational communication, accessible through the study of discourse (Hardy et al. 2000).

Analysing public communication does not reveal what has been the management intention in the contradictions discovered for Elvie and Innovo. The wholistic picture could have been widened by a different research method -interviews. Management

interviews would have expanded the view from "how it looks like" to "what was the management intention" yet from customer decision process perspective "how it looks like" is more relevant.

A risk recognized was the amount of interpretation. I have systematically attempted to approach the from multiple perspectives but they are partially subjective because my underlying values and beliefs affect them. My hardest decision was to exclude analysing the video material of the scope. I did watch them before the decision and although especially young generations life is heavily affected by videos I decided that they don't bring a significant amount of new message but are basically repeating the webpages message through a different channel.

I recognized the market players yet partly in order to limit the scope and partly for data not accessible (media) I excluded most of stakeholders and concentrated on the communication targeted at active clients -with the assumption that most of them search for information without involving other people. In Squeezy's case it clearly came out that there is a dominant stakeholder – the healthcare staff that has power over patients. Regarding Innovo their competitor approach was rather aggressive. If I were to repeat this study I would run a more thorough stakeholder analysis to begin with. This study could be expanded to the consumer perspective in wider consumer groups -to achieve that, one would need to go through online webshops -reviews, dive into discussion forums etc. excluded to limit the scope.

My analysis of the visibility is fairly simple. Social media is not used by all the clients and even if it was, not in a similar way. However, it revealed the stakeholder salience factor regarding Squeezy thus even the simple analysis was relevant for bringing the theory forward.

## **5.6 Suggestions for future research**

stigmatised markets remain under theorized. Incontinent, active consumers as well as passive or vulnerable ones are exposed to power both from the companies and the healthcare stakeholders. I concentrated on active consumers but for further research I

am suggesting to study what kind of ethical questions emerge in stigmatised markets regarding more vulnerable consumers. With power comes responsibility and application of moral principles to business problems. The greater the power a corporation has higher will be its responsibilities to society (Gavai 2009). The window of opportunity for exploitation is present and Shantz et al. (2019) recognized that in the leveraging strategy for market entry but it was not studied in detail.

Shantz et al. (2019) and Siltaoja et al. (2020) discuss about the dominant stakeholder but in their texts they talk more of the role of for example investors or media rather than secondary stakeholders, whose role in stigmatised markets could be topic of future research.

Regarding medicalization there is barely any management research, just in the field of macro marketing (Brennan et al. 2010) and health branding ethics (Anker et al. 2011). I claimed it was used differently from its usual definition and therefore I suggest research for deepening the understanding of its use in management research..

I also call for more research for well-being economics. It would be interesting to attempt to quantify in monetary terms the role of for-profit companies in contributing to a “healthcare handprint” (compare to a carbon handprint) -not costs but a positive affect of businesses involved in treating the root causes of SUI.

## 6 CONCLUSIONS

Stress urinary incontinence is a stigmatising medical and social problem suffered in silence by millions of women globally. The annual sales of adult incontinence protection worldwide is more than the annual mobile phone market in the United Kingdom (statista.com 2020). The economic burden for a patient seeking treatment can be up to 500 EUR per annum (Papanicolaou et al. 2005). Patients are willing to pay substantial amounts of money for the symptoms to disappear (Johannesson et al. 1997) which opens up market opportunities and a window for unethical business behaviour.

Companies providing solutions for treating the root causes of SUI are specialized in providing pelvic health exercisers in markets that overlap between medical, health/fitness and sex toy industry. There is probably nothing the companies can do remove the core stigma (Goffman 1963) – the event of urine leaking or to make it socially acceptable. I started with an open question of how companies operate when performing in this type of environment. Newcomers in the markets provide wearable technology, biofeedback devices and e-health options for consumer self-management, more specifically targetting active mothers looking for a fast post-partum recovery.

My thesis aimed to build on top of previous research in order to provide more information related to the specific strategic market entry questions on “How” to enter the market. I approached the topic by analysing the public online communication of three companies. My research questions were: RQ1: *“What are the marketing messages of companies offering exercise solutions to fight incontinence?”* RQ2: *“What is the role of product or client related destigmatisation efforts in the company communication?”* RQ3: *“What does the communication reveal about their market entry strategy?”* My multimodal discourse analysis of online visual and narrative communication of brands called Elvie Trainer by Chiaro, Innovo by Atlantic Therapeutics and Squeezyapp by Living With all operating in the United Kingdom.

It became evident that the market entry decisions are extremely complicated as Markman et al. (2019) had pointed out. All three companies aimed to destigmatise the

problem of the clients, the client and product to an extent. One of them actively stigmatised competitors. Overall, the communication reveals that stigma has been such a barrier of entry that it requires targeted and planned communicative efforts to overcome it. This matches with Markman et al. (2019) who described social forces as part of important market entry forces. This is in line with Shantz et al. (2019) who discusses of the origin and removability of stigma as a barrier to market entry.

The case companies used destigmatising discursive practises (rationalisation, scientification and conformisation) similar to Siltaoja et al. (2020). I recognized some new ones; *devictimisation*, *empowerment* and *anonymisation* related to client stigma removal and *medicalisation* related to both clients and the products. These discursive efforts were used strategically in raising awareness of the problem and solution, legitimacy building, product differentiation and positioning, as well as risk management of client purchasing behaviour. The answers that emerged from the data can be turned to direct, specific questions for “How” to enter the market in the case of pelvic health exercisers. Stigmatising discursive practice, such as shaming, was used to attack a competitor which lead to an undesirable stigmatisation of the client. Anonymisation was used to destigmatise yet could be interpreted as maintaining the stigma.

This thesis expands the stigmatised markets study to a new industry. It is adding to the theory of Shanz et al. (2019) by building on their research to take into consideration the strong stakeholder communication and expanding the destigmatisation scale up to a higher level. The systemic nature of incontinence issues for businesses operating in such markets is highlighted as well as proving the value of strategic destigmatisation to the client if the real target is more noble than financial exploitation.

Managerial implications include incorporating social values into company communication and the importance of making sure the strategy implementation is not conflicting with the plan. Future research proposals include exploring the interface of corporate social responsibility with business ethics, understanding the active customer role in stigmatized markets and to quantify in monetary terms the role of for-profit companies in contributing to welfare in treating the root causes of SUI.



## 7 REFERENCES

- Agrawal, Ajay, Iain Cockburn, ja Laurina Zhang. "Deals Not Done: Sources of Failure in the Market for Ideas." *Strategic Management Journal* 36.7 (2015): 976.
- Anker, Thomas, Peter Sandøe, Tanja Kamin, ja Klemens Kappel. "Health Branding Ethics." *Journal of Business Ethics* 104.1 (2011): 33-45.
- Ashforth, Blake, ja Glen Kreiner. "Dirty Work and Dirtier Work: Differences in Countering Physical, Social, and Moral Stigma." *Management and Organisation Review* 10.1 (2014): 81.
- Ashforth, Blake E., Glen E. Kreiner, Mark A. Clark, ja Mel Fugate. "Congruence Work in stigmatised Occupations: A Managerial Lens On Employee Fit With Dirty Work." *Journal of Organisational Behavior* 38.8 (2017): 1260-1279
- Battilana, Julie, Matthew Lee, John Walker, ja Cheryl Dorsey. "In Search of the Hybrid Ideal." *Stanford Social Innovation Review* 10.3 (2012): 51-55.
- Blithe, Sarah Jane, ja Anna Wiederhold Wolfe. "Work–life Management in Legal Prostitution: Stigma and Lockdown in Nevada’s Brothels." *Human Relations (New York)* 70.6 (2017): 725-750.
- Bostwick, J Michael. "Blurred Boundaries: The Therapeutics and Politics of Medical Marijuana." *Mayo Clinic Proceedings* 87.2 (2012): 172-186.
- Brennan, R., Eagle, L., and Rice, D. (2010). Medicalisation and marketing. *Journal of Macromarketing*, Vol. 30 (1), pp. 8 –22.
- Cameron Deborah & Panović Ivan, Working with Written Discourse, SAGE Publications, Ltd 2018, print ISBN: 9781446267233, Online ISBN: 9781473921917 Access Date: August 21, 2020
- Conrad, P. 2007. *The medicalization of society: On the transformation of human conditions into treatable disorders*. Baltimore: Johns Hopkins University Press.
- Dioun, Cyrus, "Negotiating Moral Boundaries: Social Movements and the Strategic (RE)definition of the Medical in Cannabis Markets." *Social Movements, stakeholders and Non-Market strategy research in the sociology of Organisations*, Volume 56, 53–82, 2018 by Emerald Publishing Limited ISSN: 0733-558X/doi:10.1108/s0733-558X20180000056004
- Dobrev, S. D., & Gotsopoulos, A. 2010. Legitimacy vacuum, structural imprinting, and the first mover disadvantage. *Academy of Management Journal*, 53: 1153-1174.
- Dubost, Nathalie. "Disability and Consumption: A State of the Art." *Recherche Et Applications En Marketing (English Edition)* 33.2 (2018): 75-92.

- Durand, Rodolphe, ja Jean-Philippe Vergne. "Asset Divestment As a Response to Media Attacks in stigmatised Industries." *Strategic Management Journal* 36.8 (2015): 1205.
- Elstad, Emily A., Simone P. Taubenberger, Elizabeth M. Botelho, ja Sharon L. Tennstedt. "Beyond Incontinence: The Stigma of Other Urinary Symptoms." *Journal of Advanced Nursing* 66.11 (2010): 2460.
- Eriksson, P. & Kovalainen, A. 2008. *Qualitative methods in business research*. London: Sage
- Fairclough, N (1992) *Discourse and Social Change*, Cambridge: Polity Press
- Fairclough, N (1995) *Critical Discourse Analysis: The Critical Study of Language*. London: Longman
- Fox-Wolfgramm, S. (1997) 'Towards Developing a Methodology for doing qualitative research: the dynamic comparative case study method' , *Scandinavian Journal of Management*, 13(4):331-503
- Freeman, R.E (1984) *Strategic Management, A Stakeholder Approach*, Pitman, Boston, MA
- Fultz, Nancy H., Gwenith G. Fisher, ja Kristi Rahrig Jenkins. "Does Urinary Incontinence Affect Middle-aged and Older Women's Time Use and Activity Patterns?" *Obstetrics and Gynecology* 104.6 (2004): 1327-1334.
- Gavai, A.K.. *Business Ethics*, Global Media, 2009. ProQuest Ebook Central, <https://ebookcentral.proquest.com/lib/aalto-ebooks/detail.action?docID=3011220>. (accessed on March 2, 2020)
- Goffman, Erving. *Stigma: Notes On the Management of Spoiled Identity*. Englewood Cliffs, NJ, 1963.
- Granqvist, N., Grodal, S., Woolley, J. & . 2013. Hedging Your Bets: Explaining Executives' Market Labeling Strategies in Nanotechnology. *Organization Science*, 24(2), pp. 395-413. doi:10.1287/orsc.1120.0748
- Grodal, S., ja S.J Kahl. "The Discursive Perspective of Market Categorisation: Interaction, Power, and Context." *Research in the Sociology of Organisations* 51 (2017): 151-184.
- Hagen, S., Glazener, C., McClurg, D., Macarthur, C., Elders, A., Herbison, P., . . . Logan, J. 2017. Pelvic floor muscle training for secondary prevention of pelvic organ

prolapse (PREVPROL): A multicentre randomised controlled trial. *Lancet (London, England)*, 389(10067), pp. 393-402. doi:10.1016/S0140-6736(16)32109-2

Hagen, S., Mcclurg, D., Bugge, C., Hay-Smith, J., Dean, S. G., Elders, A., . . . Wilson, L. 2019. Effectiveness and cost-effectiveness of basic versus biofeedback-mediated intensive pelvic floor muscle training for female stress or mixed urinary incontinence: Protocol for the OPAL randomised trial. *BMJ Open*, 9(2), . doi:10.1136/bmjopen-2018-024153

Heejung, Ro and Eric D. Olson. "The Effects of Social Justice and Stigma-consciousness On Gay Customers' Service Recovery Evaluation." *Journal of Business Research* 2013.

Hampel, Christian, and Paul Tracey. "How Organisations Move From Stigma to Legitimacy: The Case of Cook's Travel Agency in Victorian Britain." *Academy of Management Journal* 60.6 (2017): 2175.

Hampel, Christian, and Paul Tracey. "Introducing a Spectrum of Moral Evaluation: Integrating Organisational Stigmatisation and Moral Legitimacy." *Journal of Management Inquiry* 28.1 (2019): 11-15.

Hardy, Cynthia, Ian Palmer, ja Nelson Phillips. "Discourse As a Strategic Resource." *Human Relations (New York)* 53.9 (2000): 1227-1248.

Helms, W.S., and K.D.W Patterson. "Eliciting Acceptance for "illicit" Organisations: The Positive Implications of Stigma for MMA Organisations." *Academy of Management Journal* 57.5 (2014): 1453-1484.

Hudson, Bryant Ashley, ja Bryant Ashley Hudson. "Against All Odds: A Consideration of Core-stigmatised Organisations." *The Academy of Management Review* 33.1 (2008): 252-266.

Hudson, Bryant, Gerardo Okhuysen, ja. "Not With a Ten-Foot Pole: Core Stigma, Stigma Transfer, and Improbable Persistence of Men's Bathhouses." *Organisation Science* 20.1 (2009): 134-153.

Humphreys, L. (2010). 'Megamarketing: The creation of markets as social process'. *Journal of Marketing*, 74, 1–19.

Jia, N. 2014. Are collective political actions and private political actions substitutes or complements? Empirical evidence from China's private sector. *Strategic Management Journal*, 35(2), p. 292. doi:10.1002/smj.2092

Johannesson, M., O'Connor, R. M., Kobelt-Nguyen, G. & Mattiasson, A. 1997. Willingness to pay for reduced incontinence symptoms. *British journal of urology*, 80(4), p. 557. doi:10.1046/j.1464-410X.1997.00420.x

Kegel, Arnold H. "PHYSIOLOGIC THERAPY FOR URINARY STRESS INCONTINENCE." *Journal of the American Medical Association* 146.10 (1951): 915-917.

Kosut, Mary. "Mad Artists and Tattooed Perverts: Deviant Discourse and the Social Construction of Cultural Categories." *Deviant Behavior* 27.1 (2006): 73-95.

Kosut, Mary. "The Artification of Tattoo: Transformations Within a Cultural Field." *Cultural Sociology* 8.2 (2014): 142-158.

Kotler, Philip. "Megamarketing." *Harvard Business Review* 64.2 (1986): 117.

Kotler, Philip, ja Kevin Lane Keller. *Marketing Management*. 14. global ed. Harlow: Pearson, 2012.

Kralj Bozo, Social and therapeutic challenges of pelvic floor dysfunction, *International Journal of Gynecology and Obstetrics* 109 (2010) 1–2

Kress, Günther, ja Theo van Leeuwen. *Reading Images: The Grammar of Visual Design*. 1996.

Kress, Gunther. "'Partnerships in Research': Multimodality and Ethnography." *Qualitative Research : QR* 11.3 (2011): 239-260.

Lashley, Kisha, ja Timothy G. Pollock. "Waiting to Inhale: Reducing Stigma in the Medical Cannabis Industry." *Administrative Science Quarterly* 65.2 (2020): 434-482.

Lincoln, Y.S. and Guba, E.G (1985) *Naturalistic Inquiry*. Thousand Oaks, CA, Sage

Link, Bg, ja Jc Phelan. "Conceptualising Stigma." *Annual Review Of Sociology* 27 (2001): 363-385.

Littler, D. Wilson, D. 1995. *Marketing Strategy*. Butterworth: Heinemann Limited

Mair, Johanna, Julie Battilana, ja Julian Cardenas. "Organising for Society: A Typology of Social Entrepreneurial Models." *Journal of Business Ethics* 111.3 (2012): 353-373.

Markman, G. & Waldron, T. 2014. SMALL ENTRANTS AND LARGE INCUMBENTS: A FRAMEWORK OF MICRO ENTRY. *The Academy of Management Perspectives*, 28(2), p. 179. doi:10.5465/amp.2011.0112

Markman, G. D., Waldron, T. L. and Panagopoulos, A. (2016). 'Organisational hostility: Why and how nonmarket players compete with firms'. *Academy of Management Perspectives*, 30, 74–92.

Markman, G., Gianiodis, P., Payne, G., Tucci, C., Filatotchev, I. & Gedajlovic, E. (2019). The Who, Where, What, How and When of Market Entry. *The Journal of Management Studies*, 56(7), pp. 1241-1259. doi:10.1111/joms.12448

McLaren, J. (2003). 'Trade and market thickness: Effects on organisations'. *Journal of the European Economic Association*, 1, 328–36.

Milsom, I., Coyne, K. S., Nicholson, S., Kvasz, M., Chen, C. & Wein, A. J. 2014. Global prevalence and economic burden of urgency urinary incontinence: A systematic review. *European urology*, 65(1), pp. 79-95. doi:10.1016/j.eururo.2013.08.031

Mirabito, A. M., Otnes, C. C., Crosby, E., Wooten, D. B., Machin, J. E., Pullig, C., . . . Velagaleti, S. 2016. The Stigma Turbine: A Theoretical Framework for Conceptualising and Contextualising Marketplace Stigma. *Journal of Public Policy & Marketing*, 35(2), pp. 170-184. doi:10.1509/jppm.15.145

Mitchell, R. K., Agle, B. R. and Wood, D. J. (1997). 'Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts'. *Academy of Management Review*, 22, 853–86.

Muller-Riemenschneider, F., T. Reinhold, A. Berghofer, ja Sn Willich. "Health-economic Burden of Obesity in Europe." *European Journal Of Epidemiology* 23.8 (2008): 499-509.

Navis, C., & Glynn, M. A. (2010). How new market categories emerge: Temporal dynamics of legitimacy, identity, and entrepreneurship in satellite radio, 1990–2005. *Administrative Science Quarterly*, 55, 439–471.

Norton, C. "The Effects of Urinary Incontinence in Women." *International Rehabilitation Medicine* 4.1 (1982): 9-14.

Nygaard, I., Girts, T., Fultz, N. H., Kinchen, K., Pohl, G. & Sternfeld, B. 2005. Is urinary incontinence a barrier to exercise in women? *Obstetrics and gynecology*, 106(2), pp. 307-314. doi:10.1097/01.AOG.0000168455.39156.0f

*O'Halloran Kay. Multimodal Discourse Analysis : Systemic Functional Perspectives*, edited by Kay O'Halloran, Bloomsbury Publishing Plc, 2004. ProQuest Ebook Central, <https://ebookcentral.proquest.com/lib/aalto-ebooks/detail.action?docID=436790>.

Paetzold, Ramona, Robert Dipboye, ja Kimberly Elsbach. "A NEW LOOK AT STIGMATISATION IN AND OF ORGANISATIONS." *Academy of Management. The Academy of Management Review* 33.1 (2008): 186-193.

Papanicolaou, S., Pons, M., Hampel, C., Monz, B., Quail, D., Von Der Schulenburg, M., . . . Sykes, D. 2005. Medical resource utilisation and cost of care for women seeking treatment for urinary incontinence in an outpatient setting - Examples from three countries participating in the PURE study. *Maturitas*, 52(2), pp. S35-S47. doi:10.1016/j.maturitas.2005.09.004

Patton, M (1990) *Qualitative Evaluation and Research Methods*. Newbury Park, CA:Sage

Patterson, Karen D. W., Bryant Ashley Hudson, ja Wesley S. Helms. "Introduction: A Dialog On Stigma Versus Legitimacy, and How They Relate to Organisations and Their Actors." *Journal of Management Inquiry* 28.1 (2019): 3-4.

Luc Pauwels, 2012, A Multimodal Framework for Analysing Websites as Cultural Expressions, *Journal of Computer-Mediated Communication* 17 (2012) 247–265

Piazza, Alessandro, Fabrizio Perretti, ja. "Categorical Stigma and Firm Disengagement: Nuclear Power Generation in the United States, 1970–2000." *Organisation Science* 26.3 (2015): 724-742.

Porter, Michael. "How Competitive Forces Shape Strategy." *Harvard Business Review* 57.2 (1979): 137.

Raasthøj, I., Elnegaard, S., Rosendal, M., Jarbøl, D.E. Urinary incontinence among women—which personal and professional relations are involved? A population-based study (2019) *International Urogynecology Journal*, 30 (9), pp. 1565-1574.

Rodrigues, Marina P., et al. "Effect of Intravaginal Vibratory Versus Electric Stimulation On the Pelvic Floor Muscles: A Randomized Clinical Trial." *European Journal of Obstetrics & Gynecology and Reproductive Biology: X* 3 (2019): 100022.

Root F. 1994. *Entry strategies for international markets, Revised and expanded*. Lexington, MA: Lexington Books

Rothaermel, Frank T. *Strategic Management*. Fourth edition, international student edition. New York, NY: McGraw Hill Higher Education, 2018.

Sandikci, Özlem, ja Güliz Ger. "Veiling in Style: How Does a stigmatised Practice Become Fashionable?" *Journal of Consumer Research* 37.1 (2010): 15-36.

Santos, F. M., & Eisenhardt, K. M. (2009). Constructing markets and shaping boundaries: Entrepreneurial power in nascent fields. *Academy of Management Journal*, 52, 643–671.

Scaraboto, Daiane, ja Eileen Fischer. "Frustrated Fatshionistas: An Institutional Theory Perspective On Consumer Quests for Greater Choice in Mainstream Markets." *Journal of Consumer Research* 39.6 (2013): 1234.

Short, J. C. and Payne, G. T. (2008). 'First movers and performance: Timing is everything'. *Academy of Management Review*, 33, 267–69.

Siltaoja, M., Lähdesmaki, M., Granqvist, N., Kurki, S., Puska, P. & Luomala, H. 2020. The Dynamics of (De)Stigmatization: Boundary construction in the nascent category of organic farming. *Organization studies*, 41(7), pp. 993-1018. doi:10.1177/0170840620905167

Sinclair AJ, Ramsay IN. The psychosocial impact of urinary incontinence in women. *The Obstetrician & Gynaecologist* 2011;13:143–148.

Slade Shantz, Angelique, Eileen Fischer, Aurora Liu, ja Moren Lévesque. "Spoils From the Spoiled: Strategies for Entering stigmatised Markets." *Journal of Management Studies* 56.7 (2019): 1260-1286.

Suarez, F. F., Grodal, S., & Gotsopoulos, A. (2015). Perfect timing? Dominant category, dominant design, and the window of opportunity for firm entry. *Strategic Management Journal*, 36, 437–448.

Sutton, Robert I., ja Anita L. Callahan. "The Stigma of Bankruptcy: Spoiled Organisational Image and Its Management." *The Academy of Management Journal* 30.3 (1987): 405-436.

Tesch, R 1990: *Qualitative Research, Analysis Types and Software Tools*. New York: Falmer Press

Toye, Francine, ja Karen L. Barker. "A Meta-ethnography to Understand the Experience of Living With Urinary Incontinence: 'is It Just Part and Parcel of Life?'" *BMC Urology* 20.1 (2020): 1-25.

Van Leeuwen, T. 1999. *Speech, music, sound*. Basingstoke: Macmillan Press.

Vergne, Jean-Philippe. "stigmatisED CATEGORIES AND PUBLIC DISAPPROVAL OF ORGANISATIONs: A MIXED-METHODS STUDY OF THE GLOBAL ARMS INDUSTRY, 1996-2007." *Academy of Management Journal* 55.5 (2012): 1027.

Weimann, Joachim, Andreas Knabe, ja Ronnie Schöb. *Measuring Happiness - The*

*Economics of Well-Being*. 2015. p42 The MIT Press, Cambridge Massachusetts, London England

Weitzer, R. "Sociology of Sex Work." *Annual Review Of Sociology* 35.1 (2009): 213-234.

Wolfe, A. W. & Blithe, S. J. 2015. Managing Image in a Core-Stigmatized Organization: Concealment and Revelation in Nevada's Legal Brothels. *Management communication quarterly*, 29(4), pp. 539-563. doi:10.1177/0893318915596204

Yin, R. (2002) Case Study Research. Thousand Oaks, CA:Sage

Zachary, Miles A., Peter T. Gianiodis, G. Tyge Payne, ja Gideon D. Markman. "Entry Timing: Enduring Lessons and Future Directions." *Journal of Management* 41.5 (2015): 1388-1415.

Zhao, E. Y., Fisher, G., Lounsbury, M. and Miller, D. (2017). 'Optimal distinctiveness: Broadening the interface between institutional theory and strategic management'. *Strategic Management Journal*, 38, 93–113.

## ONLINE REFERENCES:

<https://atlasti.com/> accessed on 14 March 2020

[https://www.amazon.co.uk/s?k=kegel+trainer&rh=n%3A65801031%2Cn%3A2826601031&dc&qid=1606899436&rnid=1642204031&ref=sr\\_nr\\_n\\_2](https://www.amazon.co.uk/s?k=kegel+trainer&rh=n%3A65801031%2Cn%3A2826601031&dc&qid=1606899436&rnid=1642204031&ref=sr_nr_n_2) (accessed on 9 December 2020)

Emma Bell, Alan Bryman, Bill Harley, Business Research Methods, Fifth Edition, Oxford University Press 2019. Online reference:  
[https://books.google.fi/bookshl=en&lr=&id=J9J2DwAAQBAJ&oi=fnd&pg=PP1&dq=bryman+bell+business+research+methods&ots=GM9xhb8XJP&sig=4dUG0CLG13xJ6\\_q\\_DQK8tIjXbo4&redir\\_esc=y#v=onepage&q&f=false](https://books.google.fi/bookshl=en&lr=&id=J9J2DwAAQBAJ&oi=fnd&pg=PP1&dq=bryman+bell+business+research+methods&ots=GM9xhb8XJP&sig=4dUG0CLG13xJ6_q_DQK8tIjXbo4&redir_esc=y#v=onepage&q&f=false), reference accessed on 23 October 2020.

<https://www.bbc.com/news/uk-49235784> 5 August 2019 (accessed on 24 August 2020).

<https://www.bbc.co.uk/programmes/b006mhd6> (accessed on 23 October 2020)

<https://blogs.gov.scot/fairer-scotland/2020/02/14/why-we-are-providing-period-products-and-removing-the-stigma/> (reference accessed on 31 August)

<https://www.businesswire.com/news/home/20190402005300/en/Elvie-Raises-Largest-Femtech-Investment-Date-42M> (reference accessed on 24 August 2020)



<https://www.continence.org.au/pages/key-statistics.html> reference date April 6, 2020

<https://dictionary.cambridge.org/dictionary/english/incumbent> (referred to on 5 November 2020)

<https://www.essity.com/investors/essity-as-an-investment/> (reference accessed on 24 August 2020)

[https://europa.eu/european-union/about-eu/figures/living\\_en](https://europa.eu/european-union/about-eu/figures/living_en) (reference date August 18 2020)

<https://www.fda.gov/medical-devices/510k-clearances/january-2020-510k-clearances> (reference accessed on 24 August 2020)

<https://www.gov.uk/hmrc-internal-manuals/vat-relief-for-disabled-people/vrdp21000#IDA3AO0B> (reference accessed on 31 August 2020)

<https://healthpowerhouse.com/media/EHCI-2018/EHCI-2018-report.pdf>, referred to on 31 March 2020

<https://www.incontinence.co.uk/forum> referred to on 08.04.2020

[www.kaypahoito.fi](http://www.kaypahoito.fi), Virtsankarkailu (naiset). Käypä hoito -suositus. Suomalaisen Lääkäriseuran Duodecim ja Suomen Gynekologiyhdistyksen asettama työryhmä. Helsinki: Suomalainen Lääkäriseura Duodecim 2017. (reference accessed on March 4, 2020 )

Kelly Maura, Is Your Vibrator Giving You Cancer? <https://www.marieclaire.com/sex-love/a4084/chemical-in-vibrators-cause-cancer/> Jun 10 2010 (accessed on 2 December 2020)

Kress, Gunther , "Multimodal discourse analysis" , in The Routledge Handbook of Discourse Analysis ed. James Paul Gee and Michael Handford (Abingdon: Routledge, 16 Nov 2011 ), <https://www.routledgehandbooks.com/citation?doi=10.4324/9780203809068.ch3> Routledge Handbooks Online. accessed 09 Apr 2020 ,

Lu, Stacy (2016) "Easing the stigma of mental illness and substance abuse disorders needs a national effort." <https://www.apa.org/monitor/2016/07-08/upfront-destigmatising>

<https://my.supplychain.nhs.uk/Catalogue/search?LastCartId=&LastFavouriteId=&HideMaskedProducts=false&QueryType=All&Query=elvie&x=0&y=0> (referred to on 1 December 2020)

<https://www.nhs.uk/conditions/urinary-incontinence/>, accessed on 8 April 2020  
<https://www.nhs.uk/conditions/urinary-incontinence/> accessed on 24 November 2020

Office for national statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>, referred to on 31 March 2020

Osfield Stephanie, "Your vibrator could be poisoning you"

<https://nypost.com/2017/04/04/your-vibrator-could-be-poisoning-you/> April 4, 2017 (accessed on 2 December 2020)

<https://www.red-dot.org/project/elvie-34217> (accessed on 27 October 2020)

Sinkovics Noemi: Pattern matching in qualitative analysis [https://www.researchgate.net/publication/323856200\\_Pattern\\_matching\\_in\\_qualitative\\_analysis](https://www.researchgate.net/publication/323856200_Pattern_matching_in_qualitative_analysis), reference accessed on 9 April 2020

SAGE Methods map <http://methods.sagepub.com.libproxy.aalto.fi/methods-map>

<https://www.padproject.online/why-is-this-important/> (reference accessed on 3 March 2020)

<https://plan-uk.org/media-centre/plan-international-uks-research-on-period-poverty-and-stigma> (reference accessed on August 31 2020)

<https://www.prnewswire.com/news-releases/smart-kegel-training-appdevice-for-your-lady-parts-300025155.html> (accessed on 27 October)

<https://www.strategyzer.com/canvas>, accessed on November 12 2020

statista.com Adult diaper market value worldwide in 2016 to 2021 (in million U.S. dollars). Statista. Accessed September 24, 2018. Available from <https://www.statista.com/statistics/809583/adult-diaper-market-value-worldwide/>.

<https://www.statista.com/outlook/15020100/156/mobile-phones/united-kingdom> (accessed on 17 December 2020)

<https://www.statista.com/outlook/70070200/109/shaving/united-states> accessed on 17 December 2020

Valente Mike, 5 Business Strategies for Sustainability, 2018,

<https://www.organisingforsustainability.com/resources>, accessed on 3 December 2020

<https://www.youtube.com/ads/pricing/> (accessed on 1 December 2020)



## APPENDIX 1 - LIST OF ONLINE DATA

### ELVIE:

<https://www.elvie.com/shop/elvie-trainer> (accessed on 3 September 2020)

<https://www.elvie.com/> (accessed on 23 October 2020)

<https://www.elvie.com/blog/todays-pioneering-women-in-female-health>  
(accessed on 27 October 2020)

<https://www.elvie.com/blog/everything-about-the-pelvic-floor-and-kegel-exercises>  
(accessed on 7 October 2020)

<https://www.elvie.com/en-gb/blog/bladder-control-basics-and-incontinence> (accessed  
on 7 October 2020)

<https://www.elvie.com/about/company> (accessed on 24 August 2020)

<https://www.elvie.com/elvie-and-the-nhs> (r accessed on 24 August 2020)

[https://www.youtube.com/watch?  
v=ZB73BRA9RKc&list=PLZKP7DxW5jVyxaWE2xBv02d-  
C3zZP25\\_w&index=2&t=0s](https://www.youtube.com/watch?v=ZB73BRA9RKc&list=PLZKP7DxW5jVyxaWE2xBv02d-C3zZP25_w&index=2&t=0s) (accessed on 4 September 2020)

<https://www.chiaro.co.uk/> accessed on 17 December 2020

[https://web.archive.org/web/\\*/https://www.elvie.com/en-gb/shop/elvie-trainer](https://web.archive.org/web/*/https://www.elvie.com/en-gb/shop/elvie-trainer) (accessed  
on 20 November 2020)

## **INNOVO:**

<https://atlantictherapeutics.com/> (accessed on 24 August 2020)

<https://atlantictherapeutics.com/> (accessed on 27 October 2020)

<https://www.myinnovo.com/uk/> (accessed on 1 September 2020)

<https://www.myinnovo.com/uk/how-innovo-works> (accessed on 23 October 2020)

<https://www.myinnovo.com/uk/how-innovo-works#cart> (accessed on 23 October 2020)

<https://www.myinnovo.com/uk/about-us> (accessed on 23 October 2020)

[https://www.myinnovo.com/uploads/articles/FDA-Approval\\_Press-Release-2018.pdf](https://www.myinnovo.com/uploads/articles/FDA-Approval_Press-Release-2018.pdf)  
(accessed on 23 October 2020)

<https://www.myinnovo.com/uk/shop/innovo-starter-kit/> accessed on October 27  
2020

<https://www.myinnovo.com/uk/about-us/> (reference accessed on 24 August 2020)

<https://www.myinnovo.com/ie/blog/the-launch-of-innovo-shorts/> October 5, 2018  
(reference accessed on 24 August 2020)

<https://www.youtube.com/watch?v=bDVKbvboIKI> (accessed on 4 September 2020)

<https://vimeo.com/395769697> (accessed on 23 September 2020)

<https://www.myinnovo.com/uk/vat-exemption/> (accessed on 27 October 2020)

## **SQUEEZY:**

<https://www.livingwith.health/products/squeezy/> (accessed on 23 October 2020)

<https://www.livingwith.health/our-vision/> (accessed on 23 October 2020)

<https://play.google.com/store/apps/details?id=com.propagator.squeezy> (accessed on 23  
October 2020)

<https://www.squeezyapp.com/> (accessed on 4 September 2020)

<https://www.squeezyapp.com/register-for-the-directory/> (accessed on 27 October 2020)

<https://web.archive.org/web/20160819065605/http://www.squeezyapp.co.uk/> -  
reference accessed on 20 November 2020

<https://www.youtube.com/watch?v=zWbLbUy0cDk> (accessed on 4 September 2020)

## APPENDIX 2 – VISIBILITY DATA

The case companies presence in social media and GooglePlay shop on 4 September 2020 and case companies marketing videos views in Youtube on 4 and 23 September (vimeo) 2020.

<b>Facebook</b>	@myinnovoglobal	@ElvieOfficialSE	@squeezyapp
likes	2485	40185	407
followers	2577	40215	454
posts in august	7	3	4
<b>Twitter</b>	@myinnovo (UK)	@Elvie	@squeezyapp
Tweets	1719	4087	8004
followers	751	5797	3334
posts in August 2020	7	0	10
<b>LinkedIn</b>	INNOVO by Atlantic	Elvie	Livingwith
followers	1292	8127	126
employees	41	123	11
<b>Youtube</b>	INNOVO by Atlantic	Elvie Trainer	Squeezyapp
playlists quantity	93	11	4
of which in English	70	11	4
subscribers(Elvie: a	941	1700	29
<b>Instagram</b>	myInnovo	#Elvietrainer	squeezyapp
posts	550	478	17
followers	1204	179000	2896
<b>Amazon.co.uk</b>	Innovo	Elvie	-
no of reviews	42	446	-
<b>Google play</b>	-	Elvie Trainer	elvic Floor App
installs	-	10000	50000
reviews	-	226	2249
<b>App Store</b>			
installs	-	no access	no access
reviews	-	no access	no access

Product	Video type	Platform	Date added	Views
Myinnovo	Main marketing video in homepage (Vimeo)	Youtube	09.03.20	1728
		Vimeo	05.03.20	5910
		Total		7638
Elvie	Main marketing video in homepage	Youtube	29.05.19	130799
Squeezy	Main marketing video in homepage	Youtube	14.09.18	4849

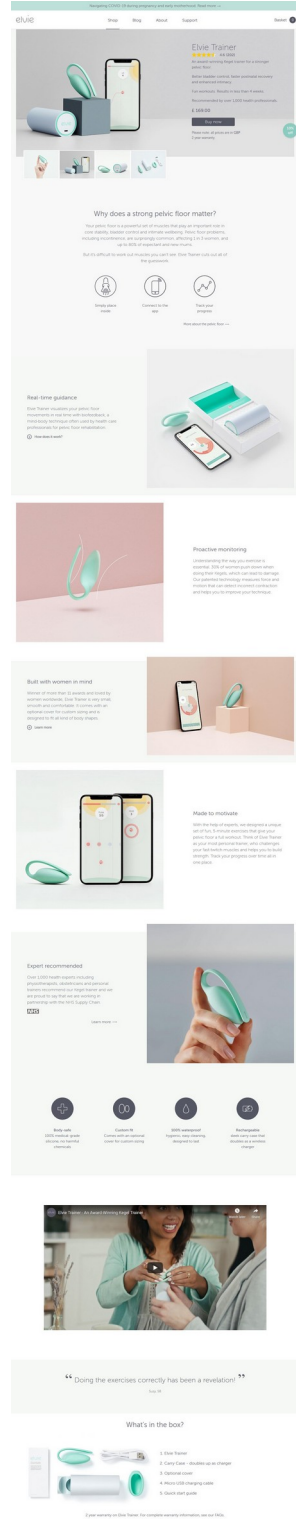
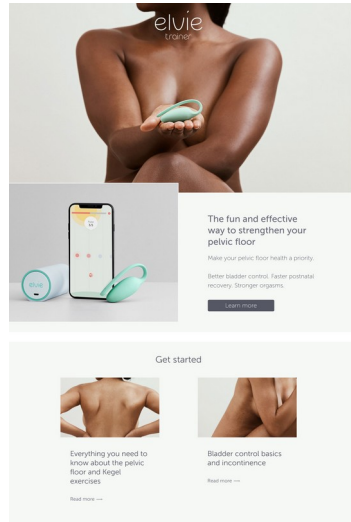
# APPENDIX 3 – OVERVIEW OF VISUAL DATA

PAGE 1/3: INNOVO

The screenshot displays the INNOVO website homepage. At the top, the navigation menu includes 'Shop', 'About Us', 'How INNOVO Works', 'INNOVO for Men', and 'Blog'. The hero section features a group of women and the headline "Treat, don't tolerate" with subtext: "Award-winning, non-invasive pelvic floor exercise to regain bladder control. Results in as little as 4 weeks." Below this is a testimonial from a user with a 4.7/5 rating. A statistics section shows three key metrics: 80% of users lose a significant amount of weight after 4 weeks, 87% of users were defined as dry or almost dry after 4 weeks, and 90% of users would recommend INNOVO. A "A choice you can trust" section lists benefits such as 98% of physicians recommending INNOVO, results in as little as 4 weeks, and 4.7/5 authentic consumer product reviews. The "How it works" section includes a diagram with four steps: 1. Put on your INNOVO pelvic floor exerciser, 2. Use INNOVO to stimulate and strengthen your pelvic floor muscles, 3. Repeat for 15-20 minutes 3-5 times per week, and 4. Observe your results. Below this is a video player for "The voice of change" featuring a testimonial from a user. The "As Seen On" section displays logos for various media outlets including The Morning Show, VORACIOUS, THE JEWELRY, INKED, and Daily Mail. The "Real results" section features two testimonial videos for "Kathy's INNOVO Story" and "Leanne's INNOVO Story". Below these are three star-rated testimonials from users. The footer includes a "Ready to INNOVO?" section with a sign-up form, a navigation menu with categories like Products, Customer Support, About Us, and Healthcare Professionals, and social media links for YouTube, Facebook, and Twitter.



# APPENDIX 3: PAGE 2/3: Elvie Trainer



Helping thousands regain confidence in their pelvic floor

Squeezy is the only app to address pelvic floor muscle weakness and improve pelvic floor muscle strength.

Designed by a team of pelvic floor experts, including Dr. Sarah Jackson, a leading pelvic floor specialist.

Recommended by the NHS App Store.

Available for iOS on iPhone and Android.

Download Squeezy

More than 600 million women are affected by pelvic floor muscle weakness. Pelvic floor muscle weakness is 5.5 times more common than you think.

You don't have to just live with it!

Join the thousands of people who have started using Squeezy to help them strengthen the muscles supporting their bladder, bowel and reproductive organs.

Monthly pelvic floor training

Personalized exercises

Real-time feedback

Progress tracking

Download the right Squeezy for you

Available for iOS, Android and Amazon.

FOR WOMEN

FOR MEN

FOR CYSTIC FIBROSIS

How do I get started using Squeezy?

Squeezy App - great combination of exercise techniques

Squeezy is the only app to address pelvic floor muscle weakness and improve pelvic floor muscle strength.

Download Squeezy

Stay in touch with your pelvic floor and Squeezy on email, Facebook, Twitter and Instagram.

First Name

Email

Submit

Featured in

The Guardian

Daily Mail

Women's Health

COSMOPOLITAN

Download Squeezy

Squeezy

Contact Us

Privacy Policy

Terms of Use