HOUSEHOLD SELF-TRACKING DURING A GLOBAL HEALTH CRISIS

HOUSEHOLD SELF-TRACKING DURING A GLOBAL HEALTH CRISIS

Shaping Bodies, Lives, Health and Illness

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ABOUT THE AUTHOR

Mariann Hardey is an Associate Professor of Business and Computing at Durham University Business School and a member of the Directorate for Advanced Research Computing (ARC) at the University of Durham, where she teaches business inclusivity, self-help, and business technology. Mariann is interested in self-development and learning, with a particular emphasis on representation among business leaders and practitioners. She has given numerous presentations at international conferences and events, including the United Kingdom's first TEDx, and her work has been featured in international media. Mariann received an ESRC scholarship to study at the University of York and the University of Sussex, where she earned degrees in English Literature in the School of American Studies, a Masters in Women's Studies, and a Doctorate in Sociology. Her most recent book, *The Culture of Women in Tech: An Unsuitable Job for a Woman*, delves into the 'problem' of women in the technology industry.

FOREWORD

3, 477 steps to the local newsagents for a Beano comic and another six steps to the bakery next door for a large sticky bun.

From the age of eight, I had been using a pedometer to count the steps from home to school, to my favourite sweet shop, to a friends' home, to bed, and the number of paces to the den in the back garden of our 1930s council house in Surrey. The pedometer was part of a research project my father was helping to put together about health in the home. It was both a connection to him and a fascinating tool of wonder for me. The simplicity of counting steps became a game for me and I took it everywhere. Today, the formula of 10,000 daily steps is marketed to consumers of health technologies as equating to personal improvements in health, such as helping to prevent or alert heart failure, protecting mental health, and lowering diabetes risk.

Self-tracking has a broad remit and will play an essential role in understanding health change and responsibility in the future. It is concerned with the application of social, business, and human-computer theories and models in the promotion, commercialisation, and maintenance of health and the individualised and interpersonal aspects of adaptive behaviour among those with ill health.

From the perspective of a social scientist, *Household Self-Tracking During a Global Health Crisis* examines contextual, personal and social factors surrounding health tracking, including the commercialisation of Covid-19 health tracking, public data tracking, and health surveillance issues. Alongside the global pandemic, other crises are evident concerning, for example, food sustainability, coping with chronic health conditions, the demands of caring roles, and mental health and well-being.

The book's premise is to capture different types of health tracking within households to understand better the extent to which tracking practices are being shared. In focusing on this, I have set tracking in the context of domestic use and its broader social, political and consumer contexts. Through interviews with 36 diverse global households, the book analyses how such trackers exhibited a persistent interest in health data and how behaviour was affected within families who, like mine, were tracking throughout the pandemic.

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Inequalities in health are highlighted, as are extended conceptions of fitness and illness management, as part of a substantial shift in comprehending and integrating health regimes in the home. Some of the more contentious aspects of self-tracking, such as worries about data bias in health biometric data, are addressed. The book also responds to the sense of global health identity by offering a critical account of these developments and situating them in relation to the long-term neoliberal health agenda.

I contend that neglecting the effects of household factors on health or focusing exclusively on individual tracking behaviour is no longer an option in understanding contemporary health practices. We know a lot about individual self-tracking experiences, but much less about how households reframe or redefine health and illness using self-tracking technologies together. One aim is to synthesise and extend analyses of the social construction of health – including being fit and avoiding illness. This book will assist researchers interested in investigating self-tracking and health technologies, as well as postgraduate students studying psychology, medicine, social science, and business, and undergraduates studying in fields into which health surveillance studies have been incorporated, such as sociology, business studies, and human-computer interaction (HCI) studies.

Some of the insights are personal, and some of the material from which I draw may be unfamiliar to some social scientists. However, I argue that understanding the personal and social dimensions of tracking within households, particularly during a significant global crisis, will enrich our understanding of health consumption and knowledge.

The discussions in this book offer much concerning household's response to health crises and reveal much about the experiences of managing health through a range of sometimes quite sophisticated self-tracking technologies. One of the book's unique contributions is that it captures people in households with varied health tracking experience: some are very confident and deeply embedded trackers, and others who are entirely new to tracking. The mixed level of use of tracking technology in these households highlights the importance of examining and comparing different individual and collective experiences of self-tracking, which has been largely overlooked in the current literature. However, it should be apparent that the findings here are limited to the trackers, the privileged few who have access to and can afford to invest in tracking technologies.

Finally, it should be apparent that I am a tracker, and I utilise my own experience of health transformation in tracking to illustrate processes of reframing and redefining health during a period of global crisis.

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