

Gendered Dietary Supplements: Does the Marketing Reflect Different Formulations?

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ABSTRACT

Many dietary supplements are marketed with gendered terms, such as “for her” and “for him.” However, whether these statements reflect different nutrient contents of products and a biological basis has not been systematically examined. **PURPOSE:** The purpose of this analysis was to compare the micronutrient content of dietary supplements that are sold in separate forms based on gendered marketing. **METHODS:** The National Institutes of Health Dietary Supplements Label Database (DSLDB) was searched using gendered terms, such as “hers,” “her,” “women,” “his,” “him,” and “men.” Eighty-nine pairs of micronutrient-containing products that were commercially available as a women’s version and a men’s version were identified. Nutrients included in the analysis included common vitamins (biotin, choline, folate/folic acid, niacin, pantothenic acid, riboflavin, thiamine, and vitamins A, B12, B6, C, D, E, and K) and minerals (calcium, chloride, chromium, copper, iodine, iron, magnesium, manganese, molybdenum, phosphorus, potassium, selenium, and zinc). Nutrient quantities in units of % Daily Value (%DV) were compared between gendered marketing categories using independent-samples *t*-tests and calculation of effect sizes using Cohen’s *d*. Data were analyzed using R (v. 4.2.1) and the *rstatix* package. **RESULTS:** Statistically significant differences were observed between gendered marketing categories for iron (n=40 pairs; women’s: 85±42%; men’s: 6±14%; $p<0.001$; effect size: 2.56 [large]) and calcium (n=62 pairs; women’s: 26±19%; men’s: 16±13%; $p=0.03$; effect size: 0.57 [moderate]), but no other nutrients. **CONCLUSION:** Micronutrient-containing supplements marketed specifically to women and men primarily had similar micronutrient content, except for higher iron and calcium in women’s products. For iron, this difference is reflective of anticipated biological need, as acknowledged by a higher Recommended Dietary Allowance (RDA) for adolescent and adult females up to age 50 (8 to 27 mg/d) as compared to males (8 mg/d). For calcium, the RDA is equivalent for males and females at all ages, except for ages 51-70 years (females: 1,200 mg/d; males: 1,000 mg/d). Therefore, the observed differences in iron and calcium appear to have a legitimate biological basis, although for specific age ranges. In conclusion, few differences in micronutrient content were seen between products marketed specifically as women’s or men’s products. However, the observed differences in iron and calcium may be reflective of biological need in select age groups.