

The Price of Femininity: Gendered Pricing and Women's Everyday Purchase Choices in the USA

Ananya Patel
ananyapatel9716@gmail.com

ABSTRACT

The “pink tax”, the systematic practice of charging women more for functionally equivalent products, is not merely a retail pricing phenomenon but a structural feature of markets reinforced by gendered marketing, social norms, and policy gaps. This mixed-methods study investigates the pink tax in the United States through three data sources: a survey of 203 women and girls aged 16 to 60+ across 32 states, semi-structured interviews with healthcare providers (a pediatrician, dermatologist, and two OB/GYNs), and a matched-pair shelf pricing snapshot of 28 product comparisons from major retailer listings in May 2026. Among the six pairs that isolate gender marketing from brand tier, the women's-marketed product had the higher unit price in five cases, with a median gap of +25.5%. Healthcare providers identified gendered pricing as a direct contributor to health risks, including infections from product rationing. Social media amplified marketing pressure across the life course: 65.9% of respondents aged 16–25 and 61.1% of those aged 25–60+ reported that it had a very or strong influence on their purchasing behavior. Within a small subgroup of Black and Latina respondents ($n = 14$), a higher share of income was reported as spent on these products alongside lower reported familiarity with gendered pricing, a descriptive pattern in this sample rather than a representative estimate. Grounded in an intersectional feminist framework, this study argues that dismantling the pink tax requires coordinated action from consumers, healthcare providers, corporations, and policymakers, including reclassifying menstrual products as essentials and regulating targeted advertising.

INTRODUCTION

The “pink tax” refers to the systematic gender-based price disparity in global consumer markets, where products and services marketed to women are priced higher than nearly identical equivalents marketed to men. This problem exists at the intersection of economics, public health, and gender equity, as the cumulative cost of these price differences exacerbates existing structural inequalities, including wage gaps, reproductive health costs, and socially enforced consumption norms. Gendered pricing is not an isolated retail phenomenon; it extends beyond physical store shelves into digital advertising, taxation policy, and platform-driven markets, making it a pervasive socio-economic pattern that adversely affects women's financial well-being across contexts.¹

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A recent illustration of this can be found in menstrual product taxation across the Americas, where a 2022 regional analysis found that women of reproductive age faced an average menstrual product tax rate of 5.8%, showing that even government fiscal policy continues to treat women's health necessities as non-essential luxuries.²

This research focuses on the United States, drawing on survey responses from 203 women and girls aged 16 to 60+ across 32 states, alongside key informant interviews with four healthcare providers, a pediatrician, a dermatologist, and two OB/GYNs, and a matched-pair shelf pricing snapshot of 28 product comparisons drawn from American retailer listings.

The pink tax is a significant sociological problem because it does not affect all women equally; it reflects and reinforces broader structural inequalities tied to the gender wage gap, social pressure, and feminine gender norms. According to the U.S. Social Security Administration, women across all racial and ethnic groups earn less than their male counterparts, meaning that gendered pricing cuts into an already smaller income. Racial differences only compound this inequality, with Black, Hispanic, and Native American women facing the steepest compounded disadvantage.³ These costs burden women disproportionately over their lifetimes, particularly those in lower-income and marginalized communities, making the pink tax a topic that warrants deeper scholarly attention, regulatory evaluation, and sustained policy response.

There are four core objectives of this research. First, it aims to document what women actually do when navigating gendered product categories in their day-to-day purchasing decisions, capturing their micro-level purchasing choices. Second, it examines how salient gendered marketing cues (such as packaging and targeted messaging) are in consumers' accounts of their purchasing decisions, and how consumers justify paying a premium associated with those cues. The design does not permit a head-to-head measurement of marketing cues against objective product factors such as price, size, and ingredient composition, since no survey item asked respondents to weigh the two against each other; the objective here is therefore cue salience and its justification rather than a comparative test. Third, it helps identify both the perceived benefits of gendered product positioning, such as clarity and perceived suitability, and its documented harms, including social pressure, increased financial burden, reduced access to necessities, and confusion created by an oversaturated marketplace. Finally, this research situates these individual-level findings within a broader global context, connecting everyday consumer experiences to prevalent concerns around consumer protection frameworks, the rising cost of living, and the treatment of gender-based pricing in public policy, regulatory evidence reviews, and local legislative ordinances.⁴

This paper begins with a review of existing literature on the pink tax and gendered pricing, examining its impacts across global contexts and identifying the key gaps this study seeks to address. The methodology section details the mixed-methods design used, which combines a consumer survey, four healthcare provider interviews, and a matched-pair retail price snapshot, and explains the intersectional feminist and interpretivist consumer-culture frameworks that guide the analysis. The analysis and discussion section then examines the study's findings through three thematic lenses: the financial and health burdens of gendered pricing; the role of marketing and social media in shaping consumer decision-making; and

structural inequalities, cultural variation, and pathways to reform, identified from both healthcare provider and consumer perspectives, as well as through an analysis of pricing data.

Overall, this analysis assesses how forces such as gendered marketing, perceived value, fairness, social pressure, and structural inequality collectively shape women's purchasing behavior and economic outcomes.

LITERATURE REVIEW

Research in the United States shows that products marketed to women are often priced higher than comparable products marketed to men, especially in personal care categories. Thirumalai argues that this disparity results directly from targeted branding strategies, including feminine packaging, colors, and scents.⁵ Mewara also links these price differences to hygiene products, razors, and cosmetics, showing that the pattern extends beyond a single study.⁶ Additionally, Thirumalai argues that these practices are rooted in gender norms used to justify price premiums and that the burden of these products intersects with existing structural inequalities, such as the gendered wage gap (commonly known as the “glass ceiling”), increasing women's financial strain.

The New York City Department of Consumer Affairs compared nearly 800 products with clear male and female versions across more than 90 brands and two dozen retailers, and found that women's products cost 7% more on average across five industries, rising to 13% in personal care specifically; the frequency finding is as important as the magnitude, since women's products were priced higher 42% of the time and men's 18% of the time, meaning the majority of individual comparisons showed no gendered gap at all. The U.S. Government Accountability Office reached a similarly qualified conclusion, finding that of ten personal care categories examined, average prices were significantly higher for women in five, with some categories such as razors running higher for men, and noting that whether these differences reflect gender bias as opposed to advertising costs and consumer preferences is unclear.⁷ The frequency framing in both reports is directly relevant to the present study, whose own snapshot finds a higher women's unit price in five of six gender-framed pairs rather than in all of them.

According to the United States Social Security Administration, women across all racial and ethnic groups continue to earn less than their male counterparts, meaning gendered pricing cuts into an already smaller income. This gendered pay gap also intersects with race: the Social Security Administration's reports show that Black, Hispanic, and Native American women face the steepest wage gaps relative to both white men and women, and therefore are disproportionately impacted by gendered pricing.⁸

Studies beyond the United States confirm that this is a global pattern. Research on consumer markets in India and Kenya reveals clear gendered price differences for everyday goods, including hygiene products, razors, and cosmetics, with these differences growing over time and widening existing wage gaps.⁹ Through PLS-SEM modeling, a statistical technique used to estimate complex cause-and-effect relationships among latent (unable to be directly measured) variables, a survey-based study of 263 respondents in Indonesia further found that gender-based pricing significantly restricts women's

purchasing power, and that these price differences are often normalized through product diversification and marketing that frames higher-priced feminine goods as the standard.¹⁰ Notably, the Indonesian study found that although women widely perceive gendered pricing as unfair, their purchasing behavior often remains unchanged, suggesting that social norms and the lack of visible alternatives can override price-conscious decision-making. Findings from an Indian population study supported the Indonesian study's claims, showing that women are significantly more likely to recognize gendered pricing differences as unfair. As in Indonesia, the population study found that consumer awareness has not translated into significant behavioral change or policy pressure in India.¹¹ This gap between awareness and behavior directly informs this study's survey analysis, which asks whether women who recognize gendered pricing actually change their purchasing choices by switching to men's or gender-neutral alternatives.

Further literature indicates that the gender gap exists even in digital marketplaces. Mehrjoo et al. analyzed Facebook advertising costs across 187 countries.¹² They found that advertisers consistently pay a premium to reach female audiences, sometimes substantially higher depending on the sector and the level of national development, with the effect strongest in highly developed economies and in industries such as fashion, hobbies, and travel. This finding reveals that the pink tax is not confined to physical store shelves; algorithmic market segmentation actively reproduces gender-based price disparities at scale, raising concerns about fairness and transparency in platform-driven advertising. Together, these studies demonstrate that the pink tax is an international and cross-platform phenomenon operating across physical and digital consumer markets.

Beyond pricing differences, the pink tax carries serious social, economic, and public health consequences. Research shows that cumulative gender-based price differences across everyday purchases increase women's long-term cost of living relative to men's.¹³ Mewara directly links these pricing inequities to health and well-being, noting that higher costs limit access to essential hygiene products and reinforce harmful beauty norms and social expectations.¹⁴ The consequences of limited access to menstrual products are particularly well-documented: period poverty has been linked to infections, mental health strain, and missed school or work opportunities, with cascading effects on women's education and economic stability.¹⁵

In terms of fiscal policy, a 2022 regional analysis of the Americas found that women of reproductive age across the Americas faced an average menstrual product tax rate of approximately 5.8%, illustrating how health necessities remain financially constrained not only by corporate pricing but also by government taxation policy.¹⁶ In the United States, there have been growing calls for reform, including the elimination of tampon taxes and broader regulations on gender-based pricing discrimination.¹⁷

Gender-based pricing is also closely tied to the marketing strategies companies use to target women. Yang showed that companies intentionally divide functionally similar products into male and female categories, relying on marketing that appeals to female identity, a sense of belonging, and beauty norms to justify price premiums.¹⁸ Products targeted at women frequently emphasize themes of "rejuvenation" and "beauty enhancement," encouraging consumers to accept higher prices as the cost of self-care and

femininity. Yang also included a machine learning-based audit of retail pricing data, which found that while price gaps are not uniform across all product categories, they are consistently linked to differences in branding, packaging, and perceived quality rather than to any functional distinction in the product itself, which suggests that the premium women pay is largely a marketing construct and that AI-driven price-auditing tools could offer a scalable method for identifying and challenging these patterns.¹⁹

The strongest counter-evidence in the recent literature runs the other way. Moshary, Tuchman, and Vajravelu analyze a large panel of consumer packaged goods and find little systematic within-category price gap between men's and women's versions once formulation and package size are held constant, concluding that the pink tax, understood narrowly as a surcharge on an otherwise equivalent good sitting on the same shelf, is considerably smaller than public discussion implies.²⁰ That finding does not overturn the studies above so much as relocate the phenomenon they describe. If like-for-like goods are priced alike, the additional cost women bear arises less from a surcharge attached to an identical product than from the marketing that steers them toward premium formulations, premium brand tiers, and more elaborate multi-product routines in the first place. The present study is built to speak to that distinction: by separating pairs that vary gender marketing from pairs that vary brand tier, it can ask not only whether women pay more, but where the additional cost enters.

Existing research documents widespread gender-based pricing and its consequences, although several important gaps remain. Most studies focus on identifying price differences or analyzing purchasing behavior in isolation, rather than tracing the social and health implications of those structures across populations. The marketing strategy literature acknowledges that while female consumption psychology has been extensively studied, there is limited analysis of how pricing strategies shape long-term consumer attitudes or affect trust in institutional and market systems. Additionally, despite growing public awareness of the pink tax, empirical data on how these practices interact with consumer decision-making across different age groups, income levels, and cultural contexts remains thin. Most significantly, few studies bring together cultural, economic, marketing, and public health perspectives within a single analysis.

This research addresses these gaps by treating the pink tax not as a simple pricing disparity but as a gendered experience shaped by targeted marketing practices, social norms, and structural inequality. By interweaving evidence from healthcare provider interviews, consumer surveys, and retail pricing data, this study aims to produce a more holistic understanding of how gendered pricing operates in practice and how it may be addressed through both individual consumer awareness and broader policy reform.

METHODOLOGY

Research Design, Site, and Participants

This study employs a qualitative-led, mixed-methods design grounded in an interpretivist consumer-culture orientation. Rather than treating purchasing decisions as purely rational economic behavior, this framework understands consumer experiences as socially and culturally shaped practices,

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products of the norms, identities, and structural systems that influence everyday life. The interpretivist approach, as explained in the SAGE Handbook of Qualitative Data Analysis, holds that meaning is co-constructed between researcher and participant, and that the researcher's role is to illuminate that meaning rather than to measure it from a detached standpoint.²¹ This orientation is further anchored in an intersectional feminist framework, drawing on Kimberlé Crenshaw's foundational argument that overlapping social identities, such as race, class, age, and gender, can produce distinct and compounded experiences of inequality.²² Applied here, that framework analyzes not only gender-based price disparities, but also how those disparities are experienced differently by women across racial, ethnic, and socioeconomic groups. In this research, the 'pink tax' is interpreted not only as a price gap but as a gendered marketplace experience shaped by marketing cues, norms of femininity, and everyday budgeting decisions among women with different and intersecting social positions. The research is situated in the United States, the researcher's home country. The interpretivist and quantitative components were used for complementary purposes: the survey and interviews examined how participants made meaning of gendered pricing, while the pricing snapshot provided shelf-level evidence against which those lived experiences could be compared.

The final survey participant group comprised 203 women and girls aged 16 to 60+ across 32 states. Participants were categorized for analysis by home state, age group, and self-reported race or ethnicity (Hispanic/Latina, Black, White, Asian/Pacific Islander, or self-identified Other) to allow an intersectional comparison of spending patterns, awareness of gendered pricing, and purchasing behavior. Age was captured using the four fixed-response bands provided by the survey instrument (16-25, 25-45, 45-60, and 60+). These bands share boundary values, so a respondent aged exactly 25, 45, or 60 could have selected either adjoining band; age comparisons in this paper are therefore reported at the level of the instrument's own categories (16-25 versus 25-60+) rather than as non-overlapping intervals, and boundary-age results should be read with that ambiguity in mind. Because 16- and 17-year-old participants are unlikely to hold independent earnings, the survey item on monthly income was worded to capture whatever money a respondent personally controls and spends, whether allowance, part-time earnings, or household money allocated to them, rather than household income; the resulting spending-share figures for minors should therefore be read as a share of personally controlled money, not of family income. In addition to the broader survey sample, four key informant interviews were conducted with healthcare providers who held relevant professional expertise to provide perspectives on how gendered pricing operates and what it costs, clinically and economically, for women in their communities.

Recruitment used purposive and convenience sampling through school and community networks and ethically vetted online channels, allowing the researcher to reach girls and women with relevant consumer experience across demographic groups. To further ensure diversity within the sample (particularly across race, ethnicity, and age), snowball sampling techniques were used, with initial participants asked to refer others from their networks.²³ Purposive sampling also guides the selection of key informants, who are chosen specifically for their professional knowledge on the research questions rather than as statistically representative informants.

Alongside the primary participant data, the study incorporates a matched-pair price snapshot, a systematic purposive sample of 28 comparable product pairs (matched on function and, where possible, net size) drawn from publicly accessible retailer listings across a defined field window in May 2026. Pairs are organized into analytic clusters (menstrual pads, tampons, disposable razors, deodorant, shave gel, and body wash), and unit prices are computed using a price-per-product-unit (PPPU) convention standardized across the workbook (e.g., price per pad, price per fluid ounce). This pricing component provides a quantitative anchor against which participant perceptions and healthcare provider accounts can be evaluated.

Data Collection Methods, Instruments, and Analysis

The study employed two primary research methods: a structured online survey and semi-structured qualitative interviews. The survey was administered via Google Forms, which was the principal tool for generating breadth across the participant sample. It contained 15 questions, including demographic information, purchasing behavior, social media influence, monthly expenditure on personal care and hygiene products, and perceived solutions to gender-based pricing. Likert-scale, multiple-choice, and multi-select questions were used for systematic comparison across demographic subgroups. The instrument contained no free-response items; two multi-select questions, on the product categories most affected by gendered pricing and on preferred solutions, carried an optional "Other" write-in field, which a small number of respondents used to record positions the fixed options did not capture. The semi-structured interview guide was the primary tool for interviews, providing a loose set of guidelines for questions. The interviews with key informants were conducted to record practice-based accounts of how gendered pricing affects the women and girls in their care, and to uncover clinical, economic, and social dimensions of the pink tax that survey responses cannot fully capture. Together, the survey and the interviews worked together: the survey identified patterns in consumption across the sample, while the interviews explained how those patterns were experienced, interpreted, and navigated in lived contexts.

Data collection took place over a 3-week field window. Survey responses were collected on a rolling basis throughout this period; interviews were conducted during weeks two and three to enable the researcher to identify emerging themes in early survey data and incorporate relevant follow-up questions. The matched-pair price snapshot was captured within the same window, with prices recorded from public product detail pages (PDPs) on Walmart.com, Target.com, CVS.com, and Instacart.com. Where automated collection encountered visibility gaps (particularly on Target's PDP HTML), prices were recorded manually from screenshots and flagged as provisional pending confirmation.

Analysis of the qualitative data centered on thematic analysis of open-ended survey responses and interview transcripts. Following established procedures for thematic analysis, the researcher read the data inductively to identify recurring patterns and then organized them into theoretically meaningful themes.²⁴ The core thematic clusters anticipated by the research design (discovery, justification, resistance, constraint, and equity) provided provisional codes that were refined using the data.

Inductive coding produced three final themes, which organize the analysis and discussion section that follows: (1) the financial and health burden of gendered pricing; (2) marketing, social pressure, and consumer decision-making; and (3) structural inequality, cultural variation, and pathways to reform. Of the five provisional codes anticipated in the design, justification was retained largely intact and sits within Theme 2, where it captures how providers and consumers alike account for a price premium in terms of quality, self-care, or necessity. Discovery was retained but narrowed: because no survey item asked participants to narrate how they first noticed gendered pricing, the code drew almost entirely on interview material and was folded into Theme 2 as a component of cue salience rather than standing on its own. Resistance was renamed substitution once it became clear that the behavior the data actually documented was individual switching to men's or generic products, reported by 50.5% of respondents, rather than organized refusal or advocacy. Constraint and equity were retained as the organizing threads of Theme 1 and Theme 3, respectively. Optional write-in survey responses were reviewed but, given their small number (roughly fifteen substantive entries across the two items that permitted them), were not systematically coded; they are treated as illustrative rather than as an independent evidentiary strand.

Each theme is anchored to at least one exemplar excerpt drawn directly from the coded transcripts. Theme 1 (constraint) is anchored by OB/GYN 1's account of recurring irritation and infection traced to prolonged use of expired product, which links affordability directly to a clinical outcome. Theme 2 (justification and cue salience) is anchored by the pediatrician's observation that a middle-school patient's skincare routine runs to roughly ten steps, and by the dermatologist's statement that marketing aimed at women creates pressure to maintain more elaborate and more expensive routines. Theme 3 (equity) is anchored by OB/GYN 2's argument that reform depends on greater female representation among lawmakers, and by the pediatrician's call for resources directed to schools and community centers in low-income areas.

Because certain survey items were optional, the analytic base varies across the statistics reported in this paper and is smaller than the full sample of 203 in several places. The social-media influence figures are based on analytic samples of $n = 44$ for respondents aged 16-25 (one respondent in that age band skipped the item) and $n = 157$ for respondents aged 25-60+ (one skipped). The marketing-cue figures rest on $n = 202$ overall and $n = 45$ for the 16-25 band. The monthly-income-share item was answered by 197 of 203 respondents, and the item on switching to men's or gender-neutral products by 202. The Black and Latina subgroup comprises the 14 respondents who selected Hispanic/Latino, Black, or Black and Latino as their sole race or ethnicity response; all 14 answered both the income-share and familiarity items, and the comparison group of 189 respondents answered the familiarity item in full and the income-share item in 183 cases. Each analytic n is stated at the point of use in the analysis below.

As the researcher, I approached this study from a position of shared social location with many participants, as a woman navigating the gendered marketing of personal care products, which shaped my attentiveness to particular product categories and marketing cues during data collection and interviewing. To guard against over-identification with participant accounts, interpretations were checked against the raw transcripts and the survey export rather than relying on memory or impressions, and every figure reported in the analysis was recomputed from the raw response file rather than carried forward from an earlier draft.

An audit trail of coding decisions was maintained throughout analysis, documenting how the five provisional codes were refined, merged, renamed, or narrowed as coding progressed, together with the reason for each change. Given the single-researcher design of this study, peer debriefing was not feasible; the audit trail and the direct grounding of each theme in verbatim excerpts serve as the primary strategies for establishing credibility.

Data Analysis and Presentation

Survey data are summarized using counts and percentages (e.g., proportion of respondents who report noticing gendered price differences; proportion who have switched to men's or gender-neutral products), and means on 1-5 Likert scales (e.g., perceived fairness of gendered pricing; extent of social media influence on purchasing decisions). Matched-pair pricing is summarized as absolute and percentage unit-price differences between Side A (women's-marketed or national-brand product) and Side B (men's-marketed or store-brand comparator), calculated as $(PPPU_A - PPPU_B) / PPPU_B$. Because Side A and Side B were originally defined to accommodate two different kinds of contrast, every pair is additionally sorted into one of three mutually exclusive groups before any count is reported, and no figure in this paper aggregates across them. Gender-framed pairs ($n = 6$) hold the brand tier approximately constant and vary the gender of the marketing, and are the only pairs that address the pink tax as such. Brand-framed pairs ($n = 7$) hold gender marketing constant and vary brand tier, comparing a national brand against a store or private-label comparator; these speak to the national-brand premium, a separate pricing phenomenon that affects men's and women's products alike. The remaining pairs ($n = 15$) vary pack size, retailer, or absorbency tier and are retained for methodological transparency but are not used to support any claim about gendered pricing. These figures are presented as purposive evidence of shelf-level price gaps rather than as inferential statistics. Microsoft Excel is used for data cleaning and PPPU computation across the matched-pair workbook. Tableau, Google Sheets, and Matplotlib are used to produce visualizations of quantitative findings, including the unit-price comparison charts and survey-response breakdowns presented in the analysis section.

Ethical Considerations and Confidentiality

The participants recruited for this study, women and girls aged 16 to 60+, drawn from community and school networks, are not inherently a vulnerable population. However, the inclusion of minors (participants aged 16 and 17) requires particular care in the consent process. For all participants, informed consent was obtained before survey completion, and for minors, parental consent as well. Participation was fully voluntary, and participants were informed of their right to skip any question and/or to withdraw from the study at any time. The survey and interview guide did not collect personally identifying information: names, specific clinic affiliations, and geographic details that might enable re-identification were not solicited. Interview excerpts containing potentially identifying contextual details were paraphrased in the write-up, and pseudonyms were used throughout to protect informants' confidentiality. Survey results were reported only in aggregate, preventing re-identification of individual respondents.

Regarding the matched-pair pricing data, this study uses only publicly observable list prices drawn from retailer product pages, information that is verifiable by any member of the public, and carefully distinguishes this objective shelf data from participant perceptions and subjective accounts. No screenshots containing shopper profiles, loyalty account identifiers, or cart contents are captured or retained. The write-up likewise avoids drawing legal conclusions about retailer pricing conduct, instead presenting price differences as descriptive findings subject to the interpretive caveats documented in the methods appendix (e.g., non-identical bottle sizes, blended-absorbency multipacks, formulation differences between gender-marketed shave gels and body washes). Data are stored securely and accessed only by the researcher.

This study was conducted as independent research outside a university setting and was therefore not subject to institutional review board approval, as no equivalent review body governs secondary-school student research of this kind. In place of formal board review, the study design, the survey and interview instruments, the consent procedures for minor participants, and the data-handling protocol were reviewed and approved before data collection by the study's research supervisor, Dr. Mohini Mehta (PhD, Uppsala University), an independent qualitative researcher who provided ethical oversight for the duration of the project and to whom the researcher remained accountable. The consent and confidentiality procedures set out above were adopted to meet the standards such a review would apply.

ANALYSIS/DISCUSSION

Interviews on the effects of gendered pricing were conducted with a pediatrician, a dermatologist, and two OB/GYNs (OB/GYN 1 and 2), and consumer survey results were gathered from 203 girls and women aged 16-60+ in 32 states. The healthcare providers interviewed consistently identified gendered pricing as a significant financial barrier, particularly for recurring necessities such as menstrual and skincare products. The survey responses corroborated this. Of the 197 respondents who answered the item, 42.6% reported spending more than 5% of their monthly income on feminine care and hygiene products, 15.7% reported spending more than 7%, and 3.6% reported spending more than 10%; the modal response, given by 57.4%, was 1-5%.

The healthcare providers also emphasized the cumulative nature of feminine care and hygiene products, with OB/GYN 1 noting that many are not one-time expenses and that these costs therefore pile up over time. Beyond financial strain, OB/GYN 1 also linked unaffordable products directly to adverse health outcomes, using douche washes as an example: "I see so many vaginal irritations from expired products, so many infections, because buying new ones is too expensive." It should be noted that clinical guidance, including guidance from the American College of Obstetricians and Gynecologists, advises against douching irrespective of product cost, on the grounds that it removes the protective bacteria of the vagina.²⁵ This example therefore illustrates how affordability pressure can lead to inappropriate or prolonged product use, rather than serving as direct evidence that a necessary product has been made unsafe by unaffordability; the same dynamic appears in a less ambiguous form in pads and tampons, where the product itself is clinically indicated and the constraint is purely one of cost.

Additionally, gendered marketing also ties into health risk. While this study focuses mainly on its impacts on women, gender-based marketing also harms men. The dermatologist, who lives and practices in Florida, noted that since sunscreen products are typically marketed to women, many of her male patients are unaware of their necessity in such a UV-heavy climate. "If you look at any of the actual advertisements, it is almost always a woman putting on her sunscreen or a woman putting on her serum. A skin care routine, even with necessary health products like sunscreen, is more targeted for women than men, which can be damaging."

The majority of her male patients spend hours outside, and the lack of marketing towards them or education about UV risk has led many of them to view it as "skincare for women", and thus not use it and experience higher rates of sun-related damage or skin cancers. As a healthcare provider, the dermatologist said she does her best to educate her patients about proper product use, but "it is difficult to go against a lifetime of advertisements and marketing."

All four providers identified marketing, rather than product quality, as the primary driver of the price premium on women's products. The pediatrician, who works in a middle-class neighborhood, said that many of her teenage patients are influenced towards more expensive goods by marketing: "The younger age, the middle school girls who are starting to use skincare, their routine is like 10 steps. Do they really need that? No." Echoing similar statements, the dermatologist said that "Marketing aimed at women specifically creates pressure to maintain more skin care routines using more expensive products."

Social media was identified as a key amplifier of this pressure, with the pediatrician observing that virtually all personal care product trends among her teenage patients are TikTok-driven. "They start feeling unclean if they don't use the products influencers use, don't look good, and aren't trendy because they aren't using what all their friends are using. They actually can become socially withdrawn and behind."

Survey responses showed how different generations' purchasing behavior is affected by social media. Among respondents aged 16-25 (n = 44), 27.3% reported that their purchases were strongly influenced by social media, compared with 34.4% among respondents aged 25-60+ (n = 157). When the two highest response categories were combined, 65.9% of respondents aged 16-25 and 61.1% of respondents aged 25-60+ reported being either "Very" or "Strongly" affected.

These two measures point in opposite directions, and the difference is instructive rather than contradictory. The strongest single response category was more common among older respondents, while the combined "Very" and "Strongly" category was more common among the younger group; younger respondents clustered at "Very" where older respondents were more likely to select "Strongly" or to sit at the midpoint. The gap between the two age groups on the combined measure is under five percentage points and rests on an analytic base of 44 in the younger band, so it is too small and too fragile to carry an argument about which group is more susceptible. What the pattern does complicate is a narrative centered narrowly on adolescent, social-media-driven pressure: social media's influence on gendered purchasing operates across the life course rather than being concentrated in adolescence, and what appears to differ

by age is the platform and mechanism of influence rather than its overall prevalence. The clearer age difference in this sample lies elsewhere, in susceptibility to packaging and “for women” labelling, where the 16-25 group's 44.4% stands well above the 28.7% sample-wide figure.

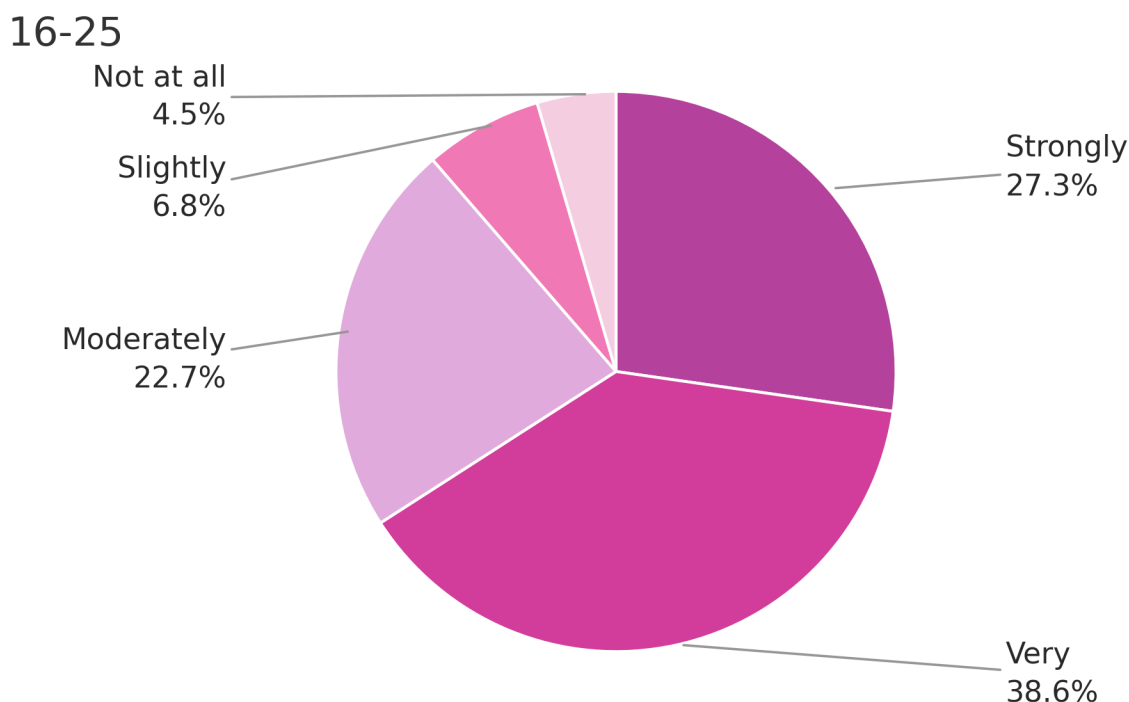


Figure 1: Social media influence on purchasing, respondents aged 16-25 (n = 44)

Responses to the Likert-scale question “To what extent does social media influence your purchases of personal care, cosmetic, and hygiene products?” among respondents aged 16-25, where 1 = Not at all and 5 = Strongly. One respondent in this band skipped the item, so the analytic base is 44 rather than the 45 respondents in the age group.

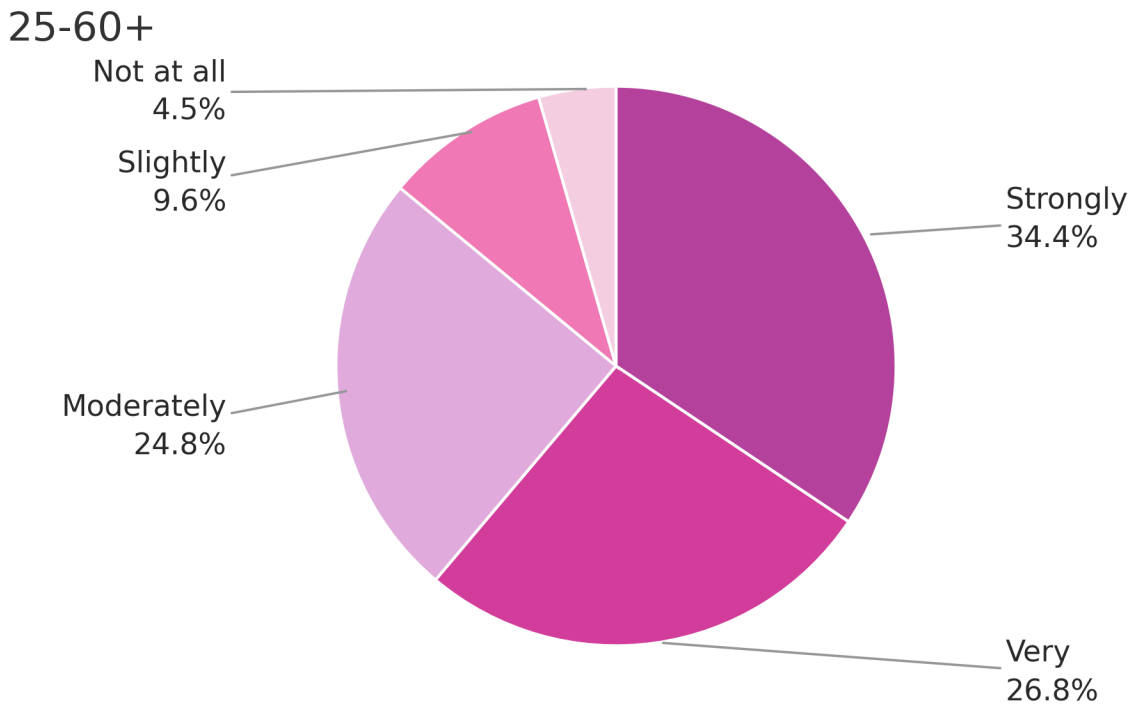


Figure 2: Social media influence on purchasing, respondents aged 25-60+ (n = 157)

Responses to the Likert-scale question “To what extent does social media influence your purchases of personal care, cosmetic, and hygiene products?” among respondents aged 25-60+, where 1 = Not at all and 5 = Strongly. One respondent in this band skipped the item, so the analytic base is 157 rather than the 158 respondents in the age group. Slice labels are rounded to one decimal place, while combined categories reported in the text are computed from counts, so the combined “Very” and “Strongly” figure of 61.1% (96 of 157) differs slightly from the sum of the two rounded labels shown here.

Beyond age, pregnancy and motherhood also shaped how participants and providers described marketing pressure. OB/GYN 2 described the advertising environment for pregnant women as inescapable; once on platforms like The Bump, targeted ads follow them everywhere. For these new and expecting mothers, advertisements often make their products seem necessary for a baby’s health, guiltig these women into buying products they do not always need. Postnatal vitamins are one example. “I think a lot of women buy these postnatal vitamins and they’re really the same thing as a prenatal vitamin, and often close double the price,” OB/GYN 2 said. “The advertisements for these products are based on guilt. It’s all guilt.”

Even for products like razors, providers noted that women’s versions are marketed as special and sold at a higher price, even when they are functionally identical to men’s equivalents.

To see whether provider accounts of gendered pricing actually appear on the shelf, this study included a matched-pairs shelf snapshot with 28 two-product comparisons drawn from public retailer listings captured in May 2026. The snapshot should be viewed as purposive evidence tied to public list prices at a single point in time. For each pair, the list price shown on the product page was converted to a unit price (for example, a box of 12 pads would be divided to determine the price per pad). Each product was labeled as Side A or Side B, and comparisons were made by gendered marketing (for products such as deodorant or body wash) or for products with similar functions but different brands. Side A was the national brand or a product marketed toward women. Side B was the store brand or a men's aisle product with the same function. A positive percent gap means Side A's unit price is higher than Side B's on that pair. Because these two labelling rules capture two different phenomena, the 28 pairs were sorted before analysis into gender-framed pairs, which vary the gender of the marketing while holding brand tier approximately constant ($n = 6$); brand-framed pairs, which vary brand tier while holding gender marketing constant ($n = 7$); and a remainder that varies pack size, retailer, or absorbency tier ($n = 15$). Only the gender-framed pairs speak to the pink tax as such, and the counts below are reported separately for each group. All percentage differences are computed from unrounded unit prices and then rounded to one decimal place, so recalculating them from the rounded per-unit figures quoted in the text will produce small discrepancies. The full pair-by-pair table appears in Appendix A.

For disposable razors, the category the healthcare providers singled out as “functionally identical” yet priced higher for women, the price snapshot aligns with their interviews. In pair SR01, a three-count pack of Gillette Venus Sensitive (marketed towards women) at Walmart is listed at about \$2.43 per razor, compared with about \$1.83 per razor for a four-count pack of Gillette Sensor3 men's razors (+32.6% relative to Side B). In pair SR02, Venus Extra Smooth (three razors) reached about \$4.19 per razor, compared with the same men's Sensor3 baseline (+129.0%). The packs contain different razor counts (three versus four), so the comparison is not an exact match. However, even so, the per-razor economics illustrate how “special” women's products can carry far higher shelf unit prices than men's options on the same retail day.

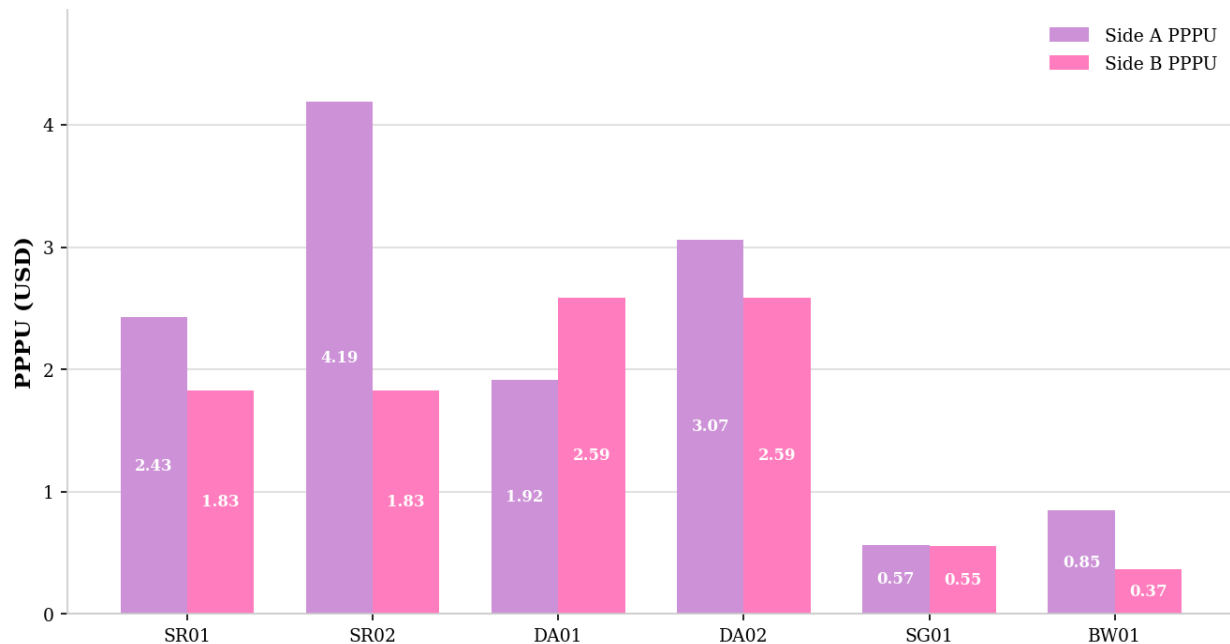


Figure 3: Unit price by side, gender-framed pairs (n = 6)

Unit prices for the six gender-framed product pairs, Side A (purple, women's-marketed) against Side B (pink, men's-marketed). SR is shaving razors, SG is shave gel, DA is deodorant, and BW is body wash. Side A is higher in five of the six pairs; DA01 runs 26.0% lower for the women's product and SG01 sits at effective parity (+2.6%). These are the only six pairs in the snapshot that isolate gender marketing from brand tier.

Menstrual product costs show a gap between national and store-brand products that helps explain why providers described feminine-care costs as cumulative, but this is a brand-tier gap rather than a gendered one. In MP01, Always Infinity FlexFoam regular pads (36 count) were listed at roughly \$0.25 per pad. In comparison, Walmart's Equate ultra-thin regular pads (also 36-count) were listed at about \$0.11 per pad, representing about a 125% higher unit price on Side A. Both products are marketed to women, so this gap measures the premium attached to a national brand, not a premium attached to gender; it is nonetheless a real cost pressure on the women who buy these products, and it is the largest single gap anywhere in the snapshot.

Within the gender-framed pairs the pattern is more mixed. In DA01, within the same Degree brand, the women's marketed antiperspirant stick (2.6 oz) was 26.0% less expensive per labeled fluid ounce than the men's Ultra Clear stick (2.7 oz). SG01 compared two 7-oz sensitive shave gels (women's Satin Care and men's Gillette Series) and found nearly identical unit prices (+2.6%), close enough to parity that it should not be read as a gap in either direction. BW01, however, is a cautionary case, where a 15.3 oz women's serum-positioning Dove body wash versus a 30 oz Dove Men+Care bottle showed about +131.8% higher unit price on Side A. This comparison is limited by a pack-size mismatch, since larger bottles typically

carry a lower per-ounce price regardless of gender marketing, and part of this gap therefore reflects a quantity discount and a premium serum formulation rather than gender-based pricing alone; it is the weakest of the six gender-framed pairs, and the figures below hold without it, with a median gap of +18.4% across the remaining five.

Taken across the three groups, the snapshot supports a narrower claim than a raw count would imply. Among the six gender-framed pairs, the women's-marketed side carried the higher unit price in five, with a median gap of +25.5% and a range from -26.0% to +131.8%. Among the seven brand-framed pairs, the national brand carried the higher unit price in all seven, with a median gap of +57.0% and a range from +11.8% to +125.4%, larger and far more consistent than the gendered gap. Across all 28 pairs, Side A carried the higher unit price in seventeen comparisons; that figure is reported here only for completeness, because it mixes the two phenomena and should not be read as a measure of gendered pricing. The practical implication is that women's-marketed products carried a higher unit price more often than not, but not universally, and that the largest and most consistent price gaps a woman actually encounters on these shelves come from the choice between a national brand and a store brand. This partition also speaks to the within-category null reported by Moshary, Tuchman, and Vajravelu: the deodorant and shave-gel pairs reproduce it, while the two razor pairs do not, so the null holds in this snapshot for some categories and not for others. What the partition supports more clearly is the relocation their finding implies, since the gap a shopper is most likely to meet on these shelves attaches to brand tier rather than to gender as such.

The survey reinforces the real-world pull of this marketing, since 28.7% of all respondents agreed that marketing features (such as pink packaging, fragrance, "for women" labels) influence their purchasing decisions. The 16-25 age group had an even higher rate of 44.4%. Despite this, the respondents also reflected growing consumer awareness, with 50.5% reporting that they had intentionally purchased a men's or gender-neutral product to avoid higher prices.

Overall, the healthcare providers unanimously agreed that cheaper or generic alternatives, such as CeraVe instead of a \$35 cream or One A Day instead of branded prenatal vitamins, are often equally effective or more effective.

The financial burden of gendered pricing is not distributed evenly. According to the providers, lower-income women, single mothers, college students, and women in underprivileged communities absorb a disproportionate share of these costs. Additionally, racial and ethnic identity can further affect personal care costs. For example, the pediatrician noted that cultural norms in some Latino and Asian households create hesitance around products like menstrual cups.

While Black and Latina women have the lowest annual median earnings in the nation,²⁶ survey results showed they spent a higher percentage of their income on personal care and hygiene products. Among Black and Latina respondents (n = 14, all of whom answered this item), 57.1% reported spending more than 5% of their monthly income on these products, with 7.1% reporting spending more than 10%. Among all other respondents (n = 189, of whom 183 answered this item), 41.5% reported spending more

than 5% of their monthly income, and 3.3% reported spending more than 10%. Because the Black and Latina subgroup comprises only fourteen respondents, a shift of a single response would move the subgroup percentage by roughly seven points; these figures should therefore be read as descriptive of this sample rather than as representative estimates, and the gap between 57.1% and 41.5% should be treated as suggestive of a direction rather than as a measured difference.

In addition, Black and Latina respondents also reported lower awareness of the “pink tax” and of gendered pricing itself. Among all other respondents ($n = 189$), 22.8% said they were not familiar at all with those topics, while among Black and Latina respondents ($n = 14$) the figure was 42.9%. The same small-sample caution applies here as above.

This awareness gap is itself intersectional evidence rather than an incidental finding. Within Crenshaw's framework, lower familiarity with the term “pink tax” among Black and Latina respondents does not indicate lower exposure to gendered pricing; the spending data in this sample point the other way. It suggests instead that mainstream discourse on the issue, including media coverage and consumer-advocacy campaigns, has been shaped by and addressed to a narrower audience than the one that bears the cost. The implication for the education-focused solutions discussed below is direct: an awareness campaign designed for a general audience is likely to reach least well the group with both the lowest reported familiarity and the highest reported spending share, and education-centered remedies should therefore be designed and disseminated differently across racial and ethnic groups rather than assumed to reach all women equally.

In response to these concerns, all providers described advising patients to buy affordable product alternatives, distributing coupons for necessary products, and educating their patients against social-media-driven product expectations.

“A lot of people get influenced by social media, and we really have to sit and explain to them that just because it's expensive, it doesn't mean it's better,” said OB/GYN 1. “Every day, we have to tell them that just because it's been marketed well, it's five times more expensive and not better quality. The same thing can be achieved by products that are more reasonably priced.”

When asked about solutions to these issues, providers called for reclassifying menstrual and hygiene products as essentials. Four distinct policy levers are bundled together in that call, and they operate independently of one another. The first is sales-tax exemption: as of July 2026, eighteen states still apply their general sales tax to menstrual products, because those products fall outside the exemptions those states grant to groceries and medical necessities.²⁷ This is a question of what sits inside a state's sales-tax base rather than a separate tax levied on women, and it is the only one of the four levers on which the eighteen-state figure bears. The second is formal classification as an essential or medical good, which some states have used as the statutory route to exemption, but which does not follow automatically from that classification. The third is insurance eligibility, which, at the federal level, was addressed separately when the CARES Act designated menstrual products as qualified medical expenses for HSA and FSA reimbursement in 2020. The fourth is direct subsidy or free provision, which providers raised in

connection with schools and community centers and which no state accomplishes through tax policy alone. Conflating the four overstates what removing a sales tax would achieve: exemption reduces the price at the register by a few percentage points, whereas the price gaps documented in this study's snapshot are an order of magnitude larger.

Regulatory action on marketing, specifically reducing targeted digital advertising, was also proposed as a solution for bringing product costs down, with OB/GYN 2 arguing that reducing social media advertising directly reduces the pressure to buy unnecessarily expensive goods: "A lot of these companies spend most of their money on marketing and not really so much on product development. If they tone down social media, bring down the targeted ads, they would bring the cost down and be able to improve their product's quality."

The healthcare professionals also stated that education on which products are necessities and on marketing strategies to be less affected by marketing is needed. "Providing resources to inform low socio-economic areas, their schools, community centers...that definitely will help," said the Pediatrician.

As for the role of government, OB/GYN 2 also believes stronger advocacy will help women and girls manage price-based burdens. "I think once we have more women in government, it's going to change. Most lawmakers are men who don't have much incentive to support women and their needs."

In the survey, consumers agreed with the healthcare professionals. In a multi-select question about solutions, 110 selected that they thought government regulations could reduce gender-based pricing, 147 selected greater consumer awareness, and 130 selected corporate pricing transparency.

CONCLUSION

This study set out to evaluate the pink tax as a gendered marketplace experience shaped by marketing cues, social norms, and structural inequalities. The combined evidence from provider interviews, consumer surveys, and matched-pair shelf data confirms that framing.

Across all three data sources, a consistent but qualified pattern emerged. Where gender marketing was isolated from brand tier, the women's-marketed product carried the higher unit price in five of six comparisons, with one category cheaper for women and one at parity; the direction is clear, the magnitude varies widely by category, and the claim that women pay more for functionally equivalent products holds more strongly on some shelves than others. What is more consistent across the evidence is the second half of the pattern: women and girls are disproportionately targeted by marketing that justifies a premium, and the largest price gaps they actually encounter often come from being steered toward a premium or national-brand tier rather than from a surcharge on an otherwise identical good. When they cannot afford to buy these products, women and girls often face both physical and mental health consequences.

That distinction matters for where reform is aimed. If the same-shelf, same-formulation gap is small, as Moshary, Tuchman, and Vajravelu report and as the deodorant and shave-gel pairs here independently

suggest, then a response built solely around price parity on the shelf addresses the narrowest version of the problem. The evidence assembled here points instead toward the persuasion channel: the marketing that makes the premium tier feel necessary, which all four providers named as the primary driver of what their patients spend, and which the survey found salient for 28.7% of respondents overall and 44.4% of those aged 16-25. Of this study's three data sources, the shelf snapshot speaks to price, the survey to cue salience, and the interviews to how that pressure is experienced clinically; none of the three tests the persuasion channel directly, and doing so is the clearest next step for this line of research.

The first research objective, analyzing how women navigate gendered product categories in their day-to-day purchasing decisions, was addressed directly by the survey, which found that over 50% of respondents reported intentionally purchasing a men's or gender-neutral product to avoid higher prices, demonstrating active, price-conscious navigation of gendered aisles.

The second objective, to examine how salient gendered marketing cues are in consumers' accounts of their own purchasing and how they justify a premium attached to those cues, was addressed by both the survey and the interviews: 28.7% of survey respondents reported that features like pink packaging and "for women" labels influence their purchases, a figure that rises to 44.4% among respondents aged 16-25, while all four providers noted that patients routinely conflate higher price with higher quality.

The literature review supports this finding, reinforcing the view that companies intentionally divide functionally similar products by gender and rely on identity-based marketing to sustain price premiums.

The third objective, identifying the disadvantages of gendered product marketing, is most fully addressed by the interview data, with providers documenting recurrent infections from product overuse when not being able to afford more, negative self-esteem in adolescents who cannot afford trending products, and compounded postpartum costs for new mothers.

The fourth and final objective, to situate these findings within broader policy and regulatory debates, is addressed through provider policy recommendations (reclassifying menstrual products as essential goods, reducing targeted digital advertising) and corroborated by the survey, in which 147 respondents selected greater consumer awareness and 130 selected corporate pricing transparency as preferred solutions.

Together, these findings address the gaps identified in the literature review by linking price differences to lived consumer behavior, health consequences, age and race-based subgroup patterns, and policy responses in a single mixed-methods analysis. The primary data (interviews and the survey) and secondary data (existing literature and shelf pricing) worked together in analysis: the literature identified price gaps that the matched-pair snapshot confirmed, and the surveys documented consumer vulnerability that the healthcare provider interviews provided clinical context.

As for limitations, the matched-pair snapshot was captured from public retailer listings in May 2026 and cannot account for sales promotions, regional variations, or differences between online and in-store pricing. The gender-framed subset on which this study's pricing claims rest comprises only six pairs,

drawn from four product categories and mostly from a single retailer, and two of those pairs carry a pack-count or pack-size mismatch that inflates the apparent gap; the snapshot is therefore a purposive illustration and cannot support an estimate of the size of the gender premium in the market as a whole. Several survey statistics also rest on small analytic bases, most notably the fourteen-respondent Black and Latina subgroup, and the survey's age bands share boundary values, which introduces ambiguity for respondents aged exactly 25, 45, or 60. In addition, the interview sample was small, with one pediatrician, one dermatologist, and two OB/GYNs, meaning the provider perspectives are not statistically representative of healthcare professionals. Lastly, since the study relies on self-reported spending data, responses on monthly income percentages spent on personal care and feminine hygiene products may be subject to recall bias.

Future research seeks to expand the interview component to include women consumers across a range of ages, income levels, racial and ethnic identities, and geographic regions, to capture the full intersectional texture of gendered pricing as a lived experience. A broader range of professionals would also be included in the healthcare provider interviews, potentially including lawmakers or workers from firms that sell menstrual, personal care, and/or hygiene products. In addition to the May 2026 matched-pair comparisons, a longer shelf-pricing study that tracks the same product pairs across multiple countries and seasons would also be incorporated, allowing researchers to determine how price gaps are changing in response to regulatory or consumer pressure.

The dermatologist's observation about male patients underusing sunscreen because of marketing targeted toward women poses questions about how masculine marketing norms also harm consumers, and whether or not gender-neutral advertising reduces negative effects for both genders. As proposed by a health practitioner participant, greater female representation in government may be necessary for reform; future research could examine whether states with higher proportions of women legislators have enacted more protective consumer pricing policies. Finally, as digital advertising algorithms have been shown to constitute their own form of pink tax by charging more to reach female audiences,²⁸ future research will examine the intersection of platform regulation and gendered pricing, particularly as the EU and US begin to scrutinize algorithmic advertising practices more closely.

This study shows that the pink tax is ultimately not a retail strategy but a structural feature of markets that has long treated femininity as a premium category. Therefore, given its far-reaching effects, addressing gendered pricing will require action not just from consumers but also from healthcare providers, corporations, and policymakers.

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APPENDIX A. MATCHED-PAIR PRICE SNAPSHOT, ALL 28 PAIRS

All prices were recorded from publicly accessible retailer product detail pages during the May 2026 field window. PPPU denotes price per product unit, computed as list price divided by pack count (pads, tampons, razors) or by labeled net fluid ounces (deodorant, shave gel, body wash). $\Delta\%$ is $(PPPU_A - PPPU_B) / PPPU_B$, computed from unrounded unit prices and rounded to one decimal place. Pairs are grouped by comparison type: gender-framed pairs vary the gender of the marketing while holding brand tier approximately constant and are the only pairs used to support claims about gendered pricing; brand-framed pairs vary brand tier while holding gender marketing constant; the remaining pairs vary pack size, retailer, or absorbency tier and are listed for transparency only. Product titles are abbreviated here to fit the column; the complete retailer product titles, listing URLs, and individual capture dates for every listing are recorded in the [supplementary spreadsheets](#).

Pair	Comparison type	Category	Side A (retailer · size · list price)	Side B (retailer · size · list price)	PPPU A	PPPU B	$\Delta\%$
SR01	Gender-framed	shaving disposables	Gillette Venus Sensitive 3-blade disposable razors · Walmart · 3 ct · \$7.28	Gillette Sensor3 men's disposable razors 4 ct · Walmart · 4 ct · \$7.32	\$2.4267	\$1.8300	+32.6%
SR02	Gender-framed	shaving disposables	Gillette Venus Extra Smooth disposable women's razors · Walmart · 3 ct · \$12.57	Gillette Sensor3 men's disposable razors 4 ct · Walmart · 4 ct · \$7.32	\$4.1900	\$1.8300	+129.0%
DA01	Gender-framed	deodorant antiperspirant	Degree Advanced Women's AP/deodorant Shower Cream · Walmart · 2.6 oz · \$4.98	Degree Men Ultra Clear Fresh AP/deodorant stick · Walmart · 2.7 oz · \$6.99	\$1.9154	\$2.5889	-26.0%

Pair	Comparison type	Category	Side A (retailer · size · list price)	Side B (retailer · size · list price)	PPPU A	PPPU B	Δ%
DA02	Gender-framed	deodorant antiperspirant	Secret Outlast Women's AP/deodorant invisible ... · Walmart · 2.6 oz · \$7.97	Degree Men Ultra Clear Fresh AP/deodorant stick ... · Walmart · 2.7 oz · \$6.99	\$3.0654	\$2.5889	+18.4%
SG01	Gender-framed	shave prep	Gillette Satin Care Ultra Sensitive Women's Shave ... · Walmart · 7 oz · \$3.97	Gillette Series Soothing Shave Gel for Men with ... · Walmart · 7 oz · \$3.87	\$0.5671	\$0.5529	+2.6%
BW01	Gender-framed	body wash	Dove Almond Oil & Sandal Wood Oil Body Wash for ... · Walmart · 15.3 oz · \$12.97	Dove Men+Care Body Wash & Face Wash for Men Clear ... · Walmart · 30 oz · \$10.97	\$0.8477	\$0.3657	+131.8%
MP01	Brand-framed	menstrual pads	Always Infinity FlexFoam Regular Absorbency with ... · Walmart · 36 ct · \$8.97	Equate Ultra Thin Regular Absorbency Size 1 with ... · Walmart · 36 ct · \$3.98	\$0.2492	\$0.1106	+125.4%
MP02	Brand-framed	menstrual pads	Always Ultra Thin Overnight Size 4 with Wings ... · Walmart · 36 ct · \$8.97	Equate Ultra Thin Overnight Absorbency Size 4 ... · Walmart · 38 ct · \$5.98	\$0.2492	\$0.1574	+58.3%
MP04	Brand-framed	menstrual pads	Always Ultra Thin Overnight Size 4 with Wings ... · Walmart · 36 ct · \$8.97	Equate Ultra Thin Overnight Absorbency Size 4 ... · Walmart · 14 ct · \$3.12	\$0.2492	\$0.2229	+11.8%
MP06*	Brand-framed	menstrual pads	Always Infinity Regular Absorbency FlexFoam Pads ... · Target · 36 ct · \$8.99	up & up Ultra Thin Regular pads with wings unscented ... · Target · 36 ct · \$5.79	\$0.2497	\$0.1608	+55.3%
MT01	Brand-framed	menstrual tampons	Tampax Pearl Plastic Applicator Regular Absorbency ... · Walmart · 36 ct · \$9.38	Equate Premium Plastic Applicator Tampons Multi-pack ... · Walmart · 45 ct · \$7.47	\$0.2606	\$0.1660	+57.0%
MT03	Brand-framed	menstrual tampons	Tampax Pearl Plastic Applicator Regular Absorbency ... · Walmart · 18 ct · \$5.22	Equate Premium Plastic Applicator Tampons Multi-pack ... · Walmart · 45 ct · \$7.47	\$0.2900	\$0.1660	+74.7%
XP01*	Brand-framed	menstrual pads	up & up Ultra Thin Regular pads with wings unscented ... · Target · 36 ct · \$5.79	Equate Ultra Thin Regular Absorbency Size 1 with ... · Walmart · 36 ct · \$3.98	\$0.1608	\$0.1106	+45.5%
MP03	Other (format / retailer / tier)	menstrual pads	Equate Ultra Thin Overnight Absorbency Size 4 ... · Walmart · 38 ct · \$5.98	Equate Ultra Thin Overnight Absorbency Size 4 ... · Walmart · 14 ct · \$3.12	\$0.1574	\$0.2229	-29.4%
MP05	Other (format / retailer / tier)	menstrual pads	Equate Ultra Thin Regular Absorbency Size 1 with ... · Walmart · 36 ct · \$3.98	Equate Ultra Thin Overnight Absorbency Size 4 ... · Walmart · 38 ct · \$5.98	\$0.1106	\$0.1574	-29.7%
MP07*	Other (format / tier)	menstrual pads	Always Infinity FlexFoam Regular Absorbency with ... · Walmart · 36 ct · \$8.97	Always Infinity Regular Absorbency FlexFoam Pads ... · Target · 36 ct · \$8.99	\$0.2492	\$0.2497	-0.2%

Pair	Comparison type	Category	Side A (retailer · size · list price)	Side B (retailer · size · list price)	PPPU A	PPPU B	Δ%
	retailer / tier)						
MP08 *	Other (format / retailer / tier)	menstrual pads	Always Infinity Pads Size 1 Regular · Instacart · 36 ct · \$8.99	Always Infinity FlexFoam Regular Absorbency wi... · Walmart · 36 ct · \$8.97	\$0.2497	\$0.2492	+0.2%
MP09	Other (format / retailer / tier)	menstrual pads	Always Infinity FlexFoam Regular Absorbency wi... · Walmart · 36 ct · \$8.97	Always Ultra Thin Overnight Size 4 with Wings ... · Walmart · 36 ct · \$8.97	\$0.2492	\$0.2492	+0.0%
MT02	Other (format / retailer / tier)	menstrual tampons	Tampax Pearl Plastic Applicator Regular Absorb... · Walmart · 36 ct · \$9.38	Tampax Pearl Plastic Applicator Regular Absorb... · Walmart · 18 ct · \$5.22	\$0.2606	\$0.2900	-10.2%
MT04 *	Other (format / retailer / tier)	menstrual tampons	Tampax Pearl Plastic Applicator Regular Absorb... · Walmart · 36 ct · \$9.38	Tampax Pearl Tampons LeakGuard Braid Unscented... · CVS · 36 ct · \$9.79	\$0.2606	\$0.2719	-4.2%
MT05 *	Other (format / retailer / tier)	menstrual tampons	Tampax Pearl Tampons LeakGuard Braid Unscented... · CVS · 36 ct · \$9.79	Tampax Pearl Plastic Applicator Regular Absorb... · Walmart · 18 ct · \$5.22	\$0.2719	\$0.2900	-6.2%
MT06 *	Other (format / retailer / tier)	menstrual tampons	Tampax Pearl Tampons LeakGuard Braid Unscented... · CVS · 36 ct · \$9.79	Equate Premium Plastic Applicator Tampons Mult... · Walmart · 45 ct · \$7.47	\$0.2719	\$0.1660	+63.8%
SR03	Other (format / retailer / tier)	shaving disposables	Gillette Venus Sensitive 3-blade disposable ra... · Walmart · 3 ct · \$7.28	Gillette Venus Extra Smooth disposable women's... · Walmart · 3 ct · \$12.57	\$2.4267	\$4.1900	-42.1%
DA03	Other (format / retailer / tier)	deodorant antiperspirant	Secret Outlast Women's AP/deodorant invisible ... · Walmart · 2.6 oz · \$7.97	Degree Advanced Women's AP/deodorant Shower Cl... · Walmart · 2.6 oz · \$4.98	\$3.0654	\$1.9154	+60.0%
XP02 *	Other (format / retailer / tier)	menstrual pads	Always Infinity Pads Size 1 Regular · Instacart · 36 ct · \$8.99	Always Infinity Regular Absorbency FlexFoam Pa... · Target · 36 ct · \$8.99	\$0.2497	\$0.2497	+0.0%
XP03	Other (format / retailer / tier)	menstrual pads	Always Ultra Thin Overnight Size 4 with Wings ... · Walmart · 36 ct · \$8.97	Equate Ultra Thin Regular Absorbency Size 1 wi... · Walmart · 36 ct · \$3.98	\$0.2492	\$0.1106	+125.4%

Pair	Comparison type	Category	Side A (retailer · size · list price)	Side B (retailer · size · list price)	PPPU A	PPPU B	Δ%
XP04	Other (format / retailer / tier)	menstrual pads	Always Infinity FlexFoam Regular Absorbency wi... · Walmart · 36 ct · \$8.97	Equate Ultra Thin Overnight Absorbency Size 4 ... · Walmart · 38 ct · \$5.98	\$0.2492	\$0.1574	+58.3%
XP05 *	Other (format / retailer / tier)	menstrual pads	Equate Ultra Thin Overnight Absorbency Size 4 ... · Walmart · 38 ct · \$5.98	Always Infinity Regular Absorbency FlexFoam Pa... · Target · 36 ct · \$8.99	\$0.1574	\$0.2497	-37.0%

* Price confidence note. Pairs marked with an asterisk (MP06, MP07, MP08, MT04, MT05, MT06, XP01, XP02, XP05) include at least one listing whose price was not captured from a SKU-specific retailer product detail page: the two Target listings were flagged as provisional in the Methodology because Target's pages did not expose prices to the collection method used, the CVS listing is a midpoint of a visible variant price band rather than a single SKU, and the Instacart listing is a third-party storefront tile whose price varies by store partner. No gender-framed pair depends on a provisional price; all six were captured from Walmart product detail pages, so the paper's central pricing claims are unaffected. Excluding the two brand-framed pairs that rely on provisional Target prices (MP06 and XP01) moves the brand-framed median from +57.0% to +58.3%, leaving that finding substantively unchanged.

Interpretive limits. SR01 and SR02 compare three-count against four-count razor packs, and BW01 compares a 15.3 oz bottle against a 30 oz bottle; in each case part of the gap reflects pack economics rather than gender marketing. MT01 and MT03 use a mixed-absorbency multipack on one side, so the per-tampon figure is a blended benchmark rather than a like-for-like unit price. DA01 and DA02 convert solid antiperspirant sticks to a per-fluid-ounce basis using labeled net weight. These pairs are retained because excluding them would understate the range of comparisons a shopper actually faces, but no claim in this paper rests on any one of them alone.