
Electronic Theses and Dissertations, 2004-2019

2014

Advertising Risk: A Comparative Content Analysis of Contraceptive Advertisements Targeting Black and White Women

Tiffany Rogers
University of Central Florida

 Part of the [Sociology Commons](#)

Find similar works at: <https://stars.library.ucf.edu/etd>

University of Central Florida Libraries <http://library.ucf.edu>

This Masters Thesis (Open Access) is brought to you for free and open access by STARS. It has been accepted for inclusion in Electronic Theses and Dissertations, 2004-2019 by an authorized administrator of STARS. For more information, please contact STARS@ucf.edu.

STARS Citation

Rogers, Tiffany, "Advertising Risk: A Comparative Content Analysis of Contraceptive Advertisements Targeting Black and White Women" (2014). *Electronic Theses and Dissertations, 2004-2019*. 4534.
<https://stars.library.ucf.edu/etd/4534>

ADVERTISING RISK: A COMPARATIVE CONTENT ANALYSIS OF
CONTRACEPTIVE ADVERTISEMENTS TARGETING BLACK AND WHITE
WOMEN

by

TIFFANY LAUREN ROGERS
B.S. Texas Christian University, 2011

A thesis submitted in the partial fulfillments of the requirements
for the degree of Master of Arts
in the Department of Sociology
in the College of Sciences
at the University of Central Florida
Orlando, Florida

Summer Term
2014

Major Professor: Shannon Carter

© 2014 Tiffany Rogers

ABSTRACT

This research compared contraceptive advertisements in two top-circulated publications for white and African American female subscribers, *Cosmopolitan* and *Essence*. Data consisted of a sample of 172 contraceptive advertisements from the two magazines published between 1992 and 2012. Quantitative analysis focused on the model(s)' race, age, marital status, and socioeconomic status; the type of contraceptive being advertised; and the reason stated in the ad for using the product. This analysis determined a disparity in the rate of advertisement of doctor-administered contraceptives for the publications of 25.4 percent in *Essence* magazine and 9.5 percent in *Cosmopolitan* magazine. Black women were targeted with long-term, doctor-administered birth control ads more frequently than white women over a twenty-year period, which correlates with findings of previous studies suggesting minority women receive these types of birth control more often than their white counterparts. Qualitative analysis focused on the written messages in the advertisements. This analysis identified the theme of risk as a prominent message of advertisements, appealing to concerns surrounding health, desirability, freedom and pregnancy.

For my mother, Carolyn. My support, my inspiration, and my light.

ACKNOWLEDGMENTS

I would like to first acknowledge Dr. Shannon Lawrence Carter, to whom I owe so much. Thank you for understanding the vision of my research and motivating me to push through this process of learning and growth. I also extend further thanks to my thesis committee members, Dr. Elizabeth Grauerholz and Dr. Amy Donley, for your guidance and input from start to finish.

Tiffany L. Rogers

TABLE OF CONTENTS

LIST OF FIGURES	vii
LIST OF TABLES	viii
CHAPTER ONE: INTRODUCTION.....	1
CHAPTER TWO: LITERATURE REVIEW	3
Eugenics, Reproduction and Welfare in Pre- and Post-Civil War America	3
Messages and Racial-Sexual Stereotypes in Advertising	7
CHAPTER THREE: THEORETICAL FRAMEWORK.....	10
Intersectionality and Black Feminist Epistemology: An Introduction.....	10
CHAPTER FOUR: METHODS	12
Sample, Sampling and Coding.....	12
Data Collection	17
Data Analysis	18
CHAPTER FIVE: FINDINGS.....	21
Demographics and Statistics	21
Contraceptives and Discourse of Risk	26
Contraceptives and Personal Health.....	28
Contraceptives and Desirability	32
Contraceptives and Freedom.....	35
Contraceptives and Pregnancy Prevention.....	39
CHAPTER SIX: DISCUSSION	42
CHAPTER SEVEN: CONCLUSION.....	48
APPENDIX: DATA CODING WORKSHEETS	50
REFERENCES	55

LIST OF FIGURES

Figure 1: Conceptrol Ad, <i>Essence Magazine</i>	30
Figure 2: Today Sponge Ad, <i>Cosmopolitan Magazine</i>	33
Figure 3: Reality Female Condom Ad, <i>Essence Magazine</i>	34
Figure 4: Ortho Tri-Cyclen Ad, <i>Cosmopolitan Magazine</i>	35
Figure 5: Seasonique Ad, <i>Cosmopolitan Magazine</i>	36
Figure 6: Depo Provera Ad, <i>Essence Magazine</i>	38
Figure 7: Plan B Advertisement, <i>Cosmopolitan Magazine</i>	40

LIST OF TABLES

Table 1: Magazine Ads per Published Page, 1992-2012	21
Table 2: Demographics by Publication (in percent), 1992-2012	23
Table 3 Method of Administration for Contraceptives (in percent), 1992-2012	25
Table 4: Sexualization of Models in Contraceptive Ads, 1992-2012	26

CHAPTER ONE: INTRODUCTION

There is currently a persistent inequity between white and minority American women which is further exacerbated by racialized stereotypes in advertising (Bonilla-Silva, 2013; Thomas and Treiber, 2000). Various studies successfully display the issue of stereotyping in the media, most often discernable in advertising which targets female consumers (Mager and Helgeson, 2010; Monk-Turner et al., 2007; Thomas and Treiber, 2000). These stereotypes tend to focus on socially controlling images of hypersexualized, inadequate black women and are used in advertising that aid in the reinforcement of white supremacist ideals (Collins, 1990; Sanders, 2004, 2006; Thomas and Treiber, 2000 ; Wheaton, 2009;).

In an attempt to understand how covert racist language and images may be used in advertising that targets women, this study focuses on analyzing contraceptive advertisements in two popular women's magazines. Reproductive control is exerted through welfare legislation using stereotypical ideas of poor, minority women, particularly legislation relating to contraceptive use by government aide recipients. It is possible that contraceptive advertisements hold information concerning the appropriation of stereotypes for the selling of products to minority women. Although research has been conducted concerning print media in women's magazines, few have examined the difference between advertisements for similar products in different, racially targeted publications (Thomas and Treiber, 2000). Thus, this research explores possible themes of racism and reproductive control present in contraceptive advertising, as well as existing

differences in contraceptive advertising between predominantly black- and predominantly white-targeted publications.

CHAPTER TWO: LITERATURE REVIEW

Eugenics, Reproduction and Welfare in Pre- and Post-Civil War America

The proliferated version of American history taught to American citizens spends little time acknowledging the various ways racism caused damage to populations of minority citizens before the enactment of the Civil Rights Act of 1964 (Bonilla-Silva, 2013). Beyond barring African Americans from voting and gaining political representation, the United States also historically promoted an agenda of eugenics out of fear that an influx of immigrants and the growth of minority races may someday result in a non-white majority and render white Americans powerless in “their own” country (Kennedy, 2003; Volsch, 2011). This same language was used to reframe contraception, a part of women’s liberation highly regarded by feminists, as another form of control over the black female body.

Eugenics is a theory and practice of the cleansing of the human race by promoting reproduction of those with desirable traits and discouraging the reproduction of those deemed “feeble-minded,” resulting in coercive or forced sterilization (Kennedy, 2003). At the height of its practice in the 1930s, eugenics used traits belonging primarily to non-white lower class citizens to qualify individuals as feeble-minded, among them drunkenness, criminality, sexual promiscuity, and drug use, positing that they were hereditary (Kennedy, 2003). Furthermore, the gender-nuanced description of a feeble-minded female as sexually immoral and promiscuous easily targeted young, single mothers living in poverty, as these “undesirable” individuals were said to be “born this way” and deemed “scientifically” inferior. Eugenics gained momentum with the white

middle- and upper-class because it dealt with social problems purportedly caused by immigration and urbanization, and its growing favorability allowed for the social control of primarily non-white immigrant and African American women's reproduction, though white women by the same descriptions were also affected (Stubblefield, 2007). In the case of *Madrigal vs. Quilligan* in Los Angeles, California, there are ten documented accounts of women who were forced to undergo sterilization or coerced into signing medical authorization for sterilization during high stress situations; some minority women were never informed of the sterilization and found out after the procedure had already been carried out (Enoch, 2005).

Once the United States became involved in World War II, the eugenics movement began to lose clout due to its role in the "ethnic cleansing" being carried out against Jewish Europeans abroad by Nazi Germany (Kennedy, 2003). Following shortly after was the Civil Rights movement, which required programs with overt racism to discontinue their practices. Many states that had once upheld eugenic sterilization began to discontinue its use, though some such as North Carolina, California, Georgia, Virginia and Alabama continued the practice through the 1970s (Enoch, 2005; Kennedy, 2003).

The ability for women to legally control their own reproduction and fertility through contraceptives is still relatively new. Government bans on contraceptive use in the early 1800s prevented women from planning when to start a family, if at all, and hormone free contraceptives like condoms, vaginal sponges and diaphragms were not easily purchased until the 1870s (Tone,). However, in 1872, the Comstock Act successfully deemed any distribution of materials containing information about contraceptives through advertising or the mail, which was a main means of birth control

access for women at the time. Prior to the women's liberation movement and the outcry for legalized contraception, a social re-purification of the United States saw to it that women were barred from reproductive control via legal means.

Margaret Sanger is considered to have been a main contributor to the birth control movement that would eventually overturn the Comstock act in 1938 (McCann, 1994). She was the founder of the first birth control clinic, which later became Planned Parenthood, and believed that women would gain more social equality if they were allowed the choice of when they had children (McCann, 1994). Due in part to research funding from Sanger herself, the first oral contraceptive pill was made available to married women in 1965 and later to all women in 1972, regardless of marital status. However, while she is highly revered for her work promoting reproductive freedom, it is rarely mentioned that Sanger was also a believer in using contraceptives to control black women and keep them from reproducing (Randall, 1996; Roberts, 1997). In the early years of Planned Parenthood's existence, family planning programs focused on minimizing the growth of black populations were based on racial stereotypes of the black woman who reproduces excessively (Randall, 1996).

In the 1980s, the United States began to see a shift in the way social welfare programs were viewed under the implementation of "Reaganomics." President Reagan gave responsibility for welfare programs like the Aid to Families with Dependent Children (AFDC) to the states, allowing them to decide how best to distribute money to those in need (Smith, 2006). By the time President Clinton took office in 1992, there was a paradigm shift and a new focus on personal advancement via government funded professional development programs and a responsibility to reproduce within an

individual's economic means as requirements for receiving government aid (Smith, 2006). The result of this shift was implementation of welfare family caps wherein women who might receive government funds for their family would be sanctioned for having additional children while on welfare, thereby receiving a reduced amount for additional children, or sometimes no increase at all (Fording, Soss, and Schram, 2011; Smith, 2006). Disguised as a focus on healthy families, this legislation is reminiscent of eugenic theory used earlier in welfare history.

Just as eugenic theory blatantly targeted reproduction of “feeble-minded” and “promiscuous” non-white women for sterilization welfare caps target recipients of federal family aid, using the same stereotype of the hypersexualized welfare queen to create guidelines for assistance (Roberts, 1993; Smith, 2011). However, rather than government-forced sterilization, the focus on personal responsibility offers the underlying, covert suggestion that minority women should not reproduce and should practice birth control, preferably of the long-term type. Some studies suggest healthcare providers perform unnecessary hysterectomies disproportionately on minority women as modern, legal sterilization (Davis, 2009). In a study conducted by Volscho (2011) of a comparison between white and minority women using long-term birth control, it was found African American and Native American women were more likely to be users, again suggesting race-based discrimination by healthcare providers in reproductive control. Although there are birth control options that are just as effective, do not require prescription and have fewer side-effects, minority women are consulted to practice long-term birth control (Roberts, 1993). While physicians are often the ones to suggest birth control options to women and may use racial-gender stereotypes for their suggestions of

contraception, one cannot negate the effect of modern contraceptive advertising and the impact of its intersection with race and gender stereotypes on purchasing choices.

Messages and Racial-Sexual Stereotypes in Advertising

Advertising for contraceptives in their original form can be found in publications such as newspapers, which were the most prevalent form of popular media in the 19th century. Although barrier methods of birth control were used and advertised during this time, a majority of physicians believed in natural family planning, an idea that was also held by society during the Victorian era in the United States. These beliefs contributed to a social repurification of the United States that took place in 1872, outlawing the sale and “obscene” advertisement of contraceptives via mail-order and other forms of print media (Tone,). Birth control was illegally sold and purchased on the black market until a federal judge lifted the ban on birth control in 1938 (cite).

Although women’s magazines began advertising birth control methods as early as the 1930s, the 1960s showed the biggest growth in advertising contraceptives in media outlets like women’s magazines that had a largely female readership (Flamiano, 2013). Formal advertising and media coverage of birth control increased dramatically after the oral contraceptive pill became legally available to women. Initially, the legalization of oral contraceptives in 1965 was reserved for women who were soon-to-be or already married. It wasn’t until 1972 that federal law allowed women to purchase oral contraceptives, regardless of relationship status, so advertisements targeting the single woman of America are, by nature, a new development in advertising history.

It is not a secret that advertisers have used stereotypes of various marginalized groups to sell products since the golden age of advertising in the 1950s (Megel and Helgeson, 2010). Women in particular have been the subject of many studies of advertisements because of their constant objectification and sexualization for the use of selling products in various forms of media (Mager and Helgeson, 2010; Monk-Turner et al., 2008; Thomas and Treiber, 2010). In Goffman's (1979) study of advertised images of women, he found that women are often depicted as sexual beings, subordinate to men and psychologically absent from an image. Replication of his study by others has revealed that while the United States has seen a proliferation of feminist theory and thought, women are still depicted in these ways, and at times more so than seen before in advertising history (Thomas and Treiber, 2010). Gender objectification is still very much used in the media and is even further compounded when looking at stereotypes of women according to race.

Although some may have expected that after the Civil Rights Act racial stereotypes would eventually fade out of mainstream media, many are still employed in race-based advertising today (Thomas and Treiber, 2010). One study comparing race and gender in magazines targeting black or white female readers found that although Black women are depicted in clothing that suggests higher socioeconomic status, underlying messages reinforced by structural racism are used (Thomas and Treiber, 2010). For instance, the idea of an overly sexual jezebel is still used to sell products, suggesting still what white Americans have historically stereotyped: that Black women lack sexual morals or standards (Thomas and Treiber, 2010). Although white women are also sexualized in advertising, sexual images are used more often to sell products in Black

publications, both of men and women (Thomas and Treiber, 2010). While this particular study did not find overt messages of white patriarchy or racism, the stereotypes employed suggest racialized messages are still being used to market products in print advertisements.

It is not hard to trace these ideas back, in part, to the fact that minorities are extremely underrepresented in upper-level business positions, the sector of advertising included. The advertising business in its totality has been critiqued by a much respected trade publication, *Advertising Age*, on multiple occasions regarding advertising's steps backwards in hiring minority employees (Sanders, 2004, 2006; Wheaton, 2009).

Although in the late 1960s the field of advertising saw a surge of minority hires, there has since been stagnation in their representation in higher positions at the top agencies in the United States (Sanders, 2006). Although institutionalized racism can be carried out by all individuals regardless of race, the fact that white men are most likely to be creating the content of advertisements for products meant for women, including contraception and birth control, suggests it is worth examining these ads for textual and visual instances of racial and sexual stereotypes.

CHAPTER THREE: THEORETICAL FRAMEWORK

Intersectionality and Black Feminist Epistemology: An Introduction

Research has been conducted in order to understand the oppression of women and African Americans, but the need for research focused on intersectionality of gender and race is needed, i.e. research of the combined social effect of being both black and female (Crenshaw, 1989). Addressing the black female experience specifically are scholars such as Patricia Hill Collins (1990), Dorothy E. Roberts (1993) and Khiara M. Bridges (2008), who posit that black motherhood provides another point of domination by white patriarchy. Black women have historically been stereotyped in various ways and a majority of these images revolve around their sexuality or roles as (bad) mothers. As Patricia Hill Collins (1990) explains, black women are described as overly sexual and promiscuous Jezebels, demonized for their “abnormal” sexuality; as matriarchs who rarely pay enough attention to their children, resulting in poor upbringing and underperformance in school; and the welfare queen, who is fueled by her greed and desire to live on government aid to have an “excess” of children. These images have been used as basis to create legislation that appears colorblind on the surface, but upon closer examination is understood to target black mothers in an effort to control them (Collins, 1990; Roberts, 2009).

Roberts explores the reproductive oppression and invasive medical questioning of black women in her research. Women of color receiving government assistance have reportedly been encouraged to use long-term birth control solutions, such as state-funded sterilization, and historically African American women have been victims of involuntary

sterilization to address the perceived hereditary problem of black poverty (Roberts, 2009). Other studies suggest disparities between women of color and white women using Depo-Provera as their main form of contraception (Volscho, 2011). Furthermore, in a study observing the suggestion of intrauterine contraceptives by health care providers to patients, it was found that a bias exists in recommending this form of birth control to women of color (Dehlendorf et. al, 2010). Studies such as these suggest that policies are formalized in U.S. institutions that disproportionately target African American women with long-term birth control that is not similarly targeted toward white women. The purpose of this study is to determine whether or not differences exist in the marketing of birth control products to predominantly white and African American women audiences.

CHAPTER FOUR: METHODS

This study will explore oral contraceptive print advertisements from two high-circulation magazine publications in the United States. A content analysis framework as described by Riffe, Lacy and Fico (2005) to identify themes will be employed for this study. A comparison of one magazine that targets a primarily white audience and one with a predominantly African American audience will identify any discernable differences and similarities in language used in birth control ads by publication and target market. It is important to use a qualitative method to identify the covert meanings of the language used in contraceptive advertising. Magazines allow a comparative analysis over a fixed amount of time in the same publication that is unique to print media (Mager and Helgeson, 2010). Due to the use of extant data for this research, this study is exempt from the IRB process.

Sample, Sampling and Coding

This study involved the analysis of publications marketed toward women and with content comprised of women's issues. Previous research concerning birth control suggests women's popular press contains the greatest amount of discourse surrounding birth control, so garnering samples from women's magazines was most appropriate (Flamiano, 2000). Unlike many studies that have concentrated on all advertising content in a given publication and timeframe, this study was concerned with contraception ads only in an attempt to better understand differences in advertising between publications. Advertisements were garnered from two sources: one publication with predominantly

white female readership (*Cosmopolitan*) and one publication with predominantly black female readership (*Essence*). Each of these magazines maintains a majority female readership and targets women in the same age range, and therefore the ads published in these magazines should target the same groups (Thomas and Treiber, 2010). Access to these publications in full-text was achieved via George A. Smathers library at the University of Florida in Gainesville, Florida.

Although discussion and advertisement of birth control in women's print media began in 1938, this analysis is concerned with current race issues in birth control advertising and therefore ads were collected from February 1992 to December 2012. For each year of published issues available of both *Essence* and *Cosmopolitan*, samples were taken from issues in February, July, September and December. This allowed for a comprehensive sample while minimizing the amount of repeated advertisements included in the sample. Archives of the two publications were found in hardcopy form at University of Florida, so each issue used for sampling was searched page by page and by hand. Each time an advertisement appeared within an issue of a magazine, a DSLR Canon camera was used to take high definition still photographs of the advertisement to be used later for coding. Over the defined twenty-year sampling period, access to eight issues from *Cosmopolitan* and six issues from *Essence* was unavailable. The final sample from 146 total individual issues of *Cosmopolitan* and *Essence* resulted in 147 individual advertisements containing a total of 163 instances of models within advertisements and 11 instances of advertisements containing no model. Overall, 174 instances of coding were garnered from the sample. In the event a human model was not depicted in the advertisement, advertisements were coded for the absence of models so that all other

characteristics of the ad significant to the study could be coded and accounted for in the data.

Prior to data collection and analysis, an effort to understand the variables to be coded and measured was made (Riffe, Lacy and Fico, 2005). Previous studies have used a combination of quantitative and qualitative methods to code print advertising according to race, gender, and sexuality (Goffman, 1979; Mager and Helgeson, 2011). A review of current literature shows use of Coltrane and Adams' (1997) *a priori* operationalization of sexuality for content analysis of print advertising targeting female consumers. There are three ways outlined in that study that sexuality may be used in advertising:

1. A female can be the object of the gaze of another or herself.
2. The model in an advertisement may use alluring behavior, such as pouting, puckering, or winking, to sell the product.
3. The model could be wearing clothing that is tight fitting, revealing, "sexy" or be naked (Coltrane and Adams, 1997; Monk-Turner, et al., 2007).

In the event any of these three sexual appeals is used, the type of sexuality used was recorded along with the type of contraception being advertised (e.g., condoms, IUD, oral contraceptive). The race of models shown in advertisements was recorded to understand the frequency of races used within the two publications, as well as differences in the portrayal of race by publication, including differences in depiction, sexualization and messages used to advertise different types of birth control. .

Each individual advertisement was coded using an Excel coding sheet that addressed the content of each individual ad, including but not limited to race of models, setting, age, marital status, economic status, and contraceptive method advertised

(Thomas and Treiber, 2010). Models were classified as white if they appeared to be white, non-Hispanic or European descent and black if they appeared to be of African descent, and Asian/Pacific Islander if they appeared to be from Asia, south Asia or Pacific Island descent. An advertisement was coded with a race of other/unknown if race was not determinable by appearance.

While nonetheless relevant in the case of this project, *a priori* categories can prove to be limiting when trying to capture the covert messages of advertising. For this reason, *in vivo* coding of advertising messages was used to account for the covert nature of racialized advertising themes. As explained by Charmaz (2000), and originally Glaser and Strauss(1967), *in vivo* coding is useful in revealing themes that are “characteristic of social worlds and organizational settings.” Codes are created from the language and ideas present in the data in order to stay as close to the immediate idea and meaning as possible (Charmaz, 2000). By using *in vivo* coding, themes emerged and developed as data were analyzed. These codes were then used in a second round of coding to ensure full analysis of the data.

Marital status was often difficult to decipher from the message in the advertising, so context clues were most often used for coding. Models depicted wearing a ring resembling a wedding band were coded as married, single models were coded if they were pictured without a spouse and rings weren't visible, models were coded as unknown marital status if evidence was not present to suggest they were either married or single, their hands were out of the picture, or only a portion of the model was depicted (i.e. a head shot), and ads coded as other were those not containing a model.

Age was coded using ranges that could be recognized visually within the ad. Models who appeared to be school aged (18–24 years old) or dressed as students, wearing backpacks and with books were classified and coded as young adults. Women who appeared to be between the ages 25 and 60 were classified as adults and were typically dressed in business or business casual attire. Ads were still coded as “does not apply,” if they did not contain a model or had no copy, as were ads where age was considered undeterminable due to only partial depiction of a model’s body.

Due to the close link between stereotypes of black women who live in poverty, socioeconomic status of the models in each advertisement was coded according to their clothes and surroundings. Those who wore expensive or refined clothing were classified as having a high socioeconomic status. Both publications depicted who were capable of being classified into middle class, indicated by wearing clothing such as business casual outfits, jeans, t-shirts or athletic gear. Any ads containing only copy or with models that could not be associated with a socioeconomic class were coded as unknown.

For the purpose of this study, doctor-administered contraceptives were any contraceptives that require the help of a healthcare provider for use, such as injections, implants or IUDs; Self-administered contraceptives were those a woman can administer to herself, without the help of a healthcare provider. Advertisements were originally coded for the type of contraceptive depicted and later recoded into either doctor-administered or self-administered contraceptives for analysis. Types of contraceptives advertised within the two magazines included the following: IUDs, oral contraception, injectable contraception, contraceptive patches, female condoms, emergency contraception, contraceptive suppositories, contraceptive sponges, contraceptive

implants, condoms, vaginal ring, contraceptive foam, and contraceptive gels. A code was added for the early option abortion pill when it was found during data collection, as this was not an anticipated category.

While nonetheless relevant in the case of this project, *a priori* categories can prove to be limiting when trying to capture the covert messages of advertising. For this reason, *in vivo* coding of advertising messages was used to account for the covert nature of racialized advertising themes. As explained by Charmaz (2000), and originally Glaser and Strauss(1967), *in vivo* coding is useful in revealing themes that are “characteristic of social worlds and organizational settings.” Codes are created from the language and ideas present in the data in order to stay as close to the immediate idea and meaning as possible (Charmaz, 2000). By using *in vivo* coding, themes emerged and developed as data were analyzed. These codes were then used in a second round of coding to ensure full analysis of the data.

Data Collection

Once access to archives of the required publications was secured and magazines assessed for the presence of qualifying birth control advertisements, advertisements were retrieved from qualifying issues of *Cosmopolitan* and *Essence*. As seen in previous research regarding race and advertising, samples were taken from issues published in February, July, September and December (Thomas and Treiber, 2010). This sampling method minimizes the frequency of collecting multiple copies of the same advertisement while assuring that the greatest number of original advertisements is obtained. This

process was repeated for all available issues published of each magazine between January 1992 and January 2012,. In total, 147 ads were obtained for the sample.

The percentage of types of contraception advertised in each publication was calculated, as well as the frequency of use of sexuality to advertise contraception and race of models depicted in the ad. During collection, the ratio of number of pages present in a publication to contraceptive ads was also recorded to compare the frequency of ad appearance in two publications with different target audiences.

Data Analysis

After data collection, both quantitative and qualitative procedures were used for analysis. This process was repeated until all contraceptive ads from each magazine from the study period had been categorized. In addition to the a priori categories, other initial themes were drawn from an initial read through of the first five ads from both *Essence* and *Cosmopolitan* .

From there, emerging themes were taken into account and added as necessary. The approach to these data included the use of Black Feminist ideas to understand how messages and pictures used in birth control ads may construct the need or use of contraception differently for black and white women. A secondary coder assisted in the coding of advertisements to minimize personal bias during analysis. A coder was presented with fifteen ads from the sample from *Cosmopolitan* and ten from the sample from *Essence*. The coder was then asked to code the ads using the coding sheet created to record demographics, instances of sexualization and frequency of contraceptives advertised within both *Essence* and *Cosmopolitan*. By enlisting the help of a second

coder, any bias that may have been present in recording instances of sexualization or race of the models in advertisements was minimized. In the event there were any questionable instances during coding, the issue was talked about until an agreement was made between coders.

The percentage of types of contraception advertised in each publication was calculated, as well as the frequency of use of sexuality to advertise contraception and race of models depicted in the ad. During collection, the ratio of number of pages present in a publication to contraceptive ads was also recorded to compare the frequency of ad appearance in the two publications. Correlation tests were run to determine the significance of number of pages in a magazine issue for number of ads per issue and those that proved significant were recorded. Chi-square tests were then run to further understand the difference in race of models and marital status of models per publication. Those with significant differences were recorded.

For the qualitative analysis, each advertisement found in either of the two sample publications was added to a Word document, and the ad was analyzed. In the event an ad appeared more than once over the twenty-year sample, it was not coded more than one time in the qualitative analysis. The primary focus of this part of the analysis was the text contained within the advertisements, but as the nature of most types of visual analysis is to assess a photograph as a whole, the context of the words within the ad was considered during coding. For instance, if a woman was depicted in an ad in a pose that could be considered sexual, this was considered while coding the text of the ad in order to lend more meaning to the words in the advertisement. After initial coding was complete, a

second round of focused coding was done to ensure the copy in each advertisement was coded using the complete set of a priori and emergent themes.

CHAPTER FIVE: FINDINGS

Demographics and Statistics

During collection, the amount of ages per published issue was recorded with the number of ads per issue in order to understand the percentage of ads per page in both *Essence* and *Cosmopolitan*. An overall 14,568 sampled pages contained 52 ads in *Essence* magazine, and an overall 18,812 sampled pages contained 95 advertisements for *Cosmopolitan* (see Table 1). This suggests that while the collection from each publication produced a different amount of advertisements for the sample, there is not a difference between the publications in regards to the frequency of appearance of contraceptive ads. A test for correlation between number of ads and number of pages per magazine presented no significance for *Cosmopolitan*, but did prove significant for *Essence* ($r^2 = -.370$, $p < .001$). Although it may be assumed that more pages mean more advertisements, there was actually a negative correlation for number of pages in *Essence*, meaning as pages per issue increased over time, there was a decrease in the appearance of contraceptive ads.

Table 1: Magazine Ads per Published Page, 1992-2012

	Total Number of Pages Per Publication	Total Number of Ads Per Publication
<i>Essence</i>	14, 568	52
<i>Cosmopolitan</i>	18, 812	95
Total		147

The sample was comprised of 52 advertisements from *Essence* magazine and 95 advertisements from *Cosmopolitan* for a total of 147 advertisements. From these ads, each female model (or absence thereof) in the advertisements was coded, resulting in 67 codes from *Essence* and 105 from *Cosmopolitan*. Of the advertisements sampled from *Essence*, models depicted in the ads were 17.9 percent white, 58.2 percent black, 7.5 percent Asian/Pacific Islander and 16.4 percent other/unknown. Race distribution for *Cosmopolitan* was 66.7 percent white, 15.2 percent black, 3.8 percent Asian/Pacific Islander, and 14.3 percent other/unknown. There was no occurrence of Hispanic or Latina models in either publication and so this group was not included on the table. The sample did not produce enough instances of models classified as Asian/Pacific Islander, so this group was left out in the chi-square analysis. A chi-square test conducted for race distribution in *Essence* and *Cosmopolitan* included only instances of black and white models (N=137) and results from this test proved significant across the sample, $X^2=44.613$, $p<.001$ (see Table 2).

Marital status was often difficult to decipher from the message in the advertising, and made up 7.5 percent of *Essence* advertisements, 11.4 percent of *Cosmopolitan* advertisements. Single models accounted for 23.8 percent and 6.7 percent of *Essence* and *Cosmopolitan*, respectively. 49.3 percent of *Essence* ads had undeterminable marital statuses compared to 67.6 percent of *Cosmopolitan* ads. In order to understand the difference in appearance of married models versus single models in *Essence* and *Cosmopolitan*, a chi-square test was run using the single and married variables for dichotomous analysis of the data (N=40). A chi square analysis revealed significance in the distribution of marital status across the sample, $X^2=6.320$, $p<.01$ (see Table 2).

This suggests women are more often portrayed as married in *Cosmopolitan* than in *Essence*.

Table 2: Demographics by Publication (in percent), 1992-2012

	<i>Essence</i>	<i>Cosmopolitan</i>
<u>Race**</u>		
White	17.9 (12)	66.7 (70)
Black	58.2 (39)	15.2 (16)
Asian/Pacific Islander	7.5 (5)	3.8 (4)
Other	16.4 (11)	14.3 (15)
N= 172		
<u>Marital Status*</u>		
Single	23.9 (16)	6.7 (7)
Married	7.5 (5)	11.4 (12)
Unknown	49.3 (33)	67.6 (71)
Other	19.4 (13)	14.3 (15)
N= 172		
<u>Age</u>		
Adult	56.7 (38)	75.2 (79)
Young Adult	16.4 (11)	1 (1)
Does Not Apply	4.5 (3)	10.5 (11)
Unknown	20.9 (14)	13.3 (14)
Child	1.5 (1)	(-)
N= 172		
<u>Socioeconomic Status</u>		
High	(-)	4.7 (5)
Mid	74.6 (50)	72.4 (76)
Low	(-)	(-)
Unknown	25.4 (17)	22.9 (24)
N= 172		

* $X^2= 6.320, p<.01$

** $X^2=44.613, p<.001$

There were differences in the age distributions for the two publications (see Table 2). *Essence* contained 56.7 percent adult models and *Cosmopolitan* 75.2. There is a notable difference in the percentage of models that appeared to be between 18 and 25,

accounting for 16.4 percent of *Essence* ads and only 1 percent of *Cosmopolitan* ads. Ads coded under the category of “does not apply” did not have a model in the ad or contained only copy; this applied to 4.5 percent of the *Essence* sample and 10.5 of the *Cosmopolitan* sample. Of the *Essence* sample, 20.9 percent of ads had models with an undeterminable age,; *Cosmopolitan* had 13.3 percent. The only ad depicting a child was in *Essence*, and totaled 1.5 percent of the sample. Due to a lack of a large enough sample of young adult models in *Cosmopolitan*, a chi-square analysis was not run for these demographics.

Socioeconomic status was coded for each advertisement, and the distribution was similar for the publications (see Table 2). Models classified as high socioeconomic status were depicted in only 4.7 percent of *Cosmopolitan* ads. Both publications depicted a majority of models who were capable of being classified into middle class, indicated by wearing clothing such as business casual outfits, jeans, t-shirts or athletic gear. These ads accounted for 74.6 percent and 72.6 percent of *Essence* and *Cosmopolitan* ads, respectively. Ads classified with an unknown socioeconomic status account for 25.4 percent of *Essence* ads and 22.9 percent of *Cosmo* ads. A chi-square test of the difference in socioeconomic status between *Essence* ads and *Cosmopolitan* ads was not run as there were not enough instances of high or low socioeconomic status to compare to those classified as middle socioeconomic status. However, it is interesting to note that a majority of ads in both *Essence* and *Cosmopolitan* depicted models as being middle class.

In addition to demographics, advertisements were coded according to their type of contraception, which could be classified into either a doctor-administered contraceptive or a self-administered contraceptive. In *Essence*, 25.4 percent of advertisements were for

doctor-administered contraceptives and 74.6 percent were for self administered, whereas in *Cosmopolitan* only 9.5 percent of advertisements were for doctor administered contraceptives and 90.5 percent were for self-administered (N = 147). A chi-squared test between *Essence* and *Cosmopolitan* revealed a difference in the distribution of methods of administration that was significant, $X^2 = 7.764, p <.005$ (see Table 3). This test suggests the fact that advertisements for doctor-administered contraceptives appear more often in *Essence* than in *Cosmopolitan* is significant and should be considered further.

Table 3 Method of Administration for Contraceptives (in percent), 1992-2012

	<i>Essence</i>	<i>Cosmopolitan</i>
Doctor Administered	25.4	9.5
Self Administered	74.6	90.5

$X^2 = 7.764, p <.005$

The results of sexualization coding revealed that sexualization of a model is used more often to advertise contraceptives in magazines with a readership that is predominantly white and female. This result is different than anticipated prior to coding, but suggests that perhaps more insight is warranted on an individual ad level to understand the implications of model sexualization combined with advertising message. A chi-square test of the difference in model sexualization between the two publications suggests there is no significant difference between *Essence* and *Cosmopolitan*, $X^2(1, N=174) = 1.144, p <.285$ (see Table 4).

Table 4: Sexualization of Models in Contraceptive Ads, 1992-2012

	<i>Essence</i>	<i>Cosmopolitan</i>
Sexualization Used	23.9	34.3
Sexualization Not Used	76.1	67.5

$\chi^2=1.144$, n.s.

Contraceptives and Discourse of Risk

In the qualitative analysis, I found the emerging theme of risk appeared in ads sampled from both *Cosmopolitan* and *Essence*. This theme was constructed in the context of four different subjects: health, desirability, freedom, and pregnancy.

Constructions of risk surrounding health suggested some forms of contraception are safe for a woman's health based on the amount of hormones present in the respective method of birth control. Other constructions of risk were used as motivators for women to overcome the embarrassment a woman may feel when purchasing condoms to practice safe sex, or even listed statistics of instances of HIV/STD contraction to encourage use of female condoms by black women.

The risk of diminished desirability was used to advertise multiple types of birth control. For instance, the contraceptive sponge and the female condom are advertised as protection that allows you to be spontaneously intimate or maintain the feeling of unsafe, unplanned sex while being responsible. Furthermore, some oral contraceptives are marketed as a way to improve physical appearance through clearer skin and reduction of chronic acne.

Contraceptives are also marketed as aids to maintaining the construction of freedom in various ways. This sometimes means freedom from menstruation, as is the case with advertising for contraceptive pills like Seasonique or Lybrel, or freedom from the symptoms and pain associated with monthly menstruation that are felt by some women. The freedom to choose when to have a child is used for the marketing of long-term birth control options to black women in *Essence*, and emphasize the fact that it is a woman's personal decision when to procreate. Freedom from daily medication is used to market the use of long-term, self-administered forms of birth control like the vaginal ring and the contraceptive patch, suggesting women should not have to worry about daily oral contraceptives. In one case, an advertisement offering the early option abortion pill used the freedom of choice to market early term abortions to women in *Essence*.

The risk of pregnancy is constructed as a reason to use emergency contraception such as Plan B or Preven. Pregnancy is constructed as an impediment to life plans for women who are typically responsible and use other forms of contraception. It is marketed as the next option for women who do not wish to become pregnant and only as a second choice to other contraceptive methods that are used before or during intercourse. These advertisements do not appear in the *Essence* sample.

The following sections offer in-depth discussion of the various ways the need for contraception is constructed in terms of risk, which varies according to the publication in which the advertisement was published and the type of contraception being advertised, and explores the demographics recorded from the present sample.

Contraceptives and Personal Health

Contraceptives are constructed as a risk to personal health in various ways in the sample, depending on the type of contraception being advertised. The anticipated risk of HIV/AIDS and STI contraction is the most obvious risk factor that separates one form of contraceptives from another. In general, advertisements are required to communicate to the audience whether or not a form of contraception is capable of prevention of diseases or infections transmitted through sex, but only certain advertisements capitalize on the risk of contraction or exposure for the main message of the advertisement.

In *Cosmopolitan*, this can be observed in the series of Trojan ads between September 1994 and February 1995. This series of advertisements focuses on excuses that are perceived as common ways to avoid wearing condoms during intercourse. Such excuses used in the ads are, “It doesn’t feel as good,” “It’s too embarrassing,” and “It’s a drag to have to stop and put them on.” These ads suggest women who are sexually active are constantly negotiating use of this particular kind of contraceptive—one that lowers the risk of transmission of diseases, HIV and AIDS-- with reduced pleasure, killing the mood, or embarrassment. This ad campaign capitalizes on the perceived risk to one’s ego or sexual experience to explain the importance of minimizing risk to your personal health. In portraying the risk of ego as being much lower than the risk of diminished health, these ads serve to construct condom use as an important part of sexual health, but at the expense of portraying the woman as naïve about her well-being. An argument could be made that perhaps this ad campaign was addressing a perspective held by men, but the advertising placement in *Cosmopolitan* and the call to action appear to be knowingly addressing a female audience.

This idea is also used in LifeStyles condom ads on three occurrences. The LifeStyles portrayal of the white woman as uninformed about sexual health risks first appeared in this sample in the December 1992 edition of *Cosmopolitan*. The copy portrays a woman in a robe, with a seemingly lost expression, questioning the risk her sexual exploits have posed for her. The ad portrays the woman as ill informed of the consequences of her actions. Furthermore, the idea that it is “a man’s job” to carry condoms in case two people decide to have intercourse is being openly mocked as an archaic idea held by women. Other advertisements run by LifeStyles in *Cosmopolitan* depict a woman wearing a “disguise,” talking about the embarrassment she feels when she must purchase condoms on her own from the drugstore.

Again, advertisers are portraying the risk to a woman’s reputation as the main argument against using condoms for contraception. The advertisement suggests the stigma associated with a woman being open about her sexuality is commonly considered too much of a risk to warrant purchasing condoms. By addressing a socially constructed risk of being perceived as a sexual being and portraying it as ridiculous, advertisers are simultaneously suggesting women hold these beliefs and also suggest they are no excuse to neglect use of condoms as an option for contraception. Male condoms were not found in the sample from *Essence* and therefore comparison of these themes could not be made.

The female condom is also marketed using the construction of health risks, but only in *Essence* magazine. These ads depict a man and a woman during what appears to be an intimate moment, accompanied by statistics on the transmission of HIV/AIDS. This construction suggests women who do not practice safe sex are part of a risk group that adds to the spread of sexually transmitted disease and infection. In particular, it appears

to target women of college age as a risk group by specifically mentioning statistics of HIV/AIDS contraction for college age women in the text of the advertisement. Use of a female condom is portrayed as a balance between pleasure and reduced risk to sexual healthfulness.



Figure 1: Conceptrol Ad, Essence Magazine

In addition to balancing health risks associated with not using birth control or damage to reputation, health risks associated with certain types of birth control are also discussed throughout the ads in both Cosmopolitan and Essence. The risks associated with choosing contraceptives that are hormone-free versus those that are low-dose hormones are consistently used in advertising copy across both publications. Hormone-free contraceptive options include (but are not limited to) spermicides in the form of gels,

foams and vaginal suppositories, and vaginal sponges. Of the contraceptive advertisements collected, 28.5 percent of ads were hormone-free contraceptive options. These ads tend to focus on being both “safe” and “effective” while lacking the hormones present in their oral contraceptive counterparts.

Hormone-free is constructed as a less risky option for women who need contraceptives because it doesn’t involve ingesting hormones to block pregnancy. The idea of “safe” implies all other forms of contraception that are not hormone-free are dangerous to the woman. By constructing this risk to a woman’s health, advertisers create a need for contraceptives fueled by fear of harming the human body.

Just as hormone-free contraceptive advertisements target oral contraceptives as competitors, advertisements of birth control pills construct the idea of safe, “low-dose” hormones. Oral contraceptives are constantly depicted as being “in tune” with the woman’s body, only containing the “right amount” of hormones that allow for safe and effective birth control. Again, the construction of health risks to the female body is used to create a need for women. The ads convey that oral contraceptives are not as risky if they contain low levels of hormones or are engineered using the right “chemistry,” suggesting a reduction in risk to the body that is enough to make it beneficial to use birth control pills to prevent pregnancy.

Regardless of positioning, each form of contraceptive listed above uses the idea of health risks to suggest women protect themselves during sex and engaging in sex is constructed as a health risk unless using the “correct” form of contraception.

Contraceptives and Desirability

Contraceptives are also constructed in terms of the risk they pose to desirability or “killing the mood” when anticipating sexual intercourse. If it wasn’t enough to market contraceptives on the premise of health risks associated with being a sexually active female, advertisers also find it effective to market various forms of birth control as capable of maintaining the natural progression of foreplay and intercourse. The risk of diminishing desirability or sexual attraction when attempting to practice safe sex with a partner is used to position some contraceptives as “discreet” options for preventing pregnancy.

For example, the Today Sponge is marketed in both *Cosmopolitan* and *Essence* as being a smart option for 24-hours of “protection.” In this case, protection is considered protection from pregnancy, as the sponge does not protect against HIV/AIDS or STIs. Copy from an advertisement for Today Sponge contraceptive in *Cosmopolitan* December 1992 reads, “24 hours of protection, and all you’ll turn off is the light.” This message suggests that practicing safe sex has diminishing returns because it risks being a “turn-off” for your sexual partner.

This constructed risk is used to market a contraceptive that is discreet and doesn’t interrupt the perceived natural progression of intercourse. However, this is contradicted with the idea of planning the use of these forms of birth control 24 hours before intercourse. So, while being marketed as a product that allows for spontaneity, there is still planning involved to avoid the risk of killing the mood.



Figure 2: Today Sponge Ad, Cosmopolitan Magazine.

In addition to the Today Sponge, the Reality® Female Condom is advertised in *Essence* as “feeling so good, you won’t believe it’s safer sex.” This campaign is featured in this context in *Essence* only and suggests that safe sex is not typically a pleasurable experience.

Put another way, when deciding whether or not to practice safe sex, there is a cost benefit analysis individuals do: If I use a condom, will it still feel pleasurable? This message is used for this product only in the *Essence* magazine campaign; though the same product is advertised in *Cosmopolitan*, the advertisement message is different for this publication. Another version of this campaign adds, “Fantastic enough once wasn’t enough,” suggesting safe sex is typically not enticing enough to be participated in more than once. Constructing the risk of diminishing returns on desirability allows advertisers to create a need for contraception that doesn’t require a woman to ask a man to wear a condom.

THE REALITY FEMALE CONDOM.

FEELS SO GOOD,
YOU WON'T BELIEVE
IT'S SAFER SEX.

FEELING IS BELIEVING.

Imagine practicing safer sex that's sensitive, unobtrusive and truly satisfying for both of you. Never get any... engaging and don't experience the "Reality" female condom. You will discover that you can reduce the risk of pregnancy and sexually transmitted disease (STD) including AIDS, without reducing the intimacy or the ecstasy.

WHAT ARE THE STATISTICS?

- 12 million new STD cases/year - 85% occur in persons 15-29 yrs.
- 1 in 3 college students has an STD.
- women's risk to STDs are 2x's higher than men's
- more than half of pregnancies each year are unintended.

WHAT MAKES IT DIFFERENT FROM OTHER METHODS?

"Reality" acts like a barrier. The woman inserts it ahead of time. It's made of clear, strong but soft plastic. "Reality" stands rigid or bends during use and lines the vagina allowing free movement for the penis.

"Reality" can be put in place long before intimacy. To insert "Reality", squeeze the inner ring and push into the vagina as far as possible. This ring helps to hold the female condom in place inside while the outer rim stays outside the body and helps to protect. When both partners are ready, the penis is simply guided into the female condom. Extra lubricant is added for extra pleasure and ease of movement.

DOES IT PROTECT?

Condom Type	Typical Use	Effectiveness
Reality Female Condom	92%	97%
Latex or Synthetic	85%	98%
Diaphragm	91%	92%
Cervical Cap	88%	91%
Spermicide	21%	86%
Withdrawal	83%	96%

1. 100% effective when used correctly and consistently.

WHY IS IT EASY TO USE...AND KEEP USING?

Most women report that insertion is easy, especially after using "Reality" two or three times. Both men and women report that "Reality" feels good. There's no restricting the penis and the soft feel of the film but strong plastic, together with the lubricant is pleasurable. **Men Like It! Women Like It!** It's available at your pharmacy!

SHOULD YOU TRY REALITY?

Yes, if you:

- can't or won't use male latex condoms
- want a new non-hormonal method of contraception and sexually transmitted disease (STD) prevention
- use the pill but want an additional method to reduce the risks of STD's
- are allergic to latex

If used properly, male latex condoms are highly effective at preventing sexually transmitted diseases, including AIDS. However, if you are not going to use a male latex condom, you can use "Reality" to help protect yourself and your partner. "Reality" only works when you use it. Use it every time you have sex.

• Before using "Reality" read the directions and learn how to use it properly.

Call 1-800-274-6601 for free samples, questions, product information.

Figure 3: Reality Female Condom Ad, *Essence Magazine*

Other ads that use the idea of desirability to market contraceptives are found in campaigns run for Ortho Tri-Cyclen. Over multiple years and across both publications, this brand of oral contraceptives is marketed on added benefits to increase a woman's desirability. Ortho Tri-Cyclen boasts that it is the only oral contraceptive that is "[...]in tune with your body. And your skin." These ads suggest there should be an added benefit from your contraceptive choice that manifests in a woman's physical appearance.



Figure 4: Ortho Tri-Cyclen Ad, *Cosmopolitan* Magazine

Women are therefore confronted with the need to seek more from their birth control than just the ability to prevent pregnancy. Instead of being concerned with just contraceptive, there is a call to find a birth control that helps women look more physically appealing by providing clear skin. The ads use copy that says, “If you decide to take the Pill, why not take the only one that helps your skin look better, too?” Adding to the fray of questions a woman is supposed to ask herself when seeking contraception is the decision of whether or not she wants to risk choosing a birth control that doesn’t help her look better physically.

Contraceptives and Freedom

The idea of freedom has been a part of the contraception discussion for quite some time, so it seems appropriate that advertisers capitalize on the construction of risking losing that freedom depending on contraceptive choices. This idea was not always so blatant, but words and phrases such as “choice” and “break free,” as well as non-

verbal portrayals of freedom were used to communicate a woman's self-efficacy to decide which form of contraception she would use. Freedom was used in ads across both publications and multiple types of contraception to create a need to buy certain brands, each offering a different benefit.

Oral contraceptives offer various "freedoms" when used. Some offer freedom from regular periods, such as Seasonique or Lybrel. Although they are daily contraceptives, these pills offer women freedom from a monthly period. These ads construct a risk surrounding menstruation, suggesting that having a monthly period impedes a woman's freedom or right not to menstruate. The women in these ads are depicted dancing or standing in an open-arm position that communicates a lack of constraint.



Figure 5: Seasonique Ad, *Cosmopolitan* Magazine

Other freedoms advertised include those associated with minimized PMS symptoms. Yaz in particular is positioned as having the capability to minimize symptoms that cause women to experience life differently when they are on their period. These

symptoms include fatigue, bloating, acne and moodiness—all the symptoms anticipated during a woman’s monthly cycle. These symptoms are typically considered manageable by use of pain medication, but Yaz offers a birth control that “goes beyond” preventing pregnancy. The idea of losing the freedom to function normally while menstruating is used to market this specific brand, capitalizing on the discomfort experienced by some women. Though these are possible benefits of being on all oral contraceptives, Yaz uses them as main positioning. This message is consistent across both publications.

In addition to freedom from menstruation and its symptoms, the freedom to choose when to have children is used to market long-term birth control methods. This idea is used in a majority of Depo Provera advertisements, which account for 6.6 percent of the *Cosmopolitan* sample and 23.8 percent of the *Essence* sample. For example, some Depo Provera ads state, “Sure, I’d like to have kids. Eventually. Until then, it’s Depo Provera.” The idea of choosing when to have children is part of the constructed benefits of using Depo Provera; the risk of having children when a woman doesn’t want to is implied for those who don’t choose Depo Provera.

Another way this idea is constructed is by suggesting women should have the freedom to choose to get pregnant when they are capable of supporting children. The copy in these ads reads, “I will decide to have children... When I can give them the best life possible.” This advertisement suggests that women should have choice, but at the same time only validates this choice when a woman is capable of being a “good mother.” Pregnancy is a choice, but with prerequisites.

Furthermore, Depo Provera is marketed on the idea of freedom from a prescribed regimen. The daily oral contraceptive is constructed as an inconvenience in both

Cosmopolitan and *Essence*. Depo Provera uses copy in its ads suggesting the daily pill is too much to worry about. The words “only have to think about four times a year,” or “I just don’t want to think about it every day,” are used often, suggesting the task of remembering birth control daily is arduous for women. By positioning a birth control option as a freedom from a daily chore, Depo Provera becomes a desirable option for contraception.



Figure 6: Depo Provera Ad, *Essence* Magazine

Other forms of contraception use this positioning as well. The contraceptive patch, Ortho Evra, allows women to worry about birth control only once a week, and accounts for 3.8 percent and 5.9 percent of birth control ads in *Cosmopolitan* and *Essence*, respectively. Applied to the skin, Ortho Evra copy used states women have the freedom to “Put birth control on your body, because there is enough on your mind

already.” The vaginal ring, too, uses “freedom” from daily birth control options as its message, cleverly using the phrase “Let freedom ring,” for its ads. This suggests the construction of freedom to be a powerful motivation for long-term birth control.

In one instance, the freedom to choose was used to advertise an early option abortion pill. This advertisement was seen only once in the entire sample and was published in *Essence* in the September 2001 issue. Although this was not an originally anticipated birth control option, it was coded and added to the sample as an outlier. The ad itself was positioned similarly to a birth control ad, using key words like “freedom” and “choice,” much like the ads previously mentioned. The construction of freedom was used to position a pill that allowed for a termination of pregnancy that had already become viable.

Contraceptives and Pregnancy Prevention

In addition to contraceptives that are marketed as choices made before intercourse, there are also contraceptive options that are used to make sure pregnancies never become viable. These emergency contraceptive options are considered back up methods in the event contraception failed or was not used. Ads for emergency contraception use the risk of pregnancy as the call to action for using such options. Pregnancy is constructed as a risk to life plans that causes panic or worry. Plan B, a brand of emergency contraception, literally has the word “plan” as part of its trade name, as well as part of its advertising campaign. “When things don’t go as planned,” and “When your birth control method failed,” suggest women using Plan B are doing so as a second option to being responsible, sexually active individuals who at least attempted to prevent

pregnancy. It may be interesting to note here that Plan B, as well as other brands of emergency contraception, was not found in any of the sample taken from *Essence*..!



Figure 7: Plan B Advertisement, *Cosmopolitan Magazine*

A separate campaign by Plan B depicts women in their bedroom, with thoughts like “Now what?” and “Is there something I can do?” floating above their heads, followed by copy informing women of the importance of taking emergency contraception in the first 72 hours of failed birth control. Again, the copy focuses on failed contraception—conveying that women in the ads had planned for the moment, but the first form of contraception didn’t work. Similar to Plan B is the copy used in an ad for the Preven brand of birth control. The words “The condom broke. But my life stayed intact,” across a background of tousled bed sheets comprise this advertisement. Consistent with other brands, this emergency contraception highlights the risk of unplanned pregnancy

and the need for a backup plan to ensure a sexually active woman's life is not thrown off track.

CHAPTER SIX: DISCUSSION

The purpose of this study was to understand differences between messages and images used to market birth control to black and white women. Evidence of sexualization was recorded in an attempt to understand potential differences in marketing techniques to white and black audiences. The analysis revealed themes that stemmed from the idea of constructed risks in four areas: health, desirability, freedom and pregnancy prevention. While these themes were used in both publications, it is important to note differences and the combined implications of these themes with the qualitative data gathered from the sample.

The idea of a risk has been explored on numerous occasions. Specific to sociology is the work of Beck, who posits we live in a “risk society” wherein individuals are concerned with minimizing risk that is socially constructed by various modern institutions (Beck, 1992). In the context of this research, mass media outlets like print media and advertising contribute to the construction of risks in order to market different types of contraceptives to women of different races. By constructing safe sex practices as a risk to desirability, advertisers are able to create a need for contraceptives that prevent transmission of disease and infections while still offering the pleasure of unsafe sex. This technique of risk construction was used in *Essence* for all female condom ads, which totaled 10.4 percent of the total sample but totaled only 1 percent of the sample from *Cosmopolitan*. In this instance, advertisers appealed to black women’s perceived need to

remain sexually desirable to market a product, which is suggestive of stereotypes of the hypersexualized black woman or “jezebel.”

Use of this stereotype provides evidence that stereotypes are still being used in advertising messages targeting black women via advertising text, although sexualized images of a woman were only used in 23.9 percent of *Essence* ads. Though stereotypes of black women may not be pervasive in the visual components of advertisements, language used for advertising messages are reminiscent of ideas used to control reproduction for women of color. For instance, in addition to the “jezebel,” the idea of choosing to have children when capable of providing them with “the best life possible” used in Depo Provera ads implies poor women should not reproduce because they lack the capital to provide for their children. This same idea is used in welfare reform to control a woman’s reproduction in an attempt to prevent those who receive government aid from having additional children (Mink, 2002; Smith, 2007). Poor, black mothers have historically been deemed undesirable by the United States government and the stereotype of the “welfare queen” is particularly powerful in reinforcing population control ideology and legislation that appeared in welfare reform in 1992 (Roberts, 2009). Blame is placed on black mothers for perpetuating the issue of poverty through reproduction and pressure is created for them to keep from having more children by practicing long-term birth control, which is typically doctor administered.

This contradiction of requiring black, poor women to be “in control” of their bodies while also not trusting them to responsibly and personally administer their own contraceptives is alarming, given the disparity in ad type frequencies found between *Essence* and *Cosmopolitan*. In addition to ideas found in the qualitative analysis,

quantitative results from coding the sample indicated notable differences in doctor administered versus female administered contraception. Contraceptives that would be considered “doctor-administered” are any of the long-term birth control options that require a healthcare professional to administer their use, which includes contraceptive injections, contraceptive implants and intrauterine devices. These contraceptives account for 25.4 percent of *Essence* ads, but only 9.5 percent of *Cosmopolitan* ads. A chi-square test revealed a significant difference between these two variables.

These statistics demonstrate a startling difference and is the biggest disparity in the sample statistics. As Dorothy E. Roberts explains in her work *Killing the Black Body*, white women are more likely to be trusted with the care of their bodies and the responsibility of controlling their reproduction than black women (Roberts, 1997). This stems from the historical classification of black women as incapable mothers who contribute to the exacerbation of poverty (Roberts, 1993). The advertisement frequencies in these publications appear to support this claim, and also correlate with research that demonstrates disparities between women of color and white women receiving the Depo Provera injectable birth control method from health care providers. Furthermore, doctor-administered contraceptive advertisements suggest women are incapable of handling the “burden” of remembering their birth control on a daily basis, which could be understood as an allusion to ideas of feeble-mindedness used in the days of eugenic control. Although prior research suggests some racial discrimination may be present in the health care system when observing rates of contraceptive use, it would appear there is also a higher prevalence of advertisements targeting black women to use long-term, doctor-administered methods of contraception.

Ads that encourage black women to take personal control of contraception offer insight into perception of the role of women to carry their own form of contraception that protects them from contracting HIV/AIDS or STIs. *Cosmopolitan* was the only publication that contained advertisements of male condoms targeting female consumers, and suggested white women possess a naivety concerning the purchase and carrying of condoms. Though advertisements encourage women to move past the social stigma of purchasing condoms, the text portrays women as initially more worried about how they may be seen by society when carrying contraceptives than possible risks to their own health.

The portrayal of the naive white woman is juxtaposed with advertisements in *Essence* for the female condom. The only type of condom advertisement found in the sample from *Essence*, female condom ads tell black women they are supposed to be the responsible party during intercourse. Text in these ads states women are capable of wearing protection, “even if he isn’t.” This language suggests black women should plan to carry their own form of condoms because their black male partners will not and aligns with stereotypes of the black male as being irresponsible with reproduction and hypersexual (Hutchinson, 1997). The narrative being used in ads for male condoms in white publications suggest women should also carry condoms, even though white men are expected to be responsible and carry them, while in *Essence*, it is implied that black women should not rely on their partners to practice safe sex.

In the event birth control methods fail, advertisements offer white women the option of emergency contraception, but not black women. According to the sample, emergency contraception options comprise 6.7 percent of ads a woman reading

Cosmopolitan is exposed to, which is the same amount of exposure as injectable contraception (6.7 percent) and only slightly less than condoms (7.6 percent). The sample taken from *Essence* produced no advertisements for emergency contraception. They did, however, offer the only instance of an advertisement for an early option abortion pill, which was not seen in the *Cosmopolitan* sample. Considering the stereotype of the welfare queen who reproduces to increase her government assistance, it is interesting more emergency contraceptives weren't present in a publication read predominantly by black women, but an abortion pill was advertised. These ads suggest the next step offered in the event of contraceptive failure for white women is an emergency contraceptive pill, but for black women the advertised option is abortion. Black women in the United States have historically had limited access to voluntary reproductive control, including access to abortion, so this outlying ad warrants some further discussion.

Sociological research concerning women's healthcare in the United States suggests the bodies of black women and white women are constructed differently in the context of childbirth. Historically, black slave women were used for medical experimentation and exploration of the human body by white doctors who portrayed them as primitive beings more capable for bearing physical pain than white women (Wallace-Sanders, 2002). Bridges posits that this idea from racist folklore has continued to prevail and manifests in present-day physician racism and portrays black women as bodies of hardiness, more capable of handling risks associated with carrying children than white women (Bridges, 2011). Perhaps this contributes to the reasoning of advertising emergency contraceptives in a magazine with predominantly white female readership while only advertising the early option abortion pill in a magazine with a readership that

is majority black women. Side effects of emergency contraceptives are considered to pose mild to no discomfort for women who use it as an option to prevent pregnancy and would cause less stress to the body than a pill that terminates a pregnancy that has already become viable. Future research in advertising and marketing of birth control options in print magazines, as well as other forms of media like web-based marketing platforms, may allow more insight into whether these stereotypes are indeed prevalent in contraceptive advertising.

CHAPTER SEVEN: CONCLUSION

Although racism is illegal according to the Fourteenth Amendment, subtle forms of racism have been institutionalized in various ways, including advertising, through use of stereotypes, and welfare legislation regarding reproduction. These institutions remain unchecked and therefore are allowed to continue to increase the inequity between social experiences of white and minority citizens by promoting sexual stereotypes of African American women. By examining their intersection through analysis of contraceptive ads, a greater understanding of subtle forms of racism through reproductive control was identified. The analysis of these ads suggests that controlling messages in contraceptive ads is present in both white and black publications that target women, though relevant differences exist when considering types of contraception being advertised to different audiences. A disproportionate amount of advertising was done for long-term birth control methods in *Essence*, which reinforces studies that have shown a higher percentage of women of color who use these types of contraceptives, such as Depo Provera. While these findings are consistent with ideas from other studies, it is important to acknowledge that advertising cannot be considered a lone factor in determining contraceptive use among women and is not a determinant for causation. Further research surrounding the advertisement of early option abortion advertisement and access could offer more insight into differences in reproductive control for black and white women.

Though a considerable sample of print advertisements was accessible via archives, the sample size gained from the years 1992 to 2012 was only 172 ads, and therefore it is not necessarily a generalizable sample. In addition, the study was only

sampled from two magazines, rather than all publications, and therefore is not be representative of all print advertisements for contraception. Since this study deals only with print media, further research should be done to understand possible themes of risk in messages in commercial advertising for triangulation of results.

APPENDIX: DATA CODING WORKSHEETS

	A	B	C	D	E	F	G	H	I	J	K
1	File ID	Contraceptive Type	Advertisement ID	Race	Age	Marital Status	Economic Status	Setting	Model Role	Reason for Use	Model Sexualization
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

1		
2	Contraceptive Methods	Type of contraception being advertised
3		1. Small device placed in the uterine cavity
4		2. Birth control pills taken orally
5		3. Contraceptive delivered in the form of a shot; long term/three months
6		4. Contraceptive patch worn on the skin
7		5. Observing signs of fertility; tracking of ovulation month to month
8		6. Polyurithane condoms placed in the vagina; open on one end and closed on the other
9		7. Latex disc placed into the vagina containing spermicide
10		8. Also known as the morning after pill; prevents pregnancy 5 days after unprotected sex
11		9. Barrier method of birth control inserted deep into vagina before intercourse; melts, releases spermicide
12		10. Barrier method inserted before intercourse, covering the cervix
13		11. Single implant inserted into the upperarm, effective for three years
14		12. Dissolvable film inserted into the vagina, killing sperm
15		13. Latex or polyurethane that unrolls and covers the penis, preventing transmission of fluids
16		14. Small latex cap fitted to the service by a health care professional, applied with spermicide and held in place by suction
17		15. Choosing not to have sex
18		16. Small ring inserted into the uterus once a month, releasing hormones. Removed after three weeks and replaced the next month
19		17. Soft silicone cup used with spermicidal jelly or cream; fitted over the cervix
20		18. Foam inserted into the vagina, preventing fluids from entering cervical canal, kills sperm
21		19. When a man removes the penis from the vagina in anticipation of ejaculation
22		20. Contraceptive gel inserted in the vagina
23		21. Pill used to terminate viable pregnancy
24		
25	Race	The race or ethnicity of the model depicted in the advertisement as perceived by the coder
26		1. Of African descent
27		2. White, non-Hispanic models of European descent
28		3. Of Spanish, Latin or other Hispanic descent
29		4. Of Asian, south Asian or Pacific Island descent
30		5. Does not apply to prior categories or is undeterminable
31		

32	Age	Perceived age group of the model depicted in the ad	
33		1. Appears to be between the ages of 25 and 60; young professional or older	
34		2. Appears to be between the ages of 18 and 25; college aged, wearing backpacks, at school, etc	
35		3. No model in ad/copy only	
36		4. Hand/body parts only; unable to determine from what is depicted of the model	
37		5. Child who cannot be considered a young adult	
38			
39	Marital Status	Perceived marital status of the model depicted in the ad	
40		1. Marital status cannot be determined by depiction in the ad	
41		2. Model appears to be unmarried	
42		3. Model appears to be married or have a spouse	
43		4. Model appears to have been married, but has separated from their spouse legally and is now single	
44		5. Model appears to have another marital status, such as widowed or separated	
45			
46	Economic Status	Perceived economic status based on appearance	
47		1. High ES; Affluence as noted by expensive dress, material status symbols like jets, boats, etc.	
48		2. Mid-Level; Casual clothes such as tshirts, sweats, jeans, etc., few status symbols	
49		3. Lower; Plain clothing, no status symbols	
50			
51	Setting	Setting wherein the advertisement is taking place	
52		1. The advertisement appears to take place in a house, apartment, or living quarters	
53		2. The advertisement takes place in a place of work, the office, a conference area	
54		3. The advertisement is set in a doctor's office, a hospital or another area in which a health care provider works	
55		4. The advertisement takes place in an area used for education purposes	
56		5. The advertisement takes place outdoors, such as in nature, a park, or outside of a building; this could also mean sports events	
57		6. The advertisement appears to have no setting; there may be a color background/backdrop, with minimal surroundings to determine location	
58		7. The advertisement setting cannot be determined or does not apply to other categories	
59		8. The advertisement takes place in a restaurant, dining room, or at a bar; somewhere that serves food or beverage, not a home kitchen	
60			

64	Model Interaction	Persons or things the model interacts with in the ad
65		1. Model is interacting with other models in the ad
66		2. Model is interacting with the contraceptive product in the ad
67		3. Model is interacting with the environment depicted in the ad
68		4. Model does not appear to be interacting with anything in the ad/Headshot
69		
70	Model Role	
71		1. Model is the main focus of the ad
72		2. Model is a secondary character in the ad, interacting with the primary model
73		3. Model plays a different role than listed
74		4. No model present
75		
76	Reason for Use	Reason mentioned in copy headline of the ad; "main" reason for choosing birth control method
77		1. No side effects/no hormonal issues from the birth control/added health benefits
78		2. Easy/don't have to think about it/don't have to take everyday
79		3. Original birth control method failed, used as back up
80		4. Enhances appearance of skin in addition to preventing pregnancy
81		5. Reliability of birth control method is portrayed to be better than others
82		6. Birth control keeps you from menstruating
83		7. Doesn't spoil the act of sex/mood
84		8. Used to prevent spread of disease, such as AIDS or HIV
85		9. Already pregnant and no longer want to be
86		10. Already had sex, scared of consequences; use for next time
87		
88		
89	Model Sexualization	Type 1: Female is the object of the gaze of another or herself
90		Type 2: The model in an advertisement may use alluring behavior, such as pouting, puckering, or winking, to sell the product.
91		Type 3: The model could be wearing clothing that is tight fitting, revealing, "sexy" or be naked
92		Type 4: No sexualization
93		

REFERENCES

- Beck, Ulrich. 1992. *Risk Society: Towards a New Modernity*. California: Sage Publications, Inc.
- Bonilla-Silva, Eduardo. 2001. *White Supremacy and Racism in the Post-Civil Rights Era*. Boulder: Lynne Rienner Publishers, Inc.
- Bonilla-Silva, Eduardo. 2013. *Racism Without Racists*. New York: Rowman & Littlefield Publishers.
- Bridges, Khiara M. 2008. "Pregnancy, Medicaid, State Regulation, and the Production of Unruly Bodies." *Northwestern Journal of Law & Social Policy*. 3(1): 62-102.
- Bridges, Khiara M. 2011. *Reproducing Race: An Ethnography of Pregnancy as a Site of Racialization*. Los Angeles: University of California Press.
- Collins, Patricia Hill. 1990. *Black Feminist Thought*. New York: Routledge.
- Coltrane, Scott and Kenneth Allan. 1997. "Work-Family Imagery and Gender Stereotypes: Television and the Reproduction of Difference." *Journal of Vocational Behaviour*. 5: 323-47.
- Crenshaw, Kimberle. 1989. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *The University of Chicago Legal Forum*. 139: 139-167.
- Davis, Amira M. 2009. "What We Tell Our Daughters About <ssshhh!!!> Hysterectomy." *Qualitative Inquiry*. 15 (8): 1303-37.

- Enoch, Jessica. 2005. "Survival Stories: Feminist Historiographic Approaches to Chicana Stories of Sterilization Abuse." *Rhetoric Society Quarterly*. 35 (3): 5-30.
- Flamiano, Dolores. 2000. "Covering Contraception." *American Journalism*. 17 (3): 59-87.
- Fording, Richard C., Joe Soss and Sanford F. Schram. 2011. "Race and Local Politics of Punishment in the New World of Welfare." *American Journal of Sociology*. 116 (5): 1610-57.
- Forman, Tyrone A. "Color-Blind Racism and Racial Indifference: The Role of Racial Apathy in Facilitating Enduring Inequalities." Pp. 43-67 in *The Changing Terrain of Race and Ethnicity*, edited by Maria Krysan and Amanda E. Lewis. New York: Russell Sage.
- Gallagher, Charles A. 2003. "Color-Blind Privilege: The Social and Political Functions of Erasing the Color Line in Post Race America." *Race, Gender & Class*. 10 (4): 1-16.
- Horne, Gerald. 2008. "Race Backwards." *Journal of Human Behavior in Social Environment*. 4(2-3): 155-66.
- Hutchinson, Earl Ofari. 1997. *The Assassination of the Black Male Image*. New York: Simon & Schuster Paperbacks.
- Goffman, Erving. 1979. *Gender Advertisements*. New York: Harper and Row.
- Kennedy, Angie C. 2008. "Eugenics, "Degenerate Girls," and Social Workers During the Progressive Era." *Affilia: Journal of Women and Social Work*. 23 (1): 22-37.
- Mager, John and James G. Helgeson. 2011. "Fifty Years of Advertising Images: Some Changing Perspectives of Role Portrayals Along with Enduring Consistencies." 64: 238-52.

- Marcellus, Jane. 2003. "My Grandmother's Black Market Birth Control: "Subjugated Knowledges" in the History of Contraceptive Discourse." *Journal of Communication Inquiry*. 27 (9): 9-28.
- McCann, Carole R. 1997. *Birth Control Politics in the United States, 1916-1945*. New York: Cornell University Press.
- Medley-Rath, Stephanie R. and Wendy Simonds. 2010. "Consuming contraceptive control: gendered distinctions in web-based contraceptive advertising." *Culture, Health, and Sexuality*. 12 (7): 783-95.
- Mink, Gwendolyn. 1998. *Welfare's End*. New York: Cornell University Press.
- Monk-Turner, Elizabeth, Kristy Wren, Leanne McGill, Chris Matthiae, Stephan Brown and Derrick Brooks. 2008. "Who is gazing at whom? A look at how sex is used in magazine advertisements." *Journal of Gender Studies*. 17 (3): 201-9.
- Monroe, Jacquelyn and Rudolph Alexander, Jr. 2005. "C.R.A.C.K.: A Progeny of Eugenics and a Forlorn Representation for African Americans." *Journal of African American Studies*. 9 (1): 19-31.
- Norton, Michael I., Samuel R. Sommers, Evan P. Apfelbaum, Natassia Pura and Dan Ariely. 2006. "Color Blindness and Interracial Interaction." *Psychological Science*. 17 (11): 949-53.
- Randall, Vernella R. "Slavery, Segregation and Racism: Trusting the Health Care System Ain't Always Easy! An African American Perspective on Bioethics." *Saint Louis University Public Law Review*. 15 (2): 191-236.

- Riffe, Daniel, Stephen Lacy and Frederick G. Fico, eds. 2005. *Analyzing Media Messages: Using Quantitative Content Analysis in Research*. New Jersey: Routledge.
- Roberts, Dorothy E. 1993. "Crime, Race and Reproduction." *Tulane Law Review*. 67: 1945-1977,
- Roberts, Dorothy E. 1997. *Killing the Black Body*. New York: Pantheon Books.
- Roberts, Dorothy E. 2009. "Race, Gender and Genetic Technologies: A New Reproductive Dystopia?" *Signs*. 34 (4): 783-804.
- Sanders, Lisa. 2004. "Agencies Face Scrutiny on Race." *Advertising Age*, January 19, pp. 3-36.
- Sanders, Lisa. 2006. "Ad Industry Must Amp Up Its Diversity Efforts." *Advertising Age*, March 13, pp. 4.
- Sanders, Lisa. 2006. "Still So White; Still No One Really Wants to Discuss It." *Advertising Age*, June 19, pp. 1-25.
- Smith, Rebekah J. 2006. "Family Caps in Welfare Reform: Their Coercive Effects and Damaging Consequences." *Harvard Journal of Law & Gender*. 29: 151-200.
- Stubblefield, Anna. 2007. "'Beyond the Pale': Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization." *Hypatia*. 22 (2): 162-81.
- Thomas, Melvin E. and Linda A. Treiber. 2010. "Race, Gender, and Status: A Content Analysis of Print Advertisements in Four Popular Magazines." *Sociological Spectrum: Mid-South Sociological Association*, 20 (3): 357-71.
- Volscho, Thomas W. 2011. "Racism and Disparities in Women's Use of the Depo-Provera Injection in the Contemporary USA." *Critical Sociology*. 37(5): 673-88.

Wallace-Sanders, Kimberly. 2002. *Skin Deep, Spirit Strong: The Black Female Body in American Culture*. University of Michigan Press.

Wheaton, Ken. 2009. "Perhaps Pop Culture Could Help the Ad Industry's Diversity Issue." *Advertising Age*, August 28, pp. 17.