Spring 2015

Managing your private personal summer: how hormone replacement treatments are marketed to women

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MANAGING YOUR PRIVATE PERSONAL SUMMER: HOW HORMONE REPLACEMENT TREATMENTS ARE MARKETED TO WOMEN

by

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A thesis submitted in partial fulfillment
of the requirements for the
Master of Arts degree in Journalism
in the Graduate College of
The University of Iowa

May 2015

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Graduate College
The University of Iowa
Iowa City, Iowa

CERTIFICATE OF APPROVAL

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MASTER'S THESIS

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This is to certify that the Master's thesis of

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To my wonderful family for their love and support as I followed my dream. I am thrilled to achieve this goal but I didn't do it alone. I am grateful for the understanding my husband Mark and my three children offered and the sacrifices they made to support this dream. Thank you so very much.

ACKNOWLEDGMENTS

I would like to acknowledge those who supported this idea. This was just a budding thought that was able to blossom into a full project because of the guidance I received. Through this exploratory study, I learned from everyone involved including the study participants. I would especially like to acknowledge the work of my thesis committee – Venise Berry, Shelly Campo, and Rachel Young. Thank you for supporting this endeavor.

ABSTRACT

Menopause is a biological change that affects the aging woman at some point in her life. Hormone replacement therapy (HRT) has been a primary medical intervention for decades, and this study explores how HRT products are marketed to women experiencing menopause through direct-to-consumer (DTC) drug ads. Through a qualitative analysis of DTC ads and interviews with women experiencing menopause symptoms, this research investigated their perspective on HRT drug ads to understand if women respond to this type of advertising. Women's understanding and experiences concerning menopause are influenced by a number of factors and can vary depending on the meanings that are associated with menopause. In U.S. culture, physical appearance is emphasized above other characteristics, so menopause and other signs of aging challenge the beauty ideal. Media portrayals of women too often value youth and ideal beauty, with direct-to-consumer (DTC) ads reinforcing this notion by emphasizing how women can remain young, fight the signs of aging, and maintain their vitality by using HRT products. Women also feel conflicted about their bodies as they age because of these dominant standards that can then lead to negative body image.

Social comparisons are an inherent process guiding behavior and experiences that affect how people understand themselves (Corcoran, Crusius, & Mussweiler, 2011). People look at others and to media images of others, relating that information to themselves as a way to measure what they are and aren't capable of. When advertisements construct menopause as a deficiency that women need to treat with medications, women compare themselves to mediated images as they try to understand their menopause experience.

Ads analyzed for this study presented messages that women need medication to maintain healthy activities during and after menopause. Most of the ads focused on painful sex that can happen with menopause but nearly all of the participants agreed that these ads did not relate to their experiences. This research found that women don't believe menopause is a disease to be treated but if medications are used, it should be for the shortest time possible and only if the symptoms drastically interfere with a woman's quality of life. Through these interviews with menopausal women and analysis of HRT ads, this study adds to limited current research on DTC ads for hormone replacement therapies and menopause.

PUBLIC ABSTRACT

This study examined how hormone replacement therapies (HRT) for menopause are marketed to women. An analysis of HRT ads and interviews with women about these ads provided information for the study. Many women don't know what to expect during this life change and information about menopause can be confusing because that information is not always accurate; one size does not fit all. HRT drug ads describe some symptoms associated with menopause but they focus on selling medications to treat just one or two symptoms. What people see in the media can be a major influence in what information they believe is accurate therefore it's important to investigate what women think about HRT ads and how they affect women.

Analysis of the ads shows prevalent messages that women need medication to maintain healthy activity during and after menopause but findings suggest many women don't feel they need medication to treat symptoms. Most of these women also said the ads did not relate to their specific experience. Generally they believe menopause is a positive experience but the ads portray it as a difficult time that requires medication. However, some indicated they might use information from ads to talk with their doctor or to learn more about their symptoms, so this study expands on what women learn from HRT ads. The results of this study indicate that many women feel there is insufficient research on menopause so more work needs to be done in this area.

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Chapter 1 Introduction

Menopause is a biological change that affects every woman. Symptoms associated with this life change range from hot flashes and night sweats to headaches and mood swings. Some women experience only mild discomfort while other women suffer severe symptoms. Current medical advice offers options for treating the symptoms of menopause and those treatments have varying success and side effects. Hormone replacement therapy (HRT) has been a primary medical intervention for decades after scientists discovered sex hormones in the 1930s (Katz, 2003; Watkins, 2007).

Biology is the stimulus that starts menopause symptoms but women's perceptions are influenced by the quality of information they have relating to this experience (Buchanan, Villagran, & Ragan, 2002). Many women are often not comfortable discussing menopause issues thus "cohorts do not receive cues to offer advice and support for menopausal women" (Buchanan et al., 2002, p. 101). When it comes to defining stages of menopause, women "often suggest that they are 'in menopause' when going through perimenopause" which can begin as early as five years before the start of menopause (Dillaway & Burton, 2011). According to the National Institutes of Health (NIH), menopause has three stages: *perimenopause* with symptoms that may appear years before the end of menstruation, *menopause* that occurs with the end of menstrual cycles, *postmenopause* that begins a year after the last menstrual cycle (NIH, 2014). These stages are not clear and distinct, so it can be difficult for women to know which stage of menopause they are experiencing.

Menopause occurs in mid-life for most women when their monthly menstrual cycle permanently ends. Generally this happens some time between the ages of 45 and 55, but

hysterectomies can induce menopause at an earlier age (Utz, 2011). Women's perceptions and experiences of menopause are influenced by a number of factors and can vary depending on the meanings that are associated with menopause (McKinley & Lyon, 2008; Niland & Lyons, 2011; Utz, 2011; Wray, 2007). In interviews with menopausal women and their mothers, Utz found that perceptions about menopause had radically changed from the view that menopause was a natural transition to the current construct that menopause is "an unpleasant marker of old age" requiring medical attention (2011, p. 143). Even the definition of age has shifted as Wray (2007) notes that what was formerly "middle age" is now termed "midlife" representing a shift from "the negative portrayal of 'middle age' as a period of adaptation, to one that focuses on resistance to ageing" (p. 32). While there isn't a set starting point for this life stage, the late thirties are an assumed start with the late fifties considered the end of midlife. According to Wray (2007), this redefinition combined with medical technologies that allow individuals to cope with negative aging issues has blurred distinctions between life stages and destabilized our perception of categories such as midlife. What once was considered a milestone (Utz, 2011) is now masked to create the allusion of youthfulness (Wray, 2007).

"Midlife is a socially constructed and diverse life period" that has different meanings for women and those meanings have been shaped by cultural, social, and ethnic differences as well as by personal characteristics (Wray, 2007, p. 32; Utz, 2011). In many non-Western cultures, menopause is viewed as a positive transition but Western societies often portray menopause in a negative way equating it to a disease that needs medical treatment (Niland & Lyons, 2011; Utz, 2011). Concepts of aging have shifted from a focus on transitioning between life stages to an emphasis on maintaining youthfulness. HRT is a means to help women combat the symptoms of aging (Niland & Lyons, 2011).

Media inform and influence all of us to some extent as we make health care decisions. The Internet is a growing source of information for today's digitally connected world especially when looking for information regarding important issues about health. Women's magazines, print and digital, are a staple source many women turn to for information and advice (Hust & Andsager, 2003; Poe, 2012), and advertising represents a large portion of these magazines. Today, direct-to-consumer (DTC) drug advertisements in the media expose consumers to information that "was traditionally known only to health professionals" (Young & Cline, 2005, p. 348; Watkins, 2007). The growth in this type of advertising has changed the relationship between patients and health care providers. It encourages people to talk with their doctor (Poe, 2012; Wood & Cronley, 2014) and proponents of DTC ads claim the ads are a valuable source of information to help consumers manage their health care (Mackert & Love, 2011). On the other hand, it is important to understand that information in these ads comes from commercial entities that want to earn a profit selling medications (Mackert & Love, 2011) and they can also unduly influence patient-doctor relationships if patients pressure their doctor to prescribe a medication that might not be right for them (Poe, 2012).

In the last twenty years, scientific studies have questioned the safe use of hormone replacement drugs over a long-term period. The Women's Health Initiative (WHI) was a longitudinal study on the effects of HRT but it was abruptly ended in 2002 because there was a strong correlation between long-term use of HRT drugs, specifically estrogen and progesterone, and increased risk of heart disease in post-menopausal women (Katz, 2003). Label changes now warn of dangers associated with prolonged use of HRT drugs (Mintzes, 2006); yet these drugs are still prescribed for limited use to treat menopause symptoms and prevent other diseases such as osteoporosis (Katz, 2003). Advertisements for these medications "target relief from

menopausal symptoms as a benefit of taking HRT" while encouraging women to speak to their doctor about the medications (Katz, 2003, p. 933).

In U.S. culture, youthful appearance and beauty are emphasized above many other characteristics, so signs of aging such as menopause challenge women's body image, their concept of personal health and physical ability along with beauty ideals (Liechty & Yarnal, 2010). This is evident in advertisements for HRT products that portray menopause "as a threat not just to women's reproductive functioning, but to her attractiveness as well" (McKinley & Lyon, 2008, p. 376). Even though many researchers have looked at news articles regarding menopause and HRT medications, there is a notable shortcoming in the body of research concerning advertisements for hormone treatments that target women suffering from the symptoms of menopause. The purpose of this study is to add to the growing body of research on menopause with an exploratory analysis of HRT ads and women's perceptions of these ads.

Literature review

Medical historian Judith Houck combines popular, medical, and academic sources to explain how perceptions and beliefs about menopause have changed over time. *Hot and Bothered: Women, Medicine, and Menopause in Modern America* (2006) traces the development of treatments and perceptions of menopause through the 20th century. Doctors in the early twentieth century treated the whole woman and menopause was a process they guided their patients through. The "promise of modern medicine" in the 1950s created an era in which patients asked for pills to fix their ills rather than medical advice (Houck, 2006). With respect to hormone therapies, the pressure to prescribe treatments, both from patients seeking relief for symptoms and from pharmaceutical companies anxious to sell prescription drugs, was intense during this period.

The pharmaceutical industry became what Dumit calls the elephant in the room (2012). The rapid growth of this industry along with its astute use of the media and support for scientific research (that is often biased toward the success of their medications) influenced health care providers and gave an aura of authority to these companies (Dumit, 2012). Medicalization is "the historical process through which conditions, complaints, normal variation, and socially undesirable traits are turned into medical conditions and interventions" (Dumit, 2012, p. 66). He argues that DTC ads can help people by motivating them to discuss what are sometimes embarrassing subjects with health care providers. But armed with new knowledge, informed patients need to be cautious especially given the trend in the U.S. toward accumulating medications. One tactic of DTC ads is to "empower the prospective patient over doctors in favor of prescriptions" (Dumit, 2012, p. 78).

Women who want symptom relief but don't want prescription medications seek out alternative methods that range from botanical therapies such as herbal supplements and vitamins to manipulation therapies like massage and chiropractic care to alternative medical treatments like naturopathy or traditional Chinese medicine (Steefel, Hyatt, & Heider, 2013). Monitoring diet and engaging in regular exercise are also recommended to help manage symptoms (Borrelli & Ernst, 2010). Research about how effective and safe these types of treatments are is inconclusive since scientific rigor in early studies of these treatments was not as strong as more current research (Steefel et al., 2013). Dosage amount and purity of any supplements are also factors influencing effectiveness and women "must understand that 'natural' does not mean inherently safe … especially if taken in large doses" or with certain medications (Steefel et al., 2013, p. 52).

Culture also played a role in the acceptance of hormone treatments. The meanings of age and the perceptions of what aging should look like shifted and the "status of older women had a significant effect on medical and popular rationales for the prescription and use of HRT" (Watkins, 2007, p. 6). Pharmaceutical companies touted the benefits of HRT drugs to doctors long before DTC ads were allowed, beginning as early as the 1940s and, with the acceptance of the birth control pill, "long term preventive drug therapy became viewed as normal" (Watkins, 2007, p. 51).

In her study of news stories about menopause and aging that were published from the early 1900s through the 1960s, Cimons found that menopause was described as a horrible thing to go through, but it was a "medically treatable" part of life (2006, pg.67). Most media stories framed menopause as a disease, attributing it to an estrogen deficiency that could be treated with HRT drugs (Cimons, 2006). Doctors began to prescribe HRT as a common treatment in the 1960s after the release of an influential work, *Feminine Forever*, by Dr. Robert Wilson (Buchanan et al., 2002). Wilson claimed that HRT was an effective method of treatment that would help women maintain their youth and femininity (Buchanan et al., 2002).

Characteristic menopause symptoms emerged from small-scale clinical trials carried out in the 1960s and 1970s that soon sparked debate because researchers extrapolated their results to women in general even though the research trials were very small samples of women who had surgically induced rather than naturally occurring menopause (Lock & Kaufert, 2001). The assumption was that all women experienced the same symptoms without taking into account the differences between natural and surgical menopause (Lock & Kaufert, 2001). Medical views often "assume post-menopausal life in humans is the result of technological and cultural interventions which have influenced longevity favorably, and that women who survive past

reproductive age are, in effect, biological anomalies" (Lock & Kaufert, 2001, p. 494). According to Cimons (2006), news articles and ads continued to reinforce this perspective, affecting how women viewed their self-worth and, over time, many women began to accept that menopause was tantamount to becoming a shriveled old hag and it was only by using medications that the problem could be fixed. She argues that pharmaceutical companies and media framed menopause "negatively … with estrogen and hormone replacement therapy as a fix" through the language used in articles and advertisements that helped shape attitudes and assumptions about menopause (Cimons, 2006, p. 73).

This biomedical frame has encouraged women to think they need medicine to deal with this natural transition. However no two women experience menopause in the same way, even though many women report suffering from common symptoms. Research shows that symptoms are a cultural construction and not necessarily the same biological reality for all women (Lock & Kaufert, 2001; Utz, 2011). Ayers, Forshaw and Hunter assert "[c]ultural differences have been explained by differences in attitudes and meanings of menopause, such as the extent to which menopause is seen as a medical condition or natural phenomenon, or whether mid-life represents positive or negative social changes" (2010, p. 29). This review of menopause studies investigated the link between women's attitudes toward menopause and symptoms they experience. The authors concluded how society views aging women and menopause influences how those women experience menopause (Ayers et al., 2010). Consequently, if society holds negative attitudes about menopause, women's experiences also tend to be negatively affected with regard to symptoms (Ayers et al., 2010).

Some cultures in other areas of the world view menopause much differently (Lock & Kaufert, 2001). In Europe and parts of Asia, the end of menstruation is just one factor in the

gradual aging process women experience but researchers in the U.S. pushed for distinct terms to categorize women as menopausal or not-yet menopausal that led to an accepted list of symptoms associated with menopause (Lock & Kaufert, 2001). Japanese and Canadian women describe menopause symptoms differently than American women do. Ringing in the ears is a more common complaint for Japanese women while Canadian women's symptoms align more closely with those that American women seem to suffer most, such as hot flashes (Lock, 1998). Research shows that cultural and psychosocial perspectives do influence women's attitudes about menopause (Cifcili, Akman, Demirkol, Unalan & Vermeire, 2009). Turkish women report a positive perception of menopause as a sign of aging and experience, so they can now advise younger women about such things (Cifcili et al., 2009).

Even within the same culture, research has shown that racially diverse groups do not have the same menopause experience. Dillaway and Burton explain that African American women's viewpoint of menopause differs from what European American women seem to exhibit (2011). These researchers ascertain that African American women were more concerned with family problems or other health conditions than with menopause symptoms so they had a more positive attitude towards menopause; they just moved on. History may also influence cultural interpretations of menopause. Utz interviewed baby boomer women and their mothers about perceptions and experiences of menopause. She found that the older women did not discuss menopause as openly as the younger women did and the mothers were more likely to consider it to be a life-stage rather than a "disease" with "symptoms" to be treated (Utz, 2011).

Hormone level changes affect body function and how the body responds to those changes is a factor in women's experience of menopause. For aging women, there "is no convincing evidence" that lower reproductive hormone levels are "insufficient to maintain health well into

old age" (Meyer, 2003, p. 824). Other countries have lower rates of osteoporosis despite the fact that women in those countries use HRTs at lower rates, indicating that other issues may lead to the development of this disease (Meyer, 2003). Americans perceive that good health is based on advanced medical technology and the medical-industrial structure exerts strong economic and political pressure suggesting medical interventions are necessary for everyone (Meyer, 2003).

For many women, menopause symptoms are strong enough to impact their quality of life and they seek treatment to manage symptoms. After the WHI study was abruptly ended in 2002 because of health and safety concerns, women were terrified and stopped taking the hormones (Brown, 2012). While the media did inform women of the risks of HRT, albeit based on results of the WHI study, media did not provide much information on alternatives or to whom the WHI results might apply (Brown, 2012). In their study on women who use hormone therapy, Tiihonen et al. found that these women "were not able to cope without HT, but fears may have degraded their quality of life" (2011, p. 71). Most of the women in the study cited the media as the source of risk information about hormone therapy, yet some women who had stopped using HRT said they would start using it again if menopause symptoms returned, possibly indicating that they perceive this therapy to be beneficial even if there are risks associated with it (Tiihonen et al., 2011).

Media are a source for health information and women's magazines remain a viable source for health advice (Hinnant & Len-Rios, 2009; Hust & Andsager, 2003, Poe, 2012). Advertisements in these magazines, particularly direct-to-consumer ads, can help provide medical information about menopause while also constructing it as a deficiency that women need to treat, specifically to lower their risk for chronic disease such as heart disease or osteoporosis. Media portrayals too often value youth and ideal beauty, and DTC ads reinforce this ideal by

emphasizing how women can remain young, fight the signs of aging, and maintain their vitality by using HRT products (Buchanan et al., 2002). Katz suggests DTC ads emphasize that women who use HRT products are sexy and attractive (2003) and some media suggest women can be revitalized and revalued by using estrogen replacements (Cimons, 2006).

DTC ads have created further debate about whether this type of advertising is helpful for providers and patients or if it creates pressure to prescribe unneeded medications. Research on aging women's responses to DTC ads indicates that these women use their lived experience, health concerns in their social networks and health care provider interactions to "filter" health information presented in pharmaceutical ads (Poe, 2012). Women make a "rapid judgment of a mediated message in relation to its possible relevance or usefulness to the respondent" (Poe, 2012, p. 195). DTC ads are a source of health information but also a problematic reflection of social and cultural perceptions of aging women. According to Whitaker, advertisements for HRT products often portray women in sexualized and unrealistically youthful images that impact an aging woman's self-image. When women compare themselves to others, these mediated images make it difficult for them to "accept their aging bodies and the positive benefits … in their post-menopausal years" (Whitaker, 1998, p. 80).

In a study of women and their perceptions of aging, Winterich asserts "that women feel conflicted or negative about their bodies as they age mainly because of dominant beliefs about femininity and looking young." (2007, p. 52). She interviewed a diverse group of aging women to understand their experience with personal appearance and aging. Winterich concluded that the women didn't "question cultural standards about femininity," rather they took it as a personal fault, not unreasonable standards, if they did not match perceived beauty norms (2007, p. 65). McKinley and Lyon surveyed menopausal women to understand how appearance and aging

concerns affected their attitude about menopause. While women may have positive views about not becoming pregnant, menopausal attitudes were influenced negatively by changes in bodily appearance (McKinley & Lyon, 2008). With media perpetuating such unrealistic standards of beauty, these studies show how women's self-perceptions can be influenced in response to problematic social and cultural norms associated with aging.

Research on media's effect on aging adults is limited and the body of work focusing on media and aging women is even smaller. Media are omnipresent in today's culture so it is important to investigate what types of messages women receive about life stages they experience and what they have to say about those messages. This study evaluated DTC advertisements for HRT medications using textual analysis to understand how the ads use images, text, and culture to create meaning. A selection of these ads were shown to menopausal women during personal interviews to discuss their perceptions of these ads and as the catalyst to talk about their experiences of menopause. The purpose of this study is to contribute to scholarly work about media's influence on aging women.

Chapter 2 Theoretical Review

Body image is a significant aspect of Western cultures, as evidenced in media images portraying beauty, thinness, sexuality, and youth. In the U.S., idealized images in the media objectify women's bodies by an overt emphasis on these traits that then contributes to body dissatisfaction and negative attitudes for many women (Haboush, Warren & Benuto, 2012; McKinley & Lyon, 2008; Tiggemann & McGill, 2004). These images are pervasive and research also shows that they can affect women's self-perception (Dillaway, 2005; Liechty & Yarnal, 2010; Robinson & Callister, 2008; Rubinstein & Foster, 2013; Yu, Kozar, & Damhorst, 2013). "Media … portray menopause primarily as a time of negative, confusing, and stressful bodily change" (Dillaway, 2005, p. 2) and these interpretations can contribute to negative social and cultural views of menopause. Tiggemann and McGill contend that women's self-comparisons with media images are upward comparisons that leave them feeling inadequate and lead to negative attitudes (2004). These researchers conclude that social comparison is "an important linking process between media images and negative consequences for the woman" (Tiggemann & McGill, 2004, p. 40).

Media are also a major source of health information (Hinnant & Len-Rios, 2009) and media depictions of menopause influence society's perception and knowledge about this women's health issue (Cimons, 2006; Watkins, 2007; Whittaker, 1998). Just as culture shapes perceptions of menopause, these same perceptions reinforce definitions of womanhood (McKinley & Lyon, 2008). A woman's physical appearance affects the likelihood that she will have higher life satisfaction but aging adults are often viewed as feeble and mentally slower, especially in the media (Haboush et al., 2012). Because media are a ubiquitous conduit of cultural values, images of aging adults presented in the media often reinforce negative stereotypes (Haboush et al., 2012). Likewise, advertisements have a powerful impact on society

therefore it is important to investigate HRT ads to understand how meaning is created through these ads.

Social Comparison Theory

Festinger's (1954) social comparison theory (SCT) is useful to understand how menopausal women are affected by HRT ads. The theory posits that people compare themselves to another person they believe is close to their self-image and this comparison is how people evaluate their abilities (Festinger, 1954). Using SCT as a premise, a person learning to play chess wouldn't compare his ability to that of a chess master's because the discrepancy between their abilities would be too great; instead the person would compare himself to someone closer to his abilities (Festinger, 1954). Additional research (Corcoran, Crusius, & Mussweiler, 2011) adds that social comparisons are a rudimentary influence on a person's behavior and judgments and people routinely make these comparisons to self-evaluate. These authors also suggest that people develop standards for routine social comparisons and the more frequently a standard is used, the stronger its association with self-evaluation and the more likely it will be used for other comparisons (Corcoran et al., 2011).

Social comparison theory (SCT) has been used to study mass media's influence on body image (Chen, Williams, Hendrickson & Chen, 2012; Robinson & Callister, 2008). It is a way to interpret how women view any discord that arises if they compare themselves to idealized media images (Tiggemann & McGill, 2004). Some reasons for social comparison are self-evaluation, self-enhancement, and self-improvement (Martin & Kennedy, 1994), but the primary reason for social comparisons is a desire for a systematic self-evaluation (Corcoran et al., 2011). In an effort to define a positive self-image, people often compare themselves with others who are worse off since this downward comparison can make failures and flaws seem like success (Corcoran et al.,

2011). Likewise, if a person wants to improve, upward social comparisons are made with others who appear to be better (Corcoran et al., 2011) to help set goals for improvement.

Media images also help formulate body image for older adults who consume media more frequently. Robinson and Callister's (2008) study of magazine ads that pictured older adults concluded that aging women see mediated images and feel social pressure to maintain a youthful look. They posit that advertisers choose models that embody this youthful image, so long-term comparisons with this type of image lead to "negative effects, and body-image disturbance" for older women (Robinson & Callister, 2008, p. 3). When "the comparisons lead to the realization that the ideal image portrayed in the media is difficult, if not impossible, to obtain it may lead to the person developing body image disturbance" (Robinson & Callister, 2008, p. 10). Negative body image affects women more than men because, throughout their lifespan, women feel more pressure to remain thin and beautiful (Yu, Kozar, & Damhorst, 2013). This translates to a concern for older women who may be exposed to idealized images of what an older, menopausal woman should look and act like, as it could influence their body dissatisfaction that in turn could lead to negative or unhealthy behaviors.

The mass media are possibly the most powerful source of cultural ideals due to the expansive reach and pervasiveness of media. In another investigation of women's responses to idealized body images in magazines, Tiggemann and McGill (2004) found that idealized cultural norms of thinness and beauty produced in media images contribute to women's and girls' body dissatisfaction. Additionally, their study "provides strong support for the relevance of social comparison theory in understanding the relationship between media promotion … and women's body dissatisfaction" (Tiggemann & McGill, 2004, p. 40). Cultural knowledge, a factor that shapes women's view of their bodies, starts at an early age. They "feel shame about their

appearance when they do not measure up to cultural body standards" (McKinley & Lyon, 2008, p. 375). Body image and menopausal attitudes were the subject of McKinley and Lyon's study (2008) and they concluded that how women view their bodies affects their menopause experience. This research showed that women who had negative appearance-related attitudes and aging anxiety were more likely to have negative attitudes towards menopause (McKinley & Lyon, 2008).

For this study, social comparison theory is used to explore the relationship women have with HRT advertising and the meaning they interpret from these ads. People are constantly comparing themselves to others or media representations of others in order to validate their identities. According to Richins, a person compares herself to others to determine if she is "normal" developmentally, and to verify her social standing – if she is richer, smarter, prettier, etc. (1995). Since the most common social comparison is with unrealistic media images (Robinson & Callister, 2008) and comparisons of upward nature often leave the comparer lacking in some area resulting in a poor self-image (Richins, 1995), it is important to investigate if HRT ads influence women's self-perception during menopause.

Feminist Perspective

Feminists have advocated for more information on issues affecting women, which means women today have more health information available to them than earlier generations. Topics like breast cancer, pregnancy, and fertility have benefitted from research yet menopause remains a cloudy issue because information sources often present conflicting evidence that makes it difficult to decipher material related to this life transition (Watkins, 2007). Coupled with a dominant cultural perspective of youthful beauty and ambivalent views on older women's status

in society, implicit messages in supposedly unbiased health information can be very confusing for women trying to understand what to expect in menopause (Watkins, 2007).

Menopause is a life process that is often viewed through biomedical discourse but "no term can fully explain to women what they should expect during this transition" (Dillaway & Burton, 2011, p. 150). Since biomedical definitions of menopause don't necessarily reflect women's experiences of menopause nor can they fully explain this life phase, feminist research has aimed to fill the gap to provide a fuller understanding of menopause (Dillaway & Burton, 2011). Through interviews with menopausal women Dillaway and Burton found that some women don't have a clear understanding of the end of menopause due to their personal experiences; "reproductive aging was an indefinite and ever-lasting process" because some women reported experiencing symptoms such as hot flashes for more than fifteen years (2011, p. 166). The role of feminist research should not be to contradict the biological factors involved nor act as an echo to biomedical discourse but rather it should work to "empirically recognize … that this bodily experience can be both positive and negative at the same time depending on different social contexts" (Dillaway, 2005, p. 3).

Historically, physicians have been the authority figures in the doctor/patient relationship, but feminists have challenged that position to make information available to women, especially with regard to informed consent (Watkins, 2007). Feminist scholars (Watkins, Meyer, Dillaway, Burton) contend that the development of pharmaceutical treatments to control women's hormones (the Pill and HRT) was a catalyst that led to increased medicalization of menopause. On the other hand, many women effectively use medical treatments to relieve symptoms they experience. It is important for women to be informed about the risks and benefits associated with using HRT and many women turn to magazines to find health information (Poe, 2012). DTC ads

provide consumers with information about medications but health care providers are split on whether these ads are a benefit that encourages patients to talk with their doctors or a detriment because they create tensions if doctors don't prescribe medications that patients think they need after viewing these ads (Poe, 2012). This study will investigate women's perceptions of HRT ads to understand what they know about those treatments.

Women often have difficulty with this life change because of misinformation or missing information and the uncertainty of what to expect can contribute to negative perceptions of this life experience (Buchanan et al., 2002). "Whether women view menopause as the loss of femininity, disease, dysfunction, or a natural lifecycle transition directly depends on the amount and types of information received about the menopause experience" (Buchanan et al., 2002, p. 101). Pregnancy is a life change with hormonal variations similar to menopause: however, women have much more information about pregnancy than they do about menopause (Buchanan et al., 2002). In their study of women's communication about menopause, Buchanan, Villagran and Ragan (2002) assert that women are taught to not discuss private issues like menstrual periods and menopause although it is becoming more normal as ads for these products are more prevalent now. Society has created a perception of female aging that affects women's attitudes, behavior, and communication on feminine issues (Buchanan et al., 2002). Information about HRT and menopause found in the mass media can also be confusing because it may not be complete or it may be from sources with a "vested interest in the frame of the story" such as pharmaceutical companies that sell HRT products (Buchanan et al., 2002, p. 114; Watkins, 2007). What women are conditioned to talk about and what information they see and learn about menopause presents a dichotomy that is a driving purpose for this study.

Feminist research also suggests that cultural norms have evolved rapidly in the last 50 years so now the menopause experience, as a signifier of aging, is "associated with a denial of ageing and the maintenance of a self/body that is ageless" (Wray, 2005, p. 32). One explanation for the shift in perceptions of menopause lies in "an assumption that biology interacts with history and culture to produce a unique individual experience of health" (Utz, 2011, p. 143). Variations in cultural and social background as well as health behaviors such as diet and exercise level help explain the differences in meaning and attitudes that women connect to their menopause experience and if they view it as a positive or negative event (Ayers, et al., 2010). Because this research demonstrates that cultural, social, and ethnic context are factors that influence women's perceptions and "a woman's lived experience of menopause varies greatly, depending on her personal characteristics" (Utz, 2011, p. 144), it supports my rationale for diversity in this study.

The following women's magazines provide a diverse sample to investigate these ads for menopause treatments: *MORE, Good Housekeeping, O, Essence,* and *Latina*. Earlier research has looked at news reports about menopause (Hust & Andsager, 2003) and DTC ads (Mastin, Andsager, Choi & Lee, 2007) that included *Essence* and *Good Housekeeping* as part of their study. Both *Good Housekeeping* and *Essence* have been published for decades. *MORE* was selected because its target audience is affluent white women, while *Latina* and *O* were chosen to add diversity to this sample.

MORE, *Essence*, *O*, *Latina* and *Good Housekeeping* are magazines targeted to the age demographic of women who may be experiencing menopause. According to readership statistics from each magazine's website, the median age for readers ranges from 36 to 55 and they have a combined audience of millions of women. While the age range may appear to be slightly

younger than the average onset of menopause, some women experience early menopause because of necessary medical treatments, so it is important to consider them in this research since they present a receptive audience for this information before they actually need it. Most readers are middle-class, a significant demographic because HRT has been characterized as a concern for this socioeconomic group (Kaufert, 1982). Kaufert suggests that HRT is a treatment designed for white women, so I have included magazines designed for women of color in order to explore her premise. *Essence* declares that it tells "the Black woman's stories like no one else can" (2014) and *Latina* asserts that its role is to mirror the Latina woman and serve as a guide as she manages life and stays "connected to her culture" (2014). Menopause affects women of all races so including these minority magazines in this exploratory study will add to this scholarship as it seeks to understand how advertisements influence cultural perceptions of menopause.

Research Questions

1.) How do women talk about menopause?

2.) What images and messages do ads for HRT drugs present to menopausal women?

3.) When women are shown HRT ads, how do they perceive them?

Media play an important role as disseminators of health information, but often women get unbalanced information about HRT because of discordant messages presented through media products (Buchanan et al., 2002; Hust & Andsager, 2003; Tiihonen et al., 2011). Direct-to-consumer drug ads provide more health information than was historically available to consumers, so this offers an opportunity for improved health communication (Poe, 2012; Young & Cline, 2005). Because biomedicine has altered viewpoints about menopause and direct-to-consumer ads have become a larger part of magazine advertising, it is important to understand

how this combination affects women's understanding of HRT drugs as well as their experiences of and perceptions about menopause.

Research on DTC advertisements and aging women is limited so it is important to understand how this consumer-oriented information affects women experiencing menopause. Using social comparison theory and a feminist perspective, this study analyzed the images and messages used in advertising portrayals of menopause and examined the suggested role of HRT ads in helping menopausal women understand and manage this life phase including symptoms associated with it. Since advertisements are a blend of visual and written texts, a qualitative textual analysis assisted this interpretive approach to understand the meaning of these ads. This research looked at advertisements as a product in themselves, not just what they are trying to sell. To investigate women's perceptions about the meaning of these ads, I interviewed women who self-identify in some stage of menopause.

Chapter 3 Method

This study qualitatively analyzed HRT ads to understand what messages are presented to menopausal women. Personal interviews with women experiencing menopause provided their perspective of selected ads so transcripts were similarly evaluated. Qualitative analysis is an appropriate tool for "reconciling complementary but somewhat independent forms of evidence" (Pauly, 1991, p. 10) and textual analysis "focuses on the underlying ideological and cultural assumptions" that requires an extended immersion with the text (Fürsich, 2009, p. 240). Through multiple readings, interview transcripts and HRT ads were reviewed for recurring themes of beauty, youth, and sexuality. A framing perspective was used to closely examine the HRT ads from the selected magazines. It is a format that can organize information and influence how people think about a topic (Tewksbury & Scheufele, 2009) and "frames are cognitive structures that guide both the perception and the representation of reality" (Bryant & Miron, 2004, p. 693) so using this perspective helped identify various themes as they appeared in the ads.

Semi-structured interviews with menopausal women were conducted for this study. Women's perceptions are important to consider in this evaluation, so I interviewed 24 women who self-identified as being in some stage of menopause, using the stages defined by the NIH that were briefly discussed earlier in this paper. To help identify possible candidates, potential interviewees answered simple questions about their experience with menopause. Those who are experiencing or have experienced two or more symptoms defined by the NIH were contacted for interviews. Since there are no set age distinctions for this life transition, this criterion was a range from 40 to 60 years of age. Subjects were recruited from faculty and staff at this university because they generally are in the age range for experiencing this life stage. All the women who participated in this study did so voluntarily with no compensation.

Table 1 Demographic Characteristics

Characteristics	Number (Percent)
Women's age (N=24)	
41-45	0
46-50	3 (13)
51-55	13 (54)
56-60	8 (33)
Household Income (N=24)	
20,000-35,000	1 (4)
35,000-50,000	2 (8)
50,000-75,000	6 (25)
75,000-100,000	3 (13)
100,000+	12 (50)
Education (N=24)	
Some college	3 (12)
College graduate	6 (25)
Post graduate	15 (63)
Ethnicity (N=24)	
European American	21 (88)
African American	2 (8)
Hispanic American	1 (4)

Table 1 presents the demographic characteristics for the participants of this exploratory study. Over half the women were over 50, every participant had at least some college education and their household income levels indicate that most are financially stable. This is significant since research has shown that HRT products are typically marketed to middle class women who are more likely to be able to afford them (Watkins, 2007). While this study was not widely diverse, some diversity was represented with two African Americans and one Hispanic American as well as one participant who volunteered that she is a lesbian. The participants were not always certain which stage of menopause they were experiencing so it was difficult to clearly categorize according to this criteria but their experiences represent the full range from pre-menopausal to post-menopausal.

Individual interviews with the women were recorded for later transcription. To protect the participants' privacy, the researcher assigned pseudonyms for each individual. Interviews were conducted in private settings that would allow the participants to talk as freely as they wished. Some took place in participants' private offices or in conference rooms and others were conducted in a media research lab because a few participants did not have access to a private space for the interview. Two interviews were shorter, about 30 minutes, while the longest lasted 50 minutes but most were about 40 minutes. Questions posed in the interview sessions probed

the women's understanding of their menopause experience, what information they knew about menopause, what symptoms they might be experiencing (or had experienced) as well as if they thought their personal experience was a positive or a negative thing. With this background knowledge, the researcher then asked questions as the subjects paged through selected ads from the magazines chosen for this study. Questions about the ads were intended to direct the participants to verbally explain any effect or understanding that placement, font size, and color of the text, word choice, or images might have for them. The goal was to identify implicit and explicit meaning the women might get from these ads.

During interviews, women were shown selected HRT ads. Ads used in this study were taken from five major women's magazines based on circulation size so magazines with higher circulation were chosen because smaller magazines might reflect more niche marketing choices. The magazines chosen for this study are *O, Essence, Good Housekeeping, Latina,* and *MORE*. They were each selected because the median age of their readers ranges from 36 to 55 and this range coincides with the age when women experience menopause. As described earlier, medical treatments can induce menopause so it is important to include these women, who may be younger than the average onset of menopause, in this study. These lifestyle magazines each have a large circulation and are not specialized like *Fit, Women's Health*, or *Martha Stewart Living*.

Through the five magazines selected, there were 13 ads for hormone replacement products published in 2014. Some ads were printed in multiple magazines while others only appeared in specific magazines. One ad, for Estroven, is an over-the-counter product that is not regulated by the Food and Drug Administration, meaning it doesn't require a prescription like the other medications reviewed here. It was included in this study because it was aimed at women experiencing menopause and it did not feature a model's face. The ad was used to

understand the participants' awareness of DTC ads and what information should appear on DTC ads. Estring was included because the model pictured was African American, the only woman of color in these ads, and the treatment used a different delivery system than cream or pill. Nine of the 13 ads were for two brands – five for Premarin products and four for Osphena products. These nine ads provided the largest amount of data for analysis since each group was the same basic ad with minor variations from ad to ad.

Two ads from the Premarin group and two from the Osphena group with images or text that focused on beauty, sex, and aging were chosen to use during the interviews with menopausal women. This was to avoid fatigue and confusion over ads that appear very similar for the same product. A Brisdelle ad was included because it was for a non-hormonal treatment for hot flashes; a significant factor since using estrogen is not an option for many women.

One focus of this study was to examine images, language, wording, and descriptions to investigate how specific narratives create meaning for menopausal women. Through "prolonged engagement" (Fürsich, 2009, p.240), a textual analysis assisted with developing an interpretation of the data. This type of analysis allows the researcher "to offer a variety of possible readings of the examined material" to reveal social and cultural beliefs and how those beliefs support or challenge dominant ideologies (Fürsich, 2014, p. 3). Through multiple readings, codes were developed for images and language used to classify concepts such as youth, beauty, and sexuality/sexualization.

Interview data were analyzed using steps in a constant comparison procedure outlined by Boeije (2002) that builds on the analytic approach that Glaser and Strauss developed. The first step involves making comparisons within one interview to look for the basic message, if the interview is consistent, does the speaker voice contradictions, and how different segments of the

interview relate to one another. A second step in this procedure is to make comparisons with interviews of people who have the same experience. Here the goal is to look for patterns in the discussion and determine what the similarities and differences are (Boeije, 2002). This was helpful in delineating commonalities and distinctions among the women's descriptions of their lived experiences. Since the purpose of the interviews was to explore what women say about menopause and HRT ads, this procedure allowed the researcher to summarize these comparisons and develop interpretations about this topic.

Chapter 4 Analysis

Women in this study were asked about their experiences with menopause and then they were shown the ads analyzed later in this paper. Participants were recruited via an email sent to the staff and faculty of this university because these women are more likely to be experiencing menopause than the general student population. Initial responses occurred minutes after the email was sent and since there was no compensation offered, this implies that women are very willing to share their experiences and they want to learn more about menopause. For this study, 24 women were interviewed and Table 2 lists personal information for each of these women. Their age ranged from late 40s to 60, they all have some college education with 60% earning a post graduate degree, and their income levels were very high, as 50% reported household income at over $100,000.

Table 2 Participant Information

Name	Ethnicity	Age	Household Income	Education	Hysterectomy
Paula	European American	46-50	$50,000 – 75,000	Post graduate	
Jolene	European American	46-50	$100,000+	College graduate	
Shannon	Hispanic American	46-50	$100,000 +	Post graduate	
Judy	European American	51-55	$100,000+	Post graduate	
Louise	European American	51-55	$75,000 - 100,000	Post graduate	
Angela	European American	51-55	$100,000 +	Post graduate	
Cherie	African American	51-55	$35,000 – 50,000	Some college	Yes
Susan	European American	51-55	$100,000 +	College graduate	
Stacy	European American	51-55	$50,000 – 75,000	Post graduate	Yes
Annette	European American	51-55	$20,000 – 35,000	Post graduate	
Carla	European American	51-55	$75,000 – 100,000	Post graduate	
Missy	European American	51-55	$50,000 – 75,000	College graduate	
Janelle	European American	51-55	$75,000 – 100,000	Post graduate	
Doreen	European American	51-55	$100,000 +	Some college	Scheduled soon
Claudia	European American	51-55	$35,000 – 50,000	College graduate	
Rebecca	European American	51-55	$100,000 +	Post graduate	
Trisha	European American	56-60	$50,000 – 75,000	Some college	
Wendy	European American	56-60	$100,000 +	College graduate	
Gina	African American	56-60	$50,000 – 75,000	Post graduate	Yes
Eve	European American	56-60	$100,000 +	Post graduate	
Belinda	European American	56-60	$50,000 – 75,000	College graduate	Yes
Peggy	European American	56-60	$100,000 +	Post graduate	
Lynn	European American	56-60	$100,000 +	Post graduate	
Beth	European American	56-60	$100,000 +	Post graduate	

Interviews

Each of the interviews started with questions about the participant's personal experience: was she currently experiencing menopause or had she gone through it, what were her symptoms, and how did she manage those symptoms. Research question 1 focused on how women talk about menopause. Interview questions prompted a range of responses that was as individual as each woman, but there were common themes. The first notable theme was uncertainty about menopause. While some women reported that they had gone through menopause, others like Claudia and Rebecca weren't certain where they were in this life stage. Claudia knows she definitely isn't post-menopausal because she still has cycles but as she talked about her symptoms and what stage she thought she was in, her comment was "Who knows? PMS? Peri-menopause?" She didn't know what the difference was between symptoms for either condition. Rebecca reported that she thinks she is over it (menopause) because she stated, "I haven't had a period in five years … and I've read that that is pretty certain that menstruation is done with." Eve, who worked in a hospital for years, explained that she is three years in to menopause and Lynn, a biologist who formerly worked for a pharmaceutical company that makes "one of the menopause compounds", thinks that she may be pre-menopausal. These responses show that while there are clinical definitions for the stages of menopause, many women don't distinguish between these stages; they just are menopausal or not.

Some women were uncertain about what happens during this life stage. Shannon, a Hispanic American woman in her late 40s, voiced that no one talked with her about menopause and symptoms, so she was unpleasantly surprised when her menstrual cycle became very heavy and very irregular. Annette, a European American in her early 50s, echoed this sentiment explaining that she found out by reading and she was quite surprised. "No one ever told me that

this is what happens when you go through menopause," she explained, adding that not even her older sisters told her what to expect.

Reported symptoms of menopause did range from hot flashes and night sweats to mood swings, irritability, and sleep disturbance. Some, like Peggy, a nurse in her late 50s, commented that sleep disturbance was the worst. She explained that she was never a very good sleeper, but menopause aggravated that issue so she "was just not sleeping … so it was bad." Peggy also reported that she felt like she was "plugged in to the wall" which was a very uncomfortable feeling for her. She tried to explain it as more of a tingling sensation than feeling warm. Because Peggy worked as a nurse in a menopause clinic, she is more aware of symptoms and how they are reported which made her description unique among the other women's comments. Shannon is not post-menopausal yet and she is very frustrated with the heavy menstrual cycles she is experiencing since she says, "I had no idea that I would start bleeding so heavily." Her cycles are also very irregular in length and duration, so she constantly worries about having enough sanitary protection and if stains will interfere with her professional appearance at work. Shannon's attitude is that menopause is a private issue and she does not want to be embarrassed by any telltale signs that it might be something beyond her expectation and control. She did say that her doctor told her that they could "do something" about that but "unless it's really really bad, we don't recommend it." How to quantify what "really really bad" means is an ambiguous thing yet Shannon stated that she will "just wait it out."

Only a few women candidly shared their personal experiences with the sexual symptoms related to aging and menopause. Gina, a 60 year-old African American woman, laughingly stated that she doesn't "know about this … it doesn't relate [to her] at all". Other women were more reserved, responding that they didn't think they had problems with sex. Susan was not inhibited

on this topic and reported that she shares her insight with many women experiencing vaginal dryness. Her gynecologist introduced her to olive oil so Susan told her book club, "Ladies, the latest and greatest is olive oil! Throw your KY out." The frustrating part that Angela noted was that "women don't tend to talk about the sexual changes that can happen" but when it comes to erectile dysfunction and men's sexuality, "we got that taken care of, don't we?" For women, sexuality is more complex as she said, "We don't have one of those [pills] that we can take and fix it all." But an interesting contrast to this was Peggy's observation based on her nursing experience in a menopause clinic. She stated that it was "loss of libido, that's the thing that brought the husbands in with them. It's very complicated … it's way more complicated for women and the relationship … all the different parts of it" could be one explanation for not having a female Viagra.

Some of the women reported that they were experiencing problems with depression. Paula was one of the few who spoke openly about it, as she described her fear that her depression would get worse and she would "just completely go off the rails crazy". She feels fortunate that she has been able to manage her depression through the mood swings associated with hormone changes. Angela, a nurse in her early 50s, takes an anti-depressant to help with the depression she is experiencing, which she attributes to menopause especially since she is "the most optimistic person" she knows. Carla and Stacy also associated mood swings and "crankiness" to menopause. Stacy commented that menopause "has been stigmatized just like depression" so people need to talk more about menopause to help inform others and offer support to women who struggle through this change.

Other women were surprised by how easy some of their symptoms seemed. Angela talked about her menstrual cycles as being very light, which she didn't expect, and her "PMS is

almost worse than the period itself" but she realizes that other women struggle because they have "the opposite experience … than I had … so for them, that's the worst part of it". Susan, also in her early 50s, was taking the birth control pill to help with heavy menstrual cycles and her doctor told her she could "stop it [the pill] at any time". Susan quit taking it a few months ago, she just "got through" the transition and now she thinks that she is done. No warning when hot flashes might occur was Susan's concern, but she considers herself to be lucky because some of her friends have symptoms that go "on and on and on."

Women in the study were divided about communication on the topic of menopause. Some like Cherie, an African American woman in early 50s, said that it was easy to talk about their menopause experiences as she explained that while her situation is different than her mother's, she has talked with her aunts (her mother's sisters) whose experiences are very similar. This open communication in her family is how she found "a way to get some idea" of what to expect in her transition through menopause. On the other hand, Carla, a grandmother in her early 50s, discounts younger women's descriptions of their symptoms because she said "some of my younger friends think they're going through menopause when they're not. 'Cause their symptoms are very different." Carla's perception is that her hot flashes are truly menopause hot flashes because she wakes up "drenched in the middle of the night" whereas the younger women "make a big deal about it" when they talk about their hot flashes that don't seem as severe so in her opinion these women are "actually pre-menopausal." There are also some women who admitted that they really don't talk about their menopause experience at all. Shannon doesn't talk about it except on a very superficial level with some co-workers who are close to her age. This could possibly be related to her frustration because she didn't know what could happen during menopause. Eve, who is in her late 50s and has two PhD degrees, also doesn't talk about

menopause issues. For her, the explanation is that her family is very healthy so they don't talk about aches and pains.

Additionally, whom the women talked with about their experience also varied. When it came to talking about menopause issues with the older generation, especially with their mothers, most reported that there was no communication or that information they got from their mothers was inaccurate or incomplete. Shannon expressed that her mother didn't talk about it and "now she just tells me to take garlic pills". Other women reported that their mothers deny having had any symptoms with menopause or they (the mothers) don't remember having any problems. Some women said that they wouldn't feel comfortable talking with their mothers, as Paula put it "I would never talk about problems with sex. No way I would talk about that." While sexual difficulties are only one possible symptom, Paula was sure she wouldn't talk with her mother about this personal experience. A source of dated information was Paula's mother-in-law, a former nurse, who informed her that she would have to use suppositories to help with vaginal dryness, warning Paula that "this is what everybody has to do or it's gonna be bad and sex is gonna be terrible." The warning may have sounded dire but this conversation was a little easier for Paula because her mother-in-law was "from Europe" so "she was also more open and easy going".

People view menopause in different ways. Carla's perception that older generations equated this life stage as "getting old" and "it meant the end of life" but she doesn't see herself in that category even though she is going through menopause now. She believes women at 50 are middle-aged, mainly because she is now in that category. Angela recalls hearing older women discuss menopause when she was younger. At the time, she didn't think she'd be talking about the same things now that those women discussed then. For her, "it's kind of disappointing that,

you know, twenty years later we haven't made advances, that we are all still having the same issues they had."

Most of those interviewed felt there have been changes in how people talk about and react to menopause. Trisha expressed that "people are a lot more open about things, more willing to see if there is help" meaning that women in general talk about this life stage more now. Cherie, a non-traditional university student, notices when other women close to her age seem to be experiencing a hot flash but the younger students in her classes don't ask about the physical signs of her hot flashes. She said, "They know you're sweating but they just think wow, she must be really hot." The younger generation seems uninterested because she is not "asked about it very often." Considering that Cherie's family talks very openly about menopause, she feels that the younger students' lack of interest is a missed opportunity to learn more.

An interesting side of this question was many women said they have discussed menopause concerns with co-workers or friends, often about intimate details as Louise observed, "Now I catch us talking about things like urinary symptoms and even sexuality and intimacy issues" that were not discussed before. Angela didn't agree with that viewpoint. She reports that when women talk with others about menopause they aren't consulting about vaginal dryness and low libido. Rather, she says, they really want to share for validation, that they aren't alone, and to learn what other women do to cope with this life change. Stacy, a European American woman in her early 50s, seems willing to talk about her experiences but her two sisters have different views on this. Even though she explains that she is close with her sisters, the younger one is an Air Force colonel so "she doesn't like to talk about it all that much" and her older sister had a miracle child late in life so "she'll talk about it, but it's not really the first thing on her plate." Where people are talking about menopause, according to Stacy, is on social media. These

platforms are “making a difference … social media is connecting people on these private things. It’s putting things out there and making it easier to talk about [menopause].”

What treatments are available to help manage symptoms was another area that varied depending on the woman’s circumstances. The women were asked if they knew what treatments their mothers used, if any. Wendy voiced what a few others shared – “I don’t think there was anything available when Mom went through it. I don’t think she did a thing.” What is not clear is whether the mothers did seek treatment and just didn’t inform their daughters or if the mothers truly did just get through it. A few women indicated that they have health issues such as a history of blood clots so HRT drugs are not an option for them. Two others expressed concerns about HRT because family members developed cancer after using these drugs and some participants prefer other methods like natural remedies to manage their symptoms. Paula fits the first two categories. Since her mother’s death at 37 was caused by cancer and she is prone to clots, she thought she was just going to have to “buck up and suck up” to get through menopause because that type of treatment was too risky for her. On the other hand, Peggy, the nurse who worked in a menopause clinic, reported that she did take estrogen. From Peggy’s professional and personal experience, nothing takes care of hot flashes like estrogen can. This clearly demonstrates that these women were divided on the HRT issue. One confounding factor for this question was some participants were taking medications to manage other health concerns so it wasn’t clear if they were experiencing fewer or more symptoms because of that. A few study participants who are nurses explained that they were taking low doses of anti-depressants their doctors prescribed as an off-label use to help manage menopause symptoms so they weren’t sure if their symptoms would be worse without those drugs. What most of these women seemed to be looking for was

support as they struggle with the emotional and psychological changes that can be part of this life transition.

These women were also asked to recall anything they remembered hearing or seeing about menopause. Two responded that they knew nothing about this life transition. Annette disclosed that she didn't know anything, "I asked no questions. I found out by reading and I was quite surprised." Shannon's story was similar but she was in Australia where she "stood in the bookstore" with a book about menopause and "read like half of it. And it's the only book I've ever seen." Juxtaposed to this is Angela, a nurse, who takes supplements to manage symptoms because she can't take HRT drugs but she uses National Institutes of Health websites to look for studies about what works to treat menopause. Most women in this study had some prior knowledge about menopause symptoms but that knowledge was usually about what are considered "typical" symptoms like hot flashes and night sweats.

Attitudes toward the menopause experience were not universal but also not polar opposites. Most of the women thought that menopause was not the worst thing that ever happened. They didn't like some of the symptoms associated with it but nearly every one expressed that she was glad to be done or almost done with monthly cycles. While none were totally negative, there were some ambivalent opinions because as Wendy said, "It just is what it is." However, most of the women were positive about it as seen in Carla's opinion, "it's a positive experience because it validates movement through life" and Janelle seconded that with her positive outlook "it's a great rite of passage. I love it." As Cherie said "Culturally … it's a mystery people just don't talk about. We need to talk more about it, discuss it and make this something that's normal, not something that's taboo."

Analysis of advertisements

Of the five magazines selected for this study, HRT advertisements were found in three of the magazines. Ads were found in *Good Housekeeping, MORE* and *O* but interestingly no HRT ads were printed in *Essence* or *Latina.* No menopause treatments of any type were advertised in any edition of *Latina* for 2014. Thirteen ads were published in the three magazines with *MORE* having the fewest ads, seven, throughout the year. The Estroven ad was the only ad that was unique to one magazine with the remaining ads printed in at least two of the magazines. In addition, the only magazine to have an HRT ad in every edition for the year was *Good Housekeeping*. Many of the monthly issues had at least two ads for HRT products and some issues had multiple ads for a single HRT product, Premarin cream. Unlike other HRT products, there was an ad for an Osphena product in every monthly issue of *Good Housekeeping*.

Ads for hormone replacement treatments were found in most issues of *O*. Other DTC ads for bladder control, depression, arthritis, and botox treatments were also included. Additionally, products for aging issues were advertised, from pads for bladder leakage to a relatively new product for accidental bowel leakage (which was targeted at both men and women). Some articles in the monthly issues reflect concerns aging women might have – on the fear of getting older, makeovers to transform your life and an article on the Blue Zones healthy initiative in Iowa. *Good Housekeeping* and *MORE* featured many of the same ads that were found in *O* but in these two magazines there was a larger focus on bladder control issues with ads for protective pads designed to cover chair seats and bed mattresses that were seen in *Good Housekeeping*. This aging concern was also reflected in the ads for a shingles vaccine to protect against this viral disease that commonly affects aging adults.

The ad for Brisdelle, found in *O* and *Good Housekeeping*, is a 3-page spread that features a woman on a beach with a purple chiffon curtain or scarf behind her blowing in the wind. This curtain echoes the movement in the image used for the trademark and calm waves on the beach imply that this is a place to cool off. What isn't clear is what the sheer curtain means or why it is floating in space behind this woman. This model looks like she could be in her mid-40s or early 50s because she has some signs of aging – wrinkles on her forehead and signs of crow's feet around her eyes. While there isn't a full body shot, it appears that she has some extra weight around her mid-section based on the rolls under the sweater she is wearing. Weight gain like this can be associated with menopause so that makes her appear even more age-appropriate for this life stage. Text informs the reader that "change is in the air" and that the only FDA approved "NON-HORMONAL OPTION" is available to treat hot flashes. Shades of purple and blue suggest a cool evening breeze as the text informs the reader that this drug is "proven to reduce moderate to severe hot flashes". While readers are encouraged to talk with their doctor about this drug, the typical safety warnings under the image are cause for alarm because the first warning is that this medication "may increase suicidal thoughts or actions".

Women who choose to use Estring don't have to worry about side effects like the Brisdelle medication discussed above. In the Estring ad, seen in *MORE* and *O,* an African American model is pictured in the upper left corner, framed in pink rings that are repeated in the logo and again at the bottom of the page. Of all the ads, this was the only one with a woman of color anywhere in the ad. The model is smiling and sitting in a chair that looks like it is on someone's front porch. She could be a good friend or neighbor who is ready to share her story. Lines on her face and neck suggest that she is somewhere in her late 40s or early 50s at least. "NOBODY TOLD ME" at the top of the page grabs the attention and then draws the reader in to

an explanation that low estrogen levels can cause painful urination and other vaginal issues including painful sex that this woman wasn't ready for, especially since no one talked about it. The pink rings used to frame the model serve as an allusion to the product itself, "a soft flexible, vaginal ring that gives you a steady low dose of estrogen". Properly used, any woman can get relief for 90 days without having to bother with creams or pills, making this a significant convenience over other types of menopause treatments.

On a different track, the Estroven ad in *Good Housekeeping* looks like a pair of jeans with a Levi's type tag that tells the reader menopause is the reason her jeans feel tight. Stylized plant leaves on the logo imply this is a natural product, reinforcing the intended message that this is a safe product to use like it says on the box. A sound alike name for another menopause treatment (estrogen) also adds to the assumed effectiveness of this remedy but since it isn't estrogen, this hints it can be an alternative for women who shouldn't take hormones. According to the package, women should use it because it's "clinically proven". Along with helping women be thin, Estroven "goes beyond" to relieve hot flashes and night sweats because it is safe and trusted. What the ad doesn't tell women is who determined that it was safe and trusted because the small print clearly says this treatment wasn't evaluated by the Food and Drug Administration.

Moving on to Osphena, these ads used the same text with different models and different text colors. In *Good Housekeeping, O,* and *MORE,* one three-page ad features what appears to be a Caucasian model lying prone on her stomach, propped on her elbows with her head resting on her upraised hands. Her appearance implies that she is probably in her mid to late 50s. She is beautiful with subtle makeup, she has a few wrinkles on her face and hands, her hair is gray, she is wearing a wedding ring, and her blouse softly falls off her shoulder, leaving it bare. This

languid pose is a very sexualized one that suggests she could be looking at her partner and ready for the next step. “SEX after menopause shouldn’t have to hurt” jumps out at the reader that then explains women’s bodies can be treated with this non-estrogen pill because it “improves certain physical changes”. A swoosh in the trademark resembles a reclining woman with long flowing hair similar to the model pictured in the ad. “Why wait?” hints that the only thing women need to reach sexual satisfaction after menopause is this treatment to help them overcome vaginal dryness and pain. Since this is a pill, it is convenient and certainly not messy like vaginal creams or some over-the-counter lubricants can be, adding to the reasons why women should use this drug.

Figure 1 Osphena brunette

In the second Osphena ad (Figure 1), a much younger looking white model with brown hair is looking up and her smile seems to indicate that she could be looking at her partner. This ad was in *O* and *Good Housekeeping* but not in *MORE.* The sweater she is wearing falls off her shoulder, leaving it bare and her makeup is subtle but wrinkles are not obvious on her face and her hair falls softly around her face. Again the pose is sexually suggestive, not as overt as some ads but this ad definitely sexualizes what appears to be a middle-aged woman. The text is the same but the color used in this ad is a deep pink, hinting that this woman is still young and vibrant even though she may be experiencing menopause symptoms. The context of this ad gives a different connotation to the question "Why wait?" Here it seems that this woman and others like her shouldn't have to impinge on their sexual freedom to be ready for that intimate moment whenever it happens.

The last two ads were for Premarin products. In the first, shown in *Good Housekeeping* and *O*, it appears that five women are canoeing on a lake and the first woman is having a hot flash because she's all red whereas the other women look normal. The text asks women if "hot flashes are stealing" their moments with a bar indicating rarely (pointing to the cool blue water) and often (pointing to the woman colored red). An implication here is that aging women can enjoy physical activities but when menopause symptoms threaten their enjoyment, they should turn to Premarin to take back their moments. As the number one prescribed medication, Premarin might be just the solution for this woman and you because it not only treats hot flashes but it also helps with vaginal changes and bone loss. This estrogen tablet must be a trustworthy brand because doctors have prescribed it "for over 70 years". The second Premarin ad, for a vaginal cream, pictures a woman sitting on what appears to be a solid block or possibly the end of a counter or a table in a doctor's exam room. The look on her face is serious and a little angry.

She's not happy that she was not informed, as the text reads "I didn't realize the pain could be treated" setting the tone for this ad. A pink flower appears behind the tube of cream like a sunrise and pink text tells the reader that it's "worth talking about" since vaginal dryness is not likely to go away by itself and this cream does more than over-the-counter products can do.

Perceptions of advertisements

Three main themes did emerge from analysis of these advertisements: sex, beauty, and youth. Overall sex was the most prevalent theme that these women commented on or about when they examined these ads. Paula, a librarian in her late 40s who reads a lot of magazines, noted that "you're older and you're still gonna have sex" so the attention to sex in several ads presents a positive message to aging women that they are still vital even though they may have some physical changes. Her observation about the Osphena brunette (Fig. 1) was that she is in "this princess kind of pose and happy and a little expectant". Stacy was another who expressed approval for the conversation these ads instigate - "you're getting older but you're still a sexual person" and she believes "it's good that people are talking" about painful sex and issues related to menopause. "They're trying to help women feel like they're still sexy even though they're going through menopause" was how Shannon, a Hispanic American woman in her late 40s interpreted these ads.

Other women didn't share this positive opinion. Jolene, also in her late 40s, commented "sex is the primary focus" of the ads and the models are "middle-aged women provocatively dressed". This type of ad sends the message that while women have some freedom (from reproductive concerns) there may also be challenges with regard to women's satisfaction so medication may be just what they need. However, Jolene disagreed because she isn't an advocate for prescription medications and even though there are "positive messages for things

that women can do to offset some of the symptoms of menopause", the other side of the page has "a full list of stuff – the potential side effects of the medication that are often more severe than the treatment." Other participants also reported their concerns about the possible side effects from the HRT drugs and wondered why women would want to take medications that have side effects similar to symptoms of menopause.

Peggy noticed "what sticks out the most [is] the relationship between painful intercourse and menopause in these particular ads." While she doesn't recall that patients complained about pain during intercourse, Peggy surmised that "maybe it's like it's as good as they can get for a female Viagra." Belinda, who is in her late 50s, was another participant who pointed out, "Painful sex is a big issue according to the ads." These ads offer "the promise that any discomfort that you ever had can always be taken care of by a medication" but according to Belinda, that is one problem with health care today. Like Belinda and Peggy, most women were very offended by the messages in these ads, as Carla put it, "I don't like the sexification" of the gray haired model in the Osphena ad. Angela added "painful sex after menopause isn't sexy. You don't want to tell a woman she's not sexy. That's just the wrong image to portray." The ads were also described as being superficial - "it's all about looks or sex, it's not about how people really feel" but "Sex is a seller. They make sex in bold print, so that is a seller" was how 60 year-old Gina neatly summarized the dominant message from these ads.

An interesting side note to this theme was the commentary from many women about other ads they have seen, especially ads for Viagra and Cialis. Susan shared that she could explain how she feels about Viagra ads but as far as medications for menopause, she doesn't think "it's out there in the media as much as Viagra and Cialis. It's just not there." In her view, this is negative because women aren't getting information that might help them. Angela's

perspective was a bit different. She finds information all over – on TV, in magazines, and on Internet ads "that pop up on the side" of the web page. Since Angela wants more scientific data about the medications she refers to National Institutes of Health (NIH) websites and doesn't really "pay much attention to the ads". Belinda compared the sexual theme in HRT ads to Viagra and Cialis ads when she observed "It's the same thing with the Viagra and Cialis ads. It's like [we] are supposed to be ready for sex any minute any time."

Additionally some women talked about other TV ads they remembered. Most recalled ads for feminine hygiene products, especially when they first started to be shown on television. Some remembered that they were shocked or embarrassed from these early ads, probably because they were teens and personal topics were not as openly discussed on the media. Now personal topics are discussed on many media platforms at any hour of the day so DTC ads focusing on sexual dysfunction might not seem as embarrassing as they once might have been.

Beauty was also a noticeable theme for participants in this study. Participants liked the attractive models in the ads, labeling them "beautiful" and "elegant". A stereotype that equates menopause with being an ugly old woman was also reflected in the participants' observations. Louise, a nurse in her early 50s said these ads are a way to remind "you that going through menopause doesn't mean that you're ugly … that you're still very beautiful whether you're 40 or 50 or 70." Another participant in her late 50s, Wendy added that the ads are "focused on making it seem like just 'cause you're older you can still be pretty even though you're in menopause." The gray haired model who embodied aging with the color of her hair and the wrinkles on her hands and face was still judged as being "gorgeous" even though Gina, who is 60, commented that this model "looks like she's past 50". But beauty in some ads was not as overt like the Osphena brunette in Figure 1, as Cherie commented the "other women are more realistically

aged and more realistically body shaped." This demonstrates that women want to see models that look like them, including models of various ethnic backgrounds.

A few women, including the Hispanic American and the two African Americans who were part of this study, noted the lack of diversity in these ads. Belinda, a European American, commented that there was "one Black woman compared to all the rest of them." Cherie, an African American in her early 50s, commented that all the women in the ads are white, "they're not multicultural" which seems to indicate she didn't focus on the model in the Estring ad. Shannon, the Hispanic American woman, said that she "didn't even really pick up the first time that she's Black" referring to the model in the Estring ad and the company is trying to appeal to "a different race here". Other women noted the African American model's smile in the ad and her welcoming pose placed her as a friend they might talk with about menopause issues.

Youth was a theme that was not as clearly obvious as the previous two. Most of the women in the study were more uncertain when it came to judging the age of models pictured in these ads. While knowing the exact ages of the models is not crucial, it is important that the women pictured present a somewhat realistic image for the ads to gain credibility with menopausal women. Peggy mentioned that she thought the models "look pretty young with the exception of the gray haired woman and she actually looks pretty young too" indicating that even gray hair doesn't make them appear old to some participants in this study. Similarly, Eve explained "Some of the models look to be in their early 40s – that is too young to be in menopause so that makes me mistrust the ads." Several women echoed this sentiment as they described these models.

While women in the study had some unspoken ideals about what a menopausal woman should look like, it was evident from their comments that those images varied from woman to

woman. Trisha, a participant in her late 50s stated "Some of the women look way too young to be experiencing the symptoms" but then a few minutes later she seemed to contradict that when she was talking about the Osphena model, "just because her hair is gray doesn't mean she's old." At what age a woman should be experiencing menopause was also open to interpretation and varied for these participants. When talking about her own personal experience, Wendy explained that for her "to be 57 and still dealing with [menopause], I'm a little surprised" even though she only started having symptoms two years ago. Wendy feels she is an outlier and she didn't expect to be "in the same boat with a friend that's ten years younger" who is experiencing the same menopause symptoms. At the other end of the spectrum, Janelle reported that she was in peri-menopause (diagnosed by her doctor) before age 40 but she is still experiencing symptoms at age 53. Cherie summed it up with her observation that "the look of what menopause looks like varies. It's not set."

These results indicate that how women talk about menopause is not uniform; instead it is fluid based on the topic discussed and whom these women choose to discuss it with. These participants' menopause experiences vary widely as well as the level of knowledge about this life transition. In response to the HRT ads, while they shared common perceptions about the main themes of sexuality, beauty, and youth, their attitudes towards the ads themselves ranged from positive to very offended about the messages perceived from the ads.

Chapter 5 Discussion

For this study, interviews with menopausal women were used to explore their views about meaning created by HRT ads, how these women talk about menopause and what their perception of the menopause experience is. Analysis of the interviews suggests that women don't know enough about menopause and what to expect as they reach this life stage even if they are highly educated women. The results also indicate women want and are searching for more information about the menopause experience. Where and how these women got information about menopause varied a great deal with some women reporting that they couldn't find any information about menopause and others recounting that they searched websites and talked with their health care providers to fill in the gaps. Advertisements such as those for HRT medications seem to provide some women with information they are looking for, yet others feel this type of advertising is demeaning and doesn't remotely begin to relate to their experience of menopause.

The first research question addressed how women talk about menopause. The results suggest that there is not enough discussion about this life transition and women were continuously self-evaluating to make sense of their personal circumstances. Part of this evaluation could be a means to understand what stage of menopause each woman is in, as Dillaway and Burton (2011) point out that women identify as being "in menopause" even though symptoms could place them in peri-menopause which can occur as early as five years before menopause starts. Social comparison can be an upward or downward direction so which direction that evaluation takes depends on "how they construe their self before engaging in social comparison" (Corcoran et al., 2011, p. 128). Findings from this study indicate most of these women were making associations with others to define their lived experience, whether it was with the models in the ads (infrequently), their mothers, or more commonly with other women

they know who have gone through menopause. The question concerning how these participants would compare themselves to the models in the ads was not fully supported because many of them judged the models (with the exception of the gray haired model) to be too young for menopause. Likewise, some felt that the ads did not relate to their experience of menopause so that may have minimized any social comparison that might have happened. Stronger social comparisons were more often made with women closer to the participants' personal sphere, usually with co-workers or friends. This implies that the models in the ads weren't close enough for the study participants to compare themselves to.

Many women in this study reported that they have positive views about menopause, associating this stage with more freedom from family and financial worries (Wray, 2007) but cultural perceptions of menopause seemed to negatively influence some attitudes especially with regard to bodily changes (Dillaway, 2005). Most of the women did not like the uncertainty about how long symptoms would last or what their menstrual cycles were like. Hormone changes also greatly affected moods and psychological state of mind that were very negative aspects for many participants. This finding seems to support the point that women's perceptions of menopause are influenced by the quality of information they have (Buchanan et al., 2011). On the other hand, if women don't share their experience with others, the cohort doesn't receive cues that support and advice are wanted (Buchanan et al., 2011) which could be why some women like Shannon didn't get the support and information that she wanted.

Women who recalled discussions with their mothers about the mothers' menopause experiences recounted differing attitudes and behaviors of the older generation similar to other research (Utz, 2011). The current generation of women experiencing menopause was influenced by how the previous generation approached their menopause experience. If a mother's

menopause was a difficult thing, the study participant expressed she considered herself lucky to not have had those same issues, either because new treatments were available that weren't an option for her mother or she had taken a proactive approach to manage her symptoms so her experience wouldn't be as bad as her mother had it. Another factor that influenced the menopause experience was if their mothers shared anything of their own menopause experience. If mothers didn't or couldn't share how they handled this life change, the study participants felt they had been deprived of essential information.

Along with this lack of personal information some women expressed difficulty in finding reliable information on what to expect during menopause. It was surprising to find the level of knowledge varied so much in this group of educated women. Health literacy is considered a necessary skill to manage personal health care (Hinnant & Len-Rios, 2009), and societal roles generally place women in the information-gathering/decision-making role (Poe, 2012). This knowledge is the capability to "process, and appropriately act on health information" (Mackert & Love, 2011, p.206) so understanding one's family health history can help inform decisions about how to manage symptoms. A few women compared their mothers' experiences to their own to develop their personal interpretation but changes in cultural perceptions of menopause left the women with an incomplete understanding about their own experience.

Many of the participants work in settings where they have easy access to health care information but these discussions imply some might not be aware that this information was available to them. The implication here is that by nature of having access to health information, the participants in this study should be more health literate. However, that wasn't the case. Two participants conveyed they couldn't find any information about menopause while others did know about menopause but that knowledge was inaccurate or incomplete. Some women in this

study were confused by information on menopause because, as Dillaway and Burton (2011) suggest, those explanations don't always make sense when put into each woman's lived experience. But the increased role media plays in disseminating health information was a dividing factor for this group of women. Some were actively seeking information and others mistrusted much of what they saw in the media either because they didn't trust the source (pharmaceutical companies) of the information or they didn't think the information applied to them. As Peggy surmised, "You just wish people were more educated about science."

In response to RQ 2, what images and messages do HRT ads present to menopausal women, a number of advertisements clearly communicate that sex after menopause can possibly be painful so women should plan to take a medication for increased lubrication. This analysis also showed that menopause is portrayed as a disease requiring medical treatment (Buchanan et al., 2002) but these ads go beyond that, suggesting to women experiencing menopause they should use "modern elixirs" to thwart the atrophy that happens with aging in order to maintain their sexual and physical allure (Niland & Lyons, 2011). This was considered a negative portrayal of menopause that was offensive to most participants since they didn't believe their sex lives were a detriment simply because of menopause. The ads were also a threat to their attractiveness and desirability as the implication was that these women were deficient in certain areas (McKinley & Lyon, 2008). This underscores the feminist perspective that menopausal women should not be thought of as "other" just because they have entered a non-reproductive state (Dillaway, 2005). While bodily change, due to aging and menopause, can be a negative message (Dillaway, 2005), these ads did present positive images of aging women. The Premarin ad showing women canoeing on a lake embodies an active lifestyle that contradicts stereotypes of aging as a time of inactivity.

Underlying this theme of sexuality was an assumption that women need to remain youthful and beautiful as represented in the appearance of the models and text in the ads. Even though menopause is considered a sign of aging with negative perceptions (Dillaway, 2005; Liechty & Yarnal, 2010; Utz, 2011) most of these women don't think they are old. Their comments acknowledge that they are not young but they are definitely not ready to self-identify as aging and old; rather they think of themselves as being in midlife (Wray, 2007). Dillaway argues "bodily changes during menopause may be more important to some menopausal women" (2005, p. 4) and this research supports that statement. Some women seemed worried about how they are viewed but others seemed confident and comfortable with the changes they had experienced. What these women were divided on was that women's appearances shouldn't change. The models in the ads were generally age-appropriate but several women in the study felt those models did not represent menopausal women. Their comments often centered on how young the models looked; instead these models were perceived to uphold standards for feminine youth and beauty (Dillaway, 2005) and most of the participants accepted cultural standards of femininity (Winterich, 2007).

HRT advertisements were not found in either *Essence* or *Latina.* The only prescription treatment advertised in *Latina* was for GARDASIL, a vaccine for human papillomavirus to help prevent genital warts. It was notable that there were cigarette ads in nine of the ten issues of *Latina* as well as public service announcements about lung cancer. There were medication advertisements for weight loss, allergies, and heartburn but those were for versions available over-the-counter. Similarly, there were no HRT treatment ads in *Essence* but products for feminine hygiene and freshness as well as bladder leak protection were advertised. There were other direct-to-consumer drug advertisements for depression, fibromyalgia, birth control, and

migraines as well as the GARDASIL ad seen in *Latina*. Camel cigarette ads were also a prominent part of the advertising in *Essence* with a 3-page ad in the August edition and page length ads in several other issues. This shows that while HRT advertisements are absent, DTC advertising is evident in these two magazines. One possible explanation for the lack of HRT ads in *Essence* and *Latina* may be that historically these medications were aimed at white women, generally middle and upper class, who could afford non-essential medications because they had income or insurance coverage to pay for those treatments (Watkins, 2007). It may also be attributed to lower rates of HRT use among women of color even after these women began to have insurance coverage for these treatments (Watkins, 2007).

As for RQ 3, What meaning do images and messages in HRT ads create for menopausal women, the meaning is that women are sexualized, they should seek medication to avoid painful sex, and their role as aging women is to stay young and beautiful so they will be ready for their sexual partner. Women in this study did not consider themselves to be old even though menopause is considered a sign of aging, by the women themselves and by society in general. Most women did not feel the models in the HRT ads were of an age to be experiencing menopause and most models didn't reflect the participants' experience of menopause. However, the ads did offer some positives– some women did learn about menopause treatments from them as other research has shown (Poe, 2012) and some said they would use the information they read to initiate a conversation with their health care provider similar to findings from Wood and Cronley's (2014) study.

Limitations of this study are the small sample size, the population was not diverse enough, plus income and education level were higher than the general population. Another limitation was the choice of magazines. Publications with a smaller circulation may have a more

specific audience that HRT advertisers want to appeal to, which might result in different advertisements for analysis. It would also be more inclusive to expand the number of magazines targeted to minority populations to investigate the differences and similarities in this type of advertising. The original intent for this study was a longitudinal review of the HRT ads. Most libraries don't keep physical copies of magazines more than one year, so that required a review of digital versions of the older issues. A page-by-page comparison revealed that digital versions did not have the advertisements that were the subject of this study. Advertisements used in this study were found in print copies of the magazines. According to an associate professor at the University of Iowa who has several years of experience in the magazine industry, some advertisers prefer print editions and don't want to pay the extra cost for digital versions, "and this would particularly be true with ads like this that would skew older (while the perception is that web readership skews younger)" (D. McLeese, personal communication, March 4, 2015). Therefore, the ads used for this analysis were taken from the publications for the calendar year 2014 but this limitation could be overcome through other sources to obtain print copies of the ads.

Possible avenues of deeper investigation might include an examination of health literacy as a factor in understanding women's perceptions of these ads. This would be interesting especially since some participants indicated this type of advertising was a source they would use to learn more information. Future research could also investigate if women find these ads trustworthy as that would also add to the conversation about menopause.

Conclusion

Women want to talk about menopause and they are definitely searching for information about this transition to help them navigate through a time of stressful physical changes. While

there are negative and positive aspects concerning menopause, most women feel that it is a positive change for them. This life stage also has negative social perceptions but most women interviewed for this study have found their individual ways to contradict those stereotypes through their attitudes and outlook.

Feminist research asserts that there is not a complete and clear definition of menopause and these interviews bear that out. These women don't see themselves as aging; instead they spoke about enjoying this time in their lives. They want to change perceptions about women and their menopause experience. Media representations reflect the cultural standard of beautiful, youthful perfection even as we age but the symptoms of menopause are not perfect. These women don't want to be the "ideal" but they do want to be accepted for who they are and how they look. Cherie explained it very well when she said, " When it comes to women, we shouldn't be ignored because we have complex bodies. …I think there needs to be more studies done surrounding women. [Menopause] needs to be looked at in ways that aren't pushing [us] aside."

APPENDIX

Sample Ads

Figure A1 Premarin canoe

Figure A2 Brisdelle

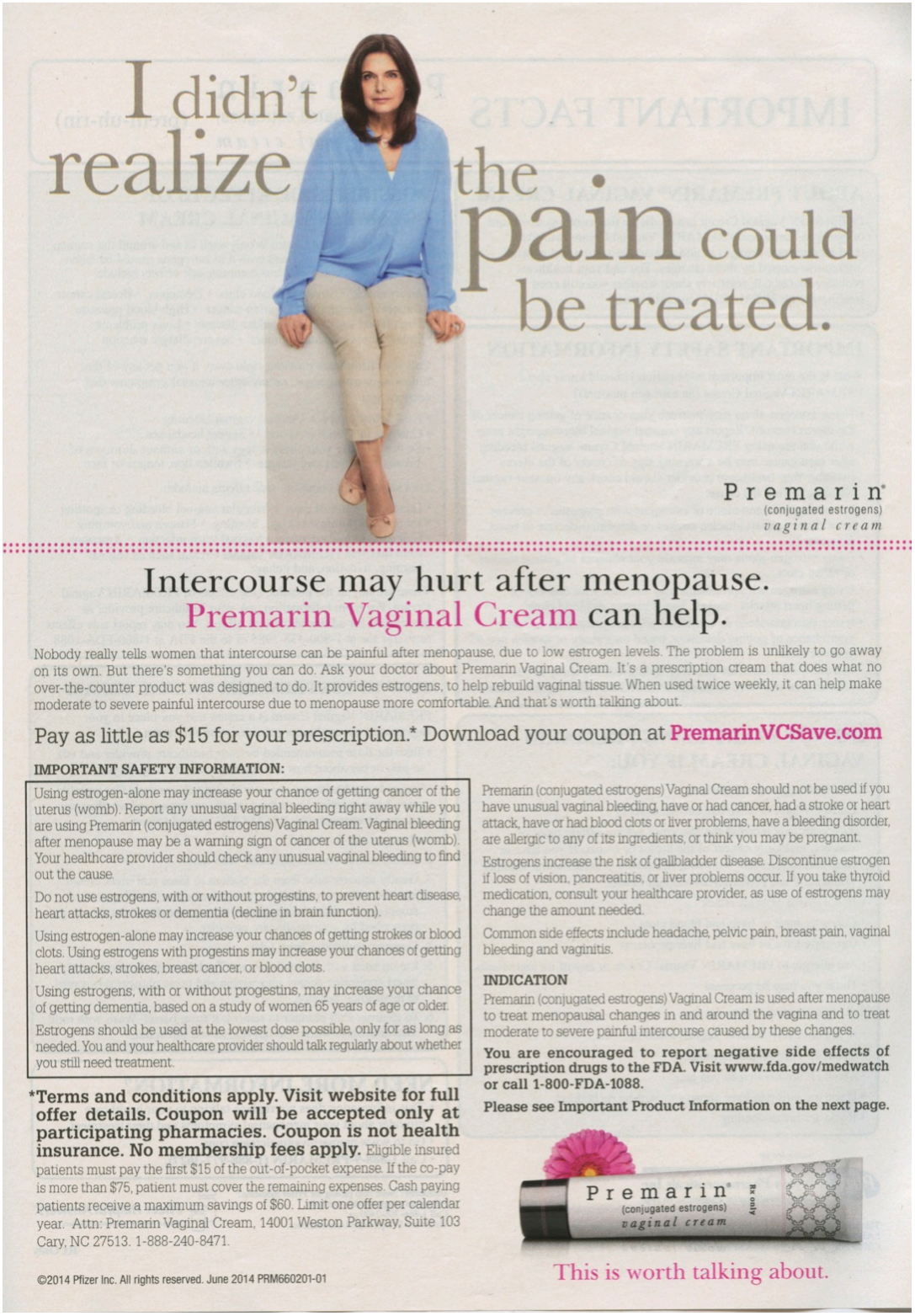

Figure A3 Premarin pain

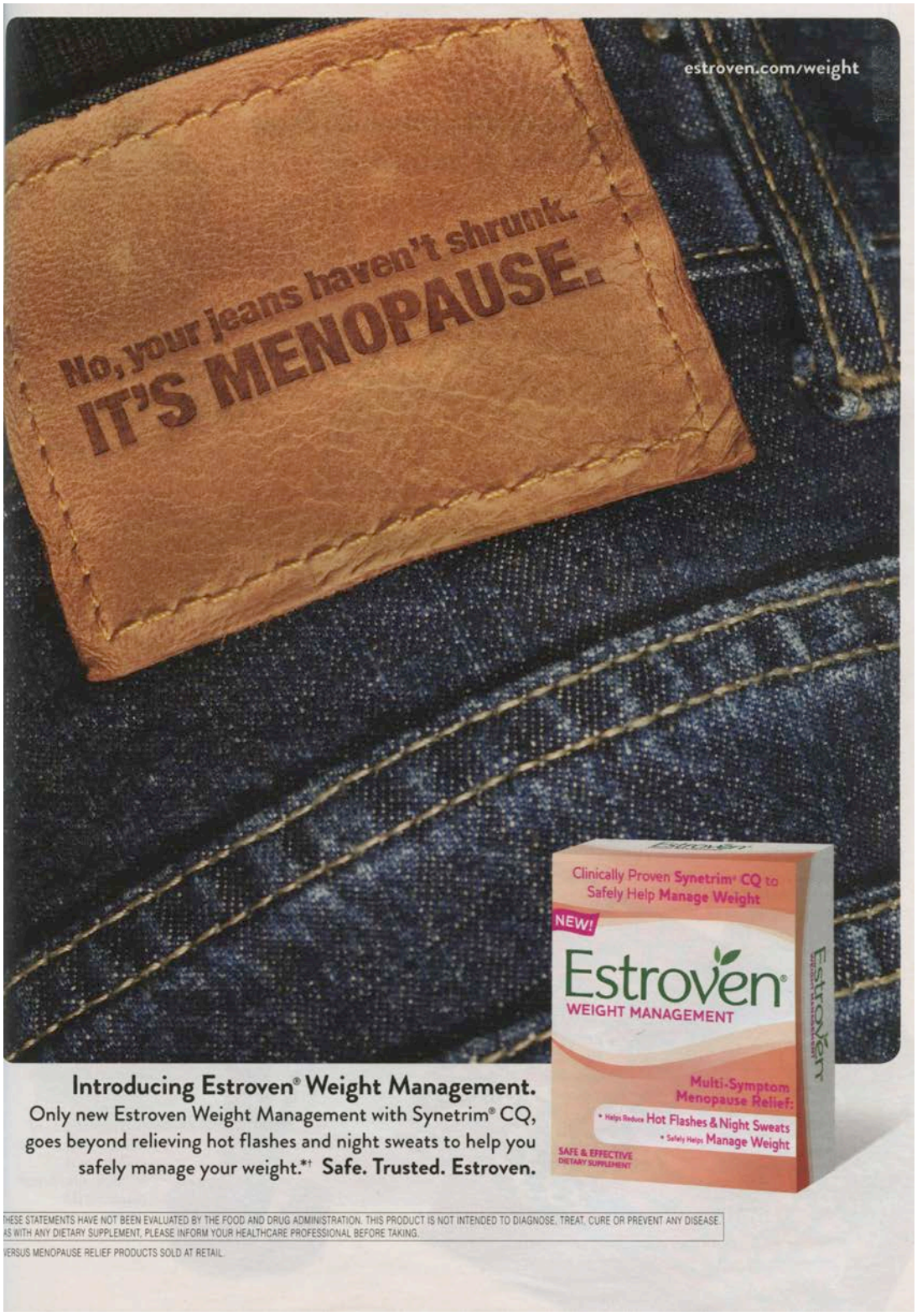

Figure A8 Estroven

Figure A5 Osphena full

Figure A6 Estring ad

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