

FRAMING AND NORMALIZING HORMONAL CONTRACEPTION
IN MEN'S AND WOMEN'S MAGAZINES:
AN ECOFEMINIST ANALYSIS

by

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THESIS ABSTRACT

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Hormonal contraception is widely used by women within the U.S. and is considered to be empowering and beneficial for women's progress in society. Hormonal birth control is framed as having benefits beyond fertility control, often in ways that medicalize and problematize women's natural reproductive cycle. This study takes a critical look at the framing of hormonal contraception in both women's and men's magazines from an ecofeminist perspective. Articles were gathered from *Women's Health*, *Cosmopolitan*, *Men's Health* and *Maxim* and were analyzed through Entman's four functions of a frame. Special attention was paid to the differences between men's and women's magazines. The results show that hormonal contraception is being normalized through medicalizing women's natural cycle and through naturalizing medical and scientific authority in making health decisions. Men's magazines discuss contraception far less than women's magazines, and both continue to place contraceptive responsibility on women.

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CHAPTER I

INTRODUCTION

Within the United States, the fight for reproductive rights has raged for over a century, whether women were fighting for access to contraception, access to abortion, or comprehensive sex education. Access and affordability continue to be up for debate, despite the progress that has been made since the 1960s, '70s, and '80s. Feminist literature and activism has largely focused on maintaining reproductive rights; from the beginning this fight has been a mix of hard wins and troubling losses. The recent debates surrounding birth control coverage in the Affordable Care Act is just one example of the ways in which patriarchal influences continue to effect women by limiting women's access to information and resources. With all of this political contention, there has been little room for critical discourse about the increasing normalization of hormonal contraception and the reification of traditional gender roles that has put the responsibility of reproductive health on women. These conversations rarely allude to concerns about long-term safety and side effects, the loss of the natural reproductive cycle, and the impact of hormonal regulation on our bodies and minds. My thesis looks at how popular magazines frame the conversation around hormonal birth control; what is discussed, and what is left out.

Four out of every five sexually experienced U.S. women have used the pill (Contraceptive Use in the United States, 2014). While this is just one form of hormonal birth control, many others exist, including the popular Mirena IUD, the patch, the implant, and injectable types. Reliance on long-acting reversible contraceptives (LARC, aka the IUD) rose to 8.5% of women in 2009 from 2.4% of women in 2002. For

American women, it appears to be the norm to use hormonal contraceptives, as opposed to barrier methods or non-hormonal LARCs. The negative side effects of birth control range by age and previous health conditions. There is little research on the long-term effects of hormonal contraceptives, largely because hormone regulation affects many parts of the body in often seemingly unrelated ways (Kissling, 2013). The list of mild common side effects includes nausea, headaches, weight gain, decreased libido, mood changes, and irregular bleeding. The more extreme include blood clots, seizures, heart conditions, abdominal pain, and blurred vision (WebMD).

Men are often not included in the contraception conversation, unless they are debating whether women should or shouldn't have access. This may be because contraceptive focus has been on hormonal birth control, a method in which men are not required to take on much, if any, responsibility. Yet, "scholars and lay people alike often take for granted that American men are basically unconcerned with and uninvolved in contraceptive decisions and use" (Fennell, 2011, p. 497). The reversible methods available to men are limited to condoms and withdrawal, while women have a plethora of reversible options.

The purpose of this study is to analyze the coverage of hormonal birth control (HBC) in mainstream women and men's magazines. I specifically look at Entman's (1993) concept of 'framing' in these texts in order to understand how information about contraception is presented. Magazines are one form of media that spend a significant amount of space discussing health issues in the public sphere, thus playing a "powerful role not only in the shaping of lay views and evaluations of modern medicine, but also in the profiling of risks in contemporary society" (Calnan & Williams, 1996, p. 259). The

contents and the framing of health information from these nonmedical sources provide a wealth of information regarding public views on hormonal contraception and who's responsible for birth control in heterosexual relationships. Hormonal contraception's history within the United States illuminates the ways in which birth control has become and remained such a prevalent topic in public media since its creation.

Historical Overview of Hormonal Contraception

Before hormonal contraception was available, women and men relied on a variety of contraceptive methods, knowledge of which was usually shared by word of mouth. American prudery of the 18th and 19th centuries limited discussions of birth control both in public and in private. When the Comstock Law passed in 1873, the circulation of obscene literature and articles for immoral use became illegal; this included information regarding contraception (Brodie, 1994). Discussions of contraception can be found in diaries and letters, but information is scant. Despite the scarcity in resources that tell us which specific contraceptive methods were used, it is apparent that white couples in 19th century America were successfully using contraceptive methods. As Brodie points out, “the birth rate of white native-born married women was reduced almost by half between 1800 and 1900” (1994, p. 2). These women relied on many methods, including withdrawal, the rhythm method, douching, breastfeeding, barrier methods, and abortions. Interestingly, during the 1800s “there was little outcry about abortions being immoral or unethical until the American Medical Association began a campaign to curb it in mid century” (Brodie, 1994, p. 33). Abortions were expensive and information hard to come by. This led women, such as Margaret Sanger, to begin a public discussion about birth

control. Eventually, the activism exhibited by Sanger and the demand for contraceptive options led to the development of the hormonal birth control pill.

Margaret Sanger and Katherine McCormick put the funding and the drive behind the invention of hormonal birth control in 1950, believing that women could not attain equality until there was a woman-controlled form of reliable contraception. At the time, “contraceptive research was considered a disreputable business,” and “pharmaceutical companies as well as the federal government refused to invest in it” (May, 2010, p. 22). It was McCormick’s money and Sanger’s connections that led the pair to Gregory Pincus, who was able to use synthetic hormones from Mexican yams to create the first hormonal contraceptive, Enovid (Kruvand, 2012). Unable to find enough volunteers in the United States to test the drug, the testing was moved to Puerto Rico.

According to May, women were eager for a temporary option (2010). Contrary to this simplistic explanation, Puerto Rican women had been conditioned to population control ideologies and to being the testers for many forms of contraception and still rely primarily on sterilization, even those who migrated to the U.S. (Lopez, 2008). Since 1898 Puerto Rico has been colonized by the United States and from the beginning the U.S. saw the island’s poverty and underdevelopment as an overpopulation problem. During this time, the neo-Malthusian and eugenic ideologies were popular in American discourse, which blamed poverty on the proliferation of the poor and on the poor’s natural inferiority. Sterilization was widely practiced on the island beginning in 1936 and was available before it was legal on the mainland U.S. A key proponent of population control in Puerto Rico was eugenicist Clarence Gamble (of Procter & Gamble) who used the island as his own laboratory to test his spermicidal jelly and other contraceptive products

on Puerto Rico's desperate poor through opening free birth-control clinics (Lopez, 2008). These methods proved to be ineffective and in 1937 sterilization became the primary method of fertility control on the island. Throughout the 1940s, politicians would offer free sterilization to women as a tactic to secure their votes (Lopez, 2008). By the time experiments for the birth control pill began in the 1950s, the women of Puerto Rico were already accustomed to experimental birth control methods and corruption, making it an easier place to find volunteers.

Enovid was approved by the FDA in 1960, though multiple barriers kept women from access. Throughout the United States, state laws and regulations limited the sale, advertisement, and distribution of contraception and contraceptive information (Kruvand, 2012). Many physicians refused to prescribe the pill to unmarried women unless it was considered medically necessary. Women learned and relied on one another to get around these regulations and obtain access (Kruvand, 2012). In the late 1960s and into the '70s, the women's liberation movement claimed the pill and access to contraception as essential to women's rights. While women fought for greater access to HBC and other contraceptive forms, they were careful to critique the authoritative power that health officials held over women's access to HBC. Feminists were concerned with physician control over the pill and the consistent examinations women would have to undergo in order to retain access. The women's liberation movement also encouraged women to learn their own bodies, to be familiar with their anatomy, and to take their health into their own hands.

While religious leaders, politicians, pharmaceutical companies, and lawmakers argued over the moral and legal aspects of the pill, "women led the charge against the

mostly male experts and officials who prohibited or limited access to the pill, controlled information about it, and dismissed women's concerns about the risks and side effects" (May, 2010, p. 117). Women began writing and distributing their own research and thoughts on reproductive health. A critical view of hormonal contraception surfaced in *The Doctor's Case Against the Pill*, published and widely debated in 1969. In this book, Barbara Seaman, a journalist, explored the negative side effects and serious health risks of the pill according to her own research, doctor's testimonials, and women's experiences with the pill. The Boston Woman's Health Book Collective published its first edition of *Our Bodies, Our Selves* in 1973, selling more than four million copies. In it the authors encouraged women to examine and educate themselves on their own reproductive health, instead of trusting doctors outright. Over the last 44 years and many editions, the book's position on hormonal contraception has alternated among neutral, skeptical, and endorsing (May, 2010).

Unfortunately, this critical view began to disappear in the 1980s, and pharmaceutical companies have barely deviated from the synthetic hormonal formula since. Instead, they have changed the forms in which the hormones reach a woman's bloodstream, introducing the shot, the patch, and the implant. In the mid 1980s, restrictions on direct-to-consumer advertising were lifted, opening up the possibility of marketing lifestyle drugs in the 1990s. For hormonal contraception, "these new advertising campaigns emphasized the secondary effects of oral contraceptives—to treat less-serious conditions such as acne and premenstrual dysphoric disorder and to reduce the frequency of menstruation—rather than the primary indication for the prevention of pregnancy" (Watkins, 2012, p. 1464). This turn in advertising regulation led to

popularization of the pill and other hormonal contraceptives as lifestyle drugs, not only as a method of contraception. Current analyses of HBC advertisements show the way in which the pill continues to be creatively marketed as a lifestyle drug.

CHAPTER II

LITERATURE REVIEW

The normalization of hormonal birth control, especially the pill, has interested many feminist and media scholars (Bihn-Coss, 2008; Kissling, 2013; Sandoval, 2008; Winfrey, 2009) and has focused on direct-to-consumer advertisements. While my study focuses on magazine editorial content, advertisements reflect another pervasive form of media that shapes how hormonal birth control is perceived. Three main themes can be found within advertising scholarship; the advertisers' main goal is to sell a product, normal reproductive processes are being medicalized, and the illusion of freedom and choice. Further, it is important to include literature that discusses the divide along gender lines that dictate contraceptive responsibility. Race and class also have an affect on who uses and has access to hormonal contraception.

Advertisers Are Selling a Product

Direct-to-consumer advertisements often introduce information about a pharmaceutical drug before patients are able to discuss it with their doctors. As Sandoval (2008, p. 3) explains, "the role of these advertisements as producers of knowledge is problematic because the companies that produce the information do so with specific intent to sell a product, not to educate the consumer." The pharmaceutical industry is big business; the money spent on advertising pharmaceuticals was estimated to be \$47 million in 1990 and increased to more than \$2.5 billion by the millennium (Kaphingst, 2004). Within the United States, consumers spend more than \$400 billion per year on prescription drugs, and this number keeps growing (Sandoval, 2008). Some scholars argue that it would be naïve to assume that money is not a key motivator for

pharmaceutical companies, who have historically put profit over people (Langston, 2010).

Print and video advertisements for birth control reach women through magazines, television ads, and websites targeted toward women of reproductive age. The influence of these ads on women deciding on a birth control method may vary, yet with the pervasiveness of advertising in mainstream culture, it appears to be having an effect (Bihn-Cross, 2008). Compounded with the journalistic articles in women's magazines, there is a plethora of information regarding hormonal contraception out there, and it may be reaching women before they even step foot in the doctor's office.

Medicalization of Normal Reproductive Processes

While originally the focus was on preventing pregnancy, advertisements for hormonal birth control, especially the pill, have increasingly targeted the cessation of menstruation and all of the "hassle" that comes with it (Bihn-Cross, 2008). The popular rhetoric in hormonal birth control advertisements, women's magazines, websites, blogs, and self-help books is that menstruation is not necessary for good health (Kissling, 2013). Menstrual suppression has become the norm for hormonal birth control and has, in time, turned into a strong selling point. Many advertisements portray this suppression as simply logical, when in fact these ads "problematize women's natural bodies and reflect a trend to increasingly rely on technology/medicine to 'alter' women's natural menses" (Bihn-Cross, 2008, p. 26). As is common with pharmaceutical ads, they run through the possible side effects quickly with smiling faces in video and in tiny black and white print in magazines. The seriousness of these side effects is often quickly dismissed; it didn't happen to the women in the ads, why would it happen to me (Bihn-Cross, 2008)?

The pill can now cure all types of feminine “symptoms,” such as bloating, irritability, premenstrual dysphoric disorder, premenstrual syndrome, acne, menstruation, menstrual pain, and anxiety. Winfrey (2009) points out one particular ad in which a woman is seen punching these “symptoms” out of the air. Winfrey interprets this to symbolize the body as the enemy, something we should fight against. Symptomizing women’s natural bodily functions creates a bigger market for pharmaceutical companies and little room for alternative, such as holistic, viewpoints. Essentially, the industry is able to replace common female experiences with the distinction of a “disorder” (Sandoval, 2008). While many women do suffer from the ailments described above, hormonal birth control is still problematic. As Rako (2003, p.118) states, “without an appreciation of the complexity of hormones’ effects upon one another and of their far-reaching effects on every organ in the body, we are not equipped to understand the risks of hormonal manipulation.” Birth control is no longer just a matter of controlling reproduction; many women can identify with one of the many “symptoms” and find good reason to use one of many forms of hormonal birth control.

The Illusion of Freedom and Choice (Postfeminism)

The language around birth control in advertisements also creates the illusion that hormonal control brings freedom and choice; freedom from feminine woes and the choice to live life without the “symptoms” described above (Kissling, 2013). To explain the significance of these illusions it is necessary to understand McRobbie’s explanation of post-feminism, which refers “to an active process by which feminist gains of the 1970s and ‘80s come to be undermined” while keeping up the appearance of engaging in feminism (McRobbie, 2004, p. 255). This concept invokes the idea that women live in a

world where feminism has been accomplished, women have equal footing, and new choices and freedoms await. Kissling (2013, p. 501) argues, “much like cosmetic surgery or hair color, the promotion of menstrual suppression is couched in the language of freedom, choice, individuality, and feeling good about oneself.” With the choice to use hormonal birth control, women will no longer need to miss work because of their reproductive system. Freedom from menstruation, PMS, cramps, and the like allows women to be their most profitable and functional selves (Bihn-Cross, 2008). Birth control is much more than just protection against pregnancy, it is a tool through which women are able to function in a system catered to masculine needs. These advertisements and concepts are “situated within a larger economic, political and cultural system that tells us that women are healthier and happier on birth control” (Sandoval, 2008, p. 23). Advertisements for HBC rarely, if ever, feature men, leaving men’s role in contraception out of the picture.

Gender and Contraceptive Responsibility

While there is a disparity between the methods available to men and women in regard to contraceptive technology, the gendered division in contraceptive responsibility stems from more than available technologies. As Medley-Rath and Simonds point out, “individuals choose contraceptives based on what is considered medically effective but also within a cultural context that reinforces the notion that women are responsible for reproduction and that their bodies are increasingly in need of medical attention” (2010, p. 784). On the other hand, condoms are marketed toward men with an emphasis on sexual pleasure rather than the prevention of pregnancy (Medley-Rath & Simonds, 2010). Additionally, Hall, West, Magnusson, and Cox (2014) found that Men’s Health magazine

continuously focused on sex tips and pleasure while rarely mentioning contraception at all. Fennell (2011) found that women have been socialized to use hormonal contraceptives and men were socialized to use condoms, yet both men and women believed condoms to be “less convenient, less effective in preventing pregnancy, and less physically pleasurable than most hormonal methods” (p. 506). Thus, it has become culturally expected that contraceptive responsibility belongs mostly to women. Not only are women expected to take the responsibility, they are also encouraged toward certain contraceptive methods, not necessarily based on effectiveness or safety but on the profitability of the methods, such as hormonal contraceptives and IUDs over condoms, natural planning, and withdrawal (Medley-Rath & Simonds, 2010).

Race and Contraception

While advertisements and magazine editorials largely don't acknowledge issues of race, the rates of hormonal contraceptive use vary between white and Asian women compared to black and Hispanic women, with white and Asian women using hormonal contraception with greater frequency and consistency (Guzzo & Hayford, 2012; Littlejohn, 2012; Throburn & Bogart, 2005). This divide has been linked to differing levels of education, access, employment, satisfaction, and even conspiracy theories. Guzzo and Hayford's (2012) research found that black women were more likely than white women to report “reduced sexual desire, severe mood swings, and serious health problems such as cancer from hormonal contraceptives” (p. 168). They believe that black women overestimate these side effects because of mistrust of the medical establishment, which has a history of deceiving and exploiting people of color. Bogart and Thorburn (2005) found that “black genocide conspiracy beliefs and contraceptive safety conspiracy

beliefs were negatively associated with attitudes towards contraceptive methods among men and women” (p. 483). Littlejohn (2012) found that women with less education were more likely to stop using hormonal birth control because of dissatisfaction with side effects than women who were more educated, regardless of race. The question remains as to why this may be.

Insurance status also influenced the knowledge and access women had of their reproductive options, affecting Hispanic women more than any other race (Guzzo & Hayford, 2012). The issue for women of color isn't necessarily one of which contraception works best for them, it's an issue of access, education, and trust in the medical system. Advertisements for birth control mostly feature white women and editorial content barely mentions race at all, but this is clearly not just a white women's issue.

Advertisements present an interesting and pervasive look at how ideas around hormonal birth control are constructed to appeal to consumers. As was shown above, advertisements portray the need for medicalization of natural reproductive processes, use the illusion of freedom and choice in order to sway viewers to its product, and are problematic because their ultimate goal is to sell a product.

Science and Technology

Hormonal birth control is also a product of science and technology. Feminism, along with postmodernism, has critiqued the supposed objectivity of science, explaining that values and ideology play a role in scientific and technological inquiry, regardless of the distance researchers may try and place between themselves and their research. Haraway has eloquently described a vision of science and feminism that allows for a

critical look at the ways in which it is shaped by ideologies of culture, capitalism, and patriarchy. Haraway describes the need for "a strong tool for deconstructing the truth claims of hostile science by showing the radical historical specificity, and so contestability, of *every* layer of the onion of scientific and technological construction" (1988, p. 578). Haraway's solution is called situated knowledge, meaning a kind of rationality that comes from many different situations and places of subjectivity that is always growing, changing, and being contested. This kind of knowledge does not stand on its own as if from nowhere, like an ultimate truth, and it is also never stagnant. What is often regarded as truth or the rational is never still. Nor does it come from nowhere as if people (their histories, race, economic standing, ethnicity, gender, sex, and ideologies) haven't had influence on knowledge and its interpretation. She discusses the binary between totalization and relativism, arguing that situated knowledge is not a product of relativism but "the alternative to relativism is partial, locatable, critical knowledges sustaining the possibility of webs of connections called solidarity in politics and shared conversation in epistemology" (p. 584).

Haraway's call for a situated understanding of science and knowledge is complementary to what Dewey proposes. As Hickman explains, Dewey's view of "technosciences operate in much the same way as do other areas of human inquiry: facts are always facts of a case, selected by individual human agents or groups of them, embodied at a particular time and place and carrying forward a particular history against a particular backdrop" (2007, p. 86). Therefore, technology and science are not value-free. As Gatens-Robinson eloquently states, "our forms of knowledge are always a projection of ourselves" (1991, p. 418).

The consistent use of hormonal contraception and lack of advance in other forms of birth control (such as a male birth control) may be because of the dogmatic version of science that operates in Western countries today. As Gatens-Robinson explains, “the practice of science is supported by a very well defined educational and socialization process that results in the scientist carrying on a tradition of inquiry” and this “tends to result in an unthinking commitment to the values of science” (1991, p. 429). Stuck within the dominant paradigm of modern science, one that divides the body from the mind and subjectivity from objectivity, there is little room for science and technology to break from this mold, to look at inquiry from alternative perspectives. Today’s science remains far from the kind of science that Dewey and Haraway map out for us. The science that creates our birth control technology does not come from or listen to women’s and men’s experiences, instead “it is produced in extreme isolation from the social situation of interests and needs that surround it” (Gatens-Robinson, 1991, p. 430). This means that women’s own beliefs and feelings about hormonal birth control are not a part of the scientific development or conversation in regards to the development of birth control.

Dewey offers a kind of cultural naturalist version of science, which paired with feminists’ work such as Haraway’s can offer us a goal to work toward. Dewey explains, “Science, being a human construction, is as much subject to human use as any other technological development. But, unfortunately, ‘use’ includes misuse and abuse” (in Hickman, 2007, p. 89). A critical view of science is imperative to creating a version of technoscience that coincides with Haraway’s and Dewey’s situated and conscious view. In the realm of reproductive rights “with the proliferation of genetic and reproductive technologies, it remains an open question whether it has been in the best interest of

women and their families” (Gatens-Robinson, 1999, p. 173). The fact remains that while we call hormonal contraception a female-controlled form of birth control, it is physicians who control access because the federal law prohibits the sale of hormonal contraception over the counter.

Ecofeminism

While conventional science and technology tend to separate culture from nature, mind from body, and even humans from the earth, ecofeminism begins from a place of wholeness instead of dualisms. As Haraway (1988) argues, “ecofeminists have perhaps been the most insistent on some version of the world as active subject, not as resource to be mapped and appropriated in bourgeois, Marxist, or masculinist projects” (p. 593).

Warren (1990, p. 125) describes ecofeminism as “the position that there are important connections – historical, experiential, symbolic, theoretical – between the domination of women and the domination of nature, an understanding of which is crucial to both feminism and environmental ethics.” From an ecofeminist perspective, a hierarchal system of dichotomies exists, largely favoring reason, masculinity, and the mental realm over the emotional realm, femininity, and the physical realm (Plumwood, 1991; Warren, 1990). A key figure and author of ecofeminist literature, Plumwood (1991) argues that the androcentric traditions of rationalism create dangerous binaries such as man/nature, masculine/ feminine, ordered/chaotic, and body/spirit. Women and nature fit in the latter of each pair, while men and humanism are associated with the first. This creates an oppressive conceptual framework through which the natural and physical exist to be conquered and controlled by the reasonable, superior mental power that belongs to the

realm of men. It is through this conceptual framework that the subordination of both women and nature is justified and linked (Warren, 1990).

The main issue targeted by ecofeminism is one of domination and subordination. As Ruether (1975) stated, “Women must see that there can be no liberation for them and no solution to the ecological crisis within a society whose fundamental model of relationships continues to be one of domination” (p. 204). The subordination of women and nature, according to ecofeminism, can be directly linked with the ways in which women’s reproductive cycle is treated and medicalized by society. Medicine is associated with reason and is used as a tool to control and conquer nature and can be applied to human bodies. Normal processes of the reproductive cycle can be controlled and conquered through use of hormonal birth control. Ecofeminism gives significant insight into hormonal birth control as “the pharmaceutical industry continues to be male dominated and founded on a Western biomedical perspective, that structure continues to exert the patriarchal control in the viewing of the feminine as less than” (Sandoval, 2008, p. 8). As Mies and Shiva (1993) argue, developments in the pharmaceutical industry are not always formed out of women’s need for them; instead it is the continued practice of exploitation and domination by patriarchal and destructive forces. Ecofeminism offers an analysis through which the biomedical perspective and subordination of women must be considered together, while pointing out the oppressive conceptual framework that supports the control of women and nature.

Summary

Looking at discourses on hormonal birth control through critical discussions of science and technology provides a foundation from which the creation of reproductive

technologies is not taken for granted. It reminds us that birth control does not come from objective, value-free science. Instead, it highlights how dominant ideologies tend to dictate what science and technologies are produced. Ecofeminism exposes and critiques dualisms, such as culture versus nature or feminine versus masculine, in order to display the unequal treatment of the side considered to be of lesser value. Fundamentally, ecofeminism points to how the domination and subordination of nature is correlated with the domination and subordination of women. This is especially apparent when discussing natural cycles, such as women's reproductive cycles. Science and technology provide the tools through which women's cycles can be controlled and conquered through hormonal birth control, as previous research on direct-to-consumer advertisements for birth control has shown: advertisers' main goal is to sell a product, normal reproductive processes are medicalized and pathologized, and this is done through the illusion of freedom and choice. A critical view of science and technology and a grounding in ecofeminism allows me to build upon the research that has been done on advertisements of hormonal birth control and build a fuller picture of how HBC is framed in editorial content in mainstream magazines.

RQ1: How is hormonal contraception framed in mainstream magazines?

- a. Do these frames differ between women and men's health/sex magazines?

RQ2: What is written out of consideration by these frames?

- a. Do these frames rely on or work to reproduce the dichotomies that ecofeminism attempts to dismantle?

RQ3: How is hormonal contraception framed in mainstream magazines in relationship to the discourse surrounding technology and science?

CHAPTER III

METHOD

Popular magazines offer a wealth of information regarding hormonal contraception, and they frame this information in ways that select certain aspects of reality, making them more pertinent than alternatives. This is done in “such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described,” creating what Entman identifies as the four functions of a frame (1993, p. 52). Thus, the framing of information creates a closed circle that leaves little room for alternative information to gain presence. The selective function of frames “can affect an individual by stressing certain aspects of reality and pushing others into the background” (Lecheler & Vreese, 2012, p. 186). A big question in framing analysis is, what information is omitted? Framing analysis reveals the “power of a communicating text” (Entman, 1993, p. 51), offering a look into what information writers want to convey to readers and what they would like to leave out. Further, the way an article is framed constructs the imposed meaning on a certain event, situation, or issue. This meaning has the potential to be internalized by consumers of the information, “cultivating attitudes and beliefs, perpetuating pre-existing attitudes, and informing the public” (Jawoski, 2009, p. 109). Kinder and Nelson (1996, p. 1058) argue that frames can tell people how to think about the information presented by “providing a kind of mental recipe for preparing an opinion.”

Sample

This study evaluates four magazines – two women’s, two men’s – and their web articles using framing analysis. I chose to look at both print articles and web articles in

order to achieve a full look at what content the magazines produce. Web articles are easily shared via social media and print articles are delivered to homes, bought in stores, and have pass around circulation. I looked at Cosmopolitan because of the magazines popularity with women of reproductive age; the average readership is women between the ages of 18 and 34. The magazine's publisher, Hearst, boasts on its website that Cosmopolitan Magazine is the best-selling young woman's magazine in the United States (Cosmopolitan, 2015). I looked at Women's Health Magazine because of its popularity and, as its title suggests, the magazine's focus is on health and women. I also analyzed both Men's Health and Maxim Magazine's web and print articles to compare and contrast the framing of contraception in content targeted toward men. I chose Maxim and Men's Health because they are the top two widely circulated men's magazines in the United States (Top 10 U.S. Men's Magazines, 2012).

During the 2000s, there was rapid expansion in the methods of hormonal birth control: including the patch, the vaginal ring, Implanon (a rod implant), and the Mirena IUD (Thompson, 2013). To capture the aftermath of this expansion, I pulled all articles from the beginning of 2010 through March 1, 2015, using the magazines' website search engines and Gale's search engine, Popular Magazines, searching for the terms 'birth control' and 'contraception.'

Data Analysis

After analyzing the text in these magazines regarding contraception, the taken for granted assumptions made are carefully noted. As Gamson, Croteau, Hoynes, and Sasson point out, many meanings behind the words of a text are “‘naturalized’ – that is, it comes to us in a form of taken-for-granted assumptions. One cannot take texts at face-value

since they contain subtexts; a whole set of texts may have even more invisible metamessages” (1992, p. 380). Much like hormonal birth control methods being naturalized, the language and meaning attributed to the science that describes them is also at risk of naturalization. Identifying each of Entman’s functions of a frame in the articles allows for many of the metamessages and naturalized language and meaning to come to light. In order to decipher Entman’s four functions in the text, I coded the articles using different colors for each of the functions, while also making note of repeating and isolated themes (Miles & Huberman, 1994). After the initial coding process, I went through the articles again to find the most salient themes, which describe each of Entman’s four functions.

CHAPTER IV

FINDINGS

Using the specified search terms, I found 134 articles in *Cosmopolitan Magazine*, 74 articles in *Women's Health*, 12 articles in *Men's Health*, and only two articles in *Maxim Magazine* in coverage from January 1, 2010, to March 1, 2015. The 14 articles from the men's magazines focused on overviews of both male and female options for birth control, women's libido, and the future of male birth control. The articles in women's magazines covered all of the topics found in men's magazines, along with a wide range of others, such as political issues, access, men's willingness to take birth control, and newly discovered side effects from taking hormonal contraception. Article lengths range from one short sentence to ten pages, with most falling around one or two pages.

Cosmopolitan and Women's Health

Taking Control

Hormonal birth control is consistently framed as a tool through which women can take control of their health and bodies. Articles claim birth control is “a prerequisite to being able to have control over their own lives and their anatomy” (*Women's Health*, September 2012), and women feel that “contraception allows better control over life” (*Cosmopolitan*, December 2013). Another author explains how “taking the Pill made me feel in control of my body and my choices” (*Cosmopolitan*, November 2013). The control these articles are discussing is not limited to the prevention of pregnancy. Birth control also offers control over menstrual regularity, moods, acne, and even takes away periods altogether, a side effect that one author describes as “uh-mazing” (*Women's*

Health, June 2014). As Cosmopolitan describes, “hormonal contraception—the Pill, ring, patch, and so on—can control a range of health problems, from painful periods to acne to endometriosis” (October, 2014). One article warns while that the pill can mean “lighter periods, fewer cramps,” going off the pill can mean going back to “debilitating cramps and unpredictable periods,” PMS symptoms like “headaches, breast tenderness, food cravings, and other symptoms experienced before going on the pill,” and acne (Women’s Health, September 2014). Premenstrual syndrome, Premenstrual Dysphoric Disorder, anxiety, acne, and depression can all be brought under control through hormonal contraception.

The cause of many women’s ailments, maladies, and undesirable experiences is often blamed on women’s natural body functions and cycles:

Ever feel like you look inexplicably blah one week, then notice that guys can’t take their eyes off you the next? Well, you can both blame and thank your hormones. Their rise and fall seriously impact the sexy status of your hair, skin, body, and even scent. (The exception: If you’re on birth-control pills, you don’t ovulate, so you don’t experience the same peaks and valleys.) But that doesn’t mean you have to be a slave to your cycle. (Cosmopolitan, February 2011)

Hormonal contraception saves women from this fluctuation and from becoming a slave to their cycles. Another article encourages women to use hormonal contraception “so your natural hormones don’t kick in and stir up trouble” (Cosmopolitan, August 2011). Both Cosmopolitan and Women’s Health name other products of a women’s natural cycle that can cause issues in women’s lives, such as “menstrual problems like heavy bleeding, pelvic cramps and pain, premenstrual syndrome, and irregular cycles. It can prevent loss

of bone density, reduce the risk of ovarian cysts, and protect you from uterine and ovarian cancer” (Women’s Health, April 2013). Reducing women’s risk of ovarian cancer is often discussed with varying statistics. One article claims that hormones are “sometimes a good thing” and hormonal contraception reduces your risk of ovarian cancer by 27% (Cosmopolitan, December 2013). Another states, “they just discovered that women who take oral contraceptives for a decade have a lower risk of ovarian cancer. A *significantly* lower risk. It cuts your chances by almost half” (Cosmopolitan, October 2011).

Navigating Risks and Negative Side Effects

Being on hormonal birth control comes with many side effects, some obvious and others scientists are just beginning to discover. Many of the Cosmopolitan and Women’s Health ads were dedicated to discussing and helping readers navigate through the many known, debated, and obvious side effects. When discussing the ParaGard IUD, a woman claims to have endured “spotting and painful periods for six months” (Cosmopolitan, September 2013). Spotting and breakthrough bleeding were commonly discussed but were meant to go away within six months as a woman’s body adjusted to the artificial hormones. A decreased libido is another side effect Cosmopolitan and Women’s Health focused on, one claiming, “For years, some women swore that their sex drive tanked once they went on the Pill. Finally, there’s scientific back-up” (Cosmopolitan, April 2011). Articles also claimed that hormonal contraception could make you less satisfied and less attracted to your partner. Although hormonal birth control was often discussed as a cure for mood swings, one article claimed that mood swings could be caused by it.

Severe side effects of the pill, such as blood clots and heart issues, were also frequently discussed. An article titled *Keep Calm and Take Your Pill* begins with stating, “terrifying click-bait headlines are an epidemic. Here’s some perspective,” and continues to address the “rumors” that birth control pills will give you breast cancer (Cosmopolitan, December 2014). Another claims that birth control “gets a bad rap” and continues to address elevated risks from being on hormonal contraception such as, heart attacks, breast cancer, blood clots, bone loss, and blindness (Cosmopolitan, July 2014). A Cosmopolitan article explains that hormonal birth control can increase a woman’s risk of breast cancer by 50%, but “the risk is extremely low, and young women — the most likely to be on the Pill — have the lowest rates of these cancers, so your actual risk is even lower” (July 2014). Besides, “evidence shows that birth-control pills lower your risk of colon cancer, cut your odds of uterine cancer in half, and reduce your chances of getting ovarian cancer by as much as 80 percent” (Cosmopolitan, July 2014).

The benefits are frequently described as being worth the risks. Discussing Dep-Provera (the shot) Cosmopolitan explains that the benefits “far outweigh the risk of bone loss, especially for women with polycystic ovaries, endometriosis, or heavy periods” (July 2014). Women’s Health explains “most docs agree the benefits of the pill outweigh the small risks, since it can protect you from ovarian cancer (women on the Pill for 10 to 15 years reduce their risk by half!) and endometriosis” (June 2014). If a woman has any concerns over the risks of hormonal contraception, articles encourage her to consult her doctor and find another hormonal combination or method to try; “just because one pill makes you feel bloated or moody, doesn’t mean every one will. Talk to your physician about other options and brands” (Women’s Health, December 2014). Neither of the

magazines ever state nor suggest that discontinuing hormonal contraception is a possibility. Instead, they encourage women to try another method or different hormonal combination.

Choosing the Right Birth Control

Given the many positive and negative effects of hormonal contraception, choosing what kind of birth control to use is the most common theme in *Cosmopolitan* and *Women's Health's* articles discussing contraception. "Picking the right birth control is as important as picking the right partner—and almost as tricky." (*Women's Health*, June 2014). While the pill and other forms of contraception were discussed in similar detail (the effectiveness, side effects, and how the method works), IUDs and hormonal implants were consistently framed as the best choices available. As one article begins, "think the Pill is the best way you can prevent pregnancy? You're wrong – but you're not alone" because "women overestimate the effectiveness of the Pill and condoms" (*Cosmopolitan*, April 2012). The Pill was heralded as tried and true, but discounted because women had to think about taking it every day. But that no longer needs to be the case because "if you're tired of daily birth control, talk to your gyno about getting an IUD" (*Cosmopolitan*, February 2010), "if you're not great about taking the Pill daily, look into Implanon" (*Cosmopolitan*, April 2012), and you can switch to a "contraception that you don't have to think about every day like the Pill" (*Cosmopolitan*, December 2012). Articles claim that the IUD is the best choice because the majority of female OB-GYNs consider it to be the best method out there and is what most of these physicians use themselves.

Choosing to use contraception was consistently framed as the responsible thing for women to do and not using it, or not using it correctly, was framed as irresponsible. Unwanted pregnancies were described as “the result of birth-control cluelessness or carelessness” and “according to the Guttmacher Institute, each year more than half of the pregnancies among American women are unplanned, primarily because the women did not use contraception properly or forgot to use it at all” (Women’s Health, June 2014). Cosmopolitan explains that women in America “are realizing that it’s cheaper (and easier on your mental well-being) to prevent a pregnancy than to get an abortion or go through an unwanted pregnancy” (November 2012). In order to be responsible about your birth control, Cosmopolitan and Women’s Health encourage women to choose the most effective and foolproof contraception out there. An article that encourages women to choose the IUD explains that the IUD should “become the contraceptive choice due to the elimination of any sort of potential to use it wrong” (Cosmopolitan, November 2014). One article encourages the use of the IUD to stave off reproductive coercion (manipulating a woman’s birth control without her consent). The author claims that this behavior by men is a way in which to control women and concludes that women can take back this control by choosing concealable forms of contraception, such as the IUD (Cosmopolitan, August 2014).

Desirable versus Undesirable Contraception

Part of choosing the most responsible form of birth control involves navigating between methods that Cosmopolitan and Women’s Health define as unsexy or undesirable as opposed to desirable. Undesirable, unsexy birth control includes withdrawal, condoms (unless it is for sexually transmitted infection (STI) protection), the

sponge, the patch, and female condoms. The patch is undesirable because of its visibility and because it gets a “dingy, old-bandaged look,” while the sponge is messy, and female condoms “look kind of funny” (Women’s Health, June 2014). The most desirable forms of contraception are those that take the least amount of thought. As one *Cosmopolitan* article describes, for “contraception you don’t have to think about every day like the Pill,” try an implant, the Nuva Ring, or the IUD. The IUD is consistently portrayed as the best option on the market because it requires little thought and “zero upkeep – once it’s in, it’s in” (*Cosmopolitan*, February 2015). Another *Cosmopolitan* article explains, “the beauty of using a birth control implant or a hormonal IUD is that once you get it, you can mostly forget about it – and bank on its protection” (February, 2015). The IUD is presented as the birth control you can count on because “the IUD is much more effective in preventing pregnancy than any other form of birth control (99 percent effective, to be exact, more than birth control or condoms). Condoms break. We forget to take our pills. But the IUD is in there for a long haul” (*Cosmopolitan*, April 2013).

Withdrawal and condoms are consistently framed as risky and irresponsible forms of contraception. Withdrawal has a 78% effective rating, yet is described in a *Women’s Health* article by the 21% of women using it that get pregnant and as “a very risky business,” although “science has confirmed (duh!) it doesn’t work effectively” (June, 2014). One *Cosmopolitan* reader describes her feelings about friends using withdrawal; she is “shocked in conversations with my responsible, educated friends who take a seriously lax approach to contraception” (November 2013). Beyond withdrawal’s declared ineffectiveness, there is consistent worry that men do not have enough control over themselves to use this method successfully. *Cosmopolitan* titles one section of an

article going over birth control methods as *“Birth Control” That’s Dumb to Rely On* in which it discusses “your guy pulling out. Expecting him to withdraw in the heat of the moment could work, except for the fact that it takes self-control— something young guys aren’t known for having” (April 2011). Withdrawal is described as a method of the past, a method that is better than nothing, a method that irresponsible couples chose against the plethora of more effective options.

Condoms aren’t favored in *Cosmopolitan* and *Women’s Health* either. They are described as necessary for STI protection in the beginning of relationships and as back-ups when a woman misses a pill or messes up her other form of contraception. As *Women’s Health* explains, “male condoms can break (panic!) or come loose” and “no matter who wears it, the lessening of sensation can be a deterrent” (June 2014). Another states, “we all know how much condoms suck” (*Women’s Health*, March 2015) and numerous articles mention how much guys don’t like to wear them.

Access

Having the ability to choose what kind of contraception is best for a woman is dependent on her access to healthcare and coverage. Due to the recent debates around the Affordable Health Care Act’s free contraception and the heavy backlash against it, access has been much contested in the past five years, making it a prevalent problem discussed in both *Cosmopolitan* and *Women’s Health*. In 2012, articles appeared that urged women to vote on the candidates who supported reproductive rights and named those who did not. As one *Women’s Health* article explains, “crazy as it sounds, the fight to limit—Or Even Ban—Birth control is a key issue in the upcoming presidential election. And stripping women of their reproductive freedoms would jeopardize not only their

financial future but also their health” (September 2012). In 2014, numerous articles were published in both magazines discussing the Affordable Care Act, the Hobby Lobby Supreme Court case, and pharmacies illegally charging for birth control that should have been free. These articles urged women to stay informed, to vote, and to spread awareness and noise against the backlashes on reproductive rights. Access to hormonal options is dependent on them being available, which isn’t currently a protected right.

Birth Control Is Fundamental to Women’s Empowerment and Success

Cosmopolitan and Women’s Health Magazines both argue that birth control options are necessary for women’s success. Fertility remains the cause of women’s lack in success, education, and upward mobility. An article describing the new Shout Out for Birth Control Day encourages women to express why contraception has made their lives better and happier, claiming birth control gives women “the freedom to enjoy worry-free sex, pursue a rewarding career, or manage your endometriosis” (Cosmopolitan, November 2013). Access to birth control allows women “to achieve their life goals” and “lead healthier lives across the board” (Women’s Health, June 2013). Other articles exclaim, “family planning is good for economic development as well, as women who are able to plan their families live longer, have healthier children, and see higher incomes” (Cosmopolitan, November 2011), and “our lives are healthier, happier, freer, and more prosperous because we can control our fertility and enjoy sex without fear of pregnancy” (Cosmopolitan, October 2014). Testimonials from women published in articles express the peace of mind, confidence, and sense of control that birth control brings.

Birth control is also given a lot of credit for both the feminist movement and the sexual revolution. As a Cosmopolitan article describes, the pill “helped spark the

sexual revolution, but it changed the way men and women get along. It changed all kinds of opportunities for women. It gave them this incredible shot at much greater equality” (Cosmopolitan, October 2014). Another describes the pill as “everything feminists had fought for, all wrapped up in a purple plastic packet” (November 2013). Contraception has made it possible for women to find greater equal footing in the world and “the numbers back it up. From 1960 to 2011, the percentage of women who have completed four or more year of college has multiplied by six— and the number of married women in the labor force has nearly doubled between 1960 and 2012” (Women’s Health, June 2013). Women’s Health claims that “controlling our reproductive destinies is a pretty fundamental part of who we are as women” and birth control is “prerequisite to being able to have control over our own lives, our autonomy” (September, 2012).

Where Is the Male Contraception?

While many of the politicians fighting against reproductive rights are male, there is not an FDA approved, prescribable male contraception available. The lack of a short-term, effective male contraception does not go unnoticed or uncontested in Women’s Health and Cosmopolitan. “Besides using a condom, getting a vasectomy, or completely abstaining from sexy time, there isn’t much your guy can do to take the baby-clocking action—which means much of that responsibility falls on your shoulders” (Women’s Health, March 2015). Frustrations surrounds the unequal share in contraceptive responsibility; as one author expresses, “I’m getting sick of having to deal with all the BC responsibility” (Cosmopolitan, August 2014). Another explains, “from diaphragms to pills, most methods of birth control require some kind of commitment from the woman while the man just gets to show up” (Cosmopolitan, December 2013). Taking the

responsibility off women would mean not having to deal with hormonal contraception's side effects, such as, decreased libido. As one article illustrates, "researchers have finally invented oral contraception that men can take, which would leave your sex drive unscathed and your pregnancy fears quelled" (Cosmopolitan, June 2010). Unfortunately, that pill is still unavailable and as one author states, it probably won't be coming any time soon:

It would be great to see more alternatives for men, but I am not convinced it is going to happen anytime soon, both because of certain biases and because of the drug industry's reluctance to do a lot of research in this area. One of the reasons you didn't see more activity around it is that there is this sexist attitude where it is OK for women to suffer some side effects, it is OK for women to take hormonal treatments for large chunks of their life, but men won't have the same tolerance for those same side effects. That men are not going to put up with anything that causes nausea or bloating. 'Well, let's let the women do it.' That has been the attitude all along. (Cosmopolitan, October 2014)

Regardless of the reasons for why more male contraceptive options are not available, women and women's magazines appear to be eager to share some of the responsibility. In the meantime, as Cosmopolitan and Women's Health explain, the responsibility remains on women's shoulders because we are still waiting for a more effective male contraceptive option. Articles blame the multitude of sperm versus the one ovum dispensed during ovulation as the roadblock to men's birth control. As a Cosmopolitan article points out, "it's this challenge of decommissioning thousands of sperm versus a

single egg, coupled with the difficulty of delivering drugs to the testes, that has made an effective male birth control solution so difficult to produce” (December 2013).

Maxim and Men’s Health

Hunting the Female Libido

The contraceptive concerns addressed in men’s magazines were nowhere near the volume and depth of those addressed in women’s magazines. The most salient issue in the twelve articles from Men’s Health surrounded birth controls effects on the female libido. An article titled *The Pill: Libido Killer?* begins with the question, “sex life suffering? It could be her birth control” (June 2012). Another, titled *Your Chemical Romance*, claims “hormonal contraception may increase a women’s risk of sexual dysfunction, which can include diminished desire, inability to reach orgasm, and pain during penetration” (September 2010). Men’s Health runs a regular column called *Hunting the Female Libido*, which regularly blames hormonal contraception for men not getting as much sex as they would like from women. Contraception, especially female contraception, is also a site of confusion for men, according to Maxim and Men’s Health. As Maxim’s *A Guys’ Guide to Birth Control* points out, “progesterone triggered the sexual revolution (Thanks Margaret Sanger!), but that doesn’t make female contraception any less expensive or confounding.” Birth control can even be confusing to women. As Men’s Health explains, “emergency contraception is still a mystery to many women” (January, 2010).

Not only are women’s bodies complicated for men to understand but this is often reported as the cause for men’s confusion around contraception and the female libido. The pill is also blamed for decreased libido in women and because of it “lack of sexual

desire could be enshrined as the new norm for women” (Men’s Health, October 2010). In one *Hunting the Female Libido* column, the author points out how the clitoris is confounding and “for men to be clueless about women is, of course, routine” (October 2010). Yet, as the article goes on to point out, men can combat this issue of confusion and even turn women on by “being smart and considerate about contraception.” While it may be a turn-on for a guy to know about birth control, they may be barred from buying emergency contraception because of issues with consent. Men may be kept from purchasing the pills in order to “prevent them from forcing their partners to take the morning-after pill against their wishes” (Men’s Health, September 2014).

Male Birth Control

Men also want control over their reproductive destiny, and this is especially prevalent in the articles that outline potential male birth control that may be available in the future. Maxim describes male birth control as “that dream within a dream” (November, 2014), and Men’s Health reports, “a long-term, reversible male contraception option may finally be on the horizon” (September 2014). Male birth control will “finally give men control over their own reproduction” and give guys a chance to “to take charge of birth control” (Men’s Health, September 2014). Men aren’t just limited by the forms of contraception available to them but may be barred from purchasing emergency contraception for their partners. Men’s Health expresses concern when a Columbia University study found that one in five men were denied emergency contraception by pharmacists. Men “are being supportive, they are being responsible. We play a lot of lip service to tell males to be responsible, but when it comes down to it, we put barriers in place about it” (Men’s Health, September 2014). Not only are men denied access to a

long-term effective male birth control option but can also be denied access to the female controlled emergency contraception.

Unsexy Birth Control

In Maxim's *The Guys' Guide to Birth Control*, the unsexy nature of contraception is repeatedly expressed. The article begins with saying that "sex is sexy, but birth control is, paradoxically not" (November, 2014). The female condom is described as "even less elegant than its brother" and looks "like a woman's vagina inhaled a grocery bag. It's not the best." Diaphragms are also described as unattractive but luckily invisible: "as a man you may never see one and you should feel pretty good about that because these are not attractive devices." Regardless of the female contraception a woman chooses to use, Men's Health claims men "have a right to know her chosen form of birth control" (June 2011), which assumes that she has one. Condoms are also undesirable because "condom-free intercourse feels better for all concerned" (Maxim, November 2014). Condoms are also described as faulty. A Men's Health article explains, "women aren't clueless. They know condoms break" (June 2011). Withdrawal may work but is described as hard to do and usually ends in an apology. On the other hand, hormonal contraceptives are not described negatively. Instead they are described as "proven technology, like the internal combustion engine," and IUDs are described as "progress!" (Maxim, November 2014).

Science Can Help!

Science, technology, and progress are often invoked as the solution through which men can come to understand birth control and women's bodies. Men's Health describes the clitoris "in the shape of the Starship *Enterprise*, with all kinds of trailing pods, bulbs, and possible thrust reversers (but no warp speed)" and that the real anatomy of the clitoris

made the author “want to look at blue prints. Or a treasure map” (October 2010). Yet, even with greater understanding of the clitoris, hormonal contraception is still decreasing the female libido, but this too can be solved by science. “How can science help? By explaining how lust works in women and why it disappears and what to do about low desire” (Men’s Health, October 2010). If that doesn’t do the trick, women “could end up taking a new drug to help them want the sex that the old drug has made undesirable to them.” Men are also encouraged to ask women to rethink their birth control if it is resulting in decreased libido. Another solution can be found in double protection, “using two forms of birth control may make sex twice as good. The Kinsey Institute found that women who use a hormonal contraceptive plus condoms report higher overall sexual satisfaction” (Men’s Health, January 2011). Men’s Health explains that more protection will increase a women’s desire because she has much more to lose if she does become pregnant and the less she’s worried about, the more she can enjoy sex.

Summary

Hormonal contraception offers women a tool through which they can access control over their body’s natural cycles and functions. Articles often mentioned hormonal birth control’s ability to overcome acne, mood swings, bloating, and heavy periods. Many of the articles focused on its ability to reduce one’s risk for cancer or to manage reproductive ailments and disorders such as pelvic inflammatory disorder, endometriosis, polycystic ovary syndrome, premenstrual dysphoric disorder, and dysmenorrhea. Hormonal birth control is also heralded for its ability to lighten menstrual flow and giving women the choice of whether and when to have their period. Controlling the reproductive cycle through hormonal contraception comes with consequences found in the side effects

and risks of these pharmaceuticals. Navigating through these risks and side effects were a consistent theme throughout the women's magazine articles.

Choosing a method of birth control is not just a matter of navigating through risks and side effects, but also a matter of selecting the most effective contraception available. The magazines spend a large amount of their articles on contraception providing an overview of the many options out there, encouraging women towards those methods that have effective ratings higher than 90%. The IUD has been privileged as the most effective method because it is considered foolproof, invisible, and requires the least amount of thought after it has been placed. The forms of birth control that do require thought, are visible, or less effective than 90% are framed as undesirable. This can be seen in descriptions of the patch, female condoms, and the sponge as unsightly or messy. Male condoms are described as decreasing pleasure and the method that men dislike the most, even though it is the one of the only temporary, effective method made available to them. Condoms are also discussed as faulty, fragile, and prone to breaking, although when used correctly their effectiveness rating is above 90%. Withdrawal, the only method that does not require a product or the utilization of reproductive technology, is consistently framed as risky, dumb, and ineffective, regardless the 78-80% effectiveness ratings reported in both women's magazines.

Unfortunately, access to and insurance coverage of birth control methods are still being contested on the political front, an issue that *Cosmopolitan* and *Women's Health* covered in depth. *Cosmopolitan* and *Women's Health's* solution to this problem encourages women to go public with their love of birth control, celebrating "Shout Out for Birth Control Day," and focus on framing birth control as necessary to treat medical

issues, like endometriosis, and as necessary for women's empowerment and success. Articles consistently refer to hormonal birth control's as the tool responsible for women's progress in the U.S. and as necessary in order for that progress to continue towards gender equality. Yet, gender equality has yet to be seen in terms of contraception. Articles in the women's magazines discussed the limited number of long-lasting, reversible male contraceptive options available as an issue because women are left with all of the reproductive responsibility. Reasons were often justified under the old excuse that it is easier to stop one egg than thousands of sperm. Articles questioned whether men would take it at all, others cited statistics that showed most men would. New and upcoming male birth control options are framed as alternatives to condoms and vasectomies, not to women's use of HBC. Any male controlled birth control available now is deemed risky or a hassle.

Like in the women's magazines, Maxim and Men's Health had plenty to say in regards to which forms of birth control are desirable and which are not sexy or effective. The problem remains that some forms of birth control are less attractive than others. Birth control that was visible or noticeable were those deemed unsexy, while hormonal and female controlled methods were viewed neutrally (unless the article was discussing the female libido). The best birth control options were those that were invisible and that men didn't have to think about. Withdrawal and condoms are villanized as pleasure reducing and hard for men to control, much like in Cosmopolitan and Women's Health. Although birth control is deemed unsexy, men can impress women through their knowledge of birth control options, creating the illusion that they are taking part in the contraceptive responsibility.

CHAPTER V

DISCUSSION

Research Questions

RQ1: How is hormonal contraception framed in mainstream magazines?

Framing around hormonal contraception and other birth control methods involves highlighting a range of issues that surround contraception, while dismissing or ignoring others. Content in both the women and men's magazines identified problems encompassing birth control and created frames around those issues. Returning to Entman's four functions, frames in a text:

Define problems—determine what a causal agent is doing with what costs and benefits, usually measured in cultural values; *diagnose causes*—identify the forces creating the problem; *make moral judgments*—evaluate causal agents and their effects; and *suggest remedies*—offer and justify treatments for the problems and predict their likely effects. (Entman, 1993, p. 51)

Four problems were defined in *Cosmopolitan* and *Women's Health*: lack of control over nature, lack in control over fertility, men not sharing in contraceptive responsibility, and the plethora of risks and side effects that come with hormonal contraception. In *Men's Health* and *Maxim*, two problems were identified: men want more sex than women and men want control over their fertility.

The female reproductive system is a force of nature, one that causes fluctuations in women. This creates a problem in a patriarchal structure that favors order over chaos and fluctuation. Consistent with these cultural values, the disordered and changing nature of women's natural hormones is discussed in negative terms, sometimes as diseases and

ailments, throughout *Cosmopolitan* and *Women's Health*. The costs of PMS and menstruation are discussed without ever weighing the benefits of naturally cycling. Controlling this process becomes the problem for women, the cause being the hormonal fluctuations that come with the natural reproductive cycle. Preferring the linear, ordered, rational, and man-made hormones to the more cyclical, chaotic, emotional, and natural hormonal process is reflective of the binaries discussed by ecofeminist scholars. The moral judgment occurs in the need to control women's reproductive cycle to fit a more stable cultural mold. The remedy to this problem is modern science and technology in the form of hormonal contraception. This reproductive technology provides women with stable hormones that reduce their cyclical fluctuation and rid women of the 'diseases,' 'disorders,' and ailments that are a product of hormonal fluctuation. This is justified in the articles by expressing how much happier women are without mood swings, acne, ovulation, PMDD, PMS, and with a less frequent, lighter, or absent period.

Controlling the reproductive cycle with synthetic hormones doesn't come without consequences to navigate. Many of the articles in *Cosmopolitan* and *Women's Health* spent their time discussing the problem of risks and side effects that come with HBC. While, HBC remains the cause of these risks and side effects, discontinuing its use is not the solution. Moral judgment is found in the magazines analysis of the costs and benefits of synthetic hormones, always favoring the benefits over the costs. According to *Cosmopolitan* and *Women's Health*, controlling natural hormones and fertility are too imperative to let the risks and side effects stop women from the utilization of synthetic hormones. The remedy is to find the HBC with the least side effects and stick with it.

Fertility is the problem that contraception, in general, has been invented and utilized to remedy. This is, of course, the main reason many men and women seek contraception. *Cosmopolitan* and *Women's Health* take this problem seriously and they encourage women to be as safe as possible, hence the large number of articles devoted to issues surrounding contraception. The magazines define fertility as a problem for women because it limits their control over their bodies, their future success, and their happiness. Moral judgments are made in the assumptions of what defines success and happiness. Economic and educational success are placed at a much higher value than motherhood and pregnancy, which, in these articles, aren't given any value at all. It is also assumed that motherhood would inhibit a woman's economic or educational achievements and advancements; children simply hold women back. Contraception, especially highly effective contraception, is the solution. Fewer or no babies mean a happier and more prosperous life.

Women shouldn't be the only one's worried about fertility control, according to *Cosmopolitan* and *Women's Health*. Men also need to take on responsibility when it comes to contraception. The problem is that men aren't taking on much of the contraceptive responsibility. Articles refer to the lack of male contraception as the cause to this problem. Instead of looking at cultural aspects, *Cosmopolitan* and *Women's Health* focus on the missing science and technology that has yet to bring as a temporary, short-term male contraception. Focusing on the lack of technology is the moral judgment made and this means women will have to continue to wait for men to take on more control until science has found the solution. Moral judgments are also apparent in discussions of condoms and withdrawal as not effective enough methods to warrant men

to take on more of the responsibility. There is yet to be a solution to this problem and heterosexual practicing couples will have to rely on female hormonal contraceptives until the wait for new male contraception continues.

Men also want control over their fertility with a pharmaceutical temporary, long-term contraceptive method, according to Men's Health and Maxim. This problem is defined as men wanting to have the control over their fertility that women currently enjoy. Though this problem doesn't seem urgent, as only a few articles of the fourteen covered male contraception and did not discuss it as urgent or a necessity. The reason temporary, long-term male contraception has yet to happen isn't explicit in the articles. Instead, it is assumed that science isn't there yet, though it's close. While science shows that condoms are less effective than the hormonal contraception available to women, moral judgment is found in writing condoms and withdrawal out of consideration as legitimate and desirable options. These tools can help give men control over their fertility. Non-hormonal option of female-controlled birth control aren't considered attractive or desirable either. The solution remains to be waiting it out; science will get there someday.

While men wait for a new contraceptive option, the biggest problem remains to be that men want more sex than women do. Hormonal birth control is blamed for reducing women's libido and women's bodies are blamed for being so confusing to men. Moral judgments abound in this discourse. Women and their sexuality are discussed as being foreign to men, something men can't quite get a handle on, hence, the reason the female libido needs to be hunted. It is assumed that men deserve access to women's bodies, through more sex and that this can be accomplished through convincing women to sleep

with them or reconsider their contraceptive of choice. Hormonal birth control remains to be the easy target of blame, because the solution remains on women's actions; women can stop taking it or take another drug to increase their libido. When it comes to the female anatomy, men have to take on a more active role and try to understand things like the clitoris. Being knowledgeable is also a solution for men, because men who know contraception and the anatomy of the clitoris turn women on, according to the articles.

Overall, hormonal contraception is framed as the preferred method of birth control in both men and women's magazines, with the exception of its affect on women's libido. Non-hormonal methods such as condoms, withdrawal, the sponge, and diaphragms were repeatedly described as undesirable, whether they were considered messy, unsightly, ineffective, or pleasure reducing. The birth control pill is increasingly being framed as not *as effective* as implant and IUD methods and is hard to remember. Instead, IUDs and implants are being framed as the best forms of contraception available because of women don't have to think about them daily, they have a 99% effectiveness rating, and are basically foolproof (women can't mess it up). Articles claim that the majority of female OB-GYN physicians use IUDs and that IUDs are the most recommended form of contraception for teens and adult women. There is a non-hormonal version of the IUD called the ParaGard, but this method is described with the risk of painful periods and debilitating cramps for six months before the body adjusts. Overall, the Mirena IUD is framed as the ultimate form of contraception because it can lighten or even take away periods, help with acne, and squelch PMS symptoms (it gives women control over their cycle, by not having one at all), it's invisible, and it doesn't require every day though: once it's in, it's in.

As it was shown in the literature on advertisements, fertility and cycle control aren't the only benefits of hormonal contraception, it is also framed as a tool through which women can reach greater equality, achieve economic success, and empower themselves. It is also framed as a medical necessity for a plethora of reproductive maladies and as preventative to future cancers and reproductive issues. Despite the risks and side effects hormonal contraception does create, the risks are framed as worth the benefits. If women are still worried about side effects and risks, they are encouraged to talk with their doctor, who will help women find the right hormonal version of contraception for them. There is never an instance in which hormonal birth control is not an option.

RQ1a: Do these frames differ between women and men's health/sex magazines?

Judging by the difference in the number of articles and the content, men's magazines are a lot less invested in the issue of contraception than women's magazines. When men's magazines do discuss contraception, the authors are trying to convince men to learn about the different contraceptive methods by saying that women will find it appealing, or a turn on, if a man is knowledgeable about contraception. The descriptions of various methods of contraception don't differ much from women's magazines; hormonal contraception is still framed as the least inconvenient method, condoms are still considered faulty and unpleasurable, and withdrawal is still an ineffective method to use. When it comes to the female libido, on the other hand, the framing of hormonal contraception begins to differ between men and women's magazine. Men's magazines are a lot more concerned with this negative side effect than women's magazines are. It is interesting that Men's Health and Maxim only discuss contraception in terms of sex,

sexual pleasure, and access to women's bodies while women's magazines cover a plethora of issues beyond fertility control, sex, and desire.

While the decrease in female libido is mentioned on occasion in women's magazines, it was not addressed at length and usually dismissed with a simple 'talk to your doctor.' Men's Health took the issue much more seriously, blaming hormonal contraception for the perceived lack in desire or sex from women. The underlying moral judgment believes that women aren't lustful enough and that their libido needs to be *hunted* and brought about by the man she is with. Men are encouraged to remedy this problem by utilizing scientific explanations of women's libido and anatomy in order to seduce their partners. These articles found solutions through encouraging women to reconsider their contraception, by being more knowledgeable about women's bodies, and by focusing on scientific definitions on female desire. Articles do not encourage men to utilize condoms so that women do not have to use hormonal contraception, nor do they encourage men to practice withdrawal in order to make it an effective option of birth control. Nor do they encourage men to start a public outcry for a male method that does not decrease the male libido. The remedy, instead, remains focused on *hunting* the female libido.

RQ2: What is written out of consideration by these frames?

Not one article discussed both HBC and the natural cycle together, nor did any article mention what it means to stabilize your hormones with HBC and lose the variation of your natural cycle. Few tackle the more widely known negative side effects, such as loss in libido, and many benefits of the natural cycle go without discussion. Some of these benefits may be imperative to our health, as Dr. Rako describes:

In addition to the fact that women's reproductive hormones play a part in the normal functioning of every organ system in the body are two little-known specific advantages (and it is likely that there are other physiological advantages yet to be discovered) of women's natural hormonal rhythms: effective reduction in blood pressure during half of the normal menstrual cycle, and reduction of stored iron with concomitant reduced risks for heart attacks and strokes (2003, 20).

Dr. Rako discusses how the lack in bone density caused by HBC is often downplayed and how her own research proves the importance of estrogen in creating strong bones in women.

There are also no critical takes on the pharmaceutical companies' role in how studies of HBC's safety are conducted and discussed. The fact that "drug companies fund a significant percentage of research projects (and the scientific papers that they generate) creates a potential for bias and manipulation of publications in medical journals" (Rako, 26) is not highlighted, though these articles consistently reference scientific and medical studies. There are no articles that consider the increasing medicalization of women's bodies, though there are articles that highlight "newly classified disorders" such as PMDD, which describes many common PMS symptoms (Cosmopolitan, 2014). None of the articles consider the negative side of hormonal manipulation or perspectives from women who enjoy their fluctuating cycle. Overall, the articles consistently follow mainstream assumptions and information regarding contraceptives, comparable to what advertisers sell in their ads.

Out of the plethora of articles in the women's magazines, few highlight critical studies on HBC's affects on women. One discusses how it may affect how you chose your mate (women may not like their partners off of HBC), but it quickly dismisses the larger implications of the study and encourages women to continue on their HBC regimen. A three-sentence article with no author claims that women on HBC have a less effective memory for details than those not on HBC. Another highlights one woman's struggle with acne after quitting the pill, claiming that her skin became addicted to HBC's hormonal cocktail and didn't know how to deal with androgen once it reappeared, though none of these complications are seen in the breakdowns of different contraceptive options.

Non-hormonal contraceptive options are consistently discussed as undesirable in comparison with hormonal contraceptive options. These articles appear to be discouraging the use of any non-hormonal methods, but especially withdrawal. Withdrawal is framed as difficult for men to perform and there is no mention of encouraging men to practice withdrawal, to learn their bodies, in order to make the method more effective. Men's sexual function is framed as uncontrollable, especially if they are young men. This leaves women with the responsibility to choose a method that does require a form of reproductive technology, one that is the least visible, most foolproof, and does not inconvenience pleasurable sex (also known as, hormonal contraception, especially the IUD).

RQ2a: Do these frames rely on or work to reproduce the dichotomies that ecofeminism attempts to dismantle?

The assumption that being emotional, chaotic, and cyclical should be treated as disorders and disease goes without question throughout these articles. Women who read these are persistently reminded about how much hormones and being emotional is an irritant (PMS), menstrual suppression is a good thing, and ovulating isn't necessary. Hormonal contraception can then become the tool through which the natural and physical nature of femininity can be conquered and controlled. This is because hormonal contraception takes women's cycle and transforms it into a steady stream of synthetic hormones, a much more ordered version than the chaotic menstrual cycle, taking away the reproductive process, making women that much closer to functioning like men. This reflects the rational/emotional, ordered/chaotic, and masculine/feminine hierarchal dichotomies expressed by ecofeminist scholars. Through the use of these dichotomies, medicine is the tool through which nature can be conquered inside our bodies.

Hormonal birth control is also heralded for its ability to lighten menstrual flow and giving women the choice of whether and when to have their period. Women need access to this type of control because uncontrollable body functions are inconvenient and undesirable in this culture. Heavy periods and menstrual cramps get in the way of work and success. Mood swings aren't good for socialization or success in the work place either. Instead of looking at the causes and cures for disorders such as endometriosis or polycystic ovarian syndrome, hormonal contraception is suggested to get symptoms under control. It is up to women to conform their bodies to what is expected of them in our culture, instead of changing culture to better fit women's bodies. Women have entered the once male dominated workplace, politics, and college campus, spaces that were never and continue to not be designed with women and their reproductive cycles in

mind. Women have entered a man's world and the closer their bodies can come to the perceived stability of a man's, the happier and more successful they will be.

Consistent with what was found in advertising regarding HBC, menstruation and hormone fluctuation are framed as an ailment, something undesirable that can be 'cured' with a number of hormonal methods. In describing the shot, a *Cosmopolitan* article (April 2014) explains that many women stop menstruating with this method of HBC, which she describes as "uh-mazing!" PMS is described as "hellish period prelude" (*Women's Health*, November 2013); another claims, "if you are like most women on earth, you have a hate-hate relationship with PMS" and goes on to describe PMS's "ugly calling cards" and "heinous hallmarks" (*Women's Health*, June 2012). Hormonal fluctuation is demonized, while 'symptoms' of women's natural body functions are consistently discussed in terms of disorders and disease to be cured with pharmaceuticals like HBC. Hormonal contraception works as a remedy to the cyclical and chaotic reproductive cycle as well as for reproductive diseases and syndromes. This process is framed to women as liberation. Preferencing bodies that are linear and ordered, versus cyclical and chaotic, reflects the hierarchal binary system of domination that patriarchal is built upon. As Ruether explains "the male ideology of the 'feminine' that we have inherited in the West seems to be rooted in a self-alienated experience of the body and the world, projecting upon the sexual other the lower half of these dualisms" (1975, p. 4). Controlling and stabilizing the cyclical nature of a women's reproductive system into a more linear model is an example of the domination and subordination of women and nature that ecofeminism addresses, leaving the existence of the natural and physical to be conquered

and controlled. Dominated by hormonal contraception, natural hormones and bodily functions remain oppressed, subordinating nature within a woman's body.

RQ3: How is hormonal contraception framed in mainstream magazines in relationship to the discourse surrounding technology and science?

The critical views on science and technology that came out of the feminist and postmodern movement have yet to be reflected in these articles. The objective and value-free view of science is still prevalent. Words like medicine, science, and doctor are used as markers of authority while women's experiences are not. The idea that there are other voices regarding contraceptives that aren't part of the scientific medical complex goes unregistered. Women are also encouraged to cure their ailments through pharmaceuticals, natural and alternative options are rare. Though it is not just in women's magazines that science and medicine are given naturalized authority, these spaces are no different. In this way the entire medical system is naturalized to be the only option, the authority, and any actions regarding health are encouraged at individual levels and reify the medical/pharmaceutical complex. As Mies and Shiva explain:

By looking at fertility as a disease, as a purely biological affair, women handed the responsibility for their generative powers to medical experts and scientists. Instead of changing the unequal sexual relationship between men and women, hopes of women's emancipation were pinned on technological innovation and medical treatment. (1993, p. 188)

Risks of cancer and other health risks are framed within individual responsibilities and as are the actions recommended to evade these risks, instead of looking at environmental factors that are contributing to the increasing rates of cancer and diseases.

These articles encourage women to undergo their own cost-benefit analysis in regards to making decisions about their future health. Consistent referral to studies that show HBC as cancer preventing encourages women to take hormonal birth control because she may be preventing cancer in her future. One of the ways in which individuals can evade the various health risks prevalent in our society is to utilize pharmaceuticals (technology), such as HBC. The science of the medical complex and the resulting technologies work in tandem throughout these articles to encourage women to utilize pharmaceuticals, through both fear of the future and through problematizing women's bodies. In weighing the benefits of pharmaceuticals against the costs, these articles place greater weight on the benefits through fear of cancer and medicalizing women's bodies.

The problem hormonal birth control was created to solve was that of conception. Why are conception, pregnancy, and motherhood a problem? Margaret Sanger attributes her activism in the birth control movement to her own mother's untimely death, which Sanger believed was a result of her having too many children. Later Sanger joined with eugenicists and population control advocates that racialized and classed birth control as a way to reduce the populations of nonwhite, poor people in America and abroad. Growing populations of whom these ideologies (and often, policies) targeted as problematic were blamed for growing rates of poverty around the world. Beyond the state and policy level, motherhood is a problem for many women because it bars them from economic and social opportunities for growth and accomplishment in the public sector:

It is not biology, but social and economic circumstances, that have left women with most of the burden of caring for and, more recently in this country, providing economically for a child. And it becomes increasingly unlikely that a woman

alone with her children will be able to provide for them adequately. The increasing number of female-headed households has resulted in the steep increase in the numbers of women and children living below the poverty line. Day care is difficult to find and too expensive for most single parents. Prenatal and postnatal health care is lacking so that the infant mortality rate in some part of this country reaches the level of the Third World. This is an environment that is not set up to welcome children or to support their caregivers (Gatens-Robinson, 1999, p. 186). Instead of looking into the solutions of the problems Gatens-Robinson illuminates with conception and motherhood, hormonal birth control is science and technology friendly solution that encourages the problem to be looked at from an individual level rather than an systematic one.

Birth control is argued in both magazines as the necessary tool through which women can reach empowerment and success. Having too many children, or any at all, hinders women's mobility in the economic and public world. Instead of challenging societal values on motherhood and the way businesses look down on women leaving for maternal reasons, effective contraceptive technology stands in as the solution. According to this logic, being a mother is not valued as being successful nor is it a tool for empowerment. Instead, it is better to have fewer or no children than to challenge the male dominated set-up of business and career worlds, worlds that were built dependent on women staying home to rear children. HBC works as a technological solution through which women can control their bodies to fit this system. Regulating women's hormones and curbing their fertility allows them to come closer to the male ideal and fit themselves in a male dominated world. This process is then framed as empowering for women and is

given the credit for bringing us closer to gender equality, while, in reality, it appears to be bringing women closer to the male standard. These articles continuously give the birth control pill and the methods that came after it the credit for women's progress today, negating all of the individual and collaborative groups of women who fought and continue to fight for equality. This means the credit is given to the technology, mostly erasing women's efforts from history, at least in *Cosmopolitan* and *Women's Health*.

Ecofeminism, Technology, and Science

Looking at hormonal contraception as technology and a product of science, while also maintaining that these technologies were born out of certain values and histories, allows for a critical look at pharmaceuticals beyond a product of objective science and technology. Thinking of the history and culture hormonal birth control was born from, it becomes less surprising that our first highly effective form of female-controlled birth control would dominate a women's natural cycle, changing it into a stable and predictable stream of hormones and that this would be seemingly unproblematic to the public. The public's concern with hormonal contraception focused on the moral issues, rather than on the side effects or composition of the pill and its effect on women's bodies. Given the conservative nature of the 1950s and '60s, public interest fixated on women's perceived potential promiscuity as a result of the pill, instead of on its health effects. Though by the 1950s, women were quite used to having the medical establishment intervene with a myriad of treatments for their supposed ailments (Barker-Benfield, 1999; Groneman, 2000; Maines, 2001).

Access to scientific data and inquiry also remains limited to the general public. The language and tools necessary to conduct scientific experimentation remain in the

hands of the elite and educated few. “The knowledge that arises from a centralized and controlling perspective based in a claim of absolute objectivity generates a social life that is controlled anonymously from the top and a natural knowledge that quickly becomes a means of surveillance” (Gatens-Robenson, 1991, p. 422). The surveillance-like quality of this form of science and technology is all the more prevalent when it comes to matters of reproduction. Women are expected to not only see physicians to gain prescriptions to hormonal contraception, but they are also required to repeat this visit annually to maintain their prescription. This is far from what the women’s movement was working toward when it was encouraging women to take on their own health and to be critical of authority, including physicians.

Acknowledging the dangers and issues with our hierarchal structure of technology is essential to understanding how these tools are made, used, distributed and maintained throughout society. Paired with the corporate greed and power structure within the U.S., especially within pharmaceutical companies, women are even further distanced from having any say in the reproductive technologies that are available. All the while, physicians and pharmaceutical companies continue to define women’s natural hormonal fluctuation as a disease. Beyond the diagnosis of PMS (premenstrual syndrome), the pill can also treat PMDD (premenstrual dysphoric disorder, aka extreme PMS), and promises relief from moodiness, anxiety, acne, and is now claiming to prevent some reproductive cancers. These ideas are communicated to women through magazines, advertisements, blogs, and physicians. Yet, it is hard to find critical looks into the power structures behind hormonal birth control: pharmaceutical companies, physicians, and a hierarchical structure of science and technology. What the public doesn’t discuss is how “from

defining diseases and funding clinical research to training physicians and guiding their prescribing habits, the pharmaceutical industry has thoroughly embedded itself in the science, regulation, and practice of modern medicine” (Padamsee, 2011, p. 1342). By attending to the way in which the framing of the social dimension of science and technology is visible or invisible in the contraceptive discourse, this study can contribute to heightening awareness of the gender design politics of contraception.

Still Waiting on Male Contraception

Birth control is persistently framed and naturalized as a woman’s responsibility throughout the articles, sometimes to an extreme extent. For example, as *Cosmopolitan* (2014, April) explains “each year more than half of pregnancies among American *women* are unplanned, primarily because the *women* did not use contraception properly or forgot to use it at all” (I added the emphasis). It’s as if these women were impregnating themselves! Male responsibility and role in pregnancy is completely omitted. Whether this assumption is a result of the lack in temporary, long-term male contraception or the reason we are still waiting, the current status of male contraception remains the same as it has for the last fifty or more years. As May states, “for more than half a century, researchers proclaimed that a pill for men was just around the corner” (2010, p. 93). There is this continued belief that men will not accept dealing with side effects in order to stave off children, especially when women have already taken this burden on for the last half of a century (May, 2010). Birth control remains to be thought of as a woman’s issue and a woman’s responsibility because women continue to carry most of the burden of rearing children. Both the women’s and men’s magazine articles reflect this ideology.

CHAPTER VI

CONCLUSION

Like in the advertisements, magazine editorial content encourage the use of hormonal contraception for much more than just fertility control. While, my study focused on magazine editorial content only, they work in tandem with advertisements of HBC. Readers of these magazines are getting both the information in ads, along with the encouragement towards HBC in articles. Both the ads and articles reinforce the same ideas and points regarding hormonal contraception: normal reproductive processes are framed as maladies, medical issues that can be treated by hormonal contraception. Articles are consistent with the postfeminist ideals that are portrayed in contraceptive advertisements as well. This is taken a step further in *Women's Health* and *Cosmopolitan*; both magazines claim hormonal birth control is the tool through which women find success, empowerment, health, and happiness. The pressure remains on women to take on contraceptive responsibility, while we continue our half a century long wait for a temporary, long-term male contraceptive option. Men are often left out of this discourse. I argue that this isn't just an issue of technology; social processes and ideas shape perceptions regarding the gendered responsibility of contraception. Race is never mentioned in these articles, nor is birth control's racist and eugenic history.

After compiling and analyzing the data from both women's and men's magazines, I argue that, consistent with the literature on advertisements, hormonal birth control use is normalized and encouraged. The only exception is found in *Men's Health's* discussions on decreased female libidos. While *Cosmopolitan* and *Women's Health* cover the negative side effects and risks associated with hormonal contraception, it remains the

most desirable option available. Advertisements did not go into the level of detail around side effects and risks that *Cosmopolitan* and *Women's Health* did, suggesting that women are concerned with the effects of synthetic hormones. Consistent with the literature on advertisements, hormonal birth control is framed in women's and men's magazines not only as way to curb fertility, but also as the solution to the 'symptoms' of the natural female reproductive cycle, such as PMS and menstruation. Medicalizing these 'ailments' creates a greater market for pharmaceutical companies, as does using hormonal contraception to treat reproductive maladies, such as polycystic ovarian syndrome and endometriosis.

As was found with HBC advertisements literature, postfeminist discourse abounds in these magazine articles. Health issues are a matter that you take into your own hands. It is the job of the individual to weigh the risks and benefits of prescriptions, treatments, lifestyle, diet, and stress levels usually side noted with reminder to also consult your physician. Women are expected to trust their individual research, research that is presented in *Cosmopolitan* and *Women's Health*, as well as place their trust in their physician in order to remedy issues of side effects and risks. This does not solve the problem of side effects and risks; instead, it simply encourages women to pick the lesser of the evils because the benefits are framed as being worth the risks. This is a vastly different process than what feminists during the women's liberation movement were pushing towards: women trusting in themselves and being critical of the medical system.

Unlike what was shown in the advertising literature, choice becomes a prominent issue in women's magazine articles. Choosing a method of birth control is not just a matter of navigating through risks and side effects, but also a matter of selecting the most

effective contraception available. The magazines spend a large amount of their articles on contraception providing an overview of the many options out there, encouraging women towards those methods that have effective ratings higher than 90%. Non-hormonal methods were consistently framed in a more negative and ineffective light. The IUD has been privileged as the most effective method because it is considered foolproof, invisible, and requires the least amount of thought after it has been placed. The underlying moral judgment focuses on the idea that women should not have to think about their bodies or their fertility. Birth control is framed as the tool through which women can find freedom from these worries to enjoy their lives and sexuality to the fullest extent, regardless of the fact that it may decrease a woman's libido and cause side effects to deal with.

Unfortunately, access was also an issue found in women's magazines that wasn't discussed in the literature on advertisements. While, hormonal contraception continues to be normalized, there are politicians, corporations, and religious entities fighting against women's access to it. This seems to come from an underlying need to control, shelter, or limit women, and the old idea that women should not be able to enjoy their sexuality and certainly should not be promiscuous. These political, religious, and corporate actors appear to think that women can't make these decisions for themselves or that they lack self-control and therefore it is the job of law makers and insurance companies to limit their access and affordability of birth control. Whatever the reason, regardless of my critical view on hormonal contraception, access to birth control should be protected and fought for.

My research is limited to just four mainstream magazines and five years of editorial content only. There are a plethora of other resources that frame information

regarding hormonal contraception for public consumption. An historical overview of the public discourse surrounding HBC would also add nuance and an interesting timeline to the framing of the pill and new hormonal contraceptive options as they appear. Further research is necessary to map out a complete picture of public discourse regarding hormonal contraception today. Researching how hormonal contraception is framed in news articles, blogs, feminist resources, and even television and movies would give a wider range of the public conversation. Medical literature, such as OB-GYN focused magazines, medical books, medical websites, and scientific research articles, also needs to be examined because authority and legitimacy of knowledge still focuses on the medical system. Interviews with women would also add the nuance of women's perspectives on HBC: if they use it, why they use it, and how it affects their lives. The IUD also warrants further attention as it becomes more popular in public discourse and in use by women. This research doesn't provide a racialized view of hormonal contraception, although, as the literature shows, differences are prevalent between races and the use of HBC. Further research is necessary to determine how HBC is presented and viewed by women of color.

Overall, hormonal contraception is framed as much more than a tool for controlling fertility. HBC is a tool for controlling natural female reproductive cycles, for curbing annoying natural body processes (such as, anxiety, acne, or bloating), for treating reproductive ailments and diseases, and preventing new ones (ovarian cancer). HBC is also framed as the hero of the women's liberation movement and women's continued progress today. Not only is HBC a hero, but it continues to be necessary for women's success and empowerment. And although women and men both want men to take more

responsibility in preventing pregnancy, barriers are created through framing condoms and withdrawal as ineffective and undesirable. Maybe when a temporary, long-term male contraceptive enters the market, the responsibility will move closer to equality. Hormonal birth control, on the other hand, will most likely continue to be a norm for most women if it continues to be framed as necessary for much more than contraception.

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