'THE PILL' FOR WHAT AILS YOU: CONTRACEPTIVE LIFESTYLE DRUGS AND THE MEDICALIZATION OF MENSTRUATION THROUGH DIRECT-TO-CONSUMER-ADVERTISEMENTS

A DISSERTATION

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To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Amber Elizabeth Deane entitled, 'The Pill' for What Ails You: Contraceptive Lifestyle Drugs and the Medicalization of Menstruation Through Direct-To-Consumer-Advertisements. I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Sociology.

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For Dr. Kevin Yoder

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ABSTRACT

AMBER ELIZABETH DEANE

'THE PILL' FOR WHAT AILS YOU: CONTRACEPTIVE LIFESTYLE DRUGS AND THE MEDICALIZATION OF MENSTRUATION THROUGH DIRECT-TO-CONSUMER-ADVERTISEMENTS

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For this study I used a mix-methods approach to explain how DTCAs are medicalizing menstruation and women's responses to this occurrence. I conducted content and discourse analysis of the full advertisement campaigns of YAZ and Seasonique to identify manifest and latent meanings of text and images using coding techniques. Drawing on this analysis, I conducted focus group discussions with women regarding their attitudes, beliefs and opinions about menstruation, menstrual suppression and DTCAs that advocate for the medicalization of menstruation. Using a grounded theory approach, I developed a theoretical model that speaks to how menstruation is socially constructed as a medical condition in DTCAs and how these messages in turn impact women's understanding of menstruation. Women favor their own embodied experiences of menstruation over the socially constructed idea that menstruation is a medical condition promoted by the pharmaceutical industry. Findings are presented at both the macro and micro perspective and indicate that menstruation is an anxious and stressful event in women's lives. However, due to the fear and risks associated with

prescription drugs, participants are unwilling to embrace a full medical conceptualization of menstruation.

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CHAPTER I

INTRODUCTION: MEDICALIZATION AND BEYOND

Historically, the medical community has been a promoter of increased medicalization, giving doctors the authority to name and treat illnesses using medical interventions (Gabe, Bury, and Elston 2004). Contemporary studies point to the 'shifting engines' of medicalization and identify both the pharmaceutical industry and medical consumerism as important catalysts of increased medicalization (Conrad and Leiter 2005). While recent studies identify the pharmaceutical industry's marketing campaigns as promoting increased medicalization (Hartley and Coleman 2007; Fox and Ward 2008), few provide empirical evidence of how this might occur. Analyzing the relationship between Direct-to-Consumer Advertising (DTCA), medicalization, and medical markets will illuminate the intricacies, ambiguities, and complexities that exist in a post-modern, hyper-consumer, symptom-oriented society fixated on an ever-expanding notion of what constitutes normalcy.

Recent studies identify the pharmaceutical industry as a key factor in promoting increased medicalization through its marketing campaigns (Hartley and Coleman 2007; Fox and Ward 2008). A recent report published by the Henry J. Kaiser Foundation stated that from 1997-2007 the number of prescriptions purchased for both physical and mental illnesses in the United States increased 72 percent while the population increased by only 11 percent (The Henry J. Kaiser Foundation 2008:2). In comparison, in 1996 there were on average 1.3 prescriptions ordered per visit (National Ambulatory Medical Care

Summary 1997). By 2006, 71 percent of office visits resulted in the prescribing of a prescription drug, averaging 2.1 prescriptions ordered per visit (National Health Statistics Report 2008). The proliferation of Direct-To-Consumer-Advertising (DTCA) by the pharmaceutical industry is one possible explanation for the increase in prescription drug use.

The Food and Drug Administration (FDA) is the regulatory body that oversees both prescription drugs and pharmaceutical advertisements. Under the Food, Drug and Cosmetic Act (FDCA) the FDA has regulated print and broadcast advertisements for prescription drugs since 1962. Early pharmaceutical advertisements consisted of mostly print ads marketed to physicians and health care professionals and advertised in professional medical journals. These advertisements were required to include three major components: the brief summary, the major statement and an outline of adequate provisions. According to the FDA's *Drug Advertising: A Glossary of Terms* (2009), the brief summary is detailed information included with print advertisements that list all the risks associated with the drug as well as any prescribing information. Prescribing information includes who should not take the drug, when the drug should not be taken as well as possible serious side effects. The brief summary is typically presented on a separate page, usually after the advertisement. The major statement and adequate provision requirements pertain primarily to broadcast advertising. The major statement includes the major risks associated with taking the drug and *must* be spoken during the advertisement *(Drug Advertising: A Glossary of Terms* (2009). Prior to 1997, drug companies had to include adequate provision statements in all ads. Adequate provisions

include a listing of all of the risks associated with taking the drug. Print ads accomplish this by including all associated risks in the brief summary. Such requirements made broadcast advertising cost prohibitive because of the time required to list all associated risks.

Responding to increased pressure to allow pharmaceutical companies to market directly to consumers, the FDA published guidelines related to the adequate provision requirement in broadcast ads. The new guidelines state broadcast pharmaceutical advertisements can meet the adequate provision requirement by directing consumers to at least one of the following sites for more information on the drug: a healthcare provider, a toll-free number, a print advertisement, or a website on the Internet (*Guidance for Industry: Consumer Directed Broadcast Advertisements* 1999). This provision dramatically reduced the amount of air time needed for broadcast advertisements. Pharmaceutical companies no longer needed to give lengthy descriptions of a drug's benefits and risks which made advertising directly to consumers more cost effective.

Direct-to-consumer spending by pharmaceutical companies increased from $11.4 million in 1996 to $29.9 million in 2005 (Donohue, Cevaso, and Rosenthal 2007). This increase in consumer advertising proved to be profitable for pharmaceutical companies. For example, the Congressional Research Service (CRS) reported that "10 of the leading 12 brands had sales of over $1 billion. For these brands, return on investment was $3.66 per dollar spent" (Vogt 2005 p. CRS-3). Other estimates cite even greater gains. Conrad (2007) concludes that for every one dollar spent on advertising, pharmaceutical companies gained $4.20 in sales. The pharmaceutical industry was the nation's most

profitable industry from 1995-2002 and among the top five profitable industries from 2002-2007 (Prescription Drug Trends). To maintain the overwhelming profitability that the pharmaceutical industry has enjoyed, they must continually search for new drugs or identify new markets for existing drugs. DTCA is one avenue through which pharmaceutical manufactures expand their markets. The pharmaceutical industry has maintained and expanded its market base by constructing normal life conditions as illnesses in need of drug treatment through the use of DTCA.

DTCA are useful to society in several ways. DTCA inform individuals of new and available drugs and treatment options. DTCA reduce the stigma associated with certain conditions and encourages individuals to seek treatment for these conditions. For example, erectile dysfunction used to be a stigmatized condition and men suffering from this condition may not have sought treatment due to embarrassment. DTCA have reduced the stigma surrounding erectile dysfunction to the point that it has become normalized. While reducing the stigma associated with certain illnesses and conditions may be beneficial, DTCA also encourages the public to medicalize normal life conditions such as menstruation while reducing tolerance of human variation. Those critical of DTCA contend that these marketing strategies lead to the overuse of prescription medications and increased medicalization. Wilkes states, "DTC advertising may cultivate the belief among the public that there is a pill for every ill and contribute to the medicalization of trivial ailments, leading to an even more overmedicated society" (FDA Consumer Magazine 2007). According to this perspective, DTCA is promoting medicalization which in turn expands medical markets.

One way the pharmaceutical industry has become an engine for increased medicalization is through the creation and promotion of lifestyle drugs (Lexchin 2001). Lifestyle drugs are drugs that are used to treat conditions that push the boundaries between medical and social definitions of health and illness (Lexchin 2001). The majority of lifestyle drugs can be placed into five broad treatment categories: weight loss, hair loss, sleep disturbances, sexual dysfunction, and mental health (Lexchin 2001; Ngoundo et al. 2005; Weintraub 2007). According to Lexchin, in 1999 alone the industry spent nearly $325 million to advertise four lifestyle drugs: Propecia ™ for male pattern baldness, Viagra™ for erectile dysfunction, Xenical™ for weight loss, and Zyban™ for smoking cessation (2001:1450). However, new categories of lifestyle enhancement drugs are emerging, including designer birth control pills that move *beyond* pregnancy prevention to include a range of other functions, including acne relief, appetite regulation, mood enhancement, prevention of fatigue, and reduction of bloating. Drugs like Seasonique™ give women the option to reduce or eliminate menstruation altogether, while YAZ™ promotes periods with fewer symptoms. Promotion of lifestyle drugs increases medicalization by responding to consumer driven desires to control unwanted or undesired bodily states and functions.

The availability of new types of birth control pills represents a class of drugs that also blur the boundary between medical and social definitions of health. In addition to offering contraceptive protection, drugs such as YAZ (drospirenone and ethinyl estradiol) and Seasonique (levonorgestrel/ ethinyl estradiol .03 and ethinyl estradiol .01) provide women with the opportunity to reduce symptoms associated with menstruation such as

fatigue and bloating and in some cases to eliminate menstruation entirely. New types of birth control claim to reduce moodiness, irritability, and anxiety as well as prevent increased appetite. While moodiness and irritability may be distressing for some women, they are not necessarily pathological and should not automatically be treated using prescription drugs. The DTCA associated with these and similar drugs advise consumers that these symptoms are now an *optional* part of life and can be medicated away.

The specific purpose of this study is to analyze how DTCA of birth control pills transform menstruation from a normal, biological function to a medical condition requiring medical intervention. It examines the role of the pharmaceutical industry in the expansion of medical markets, the reach of medicalization processes, and exposes how the pharmaceutical industry undermines medical authority by encouraging the lay populace to diagnose their condition as a medical one with a directive to seek medical treatment. DTCA is facilitating, promoting, and encouraging the medicalization of menstruation through the use of contemporary birth control drugs. These drugs represent a new category of lifestyle drugs and should be examined for their promotion of menstruation as a medical condition.

This study used a mixed method approach to examine the cultural messages present in direct-to-consumer-advertisements. Specifically, I focused on birth control advertisements that included content about menstruation and/or the symptoms associated with it. Questions such as what messages are being transmitted to women about menstruation via DTCA, how do DTCAs medicalize menstruation, and in what ways are DTCAs promoting pharmaceutical drugs to treat menstruation and the symptoms

associated with it are directly addressed in this study. Through the use of content and discourse analysis, manifest and latent meanings were identified in advertisement campaigns of YAZ and Seasonique published in popular women's magazines between 2007 and 2010. In addition to content and discourse analysis of DTCA, I conducted 11 focus groups with 56 pre-menopausal women to determine how women interpret the messages found within DTCA, the meanings associated with those messages, and their attitudes and opinions concerning the medicalization of menstruation more generally. I developed a theoretical model that draws on larger social phenomena such as the social construction of menstruation, medical jurisdiction and dominance, the growth in consumerism, and the organization of health care delivery systems in the United States to illustrate how pharmaceutical companies are constructing menstruation as a medical condition. By labeling menstruation as a disease affecting all women, I argue that the pharmaceutical industry is expanding medical jurisdiction based on economic motives which are inconsistent with medicines goal of healing.

Rationale

In recent years, the theoretical orientation of medical sociology has shifted from micro perspectives that focused on concepts such as the doctor-patient relationship to more macro issues that center on structural matters such as social causes of health and illness and health disparities. Another contemporary theme in medical sociology is the social construction of health and illness. The social construction of health and illness refers to the idea that health and illness are not concrete, fixed concepts. Instead ideas about health and illness are influenced by time, space and location. Meanings of health

and conversely illness change over time and are culture specific. Ideas about health and illness are socially bound. Acknowledging the social construction of health and illness and utilizing an interpretative analysis strategy is especially fruitful for this study because it illuminates the way advertisers' construction menstruation as a medical condition. Further, this strategy shows how pharmaceutical companies are engaging in diagnosis and providing treatment options which challenge medical authority. Menstruation is a particularly useful example because it has been seen as a natural occurring process, absent from medical intervention or supervision (Fingerson 2005). However, increasingly menstruation and the symptoms associated with it are *constructed* as medical conditions and treated with medical interventions. In this way, menstruation is medicalized and because of this, contemporary work on medicalization should include social factors that influence medicalization.

Social factors that drive medicalization include the commodification of health and wellness, the rise in managed care as the dominant healthcare delivery system in the U.S., and shifting definitions of normality and media representations of the healthy and unhealthy states. Health and wellness are commodified just like any other market product. Although managed care mitigates access to healthcare it also serves as a marketplace. Conrad (2007) comments that "individuals as consumers rather than patients help shape the scope of, and sometimes the demand for, medical treatments for human problems" (p. 140). Unhappy customers can take their business and their healthcare needs elsewhere. Shifting definitions of normalcy have also contributed to the rise in medicalization.

The impetus for this study came from my interest in medicalization and women's health. More directly, this study is an attempt to answer Conrad's (2007) call that new studies on medicalization should focus on identifying ways to measure medicalization and to explore how individuals are responding to medicalization in an increasingly consumerist society. Conrad notes that measuring the scope of medicalization is difficult beyond the number of diagnoses and treatments. Further, Conrad asks social scientists and critics to:

> Turn their attention in medicalization research to the emergent engines of medicalization. This means examining the impact of biotechnological discoveries, the influence of pharmaceutical marketing and promotion, the role of consumer demand, the facilitating and restraining aspects of managed care and health insurance, the impact of the Internet, the changing role of the medical profession and physician and the pockets of popular and medical resistance of medicalization (P. 145).

By exploring the messages and meanings present in DTCA of contraceptives and soliciting the opinions of young women in response to these advertisements, this research is responding to Conrad's call.

This research contributes to the medical sociology literature in three ways. First, this study expands contemporary discussions of medicalization by providing empirical evidence of the ways in which DTCA may promote increased medicalization. Second, this study provides a critical account of the pharmaceutical industry and its vested interest in expanding medical markets and medical consumption. Third, this study highlights how

bodily states are becoming incompatible with modern life, driving individuals to alter their normal bodily functions through the consumption of prescription drugs.

This research shows how the pharmaceutical industry not only expands medical markets for its own capital gains, but that the industry has also become increasingly influential in the types of medical research conducted and the availability of treatments outside of the pharmaceutical arena. For example, Carpiano (2001) concludes that "despite the frequent involvement of emotional and interpersonal factors, medical treatments are viewed as more efficient and effective than psychological treatments" (p. 442). Taking a pill is a quick fix. Promoting pharmaceutical intervention further supports the idea that illness and disease are problems of the individual and places responsibility on the individual to get well. It is easier to medicalize individual problems than to address diseased social conditions.

Overview of Dissertation Chapters

This study is arranged in chapter format. Chapter one provides an introduction of DTCA and medical markets, the medicalization of menstruation and lifestyle drugs. It also provides a rationale for this study and situates it in the broader medical sociology literature. Chapter two includes a more comprehensive review of the relevant literature. This chapter provides a review of literature that substantiates the importance of this study for medical sociology in general, demonstrating the driving forces of medicalization. The literature review also includes an overview of the major components of medicalization theory and includes several subtopics including the history of medicalization as a concept, outcomes of medicalization, and the medicalization of menstruation. Other

topics that are central to the analysis and are included in the literature review include health as a commodity, the creation of medical markets, and how direct-to-consumer-advertising propels these processes. Chapter three includes an outline of the methods used in this study. In this chapter, I provide a step-by-step account of the research design, data collection processes and procedures, analytical techniques, and a description of the study sample.

In Chapter four, I present the grounded theoretical model that guides my interpretation of the data. The theoretical model was developed using both content and discourse analysis of DTCA and narrative data from the focus group discussions. The theoretical model is at a macro level of abstraction and is used to interpret women's responses to menstruation at the micro level. Thus, the model is grounded in the data of the study and is used to further substantiate findings. Chapter five focuses on the commonalities among women and how they respond to socio-cultural messages about menstruation; specifically, how existing structures and institutions such as the medical professions, managed care, and overall consumption patterns shape and influence women's decisions and understandings of menstruation. Chapter six includes the participants' voices as they express their concerns and fears about menstrual suppression, prescription drugs, and DTCAs. This chapter also includes key group differences in participant's attitudes towards menstruation, the positive and negative aspects of menstrual suppression and specific reactions to the DTCAs for YAZ and Seasonique. Chapter seven summarizes the findings of this study, discusses the implications, and offers directions for future study.

CHAPTER II

LITERATURE REVIEW

Many women hold ambivalent, ambiguous, and contradictory attitudes regarding their monthly menses. While menstruation may be viewed as an unpleasant nuisance, many women consider menstruation to be a valued part of being a woman. Historically, women learned about menstruation from other women. In Western societies, this occurred within the family. In many cases older women educated younger women about why menstruation occurred, how to take care of themselves during menstruation, and ways to ease the effects of menstruation (Kissling 1996). As a cultural phenomenon, menstruation is viewed as a rite of passage or a special secret among women. However, current pharmaceutical advertisements present menstruation and its associated symptoms in a uniformly negative light. These ads suggest that menstruation is not only a painful inconvenience, but also a condition or disease-state in need of medical treatment. By characterizing menstruation as a medical condition, pharmaceutical companies can market medical interventions to treat it. In this way, the pharmaceutical industry uses Direct-To-Consumer-Advertising to engage in the social construction of menstruation as a medical condition. Pharmaceutical companies have a vested interest in constructing menstruation as a medical condition because it creates a demand for their products. Increased demand necessarily contributes to an expanding market base and higher profit potential.

This chapter reviews existing literature that includes an overview of medicalization, the medicalization of menstruation, health as a commodity, medical markets, and direct-to-consumer-advertising. It includes an overview of medicalization to provide theoretical context for this study in the broader medicalization literature. Further, in this study it is argued that DTCAs are engaging in the medicalization process in order to convince women that their periods are problematic and in need of medical treatment. This represents a new direction in the study of medicalization. Situating my argument in previous literature that discusses the medicalization of women's bodies in general, and focusing on key pieces that discuss menstruation (Kissling 1996; Lorber and Moore 2002; and Fingerson 2005) provides additional theoretical background. While numerous studies have discussed the medicalization of menstruation, no studies have used DTCA as a facilitator in the medicalization process. The idea of health as a commodity that is bought and sold in the medical marketplace is crucial in identifying pharmaceutical companies as engines of medicalization and refutes the idea that DTCA are benevolent campaigns to educate the masses in the name of public health. This discussion will position my argument in broader social context. The goal of this literature review is threefold: to present an overview of the concepts central to this study; to demonstrate how these concepts work in relation to one another; to create a complex, interdependent constellation of factors that drive medicalization processes; and, to establish a framework that supports my analysis and findings.

Medicalization

According to Gabe, Bury, and Elston (2004) "medicalization describes a process by which non-medical problems become defined and treated as medical problems, usually in terms of illness or disorders" (p. 59). Non-medical problems include natural life processes and events, a range of emotional and physical reactions and variance in bodily states and behaviors (Conrad 2007). Medicalization is best understood as a process. Central to this process is definition. Conrad (2007) states: when "a problem is defined in medical terms, using medical language, understood through the adoption of a medical framework, or 'treated' with a medical intervention," that problem is medicalized (p. 5). This process is central to this study because pharmaceutical companies define menstruation using medical terms in a medical framework promising women treatment for their medical condition in their DTCAs of contraceptives.

Medicalization as a sociological concept continues to evolve. In the 1970's, the term was associated with medical dominance and medical imperialism (Zola 1991; Conrad 1992). Medical dominance as the dominant ideology of the time, viewed medicalization as a consequence of modernity and an extension of the medical profession's power. Ballard and Elston (2005) note that while this might have been the more prominent position, it characterizes the lay populace as "passively dependent in the process of medicalization or disadvantaged by it" (p. 233). In the post modern era, the medical consumer plays an active role in healthcare decisions that both encourages and discourages medical labels. In this way, medicalization must be understood as a

"complex, ambiguous and contested process" instead of simply the result of medical dominance and imperialism (Ballard and Elston 2005:230).

Medicalization is a bi-directional construct in that conditions have the potential to undergo both medicalization and de-medicalization. The classic case of de-medicalization in the U.S. is the removal of homosexuality from the DSM in 1973 (Conrad 1992; Bryant 2008). This case is important because it illustrates the ways in which conditions may become medicalized as well as de-medicalized. There are three preconditions which are common to the medicalization/de-medicalization process: 1) support from the medical community, 2) the availability of interventions or treatments, and 3) the mobilization of claims-makers (Gabe et al. 2006). In the case of homosexuality, the gay and lesbian liberation movement was vocal in calling for the removal of homosexuality from the DSM. However, homosexuality was removed from the DSM only after garnering support from the American Psychiatric Association (APA). Although homosexuality represents a case in which demedicalization was successful, most medicalized conditions do not meet the preconditions necessary for demedicalization to occur once they have fallen under the jurisdiction of the medical community.

Current examples of medicalization include the expansion of existing medical categories and jurisdictions (Zola 1991; Conrad 1992; Ameling 2007). Sleeping habits, wakefulness, sexual behaviors, and menstruation are examples of recently medicalized conditions and are of critical importance for understanding how and why normal life events are transformed into medical conditions that need medical intervention. Push-pull factors are inherent in the medicalization process. On the one hand, pressures of modern

life such as an emphasis on productivity, and the 'time famine' (Vuckovic 2008) as well as a general rejection of bodily functions push individuals to seek out medications to help control and regulate their bodies in predictable ways. On the other hand, the availability and profitability of prescription drugs encourage the pharmaceutical industry to advertise their products to highly receptive audiences looking for ways to cope with the pressures of modern life (Ngoundo et al. 2005).

Medicalization has both positive and negative outcomes (Zola 1991). The most common outcome of medicalization involves attaching a medical description in place of a deviant label. Medicalization's conceptual roots are grounded in early discussions of deviance and social control and are traced back to Talcott Parsons' "sick role." For Parsons (1951) the "sick role" allowed individuals to be excused from their normal roles and duties, most often work duties. Parsons argued that illness is deviant because it interfered with the functions of the social system including production. Sick individuals were obligated to seek help from legitimate sources, (i.e., the medical community), to get well and to return to their normal roles and duties as quickly as possible. Because illness was considered deviant and the medical community acted as an authority, medicine acted as a mechanism of social control (Conrad and Schneider 1980). Although the conceptualization of ill individuals as deviant has diminished, the persistence of the medical model continues to point to a social construction of illness and casts a negative, shared judgment on those who are sick (Conrad and Schneider 1980). These early discussions created and sustained the idea that medicalization is unfavorable.

Positive aspects of medicalization include treatment instead of imprisonment (Zola 1991). Historically, threats to public health such as tuberculosis resulted in the imprisonment of those affected by the disease. Today, in most cases individuals are treated outside hospitals and are free to live their lives. Another argument for increased medicalization is the use of proactive treatment instead of palliative care (Zola 1991). Current medical breakthroughs allow for a range of life-saving treatments that offer hope to those facing life-threatening illnesses. Whereas previous understandings of disease and illness focused on a specific etiology, medicalization has resulted in a more comprehensive view of health by the medical community. This has led to a greater coverage of life conditions and a shift away from blaming the ill for their circumstances (Zola 1991). In these cases, medicalization has removed the immorality or stigma associated with disease and illness in favor of a scientifically based stance.

While there are many positive outcomes of medicalization, there are also negative ones. Prolonged medical treatment which may interfere with civil and human rights is a negative outcome of medicalization. Western society still possesses a great deal of fear of dying and death (Howson 2004). This fear has contributed to prolonged medical treatment despite terminal diagnosis. Technological advances have given doctors the ability to stave off death as well as the use of heroic measures to prolong life often at the expense of quality of life (Parsons 1951; Zola 1991).

Although the medical community has taken a more comprehensive approach to health care, treating every aspect of life as a symptom results in an over reliance on medical intervention while neglecting alternative forms of treatment and a denial of

natural body processes. This encourages medical encroachment into all aspects of life. Zola (1991) argued that medical encroachment is a mechanism of social control. Although medicalization removes blame from the individual for the cause of illness and disease, the individual remains responsible for seeking treatment and is obligated to get well (Parsons 1951; Zola 1991). In this way, medicalization shifts the focus away from important social and political factors contributing to disease and ill health to individual causes.

The medical model is central to Western understandings of disease and illness. Weitz (2007) provides a comprehensive summary of the medical model. Within the medical model, illness is considered objective and a condition that deviates from the normal biological functioning of the body. In the medical model, illness is considered non-moral and apolitical. Weitz (2007) states that "illness is a concrete, unchanging reality" that "has specific, universally recognizable features" (p. 129). The U.S. still faithfully adheres to the medical model. Origins of disease and illness are likely to be attributed to bacteria and viruses in line with Contagion theory. Biological causes are still believed to be the source of disease and illness which encourages individuals to buy into increases in medical surveillance which includes body mapping, fetal testing, as well as genetic testing (Conrad 2007; Weitz 2007). Biological explanations are easier to believe, place blame on the individual, and divert attention away from environmental and social factors that are more likely to have an impact on health.

The landscape of medicine has dramatically changed over the last 30 years (Conrad 2007). The rise in managed care and the prominence of the pharmaceutical

industry has led to the decline in medical authority. However, new arenas of medical knowledge are re-positioning medical professionals as experts. For example, the Human Genome Project (HGP) was finalized in 2000 in an effort to map 20,000-25,000 genes in human DNA (ORNL 2003). Genetics now represent "the cutting edge" of medicine (Conrad 1999). A greater emphasis on genes as determinates of disease and illness has placed individuals "at risk" now and in the future. Conrad (2007) cautions that focusing on the genetic aspect of a disease or disorder fails to account for how social factors contribute to disease onset and expression. The focus on genetics and biomedicalization (Clarke et al. 2003) highlights how modern society is increasingly an 'at-risk' society. Broadly speaking, these social factors create the context for how medicalization is occurring.

Medicalization of Menstruation

Menstruation is a target of medicalization because of the pervasive disgust society and *women* assign to menstruation and menstruating bodies. This not only opens the door for continued medicalization but creates a market ripe for the reduction and/or elimination of menstruation altogether. The medical community has redefined menstruation as a medical condition that warrants medical treatment and intervention. The events of the menstrual cycle are medicalized in several ways and can be classified under three main categories: 1) Menarche, 2) Premenstrual Syndrome and Premenstrual Dysphoric Disorder (PMDD), 3) and Menstruation. Menarche marks sexual maturity and the beginning of medical surveillance of women's bodies (Kissling 1996). Young women view menarche with dread and fear the pain and disorder commonly attributed to

menstruation. Popular discourse characterizes the time period right before a woman's menstrual cycle, as a time when women are out of control (Oinas 1998), and enraged (Rittenhouse 1991). Physicians attribute the emotional symptoms associated with PMS to hormonal disruptions and often treat women with oral contraceptives.

Premenstrual Dysphoric Disorder (PMDD) is an extreme form of PMS and is listed in the Diagnostic and Statistical Manual of the American Psychiatric Association as a psychiatric disorder (DSM-IV-TR). Symptoms of PMDD include depression and feelings of being overwhelmed. The FDA has approved anti-depressants as a treatment for PMDD (Offman and Kleinplatz 2004). Although these factors point to the medicalization of women's reproductive cycles, Lorber and Moore (2002) note, "the biomedical perspective on the physical, behavioral and emotional effects of the menstrual cycle is a social construction, reflecting the high value Western science puts on the regularity and control of bodily functions" (p. 73).

In a special edition of *Sex Roles* published in 2006, *The Society of Menstrual Cycle Research* presented research on contemporary issues of menstruation. *The Society* represents a traditional women-centered approach, proposing that the menstrual cycle is "a biopsychosocial phenomenon that contributes to development of the self concept in individual women and to more general notions of what being women is all about" (Stubbs and Mansfield 2006:311). This conceptualization represents what the menstrual cycle has traditionally meant to generations of women, a cultural and biological phenomenon. *The Society* asserts that menstruation is not a disease and does not require medical intervention. A position statement authored by the group states: "messages that women's

natural functions are defective or need to be medically controlled can lead to negative body image, especially in young women" (The Society for Menstrual Cycle Research 2007).

In contrast to the more social and positive perspective of menstruation espoused by *The Society*, the medical community, the pharmaceutical industry, and even women themselves are promoting an increasingly medicalized perspective. Contemporary discourse surrounding menstruation suggests that menstruation ranges from a slight inconvenience to an absolute menace wreaking havoc in lives of women (Johnston-Robledo, Barnack, and Wares 2006). While there are some health conditions such as endometriosis, anemia, menorrhagia and dysmenorrhea in which menstruation should be medically treated, medicalizing all menstruating women suggests that menstruation itself is an illness requiring treatment (Andrist, Hoyt, Weinstein, and McGibbon 2004, Fingerson 2005). Further, extended birth control regimens are being prescribed to normally menstruating women who simply *prefer* not to menstruate (Hitchcock 2008). Through the medicalization of menstruation, the medical community extends its reach into the lives of women.

The Women's Health movement has been critical of the overall medicalization of women's bodies. Feminist critiques of medicine and the medical community include: the overmedication of women using mood altering drugs, high rates of unnecessary surgeries including hysterectomies, mastectomies, cesarean section births when no threat to mother or fetus exists and the pathologizing of women's reproductive system (Kohler-Reissman 1983; Morgan 1998). Luke (1997) summarizes that "feminist research concludes that

menstruation is often constructed as a 'problem' for women, one which disrupts their 'normal' emotional and bodily functioning, as evidenced in the number of products available with which to 'manage' menstruation" (p. 28). In addition, the movement calls for greater emphasis for women as experts of their bodies and promotes the value of women's embodied experiences.

Medicalization, however, is not a top down process in which the medical community exerts their dominance over a passive lay populace (Ballard and Elston 2005). Today women are calling on the medical community to assist them in managing the unpleasant, if not debilitating symptoms of menstruation that impact their quality of life and opportunities. In fact, a *New York Times* article reported a Canadian study that found that women with heavy menstrual bleeding lost up to an annual average of $1,692 in wages (Saul 2007). Along with lost wages, women impacted by severe symptoms associated with menstruation are unable to complete their usual activities an average of 9.6 days per year (Lin and Barnhart 2007). Clearly, women have cause to actively seek medicalization for menstruation. In this light, the medicalization of menstruation may be seen as a collaboration or negotiation between women seeking help, and medical professionals and the pharmaceutical industry are willing and able to provide that help. New types of birth control pills are some of the more recent apparatuses in the medicalization of menstruation. These are geared toward younger women, focus on enhancement and lifestyle; and promise to ease the management of uncomfortable, undesirable symptoms associated with menstruation.

Medicalization as Enhancement

Conrad (2007) suggests that attempts to define enhancements from a sociological perspective are difficult due to the subjective understanding of health. However, Juengst, a bioethicist, defines enhancement as "interventions designed to improve human form or functioning beyond what is necessary to sustain or restore human health" (1998:71). Using this definition treatment and enhancement are two very different enterprises of medicine. However, given the fluidity of what constitutes illness and health the line between enhancement and treatment is not so obvious. Enhancements are typically used to make individuals stronger, smarter, faster, and live longer or to live with keener senses (Conrad 2007) than their natural attributes. Menstruation is a natural attribute of women. New birth control pills promise to make women better by removing the physical and emotional symptoms of menstruation. While this may be a desirable goal, the risks associated with reducing or eliminating menstruation through the use of hormonal oral contraceptives are not fully understood and may put women at undue risk.

Modernity and Risk

As mentioned earlier, modern society represents the juxtaposition of a society that simultaneously bombards individuals with risks outside their control yet places personal responsibility on the their shoulders. External causes of disease and illness such as contagions and infection no longer plague modern societies. Major health threats to contemporary society rest on individual factors such as diet, exercise and lifestyle choices. Nye (2003) argues, "the burden of responsibility in this new schema rests with individuals, who are encouraged endlessly to assess the risks of particular behaviors and

to make their bodies into self-directed enterprises for maintaining health and fitness," (Nye 2003:119). Further, Scott et al. (2005) purport that in the modern world, everyone is either at-risk or being-at-risk and these risk categories represent a new social identity. The idea of risk also represents a shift in medical focus from the actual to the potential (Scott et al. 2005). Surveillance of risk represents new avenues of increased medicalization.

Health as a Commodity

Recent challenges to medical dominance and authority stem from increases in consumer demands and the restructuring of healthcare delivery. At present, physicians do not make treatment decisions based solely on their expertise. In most cases, doctors must bend to the will of both insurance companies and patients themselves. Although this is true in most doctor-patient interactions, some medical specialties are enjoying a re-centering of their medical dominance and authority. Recent developments in biomedicine including genetics, neuroscience and pharmacology have re-centered medicine as a driving force in medicalization, demonstrating that medical jurisdiction is still the domain of medical professionals. Consumers have assisted medical professionals in regaining their medical authority. Diagnosis and treatment remain dependent on physicians' approval. Consumers require medical professionals to legitimize their illness thus making them necessary for the medicalization process to continue (Conrad 2007).

The idea of health as a commodity is illustrated in Crawford's discussion of healthism. Crawford (1980) defines healthism as "the preoccupation with personal health as a primary-often *the* primary-focus for the definition and achievement of well-being; a

goal which is to be attained primarily through the modification of life styles, with or without therapeutic help" (p. 368). Therapeutic help can be conceived of as medical intervention. In relation to medicalization, healthism provides a worldview in which the medical aspects of life processes are accentuated or exaggerated. For example, Crawford (1980) comments that as a society we are becoming increasingly preoccupied with matters of disease prevention and health promotion. As such, this mediates the ways in which we think about all activities and behaviors.

In a health-conscious society, mass media informs consumers of new treatment options and transmits notions of normal and abnormal bodily states. As a result, many individuals constantly monitor and assess themselves to be on the alert for potentially troublesome conditions that may need medical attention. This state of hyper-alertness occurs in a context of sedulous activity. As Andrist et al. (2007) states, "We don't want to confront our bodily functions anymore, we're too busy." Thus modern society is fixated on finding the "magic bullet" that will offer a quick fix to life's problems (Williams, Gabe, and Davis 2008). The solution is often found in the form of a pill. Using this orientation, it is not surprising that even normal, natural life processes and functions take on a medicalized connotation. The preoccupation with health and illness suggests that our worldview is one where health and illness are at the forefront of our priorities. Western societies utilize the medical model to address issues related to health and illness. As a result, medicalization is inevitable and desired because it offers solutions and helps individuals to aspire to a level of ultimate well-being and health. Consumers may

welcome the medicalization of their experiences and bodies in order to control, eliminate, or improve how their natural bodies perform.

Medical Markets

In a recent commentary published in the *British Medical Journal,* Moynihan, Heath and Henry (2002) assert the following:

> There's a lot of money to be made from telling healthy people they're sick. Some forms of medicalizing ordinary life may now be better described as disease mongering: widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments (P. 886).

This statement points to the deliberate creation of medical markets that utilize medicalization to create medical consumers. Other factors leading to the creation of new medical markets include changes in the social organization of medical care, increases in the use of managed care and the growth of consumer advocacy and accountability (Conrad and Leiter 2004). While all of these forces play a part in the creation of medical markets, none are as powerful as the pharmaceutical industry.

In 2005, the pharmaceutical industry spent $13.5 billion on advertising (Advertising Age™). In addition to marketing to medical schools, doctors, hospitals and health organizations, the pharmaceutical industry markets directly to consumers. Through advertising, pharmaceutical companies attempt to persuade consumers that they are experiencing something that requires medical attention and intervention. Pharmaceutical companies claim that direct advertising provides a service to society by educating the public about treatment options and availability, encouraging early treatment, and enabling

consumers to make better health decisions (Conrad and Leiter 2004). While this may be the stated goal, Conrad and Leiter (2004) comment that "direct-to-consumer advertising may well shape the way the public conceptualizes problems and it may increase consumer demand for medical solutions" (p. 162). Further, Williams et al (2008) note the "social relations surrounding contemporary pharmaceutical production and consumption 'link the world of business to the private world of citizens, forging new diseases and treatments from the very fabric of daily life'" (p. 816). Using the example of menstruation, DTCA constructs menstruation as an occurrence that produces abnormal symptoms that require medical intervention to treat, reduce or eliminate those symptoms.

As a constellation of corporations the pharmaceutical industry has a vested interest in maximizing profits. To do so pharmaceutical companies must increase their market base. Conceptualizing life's problems in medical terms ensures the industry's potentially limitless market base. Using DTCA, the pharmaceutical industry attempts to convince consumers that they have a medical condition that needs treatment in order to sell their products. While the pharmaceutical industry has become a major force in the construction of health problems in need of medicalization, healthism and consumers also play a key role. Like many facets of modern life, health and healthcare are now seen as commodities that can be bought and sold.

Mass Media and Direct-to-Consumer-Advertising

Mass media is a strong socializing force. Altheide (1996) argues that "any serious analysis of American life and culture-and increasingly, much of Western culture-must consider media materials" (p. 45). A major component of mass media is advertising. As

consumerism rises, advertising is an essential feature of mass media and typically serves as a powerful marketing tool. Increasingly, individuals are relying on mass media and popular culture as primary sources of information. The messages presented by mass media are often used to inform and create ideas, opinions and beliefs about certain topics including health and illness. Popular media has depicted menstruation as fodder for comedy, an explanation for women's unexpected assertive or aggressive behavior and as an excuse for poor performance and needed provisions (Luke 1997). Further, Luke (1997) asserts: "Media representation of menstruation and menstruating women is one aspect of the construct of femininity which teaches girls and women to view a personal and private natural function as a problem and indeed as a 'curse' which perpetuates an ideology of gender inferiority" (p. 28).

A recent study identified media as the primary source of information on menstrual suppression (Rose, Chrisler, and Couture 2008). In particular, magazines have been identified as one of the most popular sources of information on menstrual suppression (Rose et al. 2008). Although the media and popular magazines have been identified as important sources on menstrual suppression, they have not presented a balanced account. In fact, the information found within popular magazines regarding menstrual suppression is primarily found in DTCA of birth control pills (Rose et al. 2008). The primary goal of DTCA of birth control pills is to persuade consumers to buy their product. As such, it is necessary to normalize the medical connotation of menstruation as well as the treatment of menstruation using prescription drugs. Current DTCA of oral contraceptives have

successfully accomplished just that, in normalizing the medical connotation of menstruation, menstruation has essentially become medicalized.

In recent years, DTCA began transmitting messages to consumers that menstruation is a medical condition. Earlier restrictions on DTCA would have prevented this occurrence. To understand the history of DTCA, Conrad and Leiter (2008) trace the major shift in the roles of the FDA and physicians in the regulation of DTCA over the last century. In 1900, the American Medical Association requested that pharmaceutical companies adhere to the ethics of medicine that required disclosure of formulas of prescriptions. Pharmaceutical companies were asked not to advertise directly to consumers. In the 19th century there were two types of drugs, ethical drugs and patent drugs. Patent drugs, often called nostrums, were marketed directly to consumers and promoted a cure to everyday problems such as fatigue, weight fluctuations, aches and pains and general discomfort. In contrast, the makers of ethical drugs conformed to the standards of the American Medical Association (AMA). They did not market to consumers and released open records concerning formularies. In 1906, with support from the AMA, ethical drug companies entered into a "gentleman's agreement" with physicians acknowledging that only physicians had the authority to legitimize the drugs with the ethical label and to diagnose illness and determine treatment (Conrad and Leiter 2008).

Drug companies initially adhered to the restrictions put in place by the AMA, citing fears that the general public was not equipped to understand the complexity of diagnoses and prescription treatments. Further, drug companies did not want to contribute

to unnecessary medicalization (Conrad and Leiter 2008). However, the consumer movement changed the position of the pharmaceutical industry. Increasingly, consumers demanded a role in their healthcare decisions and options (Conrad and Leiter 2008). This included a choice in the selection of prescription drugs. Pharmaceutical companies have exploited this cultural shift and have inundated mass media with advertisements of prescription drugs through DTCA.

A continuum exists that characterizes menstruation as existing at two extremes. On one end, menstruation is a natural event that centers on lay beliefs and treatment and is a marker of womanhood. At the other end, menstruation is a condition that needs regulation using prescription drugs and requires expert medical treatment by trained medical professionals. This represents a medicalized view of menstruation. Influential macro factors that shape women's ideas about menstruation include the education system as well as the medical establishment. Similarly, micro factors such as familial ties and peer relationships influence women's personal construction of menstruation. In addition to these socializing agents, the media plays a major role in women's construction of menstruation.

Recent DTCA of birth control pills produced by pharmaceutical companies have constructed menstruation as a medical condition in need of treatment. In this way, DTCA are shaping the construction of menstruation or medicalizing menstruation. In order for women to adopt a medical conception of menstruation, DTCA must rely on broader constructions of menstruation as a medical condition through gender stereotypes of women as weak, ill, and fragile in general but particularly during menstruation. In this

way women are bombarded with these messages and the messages promoted via DTCA. Women must make sense of those messages when making personal healthcare decisions about whether or not to use prescription drugs to suppress their period. Thus, an analysis of DTCA of birth control pills and women's reactions to those advertisements will provide insight into the role of mass media and its influence on women's beliefs about menstruation.

CHAPTER III

METHODS

Introduction

The primary aims of this mixed methods study were to: 1) examine latent and manifest messages about menstruation found in Direct-To-Consumer-Advertisements (DTCA) of contraceptives; 2) evaluate the ways in which DTCA of contraceptives medicalize menstruation and the symptoms associated with it; and 3) explore college women's attitudes, beliefs, and concerns about the use of prescription drugs to treat and/or suppress their monthly menstruation. The data for this study came from two sources: the advertising campaigns of two prescription drugs (YAZ and Seasonique) currently prescribed for contraception and conditions associated with menstruation, and 11 focus groups with 56 women at a public university in the South.

The ad campaigns consisted of websites, broadcast advertisements, and print advertisements in popular women's magazines. I used theory-based sampling techniques to determine the characteristics of the focus groups and the participants recruited for each group. I conducted a pilot focus group, with four participants to test the interview guide and the structure of the interview. Following minor revisions, I then conducted 11 focus groups with a total of 56 participants. Using narrative analytical techniques, I analyzed the advertising campaigns and the focus group data separately. Then, I compared the themes developed from both data sets to examine the messages transmitted to women via DTCA found in women's magazines.

The central research questions guiding this study are: 1) How does DTCA medicalize menstruation and the symptoms associated with it? 2) In what ways are DTCAs promoting pharmaceutical drugs to treat menstruation and its related symptoms? 3) What are the attitudes, beliefs, and opinions of women about menstruation and menstrual suppression? and 4) What are women's responses to DTCA of contraceptives, specifically YAZ and Seasonique?

The remainder of this chapter will be organized into seven sections. First, I explain the research design which involves a mix-method approach. This section also presents my rationale for selecting the DTCA of YAZ and Seasonique as cases. I explain the coding strategies used to analyze the ad campaigns. Secondly, I provide justification for the use of focus group, and I also present a detailed account of the focus group procedures. Next, I identify the characteristics of focus group participants and group types. In the next section I describe the instruments used in this study including the broadcast advertisements, the background information sheet and the interview guide used in the focus group discussions. In this chapter I provide a detailed account of the data analysis used for the focus group transcripts including coding strategies. The chapter concludes with a discussion of the IRB process and the limitations associated with this study.

Research Design

The research design includes a mix-methods approach to explain how DTCAs are medicalizing menstruation and women's responses to this occurrence. Specifically, I conducted content and discourse analysis of the full advertisement campaigns of both

YAZ and Seasonique. Unlike traditional content analysis, I did not survey magazines to assess how many times a particular ad appeared. Nor did I peruse a variety of magazines to determine what types of magazines included advertisements for YAZ and Seasonique. For this study I identified and completed content and discourse analysis of the entire advertisement campaign including print, broadcast and web material. This involved analyzing the advertisements for both manifest and latent meanings of text and image using coding techniques. Drawing on this analysis, I conducted focus group discussions with women regarding their attitudes, beliefs and opinions about menstruation, menstrual suppression and DTCA that advocate for the medicalization of menstruation. Using a mixed method approach provided a more comprehensive understand of how DTCAs are medicalizing menstruation and women's responses to the construction of menstruation as a medical condition.

YAZ and Seasonique: The Case Study

Both YAZ and Seasonique are relatively new types of contraceptives developed by Bayer™ and Duramed™. The FDA approved YAZ on March 21, 2006 and Seasonique on May 25, 2006 (FDA 2006). Both drugs are currently marketed via broadcast and print advertisements, and they have extensive websites. Both YAZ and Seasonique are contraceptives marketed to treat symptoms related to menstruation. For example, the tagline "Beyond Birth Control" is a registered trademark of YAZ and speaks to the prescribing of YAZ for uses other than contraception. One advertisement for Seasonique resembles a mathematical equation with the text "Birth control + fewer periods = Seasonique" (See Appendix B). However, the central rationale for focusing on

these two drugs is the attention two controversial broadcast YAZ advertisements received from the Food and Drug Administration (FDA). In response to two YAZ advertisements "Balloons" and "Not Gonna Take It", the FDA issued a warning letter to Reinhard Franzen, President and Chief Executive Officer of Bayer Healthcare Pharmaceutical Incorporated, about major violations not only of FDA policy but of the public trust. The warning letter stated:

> The TV Ads are misleading because they broaden the drug's indication, overstate the efficacy of YAZ, and minimize serious risks associated with the use of the drug.... These violations are concerning from a public health perspective because they encourage use of YAZ in circumstances other than those in which the drug has been approved, over-promise the benefits and minimize the risks associated with YAZ (FDA 2008).

Bayer was required to stop airing the broadcast advertisements and to issue a corrective advertisement that would clarify the false claims made in the previous advertisements. The violations within the initial YAZ advertisements, as well as other YAZ and Seasonique ads, illustrate how DTCA increases medicalization by expanding treatment categories, exaggerating benefits, and downplaying risks associated with use of these drugs. Expanding the perceived uses and benefits of these drugs supports the increased market potential and profit margins without fully justifying their use and their safety.

Techniques for Analyzing the Ad Campaigns

Traditional content analysis focuses on the quantitative nature of a phenomenon. For example, Singleton and Straits (1999) advise that content analysis involves

"quantifying the categories such as by counting their frequency of occurrence" (p. 390). This research does not use this analytical strategy. Instead this research is more in line with the strategies summarized by Hsieh and Shannon (2005) and utilizes a qualitative approach to content analysis that is centered upon uncovering patterns and themes. More specifically, this research provides a critical analysis of the media campaigns for YAZ and Seasonique, including both the intended and the unintended meanings presented in the full campaigns (e.g., print advertisements, broadcast advertisements, and the web-based content used to market these drugs). It also analyzes the media campaigns in the context of broader social messages pertaining to medicalization, lifestyle drugs, women's health, women's bodies, and general consumption patterns.

I analyzed the entire advertisement campaign to garner a more comprehensive view of the marketing campaign of the drugs. To ensure that the analysis captures the entire advertising campaign, I contacted the manufacturers of the drugs to confirm the number of advertisements used in the advertisement campaign. Press representatives listed on the websites did not answer my calls. However, through a personal contact I identified the advertising firm that created the YAZ and Seasonique campaigns. A consultant for YAZ informed me that the advertising campaigns were proprietary and could not be released. However, she told me that there were only six different ads for YAZ, which were featured in the following magazines: *Self*©, *Glamour*©, *Lucky*©, *Vogue*©, and *Women's Health*©. The advertising firm for Seasonique never returned my calls. However, since the audience for YAZ would be the same as for Seasonique, I searched the same set of magazines that published the YAZ advertisements to look for

Seasonique ads. Based on the magazines that published the advertisements, the audience for both of these drugs includes educated, upper to upper middle class women who are aged 14-35.

Table 1 (See Appendix C) illustrates the types and number of advertisements used in the analysis. For YAZ, I analyzed six print advertisements, two broadcast advertisements, and the content of the sponsored website. Then, I analyzed three print advertisements, two broadcast commercials and the sponsored website for Seasonique. The print advertisements are full-page color ads found in the magazines recommended from the advertising firm for YAZ: Self, Glamour, Lucky, Vogue, and Women's Health. I assigned titles to the broadcast and print advertisements based on general descriptions. I analyzed two broadcast commercials for each of the drugs. In general the commercials lasted approximately 90 seconds. The website for the drugs contained numerous dropdown options. On the YAZ website, menu options included topics such as "About YAZ," "Using YAZ," "About PMDD," "About Birth Control," and "YAZXpress." The Seasonique website included many similar topics but also included topics such as "How Seasonique is Different," "Talking to your OB/GYN," and "Already Taking Seasonique." In addition to content found on the main webpage, each website contained links to web pages that contained more detailed information about specific topics, such as "History of the Pill" and "Birth Control Comparisons." The YAZXpress webpage also contained information about the latest trends, fashion and music and promotes the "YAZ" lifestyle.

Analysis of Direct-To-Consumer-Advertisements

My analysis of the DTCA campaigns involved a multi-step process of open and axial coding. Open coding is the first stage of the coding process when researchers initially develop cursory concepts and categories (Berg 2007). Axial coding includes connecting initial codes to concepts, which build larger categories and themes. This type of coding represents an intermediate phase in developing analytical frameworks. During the coding process I looked for manifest and latent meanings. I identified manifest meanings by examining the literal meanings present in the advertisements. For example, in the Seasonique advertisement entitled "Logical/Emotional" there is a literal split screen to designate these two aspects of women's lives. Yet, the underlying or latent meaning of this duality suggests that logic and emotion are at odds and exist in diametrical opposition.

Using an inductive strategy, I began analyzing the advertisements. First, I canvassed the advertisements to identify what stood out at first glance, how the characters in the advertisements were positioned and what the text implicitly states. These first sets of codes represent the open coding phase. I recorded these exploratory observations and labeled them *First Glance, Character Descriptors, Text, and Tone*. Things to look for at first glance when analyzing advertisements include the size and formatting of the text, any images, the amount of white space, and the colors on the page (Berger 2000). For example, the background of many of the YAZ print advertisements is a color wash of bluish green. This color combination is simultaneously vibrant yet soothing, and has become a signature marker of YAZ advertisements. Other first glance codes center on

prominent features of the advertisement. For example, in the "Balloons" advertisement for YAZ the first thing I noticed was the big, open, blue sky and the woman's outstretched arms. After I noted the first glace advertisements, I moved on to describe the characters featured in the advertisements.

Next, I surveyed the advertisement noting aspects of the character/s depicted. During this phase I also focused on the positioning of the character/s, size of the character/s in relation to the text, and other general descriptors. A print and broadcast advertisement for Seasonique, for example, featured one woman in a split screen. The woman was stylized and positioned to represent opposition, or a split self. I recorded these observations as *Character Descriptors*. When coding for character descriptions, I noted whether the featured character was smiling, if she was standing or involved in some activity, which else was featured in the advertisements as well as other physical descriptors such as style of dress and hair and whether or not she was wearing make-up. For example, in the YAZ advertisement entitled "Girls Night Out," there are three women positioned on a couch. All the women are laughing, the white woman has her head thrown back while the women of color has her head down and her eyes appear closed. She appears to be deferential and has one finger on the white woman's arm. Ironically, she is also styled in an ethnic looking print, with a natural, shell looking necklace and her afro-like her is pulled back. She is styled and positioned in a very different manner than the two white women in the advertisements. By styling alone she is seen as other.

The next phase focused on the actual text of the advertisement and included both the literal meanings of the text and their interpretation in relation to the advertisement and to the broader social context, specifically any messages pertaining to menstruation and the symptoms associated with it. I labeled these observations *Text*. As I mentioned earlier, many YAZ advertisements include the tagline, "Beyond Birth control" and signify that the drug has multiple uses in addition to contraception.

In the last phase, I focused on the tone and feeling of the advertisements. The tone of the advertisement is based on the overall interpretation of the advertisement (Berger 2000). The *Tone* of YAZ print advertisements, for example, varies from combative to dreamy. In the advertisement entitled "Knockout," the words appeared to be breaking apart, punched by a screaming woman in a martial arts pose. I labeled the tone of this advertisement to be combative or aggressive. I used these coding strategies for all of the advertisements. After individual analysis of each advertisement was completed, I reviewed the observations to identify common patterns, themes, and conceptual categories.

After completing all the open coding I moved to axial coding. Axial coding involves connecting open codes to form patterns and categories. For example, in this study I combined the codes that were associated with style of dress and physical presentation to identify themes such as traditional feminine style of dress. Other themes derived from the open coding process included feelings of being carefree. I used codes such as open skies, drinks with girlfriends and leisure activities found in YAZ advertisements to create the theme of carefree. Connecting these codes together, I

determined that YAZ incorporates feelings of carefree into their advertisements. I then combined the theme of carefree with the theme of absence of work to show that the advertisements reinforce the idea that women are not in the workplace. To ensure that my codes and my coding process were reliable, my dissertation chair and two doctoral students reviewed my codebook.

Focus Group

As individuals surmise about health and illness to make sense of what is happening in their everyday lives, these ideas are culturally bound and socially situated. The lay knowledge that individuals carry influences their decisions about daily life including decisions about health and healthcare. Focus group methodology capitalizes on meaning-making by allowing individuals to discuss and explain how they interpret their lives in non-confrontational, informal conversation. Increasingly, health researchers use focus group methodology to identify lay knowledge and beliefs about health and health communication (Green in Saks and Allsop 2007). Johnson (1996) also discusses how focus groups can be radical alternatives to traditional social science inquiry in that they center the participants as experts and de-center the researcher.

Focus Group Rationale

A focus group provides a "naturalistic" setting that encourages conversational exchanges among participants while providing an avenue in which attitudes and opinions can be gathered in a group setting. The low cost and ability to gather voluminous data in a short amount of time are two benefits of using focus groups. In addition, this methodology gave me direct access to groups of women who expressed their views,

feelings, and experiences to me and to each other. By expressing their ideas collectively, individuals were able to present their ideas while listening to the ideas of others. The group process also allowed participants to create a 'synergy' within the group, producing interaction and meaning that would not have been possible in a one-to-one interview.

The group process was crucial to learning about women's attitudes toward menstruation and menstrual suppression. Menstruation is both a social and biological event in the lives of women. My participants shared individual insights and experiences collectively, making the private and often taboo subject of menstruation, public. Coupling theoretical sampling and focus group methodology was an ideal method to capture how specific groups of women talk with each other about issues concerning menstruation and by extension contraception. Although similarities can be seen within and across groups, each group had a distinct feeling based on interactive group dynamics. Essentially, the groups "constructed" menstruation during the interview itself.

Theory-Based Sampling

In theory-based sampling the researcher "samples incidents, slices of life, time periods, or people on the basis of their potential manifestation or representation of important theoretical constructs" (Patton 2002:238). Based on previous literature, I theorized that different types of women were likely to have different and distinct attitudes toward menstruation and any medical treatment that might be used to treat menstruation. For some women monthly menstruation poses unique challenges that might encourage the use of prescription drugs to alter their period and the symptoms associated with it. For example, women athletes might look to oral contraceptives to stop their period because

they believe it interferes with their physical or emotional performance (Rickenlund et al. 2001). For instance, Moreno-Black and Valliantos (2005) state, "Menarche and menstruation are factors that may be implicated in the high withdrawal rates [from sports] for adolescents and young women" (p. 51). Lesbians, bisexuals, and queer (LBQ) women, especially those not looking to have children or protection from pregnancy, are likely to hold unique opinions related to their periods and the possibility of suppressing their menstruation (Stubbs and Costos 2004). Women of color are likely to be reluctant or more cautious about new medications and treatments based on past histories of negative and harmful medical experiences and negative interactions with the medical establishment (Freimuth et al. 2001). Taking these factors into account when recruiting participants enabled me to construct a sample that would be representative of the phenomenon under study.

Hence, based on theoretical considerations, I established criteria for recruiting focus groups comprised of: 1) female athletes; 2) women who identified as lesbian, bisexual, or queer (LBQ); and 3) women of color, specifically *Latina* and *African American* women. In addition, I established two comparison groups based on student status (undergraduate and graduate). I also recruited nursing students to assess whether students who were being professionalized into the medical system would have particular attitudes about the medicalization of menstruation from those who were not. Finally, I specifically recruited women who were under the age of 35, as all of the advertising campaigns indicated that age 35 was a marker for the recommended discontinuation of oral contraceptives.

Recruitment

I used several recruitment strategies. Upon receiving University approval, I placed recruitment flyers (See Appendix D) in high traffic areas on campus. Recruitment flyers included a brief description of the study, the criteria for inclusion, and my contact information. I also informed participants that snacks and beverages would be provided at the focus groups. I placed flyers in common areas such as dormitories, the student union, student gyms and exercise facilities, the counseling center, and student cafeterias as well as on bulletin boards and in hallways where classes were held. On occasion, I handed recruitment flyers to women dressed in official collegiate athletic attire. The recruitment flyers advised interested participants to contact me via university email or phone.

In addition to posting flyers around the campus, I utilized my personal and professional contacts to recruit participants. I sent emails to the head coaches of the softball, soccer, basketball, and gymnastic teams introducing myself, providing a brief synopsis of my study, and attaching the recruitment flyer. I informed the coaches that I was specifically looking for collegiate athletes. Additionally, I sent similar emails to my personal contacts in the following departments or schools: Sociology and Social Work, Women's Studies, Psychology, Health Studies, and Nursing. Emails sent to academic departments included a request for five to ten minutes to present a brief description of my study to their class and to distribute a sign-up sheet giving me permission to contact the participants via email. The sign-up sheet asked participants to provide their name, email address, and times that they would be available to participate in a focus group discussion.

I recruited for participants in 12 undergraduate classes and one graduate class. A total of 101 women expressed initial interest in the study and provided their contact information on the sign-up sheet from classroom recruitment. Some instructors offered students extra credit for participating, however participation remained optional and on a voluntary basis. Using my personal contacts I also asked the advisors of two student organizations to send out my recruitment flyer via email to their students. Although 101 women expressed initial interest in the study only 60 actually participated in the focus group discussions.

Focus Group Assignments

In order to compose my focus groups, I sent screening questions (See Appendix E) to the women who expressed initial interest in participating in focus groups via email address. I used screening questions, such as: "Are you a student athlete?"; "Do you identify as lesbian, bisexual, or queer?" in order to assign participants to specific focus groups based on my theoretical criteria. The majority of participants in this study were contacted by me directly in either classroom or other university settings. However, some participants initiated contact with me after learning of the study from classmates, friends, professors, and/or others. In this way, I also used snowball techniques to recruit participants. I also sent screening questions to these individuals via email and asked them to email their responses to me using my university email address. A total of 122 participants returned the screening questions to me via email.

I entered participant responses into a spreadsheet program to sort into groups based on key characteristics. Key characteristics for focus group placement included:

athlete, race/ethnicity, sexual orientation, student status (undergraduate vs. graduate), and major. In cases where participants belonged to more than one group type, I placed them in groups based on the need of participants to complete a group type. When this was not possible, I placed them in groups based on their availability. Based on these characteristics, I sent participants an email invitation inviting them to participate in a focus group at a specific time and on a specific date.

I considered the homogeneity and the size of the groups to determine the number of women to recruit for each sampling category. Morgan (1997) recommends that groups should be comprised of strangers to reduce the taken-for-granted aspect that might occur if individuals know each other. Using this guideline, I attempted to compose focus groups of homogeneous strangers. While I was successful in most accounts, some groups were comprised of participants who knew each other due to their common characteristics. For example, some participants included in this study knew each other and in some cases spent a great deal of time with one another. Although this is in contrast to Morgan's recommendations, in many cases this was advantageous because of the existing comfort and trust level within the groups. In all groups the homogeneity of the participants' backgrounds increased the chances that participants were able to relate to one another and feel at ease talking together, thereby promoting observable interactions.

Morgan (1997) also advises that ideal focus group composition includes inviting an adequate number of participants to stimulate conversations while taking into account the manageability of the group by the moderator. Further, Morgan (1997) advises that researchers should over sample by 20 percent to ensure a sufficient number of

participants. My goal for each focus group was to have four to six similar participants, so I invited eight to ten participants when I had adequate numbers of potential participants identified for a group. A total of 60 participants participated in a total of twelve focus group discussions, including one pilot group of four participants.

Focus Group Procedure

Using a semi-structured questioning format, I asked participants a series of questions relating to menstruation and menstrual suppression. When I needed further clarification I used probing techniques to encourage participants to expand on their comments. After a series of questions, I showed participants three broadcast television commercials of popular contraceptives. Participants were shown two commercials featuring YAZ and one commercial featuring Seasonique. Each commercial lasted approximately 90 seconds. After each commercial played I asked participants questions about their impressions of the commercials and their initial reactions. After I asked all of my questions, I asked each group if they had any questions. At the conclusion of the focus group, I thanked participants for their time and turned the tape recorder off. Following each focus group, I spent approximately 15 minutes writing about my immediate reflections.

Upon arrival to each the focus group I asked the participants to sign in, and to also sign and date a consent form. I asked participants if they had any questions regarding the consent form and advised them that the discussion would be audio recorded. If participants had any questions, I answered the questions and then asked them to begin completing the background information sheet. While participants completed the

questionnaires, I served snacks and beverages. I allowed participants approximately 15 minutes to complete the background information sheet and the consent form, and to finish eating.

I gave participants a table placard and instructed them to write their names or a pseudonym to use for the discussion. I did this to build familiarity and rapport within the group and to assist me in later transcription and analysis. In six of the focus groups, another graduate student (The Note Taker) accompanied me to assist with set up, to ensure that recording devices functioned properly, and to take observational notes. The Note Taker was familiar with focus group methodology, used focus groups for her Master's thesis, and has taken a doctoral level Focus Group Methods course. She was well qualified for assistance in this study. I instructed the Note Taker to record any non-verbal reactions from participants as well as any other noteworthy aspects of the discussion. I also advised the Note Taker to diagram where each participant was sitting for future transcription purposes.

I started each focus group discussion with a brief description of focus group methodology, making sure to convey to participants that I was not looking for consensus per se but a variety of ideas. I also advised participants that the discussion was interactive, so they could respond directly to me or to other focus group participants. I informed participants that they did not have to answer every question, that their participation was voluntary, and that they could stop participating at any time. I ended my overview by announcing that I would be turning on the tape recorder.

Each focus group started with general questions about menstruation, such as: "If you could stop your period, would you?" "What does your period mean to you as a woman?" and "Do you think it is necessary to have a monthly period?" I then moved to more directed questions about menstrual suppression, such as: "Have you heard the term menstrual suppression before?" and "What are the advantages and disadvantages to menstrual suppression?" The latter part of the focus group included questions to elicit participants' reactions to specific YAZ and Seasonique broadcast advertisements. After each commercial, I asked participants if they had seen the commercial before, what their initial impressions of the commercials were, and what messages they thought the advertisers were attempting to convey. Participants typically had very strong, primarily negative reactions to the commercials. Some participants said the advertisers were "liars" and that their intent was "to sell their product." Others felt that the commercials were "unrealistic" and left them with questions about what the drug does to the body and how it stops one's period.

Sample Composition

Characteristics of Focus Group Participants

Findings of this study must be understood in light of the student body. Taking the student profile of the university that serves as the backdrop for this study is important to contextualize the individual findings presented in Chapters five and six. Approximately, 13,000 students attend the university. The majority of students are commuters who live off campus. The average age of undergraduate students is 28. Given the average age of the student body, the average student has more life experience as compared to the

traditional student who begins college shortly after high school. Women make up approximately 91 percent of the student body and approximately 40 percent are minorities (mostly *Hispanic* and *African American*). Additionally, 42 percent of the students attending the university are first generation college students. More than 73 percent of students receive some type of financial aid. Because I composed my sample from this population, the demographic characteristics of my participants closely resemble those of the overall student body.

A total of 56 women participated in 11 focus group discussions for this study. Table 2 presents the demographic characteristics of the focus groups (See Appendix F). All participants were English-speaking and under the age of 35. The women came from diverse backgrounds and experiences and brought unique perspectives to the discussions. Participants' ages ranged from 18 to 35 with a mean age of 22 years. *African American* women (n=19) and white women (n=21) equally comprised 38 percent of the sample. *Latina* women (n=11) comprised 20 percent of the sample. The remaining 4 percent of the sample included two women who identified as other, one woman who identified as black African, and one woman who identified as *American Indian.* One respondent did not include her racial/ethnic information. Approximately 30 percent of the focus group participants indicated that their religious preference is Protestant. Catholics comprised about 21 percent of the sample while 20 percent marked that their religious preference was other. The remaining participants (25 percent) indicated that they adhered to various faiths including, Islam, Spirituality, Disciples of Christ, and Agnosticism.

To ensure that I had adequate representativeness, I purposely oversampled for lesbian, bisexual, and queer women. As a result, the sample included a high percentage (36 percent) of women who identified as lesbian, bisexual or queer (n=20). One woman did not indicate her sexual orientation while the remaining 63 percent of the women included in the sample identified as heterosexual (n=35). I also purposively sought out women athletes and include six current collegiate athletes and two former athletes in my sample. The athletes included in this study were involved in soccer, basketball, and gymnastics. The overwhelming majority of my participants were single, childless women who are full time students. I also oversampled for nursing students and include 12 nursing and pre-med in my sample. Approximately 77 percent of my sample consisted of undergraduate students (n=43). Nine graduate students participated in focus group discussions and four participants did not indicate their student status. Table 2 illustrates the sample characteristics by focus group type.

I conducted eleven focus group discussions. There were four specific group types based on my theory-based rationale. These were: 1) athletes, 2) lesbian, bisexual, or queer women, 3) women of color, and 4) student groups. I held three focus groups with the athletes. These included gymnasts, soccer players, and recreation athletes, with a total of eight participants. I held three focus groups with lesbian, bisexual, or queer (LBQ) women which included 16 participants in total. I held two focus groups with women of color participants, including *African American* and *Hispanic/Latina* women for a total of 15 participants. The remaining three focus groups in the category called student groups

included undergraduate, graduate, and nursing students. I placed participants in these groups based on their availability and selection criteria.

Athlete Focus Groups

This study includes three focus group discussions with student athletes and women actively involved with the Student Recreation Center on campus. Student athletes were very difficult to recruit due to their complex training and class schedules so the numbers of participants in these groups were low. One athlete group included gymnasts and the other included soccer players. Athletes included in this study spent a great deal of time together, practicing, performing, and traveling to competitions which made discussion easy and free flowing. Additionally, the athletes knew intimate details about each other including information relating to their menstrual cycle such as time, duration, and regularity. In general, the athletes conveyed that menstruation is a common locker room discussion topic. Women included in the recreation group were all former high school and collegiate athletes and openly talked about the ways women athletes talk about and manage their menstrual cycle. As the findings will show, this type of discussion represents a different and divergent perspective on menstruation.

The focus group with gymnasts included three participants. The discussion lasted one hour and six minutes. The conversation was continuous and the participants answered my questions and responded to each other. I was not aware of this prior to the focus group, but the group revealed that one of the participants held an informal leadership role on the gymnastics squad. In most cases, she responded first and the others followed. This may have impacted the conversation, but she acted as a gatekeeper for the

other athletes. In fact, she contacted me about participating in the study and was eager to find out exactly what I was doing and how it involved gymnasts.

The soccer focus group was the smallest focus group included in the study. Two participants were interviewed during this focus group, a white woman and an Egyptian woman. Another participant was scheduled to be there but was actually hospitalized that day. Given the difficulty in scheduling the focus group and their limited schedules, I decided to go ahead and interview the athletes. Along with being teammates, these women were also roommates. Because of this, they were very comfortable talking in front of each other and had knowledge about each other's cycles. This focus group lasted for one hour and 13 minutes. A participant in this group was the first to tell me that menstruation actually enhanced her performance during games. Despite the size of the group, the conversation was easy and free flowing.

The focus group that included recreation athletes was the longest focus group in the entire sample. This group consisted of three women, one black woman, and two white women. The black woman in this group had a young son. This focus group lasted two hours and 19 minutes. The older white woman dominated much of the conversation but revealed a great deal about what she described as the "underbelly of the sports world." This participant revealed that at highly competitive schools it is well known that female athletes stop at nothing to achieve success and to win. She spoke at length about the fact that most female athletes probably suppress their period but do not talk about it. Overall, the conversation was detailed and rich and provided a great deal of data.

Lesbian/Bisexual/Queer Focus Groups

Of the 11 focus groups included in my study, three groups were comprised exclusively of lesbian, bisexual and queer women. LBQ1 included four women (two bisexual women and two lesbian women). The two lesbian women in this group were involved in a romantic relationship with each other. This factor seemed to impact full disclosure at first. One of the women left early, and after her departure the other woman participated more fully in the discussion and no longer seemed to monitor her words. Including both women in the same group was not ideal but was unavoidable due to schedule conflicts. LBQ2 included three women who all identified as lesbians. All of the women were former high school athletes and remained very active with regular exercise. They were able to provide additional insight about menstruation and menstrual suppression from an athlete's perspective. LBQ3 included a total of nine women, with eight women who identified as lesbians and one bisexual woman. The size of this group as well as some strong personalities impacted my ability to moderate and manage the discussion.

Women of Color Focus Groups

Of the 11 focus groups, two groups were exclusively women of color. The *African American* group consisted of 11 *African American* women. Two of the women were graduate students and the rest were undergraduate students. Discussion in this group was continuous, lively and included a wide range of opinions and experiences. Many of the women did not know each other before the focus group but this had little impact on the discussion. This group developed trust quickly and engaged each other in a familiar

manner. The *Hispanic/Latina* groups included four women enrolled in a women's studies course together. In this focus group, discussion was labored. Participants were reserved and typically responded directly to me. Their responses also required several prompts for further clarification and elaboration.

Student Focus Groups

I placed the remaining participants into focus groups based on specific criteria related to their status as a student. One focus group consisted of six pre-nursing students. Health studies majors were an initial group type, however low numbers of interested participants prevented me from creating groups based on these characteristics. The nursing students added some insight into the medicalization of menstruation from a health standpoint. However, given the fact that many of them were early in their programs, their answers did not differ greatly in terms of medical knowledge compared to other groups.

Through snowball sampling strategies I constructed a focus group of four women enrolled in the Graduate Women's Studies program. This group interacted independently, provided detailed responses to my questions, and seemed genuinely interested in the topic and the implications of medicalization. I also conducted a focus group with seven undergraduate students whose only similarity was their status as an undergraduate student. The size of the undergraduate focus group proved to be ideal for a group discussion. Participants expressed their opinions individually, discussed issues as a group, and there were no individuals who dominated the conversation.

Data Collection Instruments

Broadcast Advertisements used in Focus Group Discussions

To assess participants' opinions about DTCAs, I showed two broadcast advertisements as part of the focus group interview. I used high quality video advertisements of YAZ and Seasonique that I acquired from YouTube on the Internet. Each commercial had been aired on broadcast television and was approximately 90 seconds long. I showed the commercials on a large computer monitor and played the audio using a laptop computer. The focus groups discussed the advertisements in turn. This allowed me to consider immediate reactions to the ads, the consensus of the groups about the ads, and the relationship to women's attitudes toward menstruation.

Background Information Sheet

Each participant completed a questionnaire prior to the focus group discussions (See Appendix G). The questionnaire was 30 questions long and included 21 closed-ended questions. The closed-ended portion included demographic information such as age, race/ethnicity, religious preference, sexual orientation, and relationship status. It also asked participants to rate their degree of comfort discussing menstruation with significant others, family, friends, and medical personnel. In addition to these basic questions, participants were asked to provide responses to open-ended questions such as: "Do you think women should change or omit their regular activities during menstruation?"

The background information sheet was reviewed and revised based on comments from two doctoral sociology students as well as my dissertation committee. I also piloted the sheet as a class exercise for an undergraduate research methods course and tested it

during the pilot focus group. I entered the closed-ended question responses into a spreadsheet to specify the composition of the sample and the open-ended question into a Word document to corroborate and contextualize focus group discussions further.

Interview Guide

During focus group discussions, I used a semi-structured questioning route based on three pre-determined topics: menstruation, opinions on menstrual suppression, and reactions to the direct-to-consumer-advertisements (See Appendix H). Questions were designed to capture participants' general perceptions of menstruation, their knowledge and awareness of menstrual suppression, and the use of prescription drugs to treat menstruation and the symptoms associated with it. I also asked about their opinions and reflections about the advertisements of the specific prescription drugs. The majority of discussions followed the questioning sequence. However, if the discussion naturally led to another topic, I used probing questions and techniques to encourage participants to expand on their comments before returning to the interview guide. Using these strategies I kept the conversations flowing and explored unanticipated topics, such as the preoccupation and anxiety produced by irregular menstruation, the expense of menstruation, and gender display.

Data Analysis of Focus Groups

Analysis of focus group data using narrative analysis techniques requires toggling back and forth between data, analysis, and literature. Before transcript analysis, I re-familiarized myself with the audio recordings. First, I listened to the conversation without taking any notes. This experience allowed me to immerse myself in the conversations.

Then, I listened to the recordings while taking notes. I noted instances of group consensus or disagreement, group pauses, and flurries of discussion. I also noted when discussion labored and when it was free flowing. After I transcribed focus group recordings verbatim, the transcript analysis centered on recurrent themes both between and among the different segmented groups. Although this is a time intensive method, it is the most rigorous and provides the most depth (Krueger 1998).

Using narrative analysis techniques allowed me to contextualize the findings within the broader sociological literature, rather than relying only on the literature review that substantiated the study. All coding was done using line-by-line readings of transcripts by hand on hard copies of the transcript. I used Strauss's data coding scheme, which includes open, axial, and selective coding categories (Strauss 1987). During the initial reading I used an open coding scheme to identify obvious themes and patterns that were common across groups. This preliminary step reduced the data into manageable segments and helped to illuminate emerging themes. I wrote open codes directly on the transcript and included them in a code book.

To move to a higher level of abstraction, I used axial coding techniques, in which the researcher makes connections between open code categories. During this phase of coding, I clustered concepts to create broad categories and subthemes (Neuman 2006). For example, themes related to the driving forces of medicalization included the pharmaceutical industry, managed care, and the consumer movement. Other themes included the social construction of menstruation, which is generally defined as the ways in which people make meanings of menstruation based on larger societal context and

symbols. From the data, I concluded that the social construction of menstruation is multi-dimensional and includes several sub-themes: symptoms, emotionality, idealized femininity, surveillance, and women's empowerment. Symptoms refer to both the physical and emotional bodily states and changes that accompany menstruation. Emotionality is defined as the emotion displays that women present during menstruation, they include anger, aggression, feel overwhelmed and anxious. Idealized femininity broadly conceived is the set of gender roles and expectations that are associated with women. Surveillance includes aspects of monitoring and regulation in terms of body management and control. Finally, women's empowerment refers to the empowerment women feel as it relates to menstruation. I constructed definitions of each concept and its dimensions, while tagging illustrations of the concept and overarching themes in the codebook. At the final stage of analysis, I began linking my findings back to the literature and to my developing theoretical framework.

Institutional Review Board (IRB)

The data for this study are based on publicly available DTCA campaigns and on the opinions, attitudes, and beliefs of women regarding menstruation and the use of prescription drugs to treat menstruation and the symptoms associated with it. I was not interested in individual medical histories or specific experiences of focus group participants, therefore the study did not require a full review by the TWU Institutional Review Board. After completing an exempt application, the IRB committee requested further clarification regarding the sampling of participants as well as a more explicit explanation of the risks and benefits of the study. The application required three revisions

before final approval. The Institutional Review Board approved this study on March 4, 2009. The approval letter and informed consent documents are located in Appendices B and C. I started recruiting for focus group participants following IRB approval.

Limitations

There are several limitations that require consideration regarding the findings of this study. Embedded in focus group methodology are threats to individual participant confidentiality and anonymity due to the disclosure of intimate data in a group setting. I have addressed this limitation by creating groups with participants of similar characteristics. Another limitation of focus group methodology concerns the number of questions a researcher can ask during a focus group. A focus group setting necessarily involves less depth per individual than would an in depth face-to-face interview. Interviewing people in a group setting might also be a challenge if individuals who hold differing viewpoints feel comfortable voicing their opinions. To ensure that the focus groups were a safe space for all participants, I reminded participants often to be respectful of others and that that I was not looking for consensus or group agreement, even though consensus was often one of the outcomes of social interaction in the focus group setting.

The merits of this study exceed the limitations. First, the transcriptions of the focus group interviews yielded approximately 541 pages of narrative data about women's attitudes about, and experiences of, menstruation. I used narrative analysis to interpret the data and understand how women made sense of menstruation. In addition, the focus group setting was a natural setting to capture the ways in which women interacted with

each other when in discussion about this particular women's issue. Second, this study uses theoretical sampling to capture a broad range of ideas and opinions from young college women. Third, the study provides a critical analysis of DTCA of birth control pills marketed to young women to treat menstruation and its associated symptoms. At present, this study is the only study to examine college women's attitudes about menstrual suppression DTCA.

Qualitative research involves the interplay between data and analysis (Patton 2002). Throughout the research process, the researcher moves between literature, data, and analysis. This is not a linear process that starts with a literature review, collection of data, analysis, and then a presentation of findings. Instead, the process is circular. Thus, the data I collected for this study informed my analysis, and it sent me back to the data and the literature numerous times for further inspection. Each time I returned to the data I was able to connect concepts within the data to larger patterns and themes. That is, I used inductive analysis to discover patterns, themes, and categories. Then I used deductive strategies to confirm or refine these themes. Throughout this process I described what was happening in the advertisements and the narratives, and then I connected these themes, patterns, and categories to develop an explanation of the data.

As Patton notes, the goal of grounded theory is "to generate explanatory propositions that correspond to real-world phenomena" (p.489). In this way, I move from the macro-level to the micro-level to encapsulate both the broad social processes presented in the DTCAs and the wider social context, as well as the individual perspectives presented within the focus group narratives. The explanation that I

developed is represented in Chapter four as the theoretical framework or model. This theoretical model is grounded in both the DTCAs and the narratives from the focus group participants. The remaining chapters focus on the key findings from the focus groups and DTCA analysis. They are organized based on high level theoretical categories and their core concepts. When relevant, I incorporate elements from the literature to illuminate the data and to highlight areas of convergence and divergence.

CHAPTER IV

THEORETICAL FRAMEWORK

In this chapter I present the theoretical framework derived from both the DTCAs and the narratives of the focus group participants. The model presented in this chapter represents a macro-perspective of how menstruation is constructed broadly and how DTCA uses this construction to exploit women's desires to uphold gender norms. Broadly, this chapter answers all of the research questions posed at the beginning of the study. The theoretical framework presents an overview of women's beliefs about menstruation and menstrual suppression, how DTCAs of YAZ and Seasonique medicalize menstruation and the symptoms associated with it, and how these advertisements construct menstruation as a medical condition that promotes prescription drugs and shapes women's responses to the advertisements. Thus, I developed a grounded theoretical model that speaks to how menstruation is socially constructed as a medical condition in DTCAs, and how these messages in turn impact women's understandings of menstruation. Thus, this is both a theoretical chapter and a results chapter, and the presentation style is consistent with other grounded theory studies (Glaser and Strauss 1967).

As discussed in Chapter two, the process of medicalization is a complex constellation of driving factors that are embedded with competing interests and outcomes. Medicalization centers on increasing medical jurisdiction over a lay populace. Whereas the expansion of medical jurisdiction has primarily occurred via the medical profession,

the pharmaceutical industry has emerged as a central force in expanding the reach of modern medicine into the everyday lives of individuals. As a result, the medical profession struggles to maintain professional dominance and authority within the domain of health and illness as pharmaceutical companies increase their marketing base and corresponding profit margins. What is at stake is the medical profession as a healing institution that inhabits the medical jurisdiction and authority to define health and illness while determining safe and effective treatment options and interventions.

This chapter will show how medicalization processes actively construct health and illness within a social context that includes the shift from medicine as a health enterprise to a consumer market, and the changing definitions of health that are the result of the shifts in medicine and the rise in consumerism. After discussing the theoretical underpinnings that underlie the social construction of health and illness, I will specifically outline how the social construction of menstruation draws upon medical definitions, social expectations, consumer interests, and DTCA to create a medical market designed specifically for young women. As women develop new understandings about what constitutes a healthy lifestyle and make related decisions about whether to use medical interventions and enhancements, they rely on a complex system of driving forces that compete for their attention as consumers by constructing the symptoms they experience during menstruation as a medical condition.

Medicine as a Healing Enterprise or a Consumer Market

> "I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism, I will prevent disease

whenever I can, for prevention is preferable to cure, I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm" --The Hippocratic Oath, (AMA).

The Hippocratic Oath has guided the practice of medicine for centuries as doctors attended to the needs of the sick and were charged with the health of societies. Based on the medical model, physicians and other medical professionals became legitimate authorities on matters relating to health and illness as medical professionals attempted to restore sick individuals to wellness. The Hippocratic Oath is a principle that demands precaution as the medical system must first "do no harm." This principle continues to guide the medical profession toward a curative approach to healing the sick with the least damage possible. That is, avoiding unnecessary heroics, using minimally invasive treatment options, and centering care on the person not the disease. Professionalization encourages doctors to see good health as a goal and illness reduction as their primary pursuit, and the medical profession as a whole is motivated to help make sick people well. Yet, the pharmaceutical industry, along with the shift to a primarily managed care model of healthcare delivery and the rise of consumerism and consumer movements, challenges medical dominance and authority in ways that undermine medical authority and the medical system as a healing enterprise.

The American pharmaceutical industry exists in a market economy that uses a business model to sell health-, and treatment-related products. Thus, the industry engages a consumer-oriented audience that seeks to buy health care as a commodity. These

economic motives may conflict with the primary healing motivations of the medical profession. For example, the desire of the medical profession to heal people runs counter to an industry's financial bottom line. The pharmaceutical industry is one of the most profitable sectors of the economy, but it cannot maintain this status with a healthy population. The industry must expand medical jurisdiction to expand its market base. Medical jurisdiction refers to the parameters of the medical sphere. Historically, these parameters have been established by the medical profession as an authority on matters pertaining to health and illness. However, the salience of medical authority is on the decline as medical professionals are no longer the only authority on health and illness. Increasingly, other engines promote competing ideas about what constitutes health and illness.

Changing Definitions of Health and the Expansion of Health Markets

In 2009, healthcare spending accounted for 18 percent of the U.S. Gross Domestic Product or $2.5 trillion (Kaiser Family Foundation), and managed care is the dominant method of healthcare delivery used as a cost containment mechanism. In a managed care system, insured individuals select a primary care physician who acts as a gatekeeper to other types of medical care. The primary care provider mediates access to more costly and specialized medical care. Although managed care has become the primary healthcare delivery method in the U.S., it is not without its critics. For example, Light (1993) notes that a managed care system can create conflict among patients, doctors, and insurance companies as patients try to access care. Conrad and Leiter (2003) states that as patients attempt to access care, their trust in their physician erodes as they are seen as additional

barriers instead of advocating on the patient's behalf. Finally, Conrad and Leiter (2003) summarize these arguments by illustrating that, "managed care creates incentives for providers to under treat patients by restricting services, and it makes the 'business' side of medicine more evident" (p. 2). Since medical authority now flows through managed care organizations, pharmaceutical companies partner with managed care organizations to determine medical interventions through the use of diagnostic related groups and drug formularies. Through this partnership, the pharmaceutical industry shifts and redefines medical jurisdiction.

The rise in managed care is one factor associated with the recent decline of medical dominance and the expansion of medical jurisdiction, but consumer and health social movements (HSMs) also play an influential role. Social movements are attempts by individuals to address larger societal problems in a collective manner. As it relates to health, medicalization is one of the most successful techniques for HSMs to address health related social problems. The goals of HSMs often center on issues of access, prevention, treatment and cure (Conrad and Leiter 2003). However, the women's health movement also consistently advocates for a greater focus on the unique needs of women, which includes centering women as patients and research subjects as well as emphasizing reproductive and maternal care. The women's health movement has been central to advocacy for women's control of their own bodies through increased access to reproductive technologies including birth control. The women's health movement focuses on empowering women by giving them the authority over their healthcare needs and

decisions. However, the rise of medical consumerism has made use of the movement's empowerment rhetoric to expand medical jurisdiction beyond reproductive health.

In contrast to the advocacy focus of HSMs, consumer movements focus on buying and selling goods. Consumer movements are indicative of broader structural shifts and influence purchasing decisions at the individual. Patients are viewed as consumers or customers purchasing health related goods in medical marketplaces. The preoccupation with healthism, good health, and health maintenance has led to an influx in consumers seeking out the best medical goods and services money can buy. Consumers are armed with medical information and knowledge but often lack the expertise to fully understand it. Thus, customers "shop around" for doctors, medical services and treatments that meet their needs. Pharmaceutical companies have capitalized on this phenomenon and demanded greater access to consumers to market their goods. Now more than ever health is seen as a commodity to be purchased, and Direct-to-Consumer-Advertising (DTCA) has provided access to a variety of health and illness products geared to specific consumer markets.

Medicalization, Social Construction, and DTCA

As discussed in Chapter two, Direct-to-Consumer-Advertising (DTCA) refers to advertisements created by pharmaceutical companies to market their products directly to consumers. DTCA is continually expanding medical jurisdiction through the active construction of what constitutes health and illness. In this way, DTCA is able to bypass traditional medical authority in defining health, illness, and disease. As the pharmaceutical industry reshapes ideas about health and illness through DTCA, they do

so with the intent to sell drugs. In this new area of expanded medical jurisdiction, consumer demands, profit margins, and drug formulas coalesce to create new medical markets and the increasing use of medicine as an economic well-spring as well as form of social control. However, the medicalization of menstruation in DTCA is best understood by exploring how menstruation is socially constructed in the broader social context.

Menstruation is already socially constructed as a medical condition in a number of ways that include pathologizing women's emotionality and the bodily states associated with menstruation, maintaining notions of idealized femininity during menstruation, encouraging women to monitor their emotions and bodies through medical surveillance, control, and an idealized presentation of self (Lorber and Moore 2002). Simultaneously, menstruation is socially constructed as a source of women's empowerment and an innate force that unites women through their embodied experience. Taken together, these dimensions construct menstruation as both a medical condition that reduces women to their biology and a social condition that may be transcended through medical and social means. DTCAs for drugs to regulate menstruation, such as YAZ and Seasonique, draw upon these existing aspects to further construct menstruation as a pathological medical condition in need of medical treatment.

The Social Construction of Menstruation

As discussed in Chapter two, social constructionism as a perspective argues that reality is shaped within a socio-cultural context. This perspective centers on the idea that societal forces influence how individuals make meaning of their environments. As individuals interact with one another and their social environments, they utilize symbols

to interpret and assign meaning to their social and embodied experiences. Central to this school of thought is the fluidity of meaning and knowledge (Johnson 1995). Social constructionists argue that knowledge is both historically and geographically bounded and changes as the nature of social relations change. Guided by these tenets, health and illness must be understood as a subjective concept situated in time and space. From a social constructionist perspective, the ways in which people experience their bodies are influenced by the cultural messages they receive about sick and healthy bodies, what they look like, and how they behave. These messages come from a variety of sources including popular media, the medical establishment, and other socio-cultural factors. Reiterating that beliefs about health and illness are socially bounded, Bury (2004) states that "medical knowledge about the body and its pathology, such as physical disease entities or mental illness, cannot be understood as standing apart from material society, as objective and detached scientific knowledge" (pg. 130).

Viewing menstruation as socially constructed suggests that social understandings about what it means to menstruate, how menstruating women should behave, and how menstruating women should look, are based in situational contexts. The social construction of menstruation includes constructing menstruation and menstruating women as both a social problem and a health concern. Menstruating women are seen as erratic, aggressive, and overly emotional. To bring women back into traditional gender roles when experiencing menstruation, pharmaceutical companies promote medical treatment thus framing menstruation as a societal health concern. In this way, the medical profession contributes to social understandings of menstruation, as do early socialization

processes and popular media. However, recent developments in the discourse of menstruation indicate that menstruation is now fully situated within a medical domain, and defined as a medical condition in need of medical treatment (Bransen 1992) Although women determine meanings associated with menstruation based on their own personal experiences, the pervasive framework for understanding menstruation exists outside of women's bodies and experiences. As a result of this external understanding, the social construction of menstruation devalues women's subjective understandings of their embodied experiences. In this context, women are no longer experts about their own bodies.

There are several dimensions to the social construction of menstruation. The classification of symptoms and an expansion of the symptoms related to menstruation. For example, fatigue, muscle aches, headaches, and bloating are examples of menstrual symptoms. Other symptoms include moodiness, irritability, depression, feelings of anxiety, and anger. While some may argue that these symptoms result from conditions associated with modern lifestyles, the association of these symptoms with menstruation suggests that what women are experiencing can be reduced to their biological functions rather than their social conditions.

Symptoms. Symptoms are subjective and represent indications and feelings from the individual perspective that is seen as a sign of disease or illness. A symptom might include an unusual occurrence for an individual that deviates from their normal bodily state. Using medical language to describe troubling bodily states such as moodiness facilitates the medicalization process. Common symptoms usually associated with

menstruation include fatigue, abdominal cramps and irritability. For the most part these symptoms do not require medical treatment or can be treated with over the counter drugs and accommodations to one's schedule. However, recent DTCA for YAZ and Seasonique expanded the symptoms associated with menstruation to include a full range of symptoms that can be associated with numerous factors. For example, irritability, anger, feeling anxious, markedly depressed moods are now considered to be pathological indicated that one may need a formal diagnosis. The symptoms associated with menstruation are constructed as pathological and in need of expert care. In this way, menstrual symptoms are medicalized.

Physical and emotional symptoms related to women's menstrual cycles are constructed as medical conditions in DTCA. The YAZ and Seasonique advertisements use a variety of techniques including: providing their audience with a symptom chart, advising women to survey their body for troubling symptoms, providing tracking tools to monitor and report changes in symptoms and telling women to ask their doctor about the drugs. For example, YAZ includes a symptom chart (See Appendix J) in both their broadcast and print advertisements.

The symptom chart includes bloating, fatigue, muscle aches, headaches, and increased appetite, suggesting that these *symptoms* of menstruation constitute a medical condition. YAZ qualifies that these physical indicators may be "severe enough to interfere with your life." However, the symptoms listed may stem from a number of non-medically related causes including poor diet, stress, and other lifestyle factors. The use of

the word symptom implies a medical connotation to what may be the result of social conditions rather than biological ones.

Emotionality. Medicalizing menstruation and its associated symptoms also represents an increase in the medicalization of emotions, which has been a common target of medicalization through the use of anti-depressants and other drugs aimed at changing women's moods. The medicalization of women's emotions is grounded in social expectations that women at their core are emotional and uncontrolled beings. Reduced to their emotions, women have historically been depicted as always on the verge of hysterics and prone to emotional overreaction. Through socialization women learn that certain displays of emotion are more appropriate than others. In particular, women are socialized to be happy and compassionate since these emotions are consistent with the normative characterization of women as submissive and docile. Additionally, these emotions and characteristics support women's traditional roles as nurturers and care-givers. Caring for the needs and wants of others positions women in emotional roles that make others' lives more enjoyable and supported. Other emotions such as anger, irritability, anxiousness, and moodiness conflict with these social expectations of women. Not coincidentally, these are the same emotions associated with menstruation. Thus, for the great majority of women, there is no acceptable outlet for displays of anger or frustration. The suppression of these emotions may warrant for some women the suppression of menstruation.

The advertisements for YAZ and Seasonique capitalize on the conflict between how women are socialized to display emotion and the full range of emotions available to

humans. Implicit in this conflict is women's desire to maintain gender congruence. One of the broadcast advertisements for YAZ is set to the classic rock song *We're Not Gonna Take It*. In this context, the song implies that women should no longer accept the uncomfortable symptoms of menstruation. The use of this specific song encourages women to see the availability of medications to treat menstruation as a move towards empowerment and liberation. The idea of empowerment resurfaces in a number of ways that will be discussed more fully in the following sections.

DTCA for contraception and menstrual suppression present happy women who are enjoying themselves and live their everyday lives unaffected by menstruation. In addition to presenting cheerful, carefree women, these advertisements reinforce the notion that emotional instability and mental illness lingers somewhere in every woman. For example, one broadcast advertisement for YAZ begins with a woman stating she was an "emotional wreck" the previous month, but thanks to a diagnosis of Premenstrual Dysphoric Disorder (PMDD) and a prescription for YAZ she is able to continue with her activities. The print version of this ad includes the following text:

> A week or so before your period, some symptoms can get severe enough that they actually interfere with your daily activities and relationships…sound familiar? What you think is PMS could be a condition doctors call PMDD (Premenstrual Dysphoric Disorder), which affects millions of women. Symptoms of PMDD, a mood disorder related to the menstrual cycle occur regularly and could include irritability, anger, feeling anxious, fatigue, markedly depressed moods, headaches, bloating, muscle aches and changes in appetite.

This text is problematic for several reasons. First, feeling anxious, angry and irritable are labeled as symptoms because they interfere with women's relationships. This reinforces the relational aspect of women's lives. As stated earlier, women are socialized to be care-givers and their daily lives are often organized around the needs of others. Second, the ad supports the idea that women are not experts of their own bodies and require external professional assessment. Finally, the ad informs the reader that millions of women are affected by PMDD, which highlights the notion that mental illness lingers in every women. This statement also normalizes those women as a social group suffers from mood disorders. It is easier to medicalize women's emotions and reactions than to address the social conditions that may cause these reactions.

Mind/body dualism. In Cartesian philosophy, the mind/body dualism refers to the idea that the mind and the body are separate and distinct (Howson 2004). Further, mind/body dualism posits that the mind is superior to the body, and thereby reinforces gender inequality. Historically, women have been closely associated with the body whereas men have been associated with the mind (Bordo 1993; Jordanova 1999; Spellman 1999). This represents the classic formulation of mind/body dualism. As women and their bodies are conceptualized throughout society and medicine as out of control and in need of regulation, women are reduced to their biology. An exaggerated and overly simplistic example of mind/body dualism in DTCA can be seen in the Seasonique advertisement "Logical/Emotional" (See Appendix K).

The Seasonique advertisement Logical/Emotional features one woman who is having a conversation with herself. She is captured in a split screen with the word

"logical" on one side and the word "emotional" on the other. While the text reinforces the presence of mind/body dualism in the advertising, it also reinforces the belief that women are mentally unstable and have split personalities, especially during their periods. In a related broadcast advertisement for Seasonique, a woman is having a conversation with herself. She is portrayed as two different ways and refers to the two sides of herself as logical and emotional. She says to herself, "hey logical, hey emotional." At the end of the commercial the logical woman disappears and the emotional woman talks directly to the viewer to advise them to, "do something logical, ask your doctor about Seasonique." In this way, the ad depicts menstruation as the conduit for emotion overtaking logic, reducing women to their bodies. However, the drug enables even illogical and emotional women to become logical by seeking out the advertised drug.

In addition to the mind/body dualism that values rationality and devalues emotionality, emotions themselves are gendered. Emotions and emotionality tend to be defined as feminine characteristics whereas rationality and logic are typically characterized as masculine ideals (Butler 2004). A closer look at the Seasonique *Logical/Emotional* broadcast and print advertisement provides an illustrative example.

In the print advertisement the text on Logical's side is blue, a color traditionally assigned to males that denotes masculinity. The woman on the logical side is dressed in all neutral colors, mainly khaki and brown, and an argyle sweater over a cream-colored long sleeve men's style shirt. She is conservatively dressed, wearing flat brown shoes. Her makeup is neutral. Her hair is straight and pulled back. She is styled in a masculine manner. The logical woman is also working on a laptop, as work is associated with

masculinity and is a logical endeavor. Including work related aspects reinforces that logic exists in a masculine sphere. Other examples of masculine traits associated with logic include the woman's body positioning. Her posture is very rigid as she sits with her legs and feet tight together. The logical woman crosses her arms across her chest at several points during the commercial. On the other hand, the text on the Emotional side of the advertisement is pink, *the* color of femininity. Depicting femininity, the woman on the emotional side is wearing feminine clothing: a teal-colored flirty, frilly blouse; a long, dangly necklace; and hip looking jeans. Her makeup is noticeable and her hair is curly or styled. The emotional woman looks trendy as she joyfully twirls and spins in her chair. In fact, her legs are even draped over the side of the chair in a carefree gesture as she talks in an excited manner.

Another advertisement for Seasonique that adheres to the gendered aspects of rationality and emotion is the *Math Equation* advertisement (See Appendix B). Mathematics is based on scientific principles and laws. Inherent in mathematics is logic and reason. Seasonique utilizes the association of logic and reason in this advertisement further contributing to the gendered division of rationality and emotion. The advertisement is simplistic and consists of a basic mathematical equation, Birth control + fewer periods = Seasonique. This advertisement is presented as the only choice. In math problems, there is only ever one correct solution. The lack of other images and text along with the available white space on the page and the highlighted cost savings associated with taking Seasonique suggests that the decision to take this drug is simple, logical,

rational, and economical. The use of logic and reason in this advertisement reinforce the ideas of mind/body dualism and the gendered nature of rationality and emotion.

Idealized femininity. Taking birth control pills that reduce or eliminate menstruation and its associated symptoms increases women's sexual availability for others. Being sexually available is consistent with idealized femininity and traditional gender roles. Idealized femininity refers to a set of characteristics that guide women's behavior and appearance (Howson 2004), and standards of beauty are constructed using a male gaze that reduces women to objects of that gaze. Thus, women's self-worth and image depend upon male approval. Living up to these ideals perpetuates gender inequality and puts women in a position of constantly monitoring their gender display in order to maintain their sexual availability to men. However, the historical taboo associated with menstruation meant that menstruation was potentially a period of time when women could be removed from their sexual roles (Lorber and Moore 2002). Eliminating menstruation removes this option for women.

Surveillance of women's bodies. According to Gabe and colleagues (2004) surveillance refers to activities and practices designed to monitor, regulate, and control the health of individuals and society. Women and their bodies are surveyed throughout their life course, and they are monitored more closely and at younger ages than are men. Medical surveillance of women often centers on gynecological health as women annually see their medical provider for "well woman" exams. In fact, birth control prescriptions are typically contingent upon well woman exams. In this way, medical experts control

women's ability to prevent pregnancy and have control over their reproductive capabilities.

Management and control. Surveillance includes the management of risk factors, screening for a range of diseases and symptoms, and general regulation of the body (Gabe et al. 2004). Warnings and alerts are given to individuals to be hyper-vigilant to a variety of risks. Armstrong (1995) argues that "surveillance techniques and risk go hand in hand. Mechanisms of surveillance that focus on individual risk factors may contribute to the formation of a new individual 'risk identity'" (p. 158). YAZ and Seasonique incorporate surveillance mechanisms into their advertisements. For instance, YAZ advises women to "track your symptoms and talk to your doctor about YAZ." To assist women in tracking their symptoms YAZ provides a web-based Body Diary to track monthly symptoms. Another feature on the YAZ website that helps women manage their period is e-reminders, email messages that remind women to take their YAZ.

Control is another dimension of surveillance. In terms of health and illness, the body is a site that requires control and regulation, and individuals seek to master their bodies. Likewise, women use contraception to control their unruly periods. Control is visible in DTCA in several ways. The YAZ "Grass is Greener" advertisement (See Appendix L) shows the prescription slips for the two women in the advertisement. The prescription slip for the woman of color in the advertisement gives "regulates cycle" rather than contraception as the reason she uses YAZ.

Among the three YAZ advertisements included in this study that use the prescription slip effect, two include women of color who are taking YAZ to regulate their

cycles. Whereas the bodies of women of color have been historically associated with the wild and exotic (Schiebinger 1999), there is a strong cultural construction of women in general as equated to their bodies (Howson 2004). The medicalization of a natural feminine process such as menstruation thereby implies that all women need assistance to manage and control their bodies, but women of color require additional surveillance to tame their especially hedonistic bodies (Howson 2004). YAZ capitalizes on the idea that women and their bodies are out of control and in need of regulation. Promoting that YAZ can give women shorter, lighter periods and reduce cramps, reinforces that menstruation should be regulated and standardized for all women. As the name suggests, periods should occur in predictable patterns. Periods should be rationalized.

The disciplined body at work. Traditional gender roles place men in the public domain of paid labor (Reskin and Padavik 2001). As such, work life is organized to a masculine model. The structure of work is rigid and centered on rationality-based notions of productivity. For example, the structure of much work assumes that individuals are most productive during the weekday hours, which makes it difficult to manage responsibilities outside of work. Since women are primary caregivers, a rigid work structure is particularly problematic for women (Maume 2001). The workplace is not accommodating to menstruating women. This idea is reinforced in the advertisements by omission. Overall, the advertisements supported the idea that women are not in the workplace. YAZ advertisements featured women engaging in leisure activities such as shopping, going to the beach, and roller-skating. Seasonique advertisements included women dancing and skipping, fishing, and boating. The one inclusion of a working

women throughout these advertisements, presented her in a masculine manner. In this ad, the woman is depicted as logical and rational, her body does not control her. Menstruation does not interfere with her ability to work and be productive, she is disembodied. The logical woman in the Seasonique advertisement (See Appendix K) is an example of the disembodied working woman.

Presentation of self. Despite the fact that about half of any population experiences it, menstruation is viewed as a private matter and an individual experience. As such menstruation is hidden from public view. Hiding or concealing menstruation puts others, especially men, at ease. Menstruation is hidden from men's and public view but menstruation and the menstruating bodies are in conflict with notions of idealized femininity. Concerns surrounding concealment contribute to women's anxiety regarding menstruation. Staining or leaking while menstruating is every woman's greatest fear, and women go to great lengths to conceal their menstruating bodies in both public and private spaces. Rarely do women even use the word menstruation when referring to their periods. Women are seen as free in the ads in several ways. Many women can be seen looking up to a clear blue sky with outstretched arms. In all of the ads, women are at leisure. Women are not caring for children or spouses or aging parents. In this way women are free from traditional roles and responsibilities.

Although women still take measures to conceal their period from the public, private revealment of menstruation is more acceptable since women are freer to deviate from traditional gendered emotionality in their private lives. In the home women are more likely to express the full spectrum of emotions including anger, frustration, and

sadness. As discussed above, YAZ directs women to pay attention to the ways they relate in their relationships during menstruation. This suggests that being mindful of others during menstruation is still a priority for women. Other YAZ advertisements include statements like "Don't let severe monthly symptoms interfere with your life," indicating that women must go on. While the private sphere may give women some allowances to reveal aspects of menstruation, she is still required to fulfill her gendered role.

Women's empowerment. The availability of the birth control pill symbolizes women's empowerment. Women who use the birth control pill are able to control their fertility. The birth control also allows women to exert agency over their sexual lives. The widespread availability of birth control pills signaled one phase of women's empowerment, menstrual suppression marks another phase. Instances of empowerment are present throughout the advertisements used in this study. For example, YAZ sets its broadcast commercials to songs of empowerment including *Goodbye to You* and *We're Not Gonna Take It.* Seasonique advertisements construct empowerment by questioning medical authority. Their current print advertisements (See Appendix M) feature gray-scale images of women with their hands on their hips. The grayed out silhouette is of a woman with afro-like hair, her arms are crossed over her chest. Although her mouth is shown, she does not smile. The text of the advertisement says, "Who says that when you're on the Pill, "that time of the month" has to be every month?" This advertisement questions medical authority. However, it is not women who are posing the question; it is the pharmaceutical company that developed the drug that is asking the question on women's behalf.

DTCAs for YAZ and Seasonique use existing social discourse about menstruation and menstruating women to promote prescription drugs to treatment menstruation and menstrual related symptoms. Through this process, menstruation is constructed as a disease state that affects all women. The pharmaceutical industry is shaping understandings of menstruation through economic motives to increase their consumer base. Although women internalize and even promote the negative characterization of menstruation they do so out of their embodied experiences. Further, women do not accept the claims that these prescription drugs are either safe or effective. Their specific responses are captured in the following chapters.

CHAPTER V

SOCIAL CONSTRUCTION AND ITS CONSEQUENCES: MACRO PERSPECTIVES

Data from this study indicate that women view their menstrual cycles as complicated matters that represent a range of emotions and bodily states. This chapter specifically addresses the following research questions: what are the attitudes, beliefs and opinions of women about menstruation and menstrual suppression and what are women's responses to the DTCAs of YAZ and Seasonique. Monthly periods are sources of empowerment, conflict, anxiety, and fear. Menstruation also requires a great deal of management. Although many participants relayed their experiences as personal and private matters, the commonalities of shared experiences support literature that conceptualizes menstruation as a social phenomenon (Kissling 1996). While many women included in this study acknowledge that menstruation remains taboo in certain spaces, the overwhelming majority of participants welcomed the opportunity to discuss an issue that deeply affects their lives. The data reveal that ideas about menstruation, and subsequently ideas about suppressing menstruation, are shaped by several cultural and social factors including societal messages, family upbringing, gender expectations, and messages presented in popular media.

Many aspects of menstruation are troubling and inconvenient. However, women are not convinced to get rid of their period altogether. Reluctance to eliminate or suppress menstruation may be an indication of the connection many women feel towards their

period *or* could signal a mistrust of both science and medicine. Many women indicated that they would consider suppressing their period if they deemed it was safe, if it suppressed both emotional and physical symptoms, and if it did not threaten their future fertility. Building upon the theoretical model outlined in Chapter four, this chapter analyzes the focus group data to construct an ideal type at the micro-level. As an ideal type, this chapter seeks to make sense of women's embodied experiences while acknowledging that it may not account for the diversity of all experiences.

Menstruation as a Commodified Body Project

The consumption of goods and services are a dominant feature of modern life. Consumer culture involves the conspicuous consumption of goods and services. Recent trends in health and healthcare must be understood in relation to broader consumption patterns inherent in consumer culture. In view of consumer culture, the body itself can be transformed into a commodity: the focus on the body as its social presentation becomes a project in its own right (Giddens 1991; Howson 2004). With the rise of medical enhancements, many consumers depend on the medical establishment to help them maintain, shape, and construct their bodies in line with idealized images. Controlling menstruation and its associated symptoms is just another step in this project. Commenting on the YAZ lifestyle, one participant says, "It's just like a simple fashion thing, if that's what everybody is wearing or doing then you are more likely to be influenced to do it too…it's like the attitude of the commercial is not medical, it's more like this is the newest thing." This statement supports the notion that new types of

contraceptives aimed at reducing or eliminating menstruation are part of the new trend in body maintenance.

Consumer culture also entitles individuals to demand and expect a certain degree of customer satisfaction. Exchanging money for goods and services must be on par. Through managed care, the goods and services of health and healthcare take on the properties of other tangible commodities. Inherent in this process is the idea of "getting your money's worth" and an awareness that individuals are "paying for this service". One participant relates this idea about the consumption of healthcare:

> I always tell my roommate that I'm the annoying patient that goes to the doctor's office, because I go with a list so I won't miss anything, and I'll ask any questions and I'm like 'I'm paying you.' You are collecting on my dad's health insurance and you are supposed to answer my questions. I get my money's worth. I go and I ask them and I look up everything.

Viewing health and healthcare as commodities reinforces the strategies used by the pharmaceutical industry to sell products.

Conflicts of Interest and Competing Demands

Participants in this study live in a consumer culture in which they are consumers and the object of many advertising markets. As such, the participants are consciously responding to a culture of consumption in addition to the driving factors and competing interests that attempt to increase medical jurisdiction and the medical control of women's bodies. This response must be understood in light of the fact that participants' perspectives about health and medicine ground how they interpret the social construction

of menstruation on an individual basis. In this chapter I will highlight relevant aspects of participants' responses to DTCA in particular as it relates to my model. In Chapter six, I include specific participants' reactions to DTCA.

As discussed in Chapter four, Direct-To-Consumer-Advertising (DTCA) illustrates that the pharmaceutical industry is motivated by economic interest and does not necessarily consider individual health and healing. Many participants recognized this conflict of interest and believed that making money is in fact the sole motivation of pharmaceutical companies. When asked about the intent of the DTCA included in this study, for example, participants offered comments such as the following: "It's all part of selling the product and making money for the company." A few participants questioned what 'product' the pharmaceutical companies were actually trying to market. The following is an example of a dialogue about the pharmaceutical industry:

> P1: What are they selling though, are they selling birth control or are they selling this idea or perception?
>
> P2: I think what they are selling is the whole freedom thing.
>
> P3: Telling us that this is [like] this microwave, like we have this immediate gratification.

Clearly, these respondents identified that the advertisements exploited consumer interests in lifestyle and gratification for the primary purpose of selling the drugs.

While it is easy to criticize the pharmaceutical industry's focus on the financial bottom line in lieu of compassionate healing, modern consumers do seem to want quick fixes to their problems. The McDonaldization of society is both an engine of bureaucratic

rationalization as well as a response to the fast-pace associated with modern lifestyles (Ritzer 1993). The pharmaceutical industry responds to this desire through their marketing campaigns. Additionally, the increase in the marketing of lifestyle drugs also distorts the boundaries of healing through treatment and unnecessary medical interventions aimed at enhancement. Again, while the pharmaceutical industry makes its own determinations about which research and development activities to pursue, part of this decision-making is the result of estimations about the kinds of medical products consumers are likely to want. The development of Viagra, for example, was a medicalized response to men's concerns about sexual performance. The manufacturers classified a generalized anxiety into a clearly definable medical condition that could be treated with their drug (Loe 2004). While men with erectile dysfunction may benefit from this drug, marketing it as an enhancement led to its use and abuse (Bordo 2000).

The distinction between medicine as a healing endeavor or as a commodity favors commodification as medical jurisdiction expands and consumerism rises. The participants in my study are critical of this new direction as evidenced by the following statement:

> I think [menstruation] is being treated [as] more severe than it really is, like with all the medicines and stuff. I mean you can get out of school and stuff but I don't think you need to get on a medication every month…They need to find a cure for cancer or something instead of trying to make more medicine for periods.

While this statement does not directly indicate distrust in medicine, it does suggest that the medicalization of menstruation may be a frivolous medical pursuit. Focus group discussions about the pharmaceutical industry's pursuit of what they deem to be trivial

medical developments such as interventions for noncritical conditions may indicate a level of distrust in medicine among participants. Additionally, concerns about the safety of specific drugs such as YAZ and Seasonique substantiate a growing distrust in medicine for specific groups of women. Although some participants were critical about the motivations of the pharmaceutical industry, the industry's tactics to market contraceptive drugs as commodities would not be successful without consumers to purchase them. In addition, women's views of menstruation contribute to the creation of niche markets that include various products to conceal menstruation and treat menstrual symptoms. Women's own negative perceptions of menstruation open the door for medicalization.

Internalizing the Social Construction of Menstruation

Menstruation has multiple meanings for the women in this study. For some women, the physical and emotional symptoms associated with menstruation are problematic to varying degrees. Menstruation may be an alienating process: an occurrence that is happening *to* women, not *within* women. By situating this embodied process outside of the self, this type of disembodiment supports the notion that women are intrinsically driven by emotion. However, to maintain idealized femininity women must avoid any public displays that indicate menstruation. For the most part, all signs of menstruation are in conflict with traditional gender roles and therefore necessitate the extreme measures women take to conceal menstruation in both public and private spheres. The awareness of troubling symptoms and signs are consistent with surveillance medicine which involves body management and control techniques. For women,

menstruation is a body project that requires the monitoring and regulation of an unruly body process. Lee notes, for example that, "On the one hand, 'woman' is associated with life, while on the other, her bleeding and oozing body is met with disgust, reminiscent of earthly vulnerabilities" (Lee 2003:84). Women in this study expressed this same juxtaposition of ideas. Additionally, they expressed a great deal of anxiety regarding their menstrual cycle because of its unpredictability, which threatens to reveal menstruation to public scrutiny.

Some participants acknowledge that PMS and the ways that some women respond to their periods are social processes. For example, "having a bad attitude" or being irritable during menstruation is a learned response. A woman in the *African American* group asked: "Don't we get mixed messages about this though? We talk about these symptoms and then we say we're irritable so if I go off on you, blame it on…'excuse me I got PMS' and so to a degree we do say there is something wrong with us." Another woman affirmed this statement by saying:

> I find it interesting, I think maybe society plays a part in the condition, I'm sure it does, in the condition of how we think, like especially with the PMS thing you know, I'm sure we've all grown up and someone was like when you're going to be moody and you're going to have an attitude and you associate that with it… you know from the beginning, so we grow up thinking that.

Despite the recognition on the part of some women that their responses to menstruation are learned, many women internalize the social construction of menstruation as they

strive to make sense of their actual experiences. At the same time, the personal experience of menstruation may actually undermine its medicalization.

Menstruation as a Medical and Social Condition

The social construction of menstruation is an important concept for this study because it informs women's personal beliefs and provides a mechanism for pharmaceutical companies to develop new product lines through the medicalization of menstruation in DTCA. By constructing menstruation as a medical condition needing treatment, pharmaceutical companies expand their consumer markets to a larger audience of women. In fact, it opens the possibility to sell menstruation related products to all women. Situating the menstruation experience within the broader social context, which is highly gendered, DTCA for YAZ and Seasonique medicalize menstruation in distinct yet culturally specific ways. However, audience matters. If DTCAs do not reflect the life experiences of their audiences, the ads will not work. For example, YAZ promotes a carefree, active, leisure lifestyle in their broadcast and print advertisements that is inconsistent with the embodied experiences of the majority of my participants. In addition, women's own constructions of menstruation are situated in a long history that values women's reproductive capacity and unique physicality.

Part of women's understandings of menstruation involve reproductive normalcy in the life course through predictable and healthy menstruation. For example, one of the athletes commented that a positive aspect of menstruation is that, "in the long run you're gonna get to have kids [because]...you're healthy and...its regular." As this woman suggests, many women understood menstruation to be a marker of good health, "that

everything is working right." Another woman states, "I just think it's like a normal way to regulate your body it cleans your body." Menstruation is also understood through women's potential reproduction capacity. For example, one woman stated in response to the question what are the positive aspects of menstruation, "I think it's a step that you are becoming a woman or just you know you're going to be able to have kids and um that's a great feeling it's like, wow you know. I can like bring life into this world really through my body." These comments illustrate that for some women in this study, menstruation functions as a sign of good health that signals future reproduction.

Another social consideration involves the history of menstruation as a time-out for women. Since menstruation sets women apart from their social groups and roles for a brief duration, this legacy has shaped some contemporary beliefs that women should be given special considerations during this time. For some, menstruation is a time to pamper oneself and to slow down from regular activities and commitments. As a naturally occurring potential for down time, menstruation could be a welcome transition from the business of everyday life. Some participants noted that menstruation allowed them a viable reason to take a break. However, the medicalization of menstruation still impacts these women. The widespread acceptance that menstruation is a medical condition promotes the sick role in which menstruating women may be viewed as weak, inferior, and diseased. The symptomatology of menstruation further perpetuates the notion that the monthly period is a sign of illness.

Physical and Emotional Symptoms

One of the first questions I asked during the focus group discussion was, "In what ways does your period impact your life, both positively and negatively?" The overwhelming majority of participants cited the symptoms that accompany menstruation. Symptoms ranged from slightly uncomfortable to unbearable, and they varied from woman to woman. Participants reported symptoms that were both physical and emotional. Although most women cited symptoms as a negative aspect of menstruation, some suggested that the severity of symptoms associated with menstruation may be exaggerated. The following examples reflect this:

> P1: "Some of those symptoms you can get on a normal day."
>
> P2: "Most women are ...having...those symptoms. I have all those symptoms and it definitely interferes with my life...but...I just...I just think that's normal."
>
> P3: "If you don't feel good one day and you're grumpy and you're tired, and you have a headache and you have gas, like it's like it's just another day and you just don't feel good, you know. But when you link it with your period, it's like all of a sudden a disorder."

This last statement gets at the frustration many women feel regarding the social construction of menstruation as a medical condition. Everyday aches and pains suddenly fall into the realm of illness. Characterizing the variance in bodily states as illnesses will propel the engines of medicalization while narrowing the definition of normalcy. In so doing, human variance and difference will be pathologized.

Whereas emotionality encompasses a range of emotions, specific emotions are associated with both women and with the symptoms of menstruation. As discussed previously, the state of simply being emotional is constructed to be a feminine characteristic. For the women in this study, any emotionality is connected to menstruation. A few women expressed anger that any emotional display would be reduced to their period. In fact one woman bluntly spoke about her frustration. She said, "Just because I have an emotion about something doesn't mean that I am on my fucking period." Lorber and Moore (2002) assert that characterizing women during PMS as cranky, irritable, angry, violent, and out of control is baseless and supported by little, if any, evidence. They go on to say that "these characteristics assume some kind of comparison - with the same woman at other times of the month or with an idealized notion of behavior of a 'normal' feminine, heterosexual woman of reproductive age" (Lorber and Moore 2002:79).

Another participant internalizes the expectation that menstruation inevitably leads to emotional imbalances. She told the group that she turns into "a horrific bitch, like a balance between a bitch and a[n]...emotional basket case. It just depends on...which 30 minutes." While this woman did not indicate that she felt any kind of absolution of her emotional state because of her period, another woman explained that menstruation is a time when "being bad" may be excused. She states, "Yes, sometimes when you need to go bad on people, it helps you have that attitude, and I just get angry." While this comment reinforces the idea that menstruating women are angry and aggressive, this woman sees that "time of the month" as a justification and an opportunity to respond to

the frustrations of being a woman in today's society. The constraints of proper emotionality may be lifted, if only briefly.

While some women expressed a sense that negative emotions were acceptable during menstruation, for other women in this study the association of anger and aggression with menstruation is problematic. Displays of anger and aggression are often associated with menstruation in popular discourse thereby overemphasizing women's emotionality. When coupled with the medicalization of menstruation, women's emotions may be medicalized by default. This may result in women internalizing messages about menstruation and mental instability. One participant felt that she was "crazy" while menstruating and that treating her period is beneficial to her. She disclosed to the group that she was diagnosed with PreMenstrual Disphoric Disorder (PMDD) and went on to say:

> Well, PMDD is like a serious thing though. It is different than like PMS because PMS is like normal people I guess and PMDD is like when you get all crazy and stuff. I get crazy like that and that is why I take YAZ. I feel bad, but I'm mean! I take it so that it will just control everything.

This is a loaded statement in that it touches on many aspects relevant to this study. First, it reinforces the idea that menstruating women have a mental illness through the repeated use of the word "crazy." Second, YAZ is the cure for this woman's supposed craziness, which was linked to menstruation. Third, one of the reasons she takes YAZ is because she believes that her emotional state contributes to her being "mean" to others. The relational component that organizes women's lives around the needs of others suggests

that feeling out of sorts is a source of cruelty toward others that is too much of a burden for them to bear. From her narrative, the decision to refrain from this cruelty is self-imposed and self-regulated because she feels bad about it. Finally, for this participant taking YAZ helps her to control "everything" including her menstrual cycle. Controlling, managing, and disciplining her menstruation is a necessary aspect of her body project, and a clear move toward the mind/body dualism that prioritizes rational responses to unruly body processes.

Incorporating the Mind/Body Dualism

The medical model reinforces the idea that mind and body are separate and should be treated separately. For the most part, medical care in this country is delivered using this premise. As medical jurisdiction increases, the mind/body dualism is more easily ingrained in some women's understanding of their bodies. For one participant, viewing her body and her period as separate from herself was a way to cope with a difficult menstrual cycle. She said:

> I was very young when [my doctor] started putting me on birth control to regulate my period, so to me that's not normal. Half of the month I'm on my period and I have like the other half that's like to myself and then come again like in two more weeks, my period lasts no joke like 12 to 13 days.

For this woman going on the birth control pill at an early age was not normal. She goes on to state that for half of the month her period controls her body, leaving the other half of the month as hers. In this way she is experiencing menstruation as disembodied.

Some women in this study recognized that the mind/body dualism negates what is known about mind-body connections in health and healing. Whereas holistic and integrative approaches to healing are critical in Chinese medicine, Ayurveda, and other holistic practices, the mind/body dualism common in the medical model of disease shapes how medical care is administered when an embodiment approach that integrates the two might be more healthful. Hester (2005) notes that "embodied ways of knowing upset the mind/body dualism" (p. 87). One woman had a similar perspective, stating: "I think that our society has really changed instead of treating us like the whole body, you know?" This woman is calling for a more integrated approach to healthcare that recognizes the embodied experiences of individuals. According to this participant, society has shifted from viewing the body as a whole to seeing the body as separate parts. This perception ignores systemic problems that might be affecting the whole body in favor of quick and temporary fixes. This singular approach encourages medical consumption. Individuals do not have the time to be sick, to get well or to take steps that will improve long term health; instead they rely on a series of quick fixes that require frequent trips to doctors without ever getting at the source of the problem.

The gendered aspects of rationality and emotions represent another dimension of mind/body dualism. Not only are rationality and emotion in opposition, rationality is superior to emotion. In turn, rationality is consistently associated with masculinity and emotionality is equated with femininity. The dichotomy between rationality and emotionality is entrenched in how some of the participants make sense of the world. Concerns about menstrual suppression and its associated symptoms, for example,

prompted one woman's concerns about the possibility of losing her emotionality. She relates: "Will I stop being emotional at all? There are some things that I equate to being a woman and if that is associated with my period then I like that." In this statement the association of emotion and woman's identity is clear. Another participant stresses this outcome as well, though she does not see it as negative. In response to the question "What are the advantages of taking a pill to stop your period?" a woman in the lesbian, bisexual, queer group stated: "You are not bitchy. I mean, if it stops all of your symptoms, you are not bitchy. You are not bloated. I guess that fixes it for me. You are like a man. You have absolutely no emotions." To infer that men have no emotions is an overstatement. However, this woman's response illuminates that emotions are gendered and that specific emotional responses are viewed differently for men and women.

Maintaining a Sexualized State for Others

In addition to the gendered construction of emotion through the mind/body dualism, menstruation impacts women's conceptions about femininity. Femininity involves a particular appearance, comportment, and sexual presentation. For example, a recreational athlete discussed how aspects of menstruation are related to femininity. She said:

> I guess society has always showed us that for femininity, you are supposed to be graceful and sexy. Yes, gorgeous, you are supposed to be flawless; you are supposed to be this untouchable thing that does not involve bleeding.

In many ways this quote captures the essence of this study. Women receive messages about appearance and body maintenance that are idealized and disconnected from their

embodied experiences. The female body is supposed to be clean and pristine, flawless and sexy in the words of this participant. However, at the same time that menstruation disrupts the idealized notion of femininity, women are reduced to their bodies as objects because they menstruate. In this same discussion group another woman stated:

> You just don't go around talking about it. You keep it concealed, and it's personal. And so that was how you kind of kept your femininity. You don't fart in public, don't burp in public, keep your posture, don't know about your period. Girls don't poop, girls don't...just those things.

Controlling body processes is vital for women's femininity. So while women in the work force might present themselves as a disembodied worker to fit into a masculine work model, the idealized feminine woman would be superficially embodied: that is perfection of female form without the dirtiness and inconvenience of menstruation. Although menstruation separates women from men, menstruation defies idealized notions of femininity.

Femininity is also connected to sexuality: specifically, maintaining a sexualized state for others. Although gender norms dictate that women should be sexually available, some women in this study believed that women who suppress their periods do so because they are promiscuous. One participant related this comment:

> I want to get rid of my period as long as I can make sure that I still have a way to track if I'm pregnant or not. I would love to get rid of my period! But I think a lot of women, who are especially younger don't want to admit to that, because they

are supposed to be mothers. They are supposed to be tracking and regulating things, like if they do get rid of their period, they are viewed as sluts, skanky.

The idea that women who want to suppress their period are sexually promiscuous surfaced throughout the group discussions. When asked, "Who is the woman who suppresses?" one woman said: "She is on the go. She is like a slut I guess. It's not even that because I know some people who take it for medical reasons, but there are people that took it because they were sluts, that is the only reason they took it." Being promiscuous is associated with menstrual suppression because it removes the excuse to opt out of sex due to menstruation and maintains a sexualized state for others. Thus, some women related that menstruation allowed them to get out of sex. Some of the comments in response to the question "What are some of the positive aspects of menstruation?" include: "If you don't want to have sex [then you don't have because you are on your period]," "you get to opt out," "It's easy to opt out of sex if you start bleeding" and telling a male partner, "it's inconvenient right now." For these women, menstruation represents a time when they do not have to meet the demands of others sexual needs and desires. However, these quotes also imply that women are not in control of their sexuality and are not free to opt out simply because they do not want to have sex.

Idealized femininity is also linked to reproduction. For most women the sole purpose of menstruation is to guarantee future reproduction. The regular and predictable occurrence of menstruation also signals that women are healthy and their bodies are suitable vessels for future children. In this study, women who have no desire to have children expressed little connection to their menses. When asked how they feel about the

possibility of stopping their own period, some participants responded with this dialogue: "I don't want kids, so I'm all for it...yeah....yeah...Yeah if I could stop it now, it would be done...If I can just take everything out of me then I would be fine." These women do not want children and they also do not want to continue to menstruate. In many ways, the participants are challenging idealized femininity by rejecting the assumption that women want to become mothers and want to have children. Although this group of women did not want children and were not vested in menstruation as a symbol of womanhood, they were unwilling to try menstrual suppression because of safety concerns.

Self-Surveillance, Management, and Control

A consistent and universal theme present in the group discussions centered on surveillance and awareness of menstruation. Women in this study related that they were hyper-aware of their period and menstruating bodies. In many ways, menstruation dictated women's activities or their abstention from activities. Further, menstruation factored into decisions about work and leisure. One participant commented, "You always have to be aware of it. The whole time!" Another woman attests to the preoccupation with menstruation by stating: "During the seven days, that's all you think about. It is, and making sure you have enough supplies with you and you are going somewhere where you have somewhere to change." The preoccupation with menstruation is couched in fear of revealing publicly that they are menstruating. To understand how the preoccupation manifests in everyday life, one woman states, "it feels like all your social worries that you have are heightened because you don't know when you are going to bleed through."

Managing and controlling menstruation are time-consuming pursuits for many women in this study.

Women in this study related difficulties managing menstruation. The management of menstruation begins at an early age for most women. For example one participant noted that menstruation is a "big responsibility for a young woman…girl to have to do…you obviously have to worry about supplies you need and taking on more responsibility than before you had your period and you didn't have to worry about it or care about it." The unpredictability of menstruation coupled with a resistance to feminine styles of dress presented specific challenges for some women. A woman in one of the lesbian, bisexual, queer focus groups had this to say about managing her period: "it's like you can kind of know but you don't really know, so you carry something around. But then you have to make sure you have something on you wherever you go and none of us carry a purse…so it's inconvenient! So you try to make it a day where you can wear your cargo shorts so you can slip it in the side." Women employed techniques to manage menstruation that centered on strategies to ensure adequate supplies and appropriate dress.

Many women used the term 'control' when describing their period. For example, a former collegiate athlete in the Recreation group had this to say about the possibility of athletes suppressing their period, "I think they are more likely to abuse their body or try to have control over their body because their body is what they are using and they need to have complete control over it. I think athletes would be more inclined and if you were able to get a questionnaire out to athletes and ask them if they would be willing to get rid

of it, I guarantee probably over 80% would." While this woman related how athletes might suppress their period to further control their body another participant remarked that control is not only centered on the body, that these drugs "control your emotions." Controlling emotions or the lack of control over emotions was a consistent theme in focus group conversations.

Some women questioned the need for control over menstruation and the medicalization of women's bodies. During one of the focus groups, the participants engaged in the following dialogue:

> P1: "When it's like about women's bodies and like it's about reproductive health or your period and things like that, you feel like it's totally."
>
> P2: "You know controlled in some way...like need to be regulated."

In support of this idea, some women believe that attempts to control women's bodies turn women into "robots" or "machines." A graduate women's studies student offered this comment about the possibility of using a drug to stop your period, she said: "I feel like it will make you, like you said a machine kind of...and I don't know if that's feeding into the idea that there's something wrong with the female body...that it needs to be fixed in some way." Rejecting the characterization of the female body as defective and deviant was a major objective of the Feminist Women's Health Movement (Howson 2004).

Working Women and the Disciplined Body

Issues of management and control are evident in concerns about work and the workplace. For example, the uniform some women had to wear for work caused a great deal of anxiety during menstruation. One participant attests to this when she says, "Like

in my old job, I had to wear khakis to work…you get paranoid about it." Other women see menstruation as a time when women can take a legitimate break from work. This is captured in a dialogue between two women in the Graduate Women's Studies group:

> P1: "I look at it as a time when I can kind of rest and relax and make an excuse. Without a period, there would be no excuse for a break."
>
> P2: "I feel like it's kind of like a forced break at first but then I, I appreciate it and so otherwise I wouldn't take a break because I just work and go all the time."
>
> P3: "It's like a little relaxation period."

For these women, menstruation is a time when it is acceptable to take a break. In fact, for one woman menstruation marks the opportunity to take a forced break.

There may be work situations that are especially unfriendly to women's menstruation. Women who work in non-traditional jobs, like the armed forces, police officers, and shift work may find it more difficult to handle issues related to menstruation while at work. In this context, one participant even asked about the possibility that employers might require women to suppress their periods in order to do their jobs. She asked:

> Are there some jobs like maybe a stripper, a prostitute, a lifeguard that maybe require you to not have a period?...I understand that some women strip because they need money to feed their kids. I understand that. So if they can't take that week off from work, then I completely understand their situation.

In the eyes of this participant, there are some employment scenarios where menstrual suppression is an acceptable and necessary choice. This dilemma further supports the

idea that the workplace does not accommodate the unique needs of women. In addition, menstruation is cast as an individual concern in which individual women must find ways to make their bodies fit into the structure of work, rather than changing work to accommodate their natural embodied processes.

Private Revealment and Public Concealment.

Some studies (Dowling 2000; Lebrun 2000; Moreno-Black and Vallianatos 2005) have linked performance and women's menstrual cycles citing that during menstruation women are likely to perform poorly. Poor performance is less likely linked to any biological cause and more likely due to women's preoccupation with concealing their period from public view. In fact, one woman stated that her period was not that bothersome for her, but she went on to say, "You always have to think about other people and their reactions to you on your period." When responding to the question, "How does your period impact your life negatively?" one participant responded: "I think a negative is that you're always afraid of being embarrassed if you were to spot on your clothes or something." Another woman expressed the worry she has during class: "Sometimes you are sitting or someone is sitting next to you in class and like wow, I wonder if I give off some type of smell right now and if they can smell it." Concern about letting others know they were menstruating was central to women's concealment efforts.

Although many women expressed a great deal of anxiety concerning public exposure of menstruation, interpersonal relationships also required concealment for some women. When explaining early education about menstruation, a *Latina* participant said, "I know when I was little and I first got it my aunt was like, 'oh whenever you have a

boyfriend and you're on your period, don't let him hold your hand because then he'll know and he'll get grossed out'." In the interest of proper gender socialization, this woman's aunt offered a clear lesson. As the above comment illustrates, hiding menstruation from a male partner is crucial to maintaining idealized femininity. In many instances, the women in this study similarly protected men in their personal lives from the contamination of menstruation.

Concerns about concealing menstruation begin at the onset of menarche and continue throughout the life course. For example, one woman stated that her starting her period "was very private...it was very personal." She said, "I was just like 'dad can't hear about this'." These early impressions seem to last. Participants easily recalled early experiences that signaled menstruation should be concealed. Even though many of the women believed that women should find sanctuary in their homes, concealing their menstruation on behalf of others remained a constant endeavor.

The examples presented in this chapter serve as an ideal type of how women experience menstruation, their reactions and the internalization of the social construction of menstruation not only as a medical condition, but also as a negative event in their lives. Menstruation is characterized as a time of disease, stress, and a source of anxiety for women. Women's attitudes and behaviors are thought to be biologically driven during that time of the month, which reinforces the idea that women are emotional and irrational. For these reasons, prescription drugs are promoted to regulate and control menstruation and its associated symptoms.

CHAPTER VI

SOCIAL CONSTRUCTION AND ITS CONSEQUENCES: MICRO PERSPECTIVES

This chapter presents participants' reactions to menstruation and answers the research question, what are the attitudes, beliefs and opinions of women about menstruation and menstrual suppression and what are women's responses to DTCAs of YAZ and Seasonique? The first section includes illustrations of women's responses to the social construction of menstruation as a medical condition. Based on the theoretical model presented in Chapter four, this section describes how participants socially construct menstruation to assign meaning to their experiences. The narratives included in this section reveal that menstruation as a medical condition is situational and that there are some instances in which menstruation and its associated symptoms require medical labels and treatment. The next section includes women's reactions to the idea of menstrual suppression. Purposely suppressing menstruation on a continual basis is new to most women. For most women, the focus group discussion is the first time they have been confronted with the idea. As such, this study captures women's first impressions of the possibility of stopping their period using prescription drugs. After I present the reactions to the social construction of menstruation and menstrual suppression, I move into a discussion of the reactions to the YAZ and Seasonique advertisements. Directly following this discussion I present key differences in the overall reactions across groups.

Reactions to the Medicalization of Menstruation

I closed each focus group with the same question, "Do you think your period is a medical condition?" I also included this question in the Demographic Information Sheet respondents filled out prior to the group discussion. Responses can broadly be put into two categories on a continuum from, yes menstruation is a medical condition and no, menstruation is not a medical condition. However, the responses varied greatly. Some participants failed to commit to any one answer and instead noted that menstruation as a medical condition is situational. To illustrate the divergence of attitudes I will present excerpts that show that menstruation: should be considered a medical condition on a case by case basis; is not a medical condition but instead a natural bodily function; is indeed a medical condition. In an example of situational medicalization, one participant wrote on the background sheet:

> I believe it is up to the individual person, as each person's level of pain and level of pain tolerance is different. I believe, however, that medical treatment should certainly be an available option, as some women experience debilitating pain that disrupts their life.

This woman believes that women should be in control of their healthcare decisions and individual women should decide for themselves whether or not their menstrual cycle warrants medical treatment.

Other written responses are more concise and indicate a clear position that menstruation is either a medical condition or a natural process. For instance, one participant writes, "I believe medicine is influenced too much by patriarchal points of

view in which the feminine and women's body functions are perceived as problematic." This woman clearly states that medicine as an institution devalues women's bodies. The Feminist Healthcare movement has long been critical of the patriarchal underpinnings that guide most of medical care (Weitz 2003).

Another woman writes, "I'm inclined to say no, menstruation in my opinion is natural. Proper exercise and a healthy diet should limit most issues." The majority of participants' written responses can be categorized as yes, menstruation is a medical condition or no, it is not a medical condition. For some, however, the focus group process caused a shift and reformulation of opinion that would not have been possible using other methodologies. Interaction with others encouraged participants to consider opposing viewpoints and determine how to reconcile those views with their own.

In one focus group, respondents answered the question about labeling menstruation as a medical condition in unison as "no" but then went on to engage in the following dialogue that captures the variance of ideas about menstruation both as a medical condition with differing severity of physical symptoms, in relation to other health problems, and as the medicalization of a natural process:

P1: "I don't think it's that way for everybody but I think people who experience severe periods, it is a medical condition."

P2: "Yeah I just think there is danger in that."

P3: "Yeah."

P2: "In saying that your period is a medical condition, I mean I think that certainly some aspects of it could certainly and should probably be treated."

P3: "Right."

P2: "You know, and if you have endometriosis but that's not your period, right?"

P2: "Right."

P2: "I don't know if your period itself is a medical condition."

P1: "I mean I only feel like I need to medicate when I have my period."

P3: "Right."

P2: "I don't know, I think that's the problem, when you say something like that, that's natural, is it a medical condition?"

P1: "But at the same time cancer is normal, deformities are natural."

-Graduate Women's Studies Focus Group

This conversation captures both a convergence, that menstruation should not be universally considered a medical condition, and a divergence of ideas, that there are conditions such as severe cramps and excessive bleeding in which menstruation should be considered a medical condition. Although this dialogue does not go into detail about women's perceived dangers of classifying menstruation as a medical condition, the remaining discussion illuminates what these women may be concerned about. Several women mentioned that menstruation cannot be considered a medical condition because all women menstruate yet in some cases menstruation is already viewed as a medical condition by women. Through dialogues and interaction participants were able to make sense of their divergent understandings of menstruation and the implications of labeling it as a medical condition.

However, women's ideas about classifying menstruation as a medical condition are not clear cut. In another focus group, participants responded in consensus that menstruation should not be understood as a medical condition. Some of the participants clarified their position using the following statements, "Every woman has one, how could you think that it's a medical condition?" and "When I think of a medical condition I think of something you would need to constantly take medicine for." Clearly, these women believe menstruation is not a medical condition and that any considerations of treating it like a medical condition are false and ridiculous. In response to these comments another woman offered a different perspective about how menstruation is *already* perceived as a medical condition because of socialization. She says,

> We've already soaked that in. We've already embraced that there is something going on with us, and we can't control it. We're out of school. 'I'm sick.' And, we expect [others, teachers, employers, significant others] to accept that I have all these things going on with me...So the expectation [of my performance and behaviors] needs to be different when I'm on my cycle.

This comment speaks to the internalization of medical definitions of menstruation. From this statement it is clear that both internal factors such as bodies being out of the individuals control, and external factors such as being excused for poor performance or behavior influences women to believe that menstruation is a medical condition that requires certain accommodations. The internalization of the medicalization of menstruation encourages menstruating women to take on a variation of the sick role. According to this participant, menstruation does not fully women from their regular roles

and responsibilities, however it alters the way they carry out their duties. For this woman, menstruation is a time when women do not perform at their best.

Reactions to Menstrual Suppression

Although women tend to believe that menstruation is either a medical condition due to the severity of physical symptoms or the occasional need to adopt the sick role, when it comes to suppressing menstruation through medical means there is a great deal of uncertainty. However, across focus groups participants tend to view menstrual suppression as acceptable only if it meets certain criteria. The following dialogue captures the ambiguity women feel about which conditions would warrant such an extreme measure:

> P1: "If I was to tell someone, I hate my period every month and complain about it at least once then they would probably be like, 'just take birth control to stop it,' like it's the easy way out."
>
> Moderator: "Do you think women shouldn't take the easy way out?"
>
> P1: "It depends on the personal view. If they want to, if you just want to solve the problem, if they want to, yeah."
>
> Moderator: "Do you think women who stop their period are taking the easy way out?"
>
> P1: "It depends on their reason, like she said, a lot of them are superficial reasons."
>
> -Undergraduate Focus Group

This conversation highlights that among these women menstrual suppression is acceptable only if there is a "good" reason. What constitutes "good" reasons are not explained; however, from the above statement it is clear that stopping menstruation for the sake of stopping it is not a good reason. When participants describe menstrual suppression as "taking the easy way out" they are referring to the idea that women are supposed to experience a certain amount of pain by virtue of simply being a woman. Participants across groups corroborated this impression when they discussed the central role of pain, suffering, punishment experienced during menstruation in women's bodily experiences.

From the focus group interviews, it was clear that there is a strong belief among women that women are expected to endure pain. Reasons for enduring pain include: "Eve's Curse," the belief that menstruation is necessary for women's good health and that women should not interfere with natural bodily processes because of some kind of universal retribution. According to Christian faith, women menstruate and suffer in childbirth as punishment for Eve's disobedience to God, known as "Eve's Curse" (Teish 2000). One participant related the pain associated with menstruation directly to this idea. She states:

> I always said whenever I make it to heaven, I was going to talk to Eve and be like, "Who told you to tell Adam to eat that apple? Who told you, because once you did that, God just made you naked, now look what you did? Now we have to suffer six to seven days out of the month."

For this woman, menstruation clearly involves suffering, which is an expected penance that all women must pay for the transgressions of Eve. Attributing painful menstrual symptoms to religious beliefs is one way that women make sense of the pain associated with menstruation.

Good Health

Regular menstruation is also a sign of 'good' health. Menstruation is a sign of 'good' health for participants because they believe that it means they are healthy, normal, and their menstruation detoxifies the body. Examples of menstruation as a sign of good health include the following narratives: "I'm healthy, there is nothing wrong with me;" "I know my body is working how it should be;" and "I just think it's like a normal way to regulate your body." Interestingly, all of these comments infer that the body is a machine and that menstruation is seen as a regulating force that shows that the body is working properly. Indications that menstruation is a sign of good health are also captured in ideas about the cleansing effect of menstruation. For example, several participant note: "It cleans you, so that is always good;" "I think it's cleansing;" and "When I have my period, I just get really cleaned out. I just feel like my system is getting clean." These comments point to the idea that menstruation is flushing the body of toxins and impurities. For these women menstruation is a function of good health.

Reactions to DTCA: The Crucial Role of Fear and Risk

As part of the focus group discussions, women viewed commercials for DTCA, specifically ads for YAZ and Seasonique. Many women had strong reactions to the ads and considered the pharmaceutical advertisements to be no different from any other

advertisement for any other product. The notion of medicine as healing clearly did not come through in the ads. Instead, women believed that the intent of the advertisements rested on the pharmaceutical industry's simple motivation to "sell their pills." In fact, some women commented that the advertisements did not reflect their experiences of menstruation at all. The YAZ and Seasonique advertisements promote the idea that life will be better by taking these drugs, but the life represented in the ads did not resonate with the women in this study. Women were aware of the marketing strategies at work and were critical of the tactics used by the pharmaceutical industry to minimize the risks associated with the drugs while exaggerating their benefits. In this way, women believed that drug companies engaged in false advertising and playing upon emotional cues that have nothing to do health and well being during menstruation.

Similar to most advertising, DTCA exploit feelings and emotions to sell products (Berger 2000). In the commercials for YAZ and Seasonique, the advertisements are directed at instilling a desire for an idealized lifestyle for women. Focusing on an audience of women who are middle class and between the ages of 18 and 35, the ads depict a lifestyle full of happiness and carefree attitudes, abundant leisure time and an absence of responsibilities and worries. One participant who was keenly aware of this marketing strategy said:

> If you're looking at someone who lives in a poverty situation, that's what they are seeing. And [they may think] "This is what I want to have. I want to feel like that. I want to be rolling and driving and carefree."...So that's going to speak to me because I think that's what I'm supposed to look like.

The commercial she is referring to is the YAZ balloons commercial. In this commercial women are seen laughing, smiling, shopping, and singing in their car. The tone of the happy commercial is carefree and light. The message of the commercial centers on the construction of people who take YAZ are happy, you should take YAZ too. However, participants could compare their own experiences to the idealized and foreign reality portrayed in the advertisement. Although many participants were critical of YAZ's promotion of an idealized lifestyle by suggesting that that is not real life, the above comment indicates that the advertisement does speak to some women's desire for a better or different life.

Medical Distrust

In addition to selling an unrealistic lifestyle especially for working class women, the tactics used by the pharmaceutical industry to promote drugs also fail to quell the fears that accompany using prescription drugs to reduce or eliminate menstruation and its associated symptoms. Fears about using prescription drugs and their current and future impact on participants' health make them skeptical about taking these drugs. Ironically, fear is a symptom of the growing distrust in medicine based on medical errors. A recent study done by the American Society of Health-System Pharmacists found that 61 percent of Americans are "very concerned" about being given the wrong medicine (AHRQ 2000). These fears are warranted. Philips, Barker, and Eguchi (2008) found that between 1983-2007 fatal medical errors increased by 361 percent. Distrust in the pharmaceutical industry is a primary concern of participants. Fears about using prescription drugs made

participants skeptical of the pharmaceutical industry which served to reinforce their distrust in medicine. One participant remarked,

> I would say I have a mistrust of all medicine in general, not like all medicine but how it's so, you take a pill for anything now, it could be take this pill and it will make you not have a period and all the side effects, so there's a mistrust, but like a doctor's more free to say, 'just take this' because the population is so accustomed to taking pills instead of finding some natural remedy.

This comment speaks to the pathologization of society. Barsky and Boros (1995) attest that Western culture is becoming less tolerant of minor or uncomfortable body states and that efforts to address these states are often found in a pill.

Conrad (2007) notes that transforming all difference into pathology diminishes our tolerance for, and appreciation of, the diversity of human life. Other participants noted this same concern. Specifically they said: "They all have an agenda, like the people who are pushing [prescription drugs] and the doctors, if you're going to them all the time. They don't want to keep seeing you because they want it to be fixable." These comments suggest that participants are leery of medicine's tendency to uniformly treat all illnesses with prescription drugs in an effort to fix or cure life's problems.

In addition to a generalized distrust of medicine, for many of the participants the decision not to suppress their menstrual cycle is also based on the specific risks associated with taking YAZ and Seasonique. At present, calls for women who have suffered injuries as the result of taking YAZ are being compiled to form a class action lawsuit against Bayer. Petitioners allege that they have suffered serious and potential life

threatening illness after taking the drugs. Among the serious side effects associated with taking the drug include heart attack, stroke, deep vein thrombosis, kidney failure, and death. Right now, individual cases are still being filed while efforts to mobilize to file a class action lawsuit are still underway. To varying degrees participants are aware of the risks associated with taking these drugs. For example, one participant notes,

> I've definitely read the stories online. Like the stuff that I'm taking now, like what has happened to other people, that's just been like really awful. So, there [are] definitely risks. But, there [are] risks with every medical treatment that you see because everyone's body is different. So, I think as far as a medical treatment for menstruation...yes, there are risks. But, if you were to...seek other medical treatments for menstruation, there's going to be risks with those too."

For this woman the risks associated with these drugs are no different from any other drug. However, unlike the use for many drugs to manage chronic illnesses and potentially life-threatening conditions, menstruation itself is not life threatening so for many women; the risks are not worth taking. YAZ is advertised as a prescription drug aimed at reducing the uncomfortable symptoms associated with menstruation. Reducing uncomfortable symptoms out of convenience does not, for many women, warrant the risks associated with taking this drug.

Cost-Benefit Analysis

Participants' considerations about using Seasonique and YAZ are also organized into a cost-benefit analysis. For many participants, the costs of reducing or eliminating

the side effects of menstruation and current and future health risks do not outweigh the benefits having a period free life. One participant notes,

> I don't really like my period. Am I willing to risk death or heart attack or stroke? You know…I would be willing to trade the chance of a heart attack or stroke to not have a kid, but I wouldn't be willing to get heart attack or stroke just to get rid of my period.

For this woman, menstrual suppression itself creates a life-threatening risk.

Similarly, other participants commented on risk, specifically calling attention to what they call the "risk voice" that is used in many commercials to describe the side effects and risks associated with the advertised drug. Since the FDA requires pharmaceutical companies to tell consumers about the risks associated with taking their drugs, advertising firms must find some way to make all of these palatable to consumers while conveying the seriousness of the risks in compliance with FDA policy. DTCA use a variety of techniques to do this, including changing the volume, tone, or even narrator of the commercial.

For some participants, these techniques were noticeable. One woman said that the risks were said in a soft voice "that can easily be overlooked…especially when you are watching what is going on…like [when you are] seeing what is going on [in the commercial] and you don't pay attention…because the voice is not an attention grabbing voice." This participant felt that the advertisement used deceptive practices to include the risks associated with the drugs in a way that was so subtle that it could be easily overlooked. Other commonly used tactics included increased cadence during the risks

disclosure, increasing the volume of the music during the risk disclosure so that it less audible, and using distracting visuals during the risk overview. Participants in the focus groups did not receive these tactics very well.

For example, some participants commented on the use of color in the "Logical/Emotional" ad for Seasonique. The logical side has neutral colors and the emotional side uses bright colors. One group discussed the use of color in the advertisement:

> P1: "I think there's some marketing thing behind that, because a lot of commercials do the split screen and do the cross over thing."
>
> P2: "I think it's the easiest way to convey the difference, then you can go to the color because that's the first thing I thought of, like this plain color then the teal color or a more radical color."
>
> P3: "It does have more of a visual."
>
> Moderator: "What do you think they were trying to say with the plain colors?"
>
> P1: "Life with your period is drab and life without your period you can live a more exciting life, more carefree."

Embedded in this dialogue is both an acknowledgement that advertisers use marketing ploys to invoke certain feelings in viewers and the participants' interpretation of those techniques. The use of the neutral colors suggests that life with menstruation is drab, plain, and boring. On the other hand, taking Seasonique, the one in the teal package means life is more fun, exciting, and carefree. If participants were not well versed in the social construction of menstruation in the broader social context, these techniques would

not hold the same meaning. Yet, because the ads draw upon existing social contexts, participants knew exactly what the ads were trying to convey.

Yet, participants noted that the themes present in YAZ advertisements included freedom and feelings of a carefree life, and these themes are also cloaked in false advertising. Women for the most part saw the portrayal of the women in YAZ advertisements as a façade in conflict with their experiences. For example, one woman notes: "They were all skinny, pretty happy women and that's to say like you can't be that way when you're on your period. That's what they want to say, you're a woman and you have your period, now you feel shitty, that's what they want to say, but take my pill and you're gonna feel like these women." She goes on to critique the narrow image of women included in this commercial by saying, "they don't show anyone who's obese, they don't show anyone who is mentally retarded, they don't show anybody but the girls how are like on the front of a magazine or something, and they like they didn't show a working woman. They just showed women shopping, walking on the sidewalk, and they didn't show a working woman, they didn't show especially like a blue collar working woman." In these ways, participants noted that the women in the ads were not real women and did not reflect their lived experiences.

Group Differences

Women of Color

Issues about cleanliness surfaced in the Women of Color focus group discussions in ways that were different from the other groups. Although women of color were present in other focus group discussions, the topic of cleanliness was discussed at length in the

groups that were exclusively comprised of *African American*s or *Latina*s. The preoccupation with cleanliness may be a manifestation of internalized racism. Historically, people of color have been characterized as 'unclean,' 'dirty,' and 'animalistic' (Solorzano 1997). Stereotypes about the personal hygiene and physical appearance of people of color served as justification for unequal treatment including segregation and prohibitions against interracial marriages (Solorzano 1997). Intersections of race and gender also contribute to the anxiety women of color feel during menstruation. Understanding how stereotypes about people of color as unclean are necessary to contextual these findings in broader historical-social context.

The topic of cleanliness and personal hygiene came up often and with greater intensity than in the other groups. The discussions centered on efforts to conceal menstruation and strategies to avoid publicly revealing menstruation. *Latina* women articulated that external factors influenced their perception of menstruation. They said,

> you know, people can make you feel, or that you can feel that you're gross…I want to go to the restroom often to make sure that I'm really clean which is not good. Cause sometimes we are really busy and we don't have time to even go to the restroom. Imagine playing in the mud all day, you know it's that icky feeling like oh I gotta go and wash off or something like that, kind of like that. Or like I gotta go and wash up or whatever or I want to take a shower more often.

A woman in the *African American* group also commented on the increased frequency of bathing and showering during menstruation and how it impacted her life. For instance, one woman said,

> I want to get in the shower and then finish then I want to get in the shower again so I don't like to do anything because I like to constantly get in the shower and get clean, I mean you don't have a shower rolling around with you so it kind of deters what I do.

Many women commented that they limit or omit activities during menstruation. While this may be related to other factors including general fatigue, for this woman activities were omitted because she did not feel clean enough to participate in her routine activities.

Cultural differences influence ideas about menstruation in both obvious and less obvious ways. For instance, compared to other group types women of color were more likely to express religious or faith oriented objection to menstrual suppression and elimination. Women of color as a group must be more diligent regarding their presentation of self.

African American Focus Group

The pursuit to be clean organized the lives of many women of color, which could be connected to religious views on body cleansing and spirituality. Being closer to godliness, and worthiness, was closely associated with the effort and intention to feel clean. In response to the question, "If you could stop your period, would you?" a woman in the *African American* focus group explained her objection by stating, "I think when you are suppressing it, you are messing with God's work." This statement was met with nods and affirming looks and was followed with this statement, "We don't like it, it's not the best situation in the world to be in but I feel like God gave me this even though we feel like it's a burden." The centrality of faith and religion in the lives of *African*

Americans in the United States is well-documented and is an organizing factor in the way *African Americans* make sense of their lives (Shorter-Gooden 2004).

An *African American* who was not present in the *African American* group offered this statement, "I mean God made us this way and so if it wasn't healthy then he wouldn't have made us like this so...We are supposed to have it obviously. If it is like hurting us then he wouldn't have made us have it you know." This statement implies that women are suppose to menstruate and suppose to feel the uncomfortable symptoms associated with menstruation because this is what God wanted. To consider menstrual suppression or to question why women are experiencing painful periods, is to question God and for some women is not an option.

In addition to religious concerns, *African American* women may be more concerned about outward appearances during menstruation because of the "Black Tax," which refers to the idea that *African Americans* must work twice as hard to achieve the same level of success as whites. Some *African American* women mentioned overcompensating during menstruation to put on their "best face" and to "dress up" more than usual. For example, one *African American* woman said,

> When I'm on my period I'm like in a black suit or navy blue suit, make-up is superb, like everything is like you know what I'm saying, I don't know why that is, it's like I want to, I don't know, it's like I just want to be really, really clean and very, very strong you know.

Following this comment another woman stated, "I don't want to be sloppy for my cycle." While white women may have the luxury to ignore their appearance, women of color don't feel they have that option.

Safety concerns about the lack of inclusion of women of color in medical research were also discussed in the *African American* focus group. Regarding menstrual suppression, one woman commented that, "*African American* women were not the test subjects, right? And so when their saying the side effects, and 'oh this is what's best for you' or whatever they haven't tested *African American* women or an *African American* community." Lack of research on the health of *African American*s, specifically *African American* women, influences this woman's decision to not suppress her period. Policy implications regarding menstrual suppression as it affects all women will be discussed in detail in the next chapter.

Latinas

While the *Latina* women's focus group did not mention *God per se*, the mysticism of menstruation and its purpose is captured in statements like, "I feel blessed that I have a period and I'm okay." Other indications that faith constructs the way *Latina* women think about their period point to issues of virginity and conception. For example, the participants in the *Latina* focus group explained that when a young *Latina* has her first period she is considered a 'senorita.' This label indicates that she is a young lady. In this way, menarche, a woman's first period is a marker of womanhood and signals the possibility of pregnancy. Lee (1994) asserts that for most women, menarche is "a crucial signifier of reproductive potential and this embodied womanhood" (p. 84). A participant

in another focus group elaborated on this idea and said that traditionally menarche is a marker for when a *Hispanic* woman is deemed eligible for marriage and subsequently reproduction. The cultural marker of menstruation and female adulthood solidifies the place of menstruation for young *Latinas* that suppression would negate.

Lesbian/Bisexual/Queer

While the majority of participants were not in favor of stopping their period, there was one group who presented uniform support of menstrual suppression. All of the women included in the three lesbian, bisexual, queer focus group types emphatically proclaimed that they would stop their period. After some consideration, a few women said they would choose suppression under certain conditions, such as if there were no side effects, if it not did impact future health or fertility, and if it removed all associated symptoms. The lesbian focus groups also vocalized the most dislike of menstruation. For these women, menstruation did not necessarily symbolize womanhood. Simply identifying as lesbian indicated that these women already transgressed gender norms. The lesbian, bisexual, and queer woman found other ways to express their womanhood, which suggests that the social experiences of womanhood become more critical than the biological.

Because the focus groups were exclusively lesbian, bisexual and queer women, I asked the group what they thought women who identified as "butch" would think about menstrual suppression. One participant said that because butch women identify more with men and adopt masculine ways of dress and behavior that they would be more inclined to

engage in menstrual suppression. For instance, one participant related a story about an old teammate:

> There was this one girl I played basketball with and she was, she taped down her boobs and everything. She took birth control to stop her period because she felt more like a man if she didn't have it. She was actually stupid because she got her period more than...it hurt her more than it helped her.

Implicit in this story is the fact that menstrual suppression and its meanings are different for different types of women. In this case, menstrual suppression was an attempt to reconcile gender identity with the body. Other ideas about butch women choosing to suppress their menstrual cycle included the belief that menstruation would remind a butch or transgendered women that they are still biological women.

Interestingly, women in this focus group believed that if medication to suppress menstruation were not called birth control, it would be more appealing to lesbian women. For example, this dialogue captures how using birth control to stop menstruation has different meanings for some lesbian women.

> P1: "I think it's because it is called birth control. Maybe if they changed the name of it a butch woman would be more apt to take it. You know, but because they are saying birth control, I have never seen a penis in my life."
>
> P2: "When did you get to be so wise? I agree with you."
>
> Moderator: "What if it was called a menstrual suppression pill?"
>
> P1: "Not even the word menstrual in the name, just a regular pill, like a vitamin."

Moderator: "And you said that taking birth control is feminine because of its association with fertility?"

P1: "Yes. It is conflicting because butch women don't want to be feminine at all. But they want to stop their period because they don't want to have it because it's feminine so to take the pill to stop it…."

-Lesbian, Bisexual, Queer 2

Here, birth control implies that a woman is having sex with a man. For lesbians, menstruation does not necessarily symbolize reproduction or womanhood. Simply identifying as a lesbian indicates that these women already break from traditional gender expectations in some ways. The lesbian, bisexual, and queer women have found other ways to express their womanhood, suggesting once again that the social experiences of womanhood surpass biological associations. Although this group of women was more likely to accept menstrual suppression than the other groups, no ads for YAZ or Seasonique appeared in lesbian oriented magazines. These ads focus on heterosexual, feminine women.

Athletes

In discussions with athletes, I asked them to consider how their period impacted their lives in terms of their athletic performance. Some athletes reported that menstruation was beneficial and enhanced their athleticism. For example, one woman said, "it helped me, I had more energy. I was kind of a high." Another athlete reiterated, "sometimes I even think it makes me feel…like play better because I'm trying to overcome pain. I try like to overcome it and also I'll play better and like knowing I'll

have to...I guess work harder because I know I'm already tired and already in pain." One woman related that being an athlete helped deal with the symptoms associated with her period. She commented, "I think being an athlete affected my period more than my period affected me being an athlete." Another woman supported this idea by saying "while I was an athlete my periods were lighter and shorter, less influential on me, my moods, my weight, everything. Then maybe about a couple of years after I stopped playing regularly the periods got out of control. I mean punishment." These statements indicate that for these athletes menstruation was something that needed to be pushed through and in some instances enhanced their athletic abilities. Further, being physically fit and active has a positive impact on the ways some women experience their periods.

Not all the athletes indicated that menstruation positively impacted their performance. For instance, one soccer player stated that "I get more mad at myself, it's just emotional. I'm off the wall." I asked the soccer players if their teammates made concessions for each other during menstruation, and they replied: "no;" "definitely not;" "they are all on it and they know and they say deal with it;" and "get over it, let's go." They further substantiated these statements with this comment: "We have a woman coach, for the soccer team and she's played soccer before at a University, so she knows and she's played through it, so she would not accept it." Like other women, concealing menstruation caused a great deal of anxiety and management—a fact that was more pronounced for athletes.

Concerns about uniforms and exposure were particularly troubling for most athletes. The following conversation captures this idea:

> Gymnastics is different because you are nothing but show. I mean you are just out there for everybody to see in leotards… yeah exactly I played soccer and you play 45 minutes straight before you even have a break. You wore white shorts and home jerseys were your white uniform, in track and field we wore tiny little shorts and they flip up in the back so half the time your butt or underwear were showing…it is one of those things, there are certain sports that you can probably get away with using a pad or a spandex shorts to secure everything in place. There are some sports where you can because you are a little bit exposed.

I initially separated the athletes by the degree to which their bodies are exposed during performance. Based on the data presented in this study, gymnasts reported greater challenges concealing menstruation compared to soccer and basketball players.

Solidarity Through Suppression or Resistance to Suppression

Although there is considerable social pressure to medicalize, control, manage, conceal, and even despise menses, many women still view menstruation as a source of empowerment. Participants in this study viewed empowerment in the ability to reproduce, overcome pain, and have a sense of embodied connection with other women. For example, during the undergraduate focus group session one participant said:

> I feel empowered because men don't have to go through it, you know? It's like, this is hard and I am doing it and men don't have to do it…look at what I am doing and what I'm suffering through and I can give birth if I wanted to.

The suffering associated with menstruation provides a sense of gendered exclusivity. Although women are devalued in the mind/body dualism and tend to lose out in the social

yardstick that prioritizes men's emotions over women's, the unique ability to give birth is an exclusive women's right. Menstruation grants membership in the clan of women.

A woman in the undergraduate focus group shared this illustrative story about the bonding potential of menstruation especially in the face of possible humiliation:

> I just remember when me and my friends were at that age, like in Jr. high and stuff, I just remember if one person had like, it came and it was like an accident, it was like all the girls grouped together and were like, 'we're going to figure like a way to get you out of this room', it was almost like a bonding thing.

While this is an example of the camaraderie that exists between women, it also is an example of the fear and embarrassment associated with staining. Women bonding the deal with issues related to menstruation are especially prevalent among athletes.

Bonding through menstruation is one way that women's empowerment is felt among participants. Women athletes were especially close with one another and served as watch guards for any public signs of menstruation. For example, the gymnasts stated that: "With our team, I mean we are all so close that usually it doesn't embarrass you. We all watch out for it." During this group, I asked the participants if menstruation is a common discussion topic amongst the team. They responded affirmatively and I asked them why that was the case. Their response is captured in the following dialogue:

> P1: "Because we all have it."
>
> P2: "We can't say it's not really a big part of our lives, but it does affect it."
>
> P3: "And we're all girls so we all have it, so I mean, there's a connection."
>
> -Gymnasts

Similarly, a former athlete stated: "We had a sign, like we would kind of wave at each other if we see some spotting." In each of these cases, the bond that women felt toward each other may have been a function of team sports. However, concerns about and efforts to conceal menstruation reinforced those bonds.

Resistance to Suppressing

Resistance to menstrual suppression is multidimensional. One dimension centers on the belief that menstruation is natural. One woman related that her period is natural and a part of her womanhood, more specifically she states, "I just view my period, for me personally, a part of my femininity and womanhood." A Women's Studies graduate student responded to the question, 'do you think menstruation is a medical condition in need of medical treatment?' with the answer: "No, menstruation is not a medical condition that needs medical treatment. It is a natural bodily function and separates women as biologically superior because we can give life." While the majority of other statements relating to empowerment were not this explicit, they still echoed similar sentiments.

Conclusion

Based on the data presented in this chapter, the reactions to the social construction of menstruation, the practice of menstrual suppression and DTCA of YAZ and Seasonique are varied and diverse. Labeling menstruation as a medical condition is problematic for some women because of the potential to further medicalize women's bodies. However, some women are calling for the medicalization of menstruation because their menstrual cycle negatively impacts their life and the label of a medical

condition is the only way they feel they will be able to gain concessions. Although the responses and reactions are varied, there are clear group differences that are of note.

For *African American* and *Hispanic/Latina* women, menstruation often reinforces negative stereotypes about people of color being dirty. Efforts to present themselves as creditable during menstruation involve obsessing about cleanliness. Lesbian, bisexual, and queer women posited that women who identify as more masculine or "butch" might be more inclined to suppress their period if the drugs were not classified as birth control. Using birth control disrupts lesbian identity for some women. Menstruation also poses unique challenges for athletes. Of primary concern for athletes was concealing menstruation during competition. Some women reported that menstruation assisted them in play while others noted that it was a constant distraction because of the fear of staining.

Finally, menstruation and menstrual suppression can serve as a unifier for women regardless of their position. Menstruation as a natural experience in some women's assertions, bonds all women together. Women join in collective efforts to conceal menstruation and empathize with each other during menstruation. From this perspective, women who choose to suppress their period are seen as taking control of their bodies and breaking the connection between womanhood, menstruation, and fertility. The reactions presented here do not represent the full experience of every woman included in this study but can be understood as ideal types.

CHAPTER VII

CONCLUSION AND IMPLICATIONS

This study contributes to the medical sociology literature by: presenting a grounded theoretical framework that describes how Direct-To-Consumer-Advertising (DTCA) use marketing strategies, healthism, risk, and stereotypical messages about women and their bodies to medicalize menstruation and expand the consumer base for the pharmaceutical industry. In turn, women and their bodies continue to be sites for medical surveillance and control. This study situates the medicalization of menstruation within broader social processes such as consumer culture, changes in healthcare delivery, the creation of medical markets that responds to demands from consumers for lifestyle drugs, and the general rejection of bodily processes in modern U.S. society.

This study expands contemporary discussions of medicalization by providing empirical evidence of the ways in which DTCAs define menstruation and related symptoms as a disease condition, which can be remedied through specific medical interventions. It provides an in-depth analysis of the DTCA of YAZ and Seasonique in conjunction with analyses of women's attitudes, beliefs, and opinions about menstruation and medicalization. Providing a critical account of the pharmaceutical industry and the investment in convincing the public that they are sick and need help that only the industry can provide, this study reveals the intentional promotion of pharmaceutical interventions as the only effective treatments for life's recurring problems. In particular, the data presented show how normal bodily states are increasingly incompatible with the

obligations of modern living. Consumers engage the medical community and the pharmaceutical industry to come up with ways to discipline the body and bring it in line with current demands.

To my knowledge, this is the first study to analyze and deconstruct DTCA as one of the key engines identified by Conrad (2007) in the promotion of increased medicalization. It shows that the medical establishment, pharmaceutical companies, managed care organizations, and consumers battle for medical jurisdiction as each party tries to define or redefine states of health and illness. The study asks four specific research questions. They are: 1) how does DTCA medicalize menstruation and the symptoms associated with it; 2) in what ways are DTCAs promoting pharmaceutical drugs to treat menstruation and its related symptoms; 3) what are the attitudes, beliefs and opinions of young women about menstruation and menstrual suppression; and 4) what are women's responses to the DTCAs of YAZ and Seasonique.

First, how does DTCAs medicalize menstruation and the symptoms associated with it? This research question is answered in Chapter four. DTCA advertisements medicalize menstruation and its associated symptoms by constructing menstruation as a medical condition in need of treatment. DTCA for YAZ and Seasonique medicalize menstruation and its associated states by infusing medical terminology throughout their advertisements; describing normal, non-pathological changes associated with menstruation as symptoms; and depicting an idealized image of menstruating women that contrasts with their actual embodied experiences. They also encourage women to survey

their bodies for troubling signs of fatigue, bloating, muscle aches, irritability and to report these occurrences to their medical doctor.

By depicting menstruation and its associated symptoms as a medical condition, the manufacturers of YAZ and Seasonique (Bayer and Duramed, respectively) expand medical jurisdiction while disseminating specific messages to promote their use. The ads tell women that menstrual symptoms and menstruation are optional, that women who suffer from the symptoms they describe are abnormal and diseased, that women who suppress menstruation are happy, carefree and in line with traditional beauty ideals. As pharmaceutical companies reshape ideas about menstruation, and health and illness more generally, they circumvent the long held authority that physicians and the medical establishment have had to define conditions of health and illness. They also undermine women's subjective experiences of their own bodies.

For example, the women in the YAZ and Seasonique advertisements appear to be happy and carefree. The advertisements appeal to women's desire to have happy, carefree lives. Women in the advertisements are unburdened by the needs of others and the demands associated with traditional gender norms. While presenting women as carefree and unburdened, the advertisements also reinforce gender norms through an emphasis on idealized femininity and the absence of working women and work scenarios. There are no indications that the women in the advertisements are menstruating, further suggesting that YAZ and Seasonique reduces and eliminates the uncomfortable and distressing conditions associated with menstruation. The overall message of the advertisements

suggest that by taking YAZ and Seasonique women can be carefree and maintain an idealized femininity.

Second, in what ways are DTCAs promoting pharmaceutical drugs to treat menstruation and its related symptoms? This research question is answered in Chapter four. The advertisements for YAZ and Seasonique are promoting treatment of menstruation via prescription drugs by: exaggerating the severity of symptoms, including directives for women to talk to their doctors about these drugs, and through claims that prescription drugs are the only effective treatments available for menstruation and menstrual related conditions. DTCA exaggerate the severity of symptoms to justify the use of prescription drugs for minor aches and pains. DTCA utilize attention grabbing techniques to scare women about benign, common occurrences such as fatigue, headaches, and muscle aches.

For example, YAZ includes bloating and fatigue as symptoms or signs of Premenstrual Dysphoric Disorder (PMDD). Bloating and fatigue, as it is associated with menstruation does not represent a disease state and is commonly treated with over-the-counter medications. In many cases, over-the-counter medications, lay or alternative therapies or simple accommodations are sufficient to alleviate any discomfort. Through the exaggeration of symptoms, the advertisers are transmitting the message to women that bloating and fatigue are symptoms of a more serious condition. Instructing women to talk to their doctor about YAZ and Seasonique is a directive that promotes the treatment of menstruation. The bulk of the advertisements tell women to "ask your doctor" about YAZ or Seasonique.

Menstruation in and of itself does not represent a cause to seek medical care or treatment. However, DTCAs indicate that prescription drugs are the only viable option to reduce the painful, uncomfortable, and unwanted symptoms associated with menstruation. Seasonique reinforces the idea that prescription drugs are the only solution in advertisements such as the mathematics equation (See Appendix B). Using DTCA Bayer promotes YAZ as a treatment of menstruation by including a symptom chart and lists "regulates cycle" as a reason women are prescribed YAZ. Thus, YAZ and Seasonique encourage women to medicate their menstrual cycles via DTCA.

Third, what are the attitudes, belief, and opinions of young women about menstruation and menstrual suppression? As presented in Chapters five and six, menstruation is a time of anxiety, relief, frustration, and annoyance for the young women included in this study. In general, women see menstruation as an unpleasant but necessary occurrence. Some women associate menstruation with reproduction and fertility and see it as a means to an end. For example, some women believe they must go through menstruation if they want to get pregnant and have children. Other women see menstruation as a sign or signal that their body is working properly and that they are normal. Still other women see menstruation as a sign that they are not pregnant. For a few women, menstruation represents a connection to other women. Finally, for some women menstruation is meaningless, in that they have no connection or direct feelings toward menstruation and see it as just a part of life. However, these women were in the minority. Regardless of the attitude women hold about their period, it is clear that menstruation is a central feature in the lives of the women who participated in the focus groups.

Participants in this study do not hold clear and straightforward ideas about menstrual suppression. For many women included in this study the possibility of suppressing their menstrual cycle is met with varying degrees of uncertainty. Side effects relating to menstrual suppression both now and in the future are reasons why many women objected to menstrual suppression. For some women, concern about how the drugs actually suppressed their period called into question the safety of these drugs. Still others noted that they would consider menstrual suppression if they knew for sure that it would reduce or eliminate both the physical and emotional symptoms that accompany menstruation. Other women expressed concern about interfering with natural bodily processes and that menstruation was required for good health. Some women indicated that menstrual suppression was not a good idea because it interfered with God's work. Even women who advocated for menstrual suppression were not yet doing so, which indicates that there may be additional reasons why these women have chosen not to suppress their period that were not addressed in this study.

Fourth, what are women's responses to the DTCAs of YAZ and Seasonique? Chapter six demonstrates that women in this study typically did not respond favorably to the DTCAs for YAZ and Seasonique. Common reactions to the advertisements include: the advertisements are misleading, depictions and scenarios are not in line with the experiences of the participants, and advertisements did not provide sufficient information about menstrual suppression process and how it will affect women's bodies now and in the future. Many participants felt like the advertisements were marketing ploys to get them to buy products. Participants stated that the advertisers used a variety of marketing

tactics including, presenting busy visual distractions when the risk summaries were read, using upbeat loud music, and changes in tone, cadence, and voice during the risk summaries. Many of the women in this study believed that these tactics were used to reassure them of the drug's safety. However, these tactics increased their fears about the safety and risks associated with YAZ and Seasonique because they felt the advertisers were using tactics to trick viewers.

Other responses to the DTCAs for YAZ and Seasonique include that women felt insulted and patronized. This is especially true of the *Logical/Emotional* commercial for Seasonique. Some participants noted that the commercials were done in a manner than offended their intelligence and assumed that they would accept the advertisement as fact without question. As noted above, women in this study indicated that the women featured in these advertisements did not reflect their perception of themselves or any women they know. In this way, women did not relate to the advertisements and were not convinced to try the drugs or menstrual suppression.

The setting of this study undoubtedly impacted the results. Participants in this study attend a small, regional university in the South. The student body is predominately female. Approximately 43 percent of students at the university are minorities. The sample for this study is reflective of the overall demographics of the school and area. The participants included in this study noted that the women depicted in the YAZ and Seasonique advertisements do not resemble them or their menstrual experiences. Some of the participants in my study noted that the women in the advertisements are like models on magazine covers, should be in movies like *Sex and The City* and maintained

traditional ideals of beauty. These advertisements also reinforce heteronormativity. The advertisements, like most advertisements are geared towards heterosexual women. This may explain why the lesbian, bisexual, queer participants in this study responded so negatively to the advertisements.

The women in my study did not see themselves in the advertisements and related that when they are menstruating they do not engage in the activities that are depicted. YAZ and Seasonique advertisements include women engaging in leisure activities, like shopping, spending time in the park, and at the beach. Many of the participants noted that they spend their time working and going to school and taking care of their families. In this way, YAZ and Seasonique presented unrealistic portrayals of menstruation by showing happy carefree women that were inconsistent with the actual lives of the participants.

Unexpected Findings

When initially proposing this study, I predicted that the negative discourse that surrounds menstruation would encourage women to reduce or eliminate their periods. Based on previous literature, I predicted that athletes as well as lesbian, bisexual, and queer women would be inclined to suppress menstruation. I also expected that a history of negative experiences with the medical establishment would discourage women of color from suppressing their periods using prescription drugs. Based on the data and findings, my predictions were both supported and refuted. The great majority of the participants did not want to suppress their period. Although many women held negative opinions towards menstruation, their distrust of the pharmaceutical industry and medicine

outweighed any considerations to take YAZ or Seasonique. Most surprising was the fact that the athlete participants, especially gymnasts, did not see cause to suppress their menstrual cycle. This was surprising given that during practices and performances, gymnasts wear leotards that expose the lower half of their bodies making concealing menstruation difficult and challenging.

Other unexpected findings included women's frustrations with the costs associated with menstruation. Participants noted that the unpredictability of menstruation caused a great deal of anxiety. Many women reported that they could not afford to have irregular periods due to the costs of supplies including tampons, feminine hygiene pads, and other protective devices. Other costs included replacing clothes if they stained or leaked during menstruation. Some women noted that their insurance flex spending accounts did not cover menstruation related costs. Reflecting on the costs associated with menstruation was another indication that class impacted women's understandings of menstruation.

Implications

I used focus groups for this study to assess women's attitudes, beliefs, and opinions regarding menstruation and menstrual suppression. This method was especially fruitful in many ways. As mentioned throughout this dissertation, menstruation is both a biological and social event for women. Despite medicine's attempts at co-opting menstruation, most women still gain the majority of their menstrual understandings from other women. In this way, women communicate and relate to one another about matters of health and self-care. Asking women to talk about menstruation in a small group setting allowed me to gain insight into their opinions, attitudes, beliefs, and experiences in an

informal, conversational setting. This setting is similar to the ways women talk in general. In most instances, my participants considered me as an insider, which dismantled any researcher/subject dynamics and allowed the conversation to flow naturally. Using this methodology produced rich, detailed data that included a broad range of experiences and depth.

Implications for this study include a general distrust of the pharmaceutical industry and medicine in general. Safety concerns for drugs and the long term health effects of menstrual suppression are central concerns of women in my study. Participants also indicated that longer drug testing is needed to ensure the safety of prescription medications. To quell public fears, stronger guidelines and regulations from the FDA are needed prior to drugs entering the market. Hefty penalties and sanctions for making false or over-exaggerated claims will encourage pharmaceutical companies to produce more accurate advertisements and oversight of the relationships between medicine, managed care and the pharmaceutical industry will ensure that decisions are made in the interest of health and not profit.

Medicalization impacts the ways health and illness are understood by the public. Allowing pharmaceutical companies, consumers and managed care organizations to drive conceptualizations of health and illness will decrease ideas of normalcy. Narrowing definitions of normalcy leads to intolerance of human variances in favor of standardization. Heavy promotion of pharmaceutical drugs upholds the centrality of the medical model and the idea that prescription drugs are the most efficient and effective means for treating illness. Emphasis on prescription drugs as treatment also supports the

idea that health problems are the sole responsibility of the individual and fails to consider larger social and structural factors.

Although women as consumers are calling on the medical profession to assist them in achieving their health goals, they are doing so in response to a discourse that does not value them or their bodies. The medicalization of menstruation encourages women to engage in risky treatments, including taking prescription drugs that have not been fully tested to fulfill idealized gender expectations and norms. Acceptance of these notions upholds gender inequality and supports the view that women are sexual objects. Finally, the medicalization of menstruation further promotes the ideology that women's bodies are flawed, deviant, and defective and in need of outside regulation and control. Promoting of this line of thinking is problematic because it leads to negative body images and dangerous practices, especially among young women.

Future Directions

Using this study as a starting point, future research could examine of instances of medicalization in DTCAs. For example, Latisse™ is a prescription drug used for the treatment of hypotrichosis or inadequate or not enough eyelashes (LATISSE™ 2010). Hypotrichosis is a new medical diagnosis and represents a new example of medicalization that is also gendered and based on women's body objectification. Other examples of future study include revisiting the preconditions necessary for medicalization to occur. In an increasingly consumer driven market, the initial preconditions, outlined by Bury (2004) and listed in Chapter two, may no longer be adequate or may occur in different ways. More research is needed to explore this idea. Other directions of study

include a cross-cultural analysis of medicalization. It would be interesting to examine how and if medicalization occurs in cultures that do not adhere to the Western medical model of disease and illness. A study of the DTCAs for Viagra and men's attitudes and opinions about erectile dysfunction represents another avenue for a gendered examination of medicalization. Future studies of medicalization should also consider the social location of different groups and their relationships with formalized medical care as well as the historic external messages that their natural bodies need medical interventions.

Conclusion

Participants in this study reject and resist the social construction of menstruation promoted via DTCA in favor of their embodied experiences. Findings indicate that the engines of medicalization identified by Conrad (2007) are not driving forces *per se*. Instead, the pharmaceutical industry, managed care organizations, consumers, and medicine are steady currents that slowly redefine and shape ideas about health and illness for some groups. The growth of medical markets where consumers buy health and health related goods is the outcrop of a post-modern, risk induced, and symptom-oriented society. The availability and promotion of lifestyle drugs will undoubted grow exponentially as bodily functions become more incompatible with the idea of the disciplined body. In line with past trends of medicalization, women's bodies are likely to continue to be the contested terrain for increased medical jurisdiction of competing interests.

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APPENDIX A

IRB Approval Letter

TWU
TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON

Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

March 4, 2009

Ms. Amber Elizabeth Deane
7113 Walk Up Lane
Austin, TX 78747

Dear Ms. Deane:

Re: 'The Pill' for What Ails You: Contraceptive Lifestyle Drugs and the Medicalization of Menstruation Through Direct-To-Consumer-Advertisements

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from March 4, 2009. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. David Nichols, Chair
Institutional Review Board - Denton

enc.

cc. Dr. James Williams, Department of Sociology & Social Work
Dr. Gayle Sulik, Department of Sociology & Social Work
Graduate School

APPENDIX B

Seasonique Mathematics

Birth control

+

fewer periods

=

Save Up to $75 on Your First Six Months of Seasonique*
go to seasonique.com to register for savings
*Limitations may apply.

There's no medical need to have a monthly period on the Pill.

Seasonique® is a 99% effective birth control pill that lets you have 4 periods a year. Seasonique® has a simple once-daily routine just like the typical Pill. To find out more, visit **seasonique.com** or call 1-866-610-FOUR (3687).

FOR YOUR INFORMATION: While you get 4 periods a year, you're more likely to have bleeding and spotting between periods. This can be slight to a flow like a regular period and should decrease over time.

Like other birth control pills, prescription Seasonique® has serious risks, which can be life threatening. They include blood clots, stroke, and heart attack. Smoking increases these risks, especially if you are over 35, so Pill users should not smoke. If you ever had any of these conditions, certain cancers, or if you could be pregnant, you should not take the Pill. The Pill does not protect against HIV or STDs.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

*Use prohibited in MA and TX and by any patient whose prescription costs are covered in whole or in part by a federal healthcare program, such as Medicare (including Medicare Part D) or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program.

seasonique®
levonorgestrel/ethinyl estradiol 0.15mg/0.03mg TABLETS
ethinyl estradiol 0.01mg TABLETS

Seasonique® tablets are indicated for the prevention of pregnancy. Please see following page for brief summary of Prescribing Information.

APPENDIX C

Table 1: DTCA Advertisement Campaigns

Table 1: DTCA Advertisement Campaigns

YAZ		
Ad Type:	**Ad Title:**	**Magazine:**
Print*		
	Girls Night Out	Shape (August 2007)
	Balloons	Glamour (October 2008)
	Knockout	Lucky (January 2008)
	Roller-skating	In Touch (October 2009)
	Day at the Beach	Glamour (March 2010)
	The Grass is Greener	Lucky (February 2010)
Broadcast**		
	Girls Night Out	
	Goodbye to You	
Web Content		
	www.YAZ-US.com	
Seasonique		
Ad Type:	**Ad Title:**	**Magazine:**
Print*		
	Logical/Emotional	Self (September 2008)
	Mathematics	Self (December 2008)
	RePunctuate Your Life	Shape (August 2007)
Broadcast**		
	RePunctuate Your Life	
	Logical/Emotional	
	RePunctuate Your Life	
Web Content		
	www.seasonique.com	

*Print advertisements were found in the following magazines: Self, Glamour, Lucky, Vogue, and Women's Health.

**Broadcast advertisements were downloaded from YouTube using the following search terms "YAZ commercials" and "Seasonique commercials."

APPENDIX D

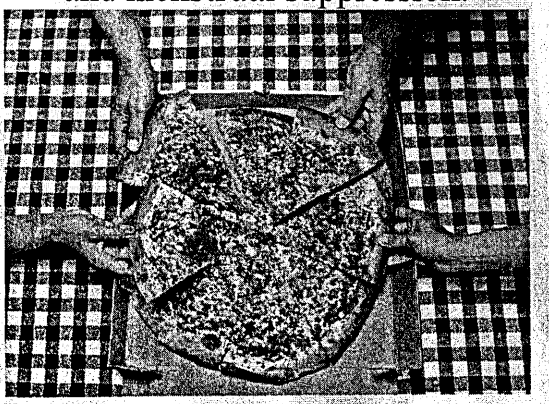
Recruitment Flyer

Call for Participants!!!

Women between the ages of 18 – 35

A voluntary research study at Texas Woman's University, Department of Sociology and Social Work

I am looking for **women** aged **18-35** to participate in a focus group discussion concerning attitudes about Direct-To-Consumer-Advertisements of prescription drugs and menstrual suppression.



Snacks and beverages will be provided.

For more information, please contact the principal investigator:

Amber E. Deane
Doctoral Candidate at
Texas Woman's University
Phone: **940.898.2052** • Email: **adeane@mail.twu.edu**

"There is a potential of loss of confidentiality in all email, downloading, and internet transactions."

Amber E. Deane
adeane@mail.twu.edu
940.898.2052

APPENDIX E

Screening Questions

Screening Questions for Participation in a Research Study

Thank you for contacting me regarding participation in my research study. I need to ask you some questions to ensure that you meet the criteria necessary for participation. You are not required to answer any question, however failure to answer may prevent you from being selected to participate. Should you have any questions please feel free to ask me directly, email me at adeane@mail.twu.edu or call me at 940.898.2052

"There is a potential loss of confidentiality in all email, downloading and internet transactions."

1. Are you currently a registered student at Texas Woman's University?

2. Please state your sex.

3. Are you between the ages of 18-35?

4. Are you currently participating in a collegiate sports program at Texas Woman's University?

5. What is your major?

6. Please list three days of the week and times of the day that are most convenient for you to participate in a focus group lasting approximately 90-120 minutes.

_____ _____

_____ _____

_____ _____

7. Are you willing to participate in a focus group on Saturday or Sunday?

8. Are you willing to participate in a focus group after 5 p.m.?

9. What is the best way to contact you?

APPENDIX F

Table 2: Demographic Characteristics of the Focus Groups

Table 2: Demographic Characteristics of the Focus Groups

Demographic Characteristics	LBQ	Women of Color	Athlete	Student Group	Total
AGE (mean)	24	22	21	22	22
RACE[a]					
Black (African American)	1	11	1	6	19
Hispanic	3	4	0	4	11
White	8	0	7	6	21
Other	3	0	0	1	4
RELIGION[b]					
Protestant	3	7	5	6	21
Catholic	3	2	0	7	12
Agnostic	2	0	1	1	4
Other	7	5	2	1	15
SEXUAL ORIENTATION[c]					
Heterosexual	0	13	8	14	35
Lesbian/Bisexual/Queer	16	1	0	3	20
RELATIONSHIP STATUS[d]					
Single	13	9	6	12	40
Married	0	1	0	1	2
Living with a Partner	3	2	2	2	9

[a] 1 participant did not indicate her race
[b] 4 participants did not indicate Religion
[c] 1 participant did not indicate her sexual orientation
[d] 5 participants did not indicate her relationship status

APPENDIX G

Demographic/Background Questionnaire

Demographic/Background Questionnaire

Please answer the following questions as completely as possible. The first section asks questions related to your background and the second section asks about your opinions and thoughts on some specific topics. Please note:

"There is a potential loss of confidentiality in all email, downloading and internet transactions"

Section I.

1. Name _____ (please provide your first name only or the pseudonym you wish to be called)

2. Age_____

3. Race/ethnicity (please circle the category that best describes your race/ethnicity)

   American Indian or Alaska Native

   Black or African American

   Asian

   Hispanic or Latino/a

   Native Hawaiian or Other Pacific Islander

   White

   Other (please specify) _____

4. Religious Preference

   Protestant (including Baptist, Methodist, Episcopalian, Lutheran, Presbyterian)

   Catholic

   Jewish

   Muslim

   Hindu

Other (please specify) _____

5. Sexual Orientation (Please circle one)

Heterosexual

Lesbian

Bisexual

Queer

Other (please specify)_____

6. Relationship Status (Please circle one)

Married

Divorced

Living with partner (same sex)

Living with partner (opposite sex)

Single (If single, please answer the following questions)

6a. Are you currently dating?

Yes (If yes, are you dating)

Different people

Dating one person occasionally

Dating one person exclusively

No

7. Do you have any children? (Please circle one)

Yes (If yes, how many?) _____

No

8. What is your current employment status?

Full-time

Part-time

Temporary Full-time

Temporary Part-time

Unemployed

9. Student Status (Please circle one)

Undergraduate student

Masters student

Doctoral student

10. Current Major _____

11. Are you currently a TWU student athlete?

No

11a. Yes (If yes, for what team?)

Basketball

Softball

Volleyball

Gymnastics

Soccer

12. Do you have some form of medical insurance that pays some or all of your doctor visits?

Yes

No

13. Do you have some form of medical insurance that pays some or all of your prescription medications?

Yes

No

14. Do you currently have Internet access at home?

Yes

No

15. How many hours do you exercise each week?

0-2 hours

3-5 hours

6-9 hours

10 or more hours

16. How many hours of TV do you watch per week?

0-2 hours

3-5 hours

6-9 hours

10 or more hours

17. Do you currently subscribe to any magazines?

Yes (If yes, which one/s?)_____

No

Section II.

For the following question set, please circle the number that corresponds to your answers.

How comfortable do you feel discussing health issues such as menstruation with:

18. Significant Other

1	2	3	4	5
Very Comfortable	Comfortable	Undecided	uncomfortable	very uncomfortable

19. Family

1	2	3	4	5
Very Comfortable	Comfortable	Undecided	uncomfortable	very uncomfortable

20. Friends

1	2	3	4	5
Very Comfortable	Comfortable	Undecided	uncomfortable	very uncomfortable

21. Medical personnel

1	2	3	4	5
Very Comfortable	Comfortable	Undecided	uncomfortable	very uncomfortable

For the next set of questions, please provide a written response to the following questions. There is no right or wrong answer. I am only looking for your thoughts and opinions.

22. What are some, if any, of the positive aspects of menstruation (your monthly period)? Please explain your answer.

23. What are some of the ways you think menstruation (your monthly period)? negatively impacts women's lives? Please explain your answer.

24. Do you think women change or omit their regular activities (exercise, social activities, work) during menstruation? Please explain your answer.

25. Do you believe that women should be given special considerations when they are menstruating? Please explain your answer.

26. Do you believe that monthly menstruating is a sign that a woman is healthy? Please explain your answer.

27. Do you believe that PreMenstrual Syndrome (PMS) is a medical condition? Please explain your answer.

28. Do you believe that PreMenstrual Syndrome (PMS) requires medical treatment? If so, in what circumstances?

29. Have you ever heard of PreMenstrual Dysphoric Disorder (PMDD)? What do you know about PMDD?

30. Do you believe PreMenstrual Dysphoric Disorder (PMDD) requires medical treatment? If so, in what circumstances?

31. Do you believe women who experience uncomfortable symptoms associated with their period should seek medical care? Please explain your answer.

32. Do you believe women who experience unwanted symptoms associated with their period (such as temporary weight gain and/or increased appetite, temporary moodiness, fatigue and/or distress) requires medical treatment? If so, in what circumstances?

33. Do you think menstruation is a medical condition in need of medical treatment? Please explain your answer.

APPENDIX H

Interview Guide

TEXAS WOMAN'S UNIVERSITY

Interview Guide

Title: 'The Pill' for What Ails You: Contraceptive Lifestyle Drugs and the Medicalization of Menstruation Through Direct-To-Consumer-Advertisements

Principal Investigator: Amber E. Deane, M.A. .....(940) 898-2052

Hello and welcome. I would like to thank you in advance for your participation in this focus group. A focus group is similar to a group interview where people come together to talk about a certain topic. This is not a question and answer session, feel free to comment at any time and to anyone. Please remember to refrain from using any specific names. I will begin by asking the group a question to start the discusssion. You may respond directly to me or follow up on another participant's comment. When all comments and respsonses have been made, we will move on to the next question. After I ask you a few questions, I will show you a video of a prescription drug advertisement, followed by a few more questions. Let's begin.

Menstruation

If you could stop having your period, would you? In what ways does your period impact your life (negative/positive)? What does your period mean to you as a woman?

From a health standpoint, do you think it is necessary to have a monthly period? Are there health benefits?

Do you know of anyone who has stopped having their period? How did this occur? How did it impact her life?

Describe how you feel about the possibility of stopping your own period (short term or long term)

Opinions on Menstrual Suppression

Have you heard of the term menstrual suppression (i.e. stopping your period)? What do you menstrual suppression is? Who have you heard it from?

What are some of the advantages to menstrual suppression? What are some of the disadvantages?

How safe do you feel menstrual suppression is?

What do you think about taking a prescription drug to stop your period? What factors would influence you to take a prescription drug to stop your period? (Recommendations from friends/family, healthcare provider, availability of reliable research, future fertility, relationship with your period)

Transition to video

Have you ever asked your doctor about a drug you have seen advertised on TV or in magazines?

I would like you to watch an advertisement for (Yaz©, Seasonale©), then we will discuss your reactions to the advertisement.

Reactions to the DTCA

Have you seen this or similar advertisements before?

What is the first thing you notice about this advertisement? What do you think the intent of the advertisement is? Give three words to describe how you feel when watching it.

What message are the advertisers attempting to get across?

Who do you think the intended audience is for this and similar advertisements?

What is the overall message of this advertisement? What message are the advertisers attempting to get across?

Would you try this drug for menstrual suppression? Why? Why not?

How safe do you feel this drug is? How do you know?

How useful was this advertisement in providing you with insight about menstrual suppression? Would you "ask your doctor about" this drug? Why, why not?

. Do you have any other impression about the as you would like to share?

Thank you

APPENDIX I

Consent Form

TEXAS WOMAN'S UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Title: 'The Pill' for What Ails You: Contraceptive Lifestyle Drugs and the Medicalization of Menstruation Through Direct-To-Consumer-Advertisements

Principal Investigator: Amber E. Deane, M.A. .....(940) 898-2052

Research Advisor: Gayle Sulik, Ph.D. .....(940) 898-2052

A research project on the influence of Direct-To-Consumer-Advertisements (DTCA) on attitudes toward menstruation is being conducted by Amber E. Deane in the Department of Sociology at Texas Woman's University in Denton, Texas. The research project is for dissertation purposes and serves as partial fulfillment of the requirements for the degree of doctor of philosophy. The purpose of this study is to determine the extent to which DTCA plays a role in women's decision about prescription drugs to eliminate their monthly period.

You are being asked to take part in a focus group discussion with other individuals like yourself in a classroom setting on a university campus. You will be shown advertisements for a prescription drug commonly prescribed to suppress menstruation. You will be asked to provide your opinions about the advertisements, your general attitudes towards menstruation and your ideas about the use of medications to alter women's menstrual cycle. The focus groups will be audio recorded for transcription purposes. Your participation will take approximately 90 to 120 minutes.

This research is voluntary and you may discontinue your participation at any time. You are not required to answer any questions.

Potential risks to participation include loss of confidentiality. Steps to minimize this risk include storing your name and contact information in a password protected file on my personal computer. The computer will be kept behind locked doors at all times. During the focus groups you will be asked to use your first name only and have the option of choosing a pseudonym. Tape recordings on the focus groups will be kept in a locked file cabinet at all times in my office. My advisor and I will be the only ones to have access to the audio-tapes. During the transcription phase of the study, I will use headphones to listen to the audio tapes. If you did not choose a pseudonym during the focus group, I will assign one to you during transcription. Any identifying information will be omitted from the

transcript. Tapes will be erased at the end of the study. I will not discuss any names or specifics that might reveal the identity of any participants. No reports will include participants' names or identifying information.

Loss of anonymity is another potential risk of participation in this study. In order to reduce this risk I will de-identify the contact information as soon as transcription has been completed. I will encourage participants to use only their first name or a pseudonym during the focus group. I will also stress the importance of confidentiality to focus groups participants at the conclusion of the focus group. Although every effort to prevent any occurrences will be made there is a potential loss of confidentiality in all email, downloading and internet transactions.

Additional risks include fatigue. You will be allowed to take breaks as needed during the focus groups to prevent fatigue. Due to the sensitive nature of the topic, additional risks include distress and embarrassment. You may stop participating at any time and do not have to answer any question that makes you feel uncomfortable or that you do not wish to answer. Additionally, should you experience any distress or embarrassment you may contact the Texas Woman's University Counseling Center at (940)898-3801 (Denton) or (214)706-2416 (Dallas) for assistance. Attached to this consent form you will find a list of counseling resources if you need additional assistance.

The researcher will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

This study has been approved by the Texas Woman's University Institutional Review Board. This board continues to have a standing in relation to the study. If you have questions concerning your rights as a study participant, you may contact the Office of Research and Sponsored Programs at IRB@twu.edu or (940)898-3378.

The dissertation that results from this study will be published and housed at the university library. My findings will be made known through lectures and publications. In addition to my dissertation, I anticipate publishing an article-length report that will appear in professional journals or as book chapters.

In any publication or public statement based on the study, all names, occupations, or other potentially identifying information will be omitted or changed. It will probably be a year or even two years after this study before there will be any conclusive results.

If you have questions regarding this study, please feel free to contact me, Amber E. Deane at adeane@mail.twu.edu or (940) 898-2052 or my faculty advisor, Gayle Sulik PhD. at gsulik@twu.edu or (940) 898-2052.

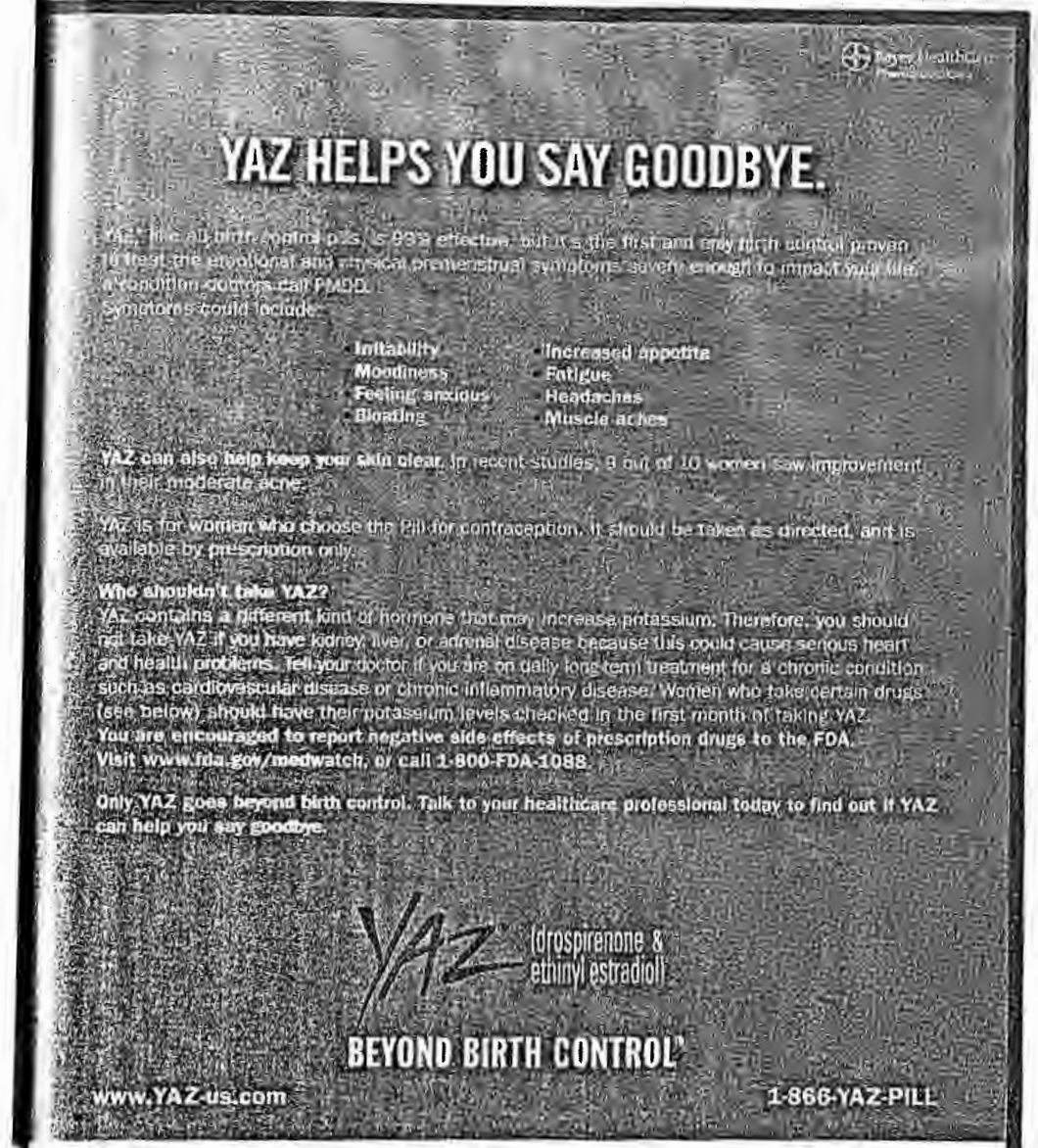
If you agree to voluntarily participate in this research project as described, please indicate your agreement by signing below. Please keep one copy of this form for your reference. Thank you for your participation.

_____ _____

Signature of Participant Date

APPENDIX J

YAZ Symptom Chart


YAZ HELPS YOU SAY GOODBYE.
YAZ,® like all birth control pills, is 99% effective, but it's the first and only birth control proven to treat the emotional and physical premenstrual symptoms severe enough to impact your life, a condition doctors call PMDD.
Symptoms could include:
• Irritability
• Moodiness
• Feeling anxious
• Bloating
• Increased appetite
• Fatigue
• Headaches
• Muscle aches
YAZ can also help keep your skin clear. In recent studies, 9 out of 10 women saw improvement in their moderate acne.
YAZ is for women who choose the Pill for contraception. It should be taken as directed, and is available by prescription only.
Who shouldn't take YAZ?
YAZ contains a different kind of hormone that may increase potassium. Therefore, you should not take YAZ if you have kidney, liver, or adrenal disease because this could cause serious heart and health problems. Tell your doctor if you are on daily long-term treatment for a chronic condition such as cardiovascular disease or chronic inflammatory disease. Women who take certain drugs (see below) should have their potassium levels checked in the first month of taking YAZ.
You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.
Only YAZ goes beyond birth control. Talk to your healthcare professional today to find out if YAZ can help you say goodbye.
YAZ (drospirenone & ethinyl estradiol)
BEYOND BIRTH CONTROL®
www.YAZ-us.com
1-866-YAZ-PILL
What cardiovascular or chronic inflammatory drugs may increase potassium? NSAIDs—ibuprofen (Motrin®, Advil®), naproxen (Naprosyn®, Aleve®, and others) when taken long-term and daily for arthritis or other diseases or conditions, Potassium-sparing diuretics (spironolactone and others), Potassium supplementation, ACE inhibitors (Capoten®, Vasotec®, Zestril®, and others), Angiotensin-II receptor antagonists (Cozaar®, Diovan®, Avapro®, and others), Heparin, and Aldosterone antagonists. See important patient information on reverse side.

APPENDIX K

Seasonique Ad "Logical/Emotional"

Birth control plus fewer periods

Satisfy your need-to-know side.

I know I need highly effective birth control. **Well, that's prescription SEASONIQUE®—it's what you need your Pill to be.** It's 99% effective when taken as directed.

Do I take SEASONIQUE® every day? **SEASONIQUE® has a simple once-daily routine just like the typical Pill.** You take a pill every day, at the same time each day, for 3 months instead of 3 weeks. Just let the convenient pill pack be your guide.

Are the risks with SEASONIQUE® similar to other birth control pills? **Like other birth control pills, SEASONIQUE® has serious risks, which can be life threatening.** They include blood clots, stroke, and heart attack. Smoking increases these risks, especially if you are over 35, so Pill users should not smoke.

Can everyone take SEASONIQUE®? **Some women should not take the Pill,** including women who have blood clots, certain cancers, a history of heart attack or stroke, as well as those who could be pregnant.

Does SEASONIQUE® protect against HIV or STDs? **No. The Pill does not protect against HIV infection and other sexually transmitted diseases (STDs).**

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

And your get-up-and-go side.

But part of me wants fewer periods. **That's SEASONIQUE® too—it lets you have fewer periods than most Pills.** That's why it's designed with 3 straight months of active pills.

What will my periods be like? **You'll get 4 periods a year.** They should last about 3 days and be as light as with a typical monthly Pill.

What else should I expect? **While you get 4 periods a year, you're also more likely to have bleeding or spotting between periods.** This can be slight to a flow like a regular period and should decrease over time.

I can really have fewer periods? **Sure. SEASONIQUE® takes advantage of the fact that there's no medical need to have a monthly period on the Pill.**

To learn more, ask your healthcare professional.

Savings to get started*

Save big on your first prescription and refill at **seasonique.com/mc** 1.866.610.FOUR (3687) Offer ends soon, limitations may apply.

* Use prohibited in MA and TX and by any patient whose prescription costs are covered in whole or in part by a federal healthcare program, such as Medicare (including Medicare Part D) or Medicaid, or by any similar federal or state program, including a state pharmaceutical assistance program.

SEASONIQUE® tablets are indicated for the prevention of pregnancy. Please see following page for brief summary of Prescribing Information.

seasonique®

levonorgestrel/ethinyl estradiol 0.15 mg/0.03 mg TABLETS

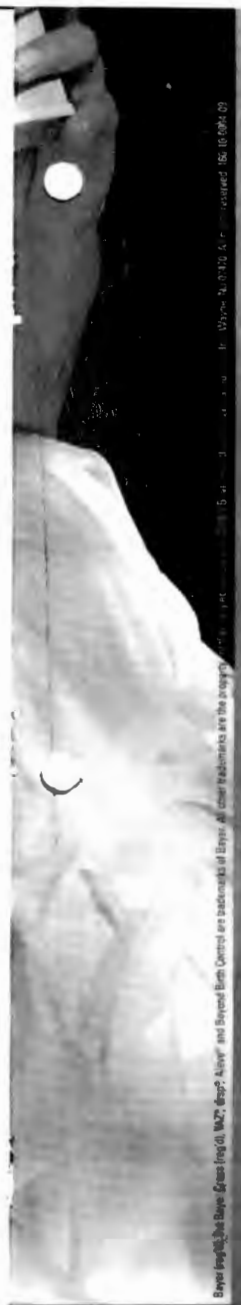
ethinyl estradiol 0.01 mg TABLETS

APPENDIX L

YAZ Ad "Grass is Greener"

Patient dramatization

What drugs may increase potassium? NSAIDs—ibuprofen (Motrin®, Advil®), naproxen (Naprosyn®, Aleve®, and others) when taken long-term and daily for arthritis or other diseases or conditions. Potassium-sparing diuretics (spironolactone and others), Potassium supplementation, ACE inhibitors (Capoten®, Vasotec®, Zestril®, and others), angiotensin-II receptor antagonists (Cozaar®, Diovan®, Avapro®, and others), aldosterone antagonists, and heparin.



Bayer HealthCare
Pharmaceuticals

There are other reasons women use YAZ in addition to birth control. What are yours?

YAZ goes beyond birth control. Of course it's 99% effective at preventing pregnancy when taken as directed. And, like other Pills, it can also give you shorter, lighter periods, reduce cramps, and regulate your cycle.

But, if you choose the Pill for birth control, YAZ is the only Pill proven to also treat the emotional and physical symptoms of PMDD (Premenstrual Dysphoric Disorder). Symptoms of PMDD can be severe enough to interfere with your life. YAZ is not approved to treat PMS, a less serious cluster of symptoms occurring before menstruation. Symptoms of PMDD may include:

- **Irritability**
- **Anger**
- **Feeling anxious**
- **Fatigue**
- **Markedly depressed moods**
- **Headaches**
- **Bloating**
- **Muscle aches**
- **Change in appetite**

If you or your healthcare provider believe you have PMS, you should only take YAZ to prevent pregnancy and not for the treatment of PMS.

Prescription YAZ is also proven to help treat moderate acne if you are at least 14 years old, started having menstrual periods, and want to use the Pill for birth control.

Important Safety Information about YAZ:

Who should not take YAZ? YAZ contains drsp*, a different kind of hormone that for some may increase potassium too much. Therefore, you should not take YAZ if you have kidney, liver, or adrenal disease because this could cause serious heart and health problems. Tell your doctor if you are on daily long-term treatment for a chronic condition such as cardiovascular disease or chronic inflammatory disease. Women who take certain drugs (see opposite page) should have their potassium levels checked in the first month of taking YAZ.

What are the risks involved with taking any oral contraceptive (OC)? OCs can be associated with an increased risk of several serious cardiovascular side effects, including blood clots, stroke, and heart attack. **Women, especially those 35 and over, are strongly advised not to smoke because it increases these risks.** Some women should not use the Pill, including women who have blood clots, certain cancers, a history of heart attack or stroke, as well as those who are or may be pregnant. *OCs do not protect against HIV infection or other STDs.*

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088. See important patient information on reverse side.

Ask your healthcare provider about YAZ...whatever your reasons.

YAZ

www.YAZ-us.com
1-866-YAZ-PILL

APPENDIX M

Seasonique Ad "RePunctuate Your Life"

APPENDIX N

Theoretical Outline

THEORETICAL FRAMEWORK

I. Driving Factors/Competing Interests

- A. Pharma as Industry
- B. Medicine as Healing
- C. Medical Jurisdiction
  - i. DTCA
  - ii. Consumer Movements
  - iii. Managed Care

II. Social Construction

- A. Social Construction in General
- B. Social Construction of Menstruation
  - i. Symptoms
  - ii. Emotionality
    - a. Mind/Body Dualism
    - b. Gendered Aspects of Rationality/Emotion
  - iii. Idealized Femininity-Maintaining a Sexualized State for Others
  - iv. Surveillance
    - a. Management
    - b. Control
      1. Work = The Disciplined Body
    - c. Presentation of Self
      1. Taboo-Private Revealment → Public Concealment
  - v. Women's Empowerment
    - a. Suppressing
    - b. Resisting Suppression