

PORTRAYAL OF WOMEN IN PRINT ADVERTISEMENTS FOR HORMONAL
CONTRACEPTIVES: USING QUALITATIVE INTERVIEWS AND FOCUS GROUPS TO
STUDY AGENCY PROFESSIONALS AND THEIR TARGET CONSUMERS

By

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To my parents, Robert and Debra Ehrlich, and my brother, Scott Ehrlich, for their support,
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Abstract of Thesis Presented to the Graduate School
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This thesis presents a pilot study regarding the portrayal of women in print advertisements for hormonal contraceptives. Utilizing the qualitative methods of one-on-one interviews and focus groups, this study interviewed both account planners and the target market of hormonal contraceptives. The goal of the study was to compare the responses of agency professionals and their consumers to determine whether or not the responses were congruent.

The researcher utilized the grounded theory to develop and analyze the methods of qualitative interviews and focus group interviews. The participants were all Caucasian graduate students, ages 20–24 had lived in the United States for more than five years, and were not against birth control for any religious reasons.

This study determined that account planners are largely aware of the needs of their target consumers, however, the portrayal of women in print advertisements for hormonal contraceptives still received a largely negative response from the focus group participants. This discrepancy is due, in part, to the gender of the account planners and their clients. If these agency professionals and their clients work together to avoid gender biases, the perception of these types of advertisements may garner a more positive reception in the future.

CHAPTER 1 INTRODUCTION

Rationale/Significance of Study

With a total expenditure of \$4.5 billion in 2006, direct-to-consumer pharmaceutical advertising¹ (DTC) is a major player in the advertising game (Kelly, 2007, pg.14). In fact, DTC is now “the fastest growing healthcare expense” (Findlay, 2002, pg. 21). Within the booming, yet controversial industry of DTC is the equally controversial area of hormonal contraceptive² advertising. In a study conducted by the CDC in 2002, the leading method of contraception was found to be the oral contraceptive, a type of hormonal contraceptive, used by over 11.6 million women, ages 15-44. In this same study, a staggering 82% of women who have ever had intercourse reported using the oral contraceptive pill. By the year 2002, it was reported that 44.5 million women ages 15–44 had ever used the contraceptive pill (Mosher, Martinex, Chandra, Abma, & Wilson, 2002, pg. 1). Thus, the amount of money and women invested in hormonal contraceptives is tremendous.

While the investment in hormonal contraceptives is significance enough, consider that hormonal contraceptives are one of the few prescription drugs available only to women. Therefore, the manner in which DTC advertisers choose portray their sole target market is of great interest. Additionally, research indicates, “women appear slightly more inclined to pay attention to DTC advertisement messages than males” (Joseph, Stone, Japer, Stockwell, Johnson,

¹ DTC prescription drug advertising is defined as “any promotional effort by a pharmaceutical company to present prescription drug information to the general public through the lay media, i.e., newspapers, periodicals, television and radio” (Shah, Holmes, Desselle, 2003, pg.23).

² Hormonal Contraceptives include any drug designed to act on the hormonal system to provide for the intentional prevention of conception or impregnation in a sexually active female. These drugs can be taken orally, vaginally, transdermally, or through injections or implants.

and Huckaby, 2005, pg. 242). Therefore, advertisements for hormonal contraceptives hold a great deal of persuasive power over females.

Because “several studies on gender stereotyping suggest that advertisements profoundly influence how people perceive and relate to one another,” understanding the level to which women are portrayed in these hormonal contraceptive advertisements (whether stereotypically or not) is of great social importance (Plous and Neptune, pg. 628). To understand how women are portrayed in hormonal contraceptive ads means to understand how women are socially perceived in a category that is based only on their needs. Additionally, the interest of this study is not only to uncover how advertisers and their agencies view their target market, but also to unveil how their target market views themselves. Thus, understanding their self-perceptions will provide for an extremely interesting and wholly original line of research.

Surprisingly, despite the tremendous amount of money involved in DTC pharmaceutical advertising and the social significance of understanding gender portrayals, few studies have been conducted analyzing the portrayals of women in DTC advertisements. Additionally, virtually no research exists regarding the portrayal of women in advertising for hormonal contraceptives, whether in print or on television. Because advertisements for hormonal contraceptives have become so ubiquitous in advertising today, especially in women’s magazines, this lack of research is highly surprising. Finally, no study on the portrayal of females in advertising has ever explored the portrayal of the female from the perspective of advertising professionals themselves.

Purpose

In an area as controversial and financially significant as DTC, the dearth of information and research available on gender portrayals in DTC advertising allows for a compelling, yet

widely untouched area of study. Through research, insights into areas where few have been developed have emerged.

The portrayal of women in current print advertisements for hormonal contraceptives was examined in this study via qualitative personal interviews and focus groups. Print advertisements were selected as the medium because “studies suggest that magazines provide the most effective format for DTCA; consumers find ads for prescription drugs in magazines the most memorable and are more likely to ask physicians about products advertised in magazines than in other media” (Shah, Holmes, and Desselle, 2003, pg. 27). Following a selection of the most common print advertisements for hormonal contraceptives, those agencies responsible for the development of the print advertisements were contacted and interviewed regarding their account planning process. Specific attention was paid to the types of research and insights that led the account planners to recommend that the females in the advertisements be portrayed in their selected manner. After understanding the portrayal of women from the agency side, the largest users of hormonal contraceptives, women ages 20–24, were interviewed in a focus group format (Mosher et. al, 2004). Through these interviews, this study was able to determine whether or not the manner in which the target female consumer perceives the female model in the advertisements and the manner in which the agency perceives the female model in the advertisements is congruent. The level of congruency of the agency to the consumer has led to a discussion of the theoretical implications of the findings and to the development of theoretical reasoning to explain the findings.

CHAPTER 2 LITERATURE REVIEW

This literature review will present previous research performed on all aspects of information relevant to the study. Through these summaries, the role of the study within currently available research will become apparent. The literature review will begin with theories that are relevant to the area of study. It will next continue with a general overview of the DTC industry and its relationship to the main topic. Following a discussion of DTC, a more specific examination of one aspect of DTC will be discussed, that of hormonal contraceptives. Because there has been little prior research conducted on current hormonal contraceptive advertising, this section will deal primarily with the history of oral contraceptive advertising. In the next section, the subjects of DTC and hormonal contraceptive advertising will be bridged together by a summation of information available regarding the portrayal of women in print advertisements. Finally, a discussion of the account planning process will reveal how print advertisements are developed from research to conceptualization to execution.

Theories Applicable to the Study

Grounded Theory: Typical research studies work in a deductive fashion, using existing theories to craft hypotheses and using a quantitative research method to test the merit of these hypotheses. However, qualitative research is not entirely typical. Qualitative research works in the opposite manner of quantitative research, in an inductive fashion, developing theory from the research method. However, if theories are to be attained inductively from qualitative studies, these studies must be guided by some system of rules in order to legitimize the research. That is, quantitative research follows the scientific method, a long-established pattern of scientific research. Because qualitative research is an atypical form of research, in order to gain validity as a method, grounded theory was developed to provide necessary guidelines and structure.

Grounded theory was developed in 1967 by Barney G. Glaser and Anselm L. Strauss in an effort to provide a strategic framework to qualitative research and to help legitimize it among the research community. In their text, Glaser and Strauss define grounded theory as the process of “purposeful systematic generation” of new theories from the data of social research (1967, pg.28). Glaser and Strauss argue that grounded theory in qualitative research can actually be superior to quantitative research as quantitative research is merely concerned with the testing of hypotheses and little else. That is, quantitative research uses preexisting theories to develop hypotheses and then all effort is made to either accept or deny these hypotheses. Any other information that is generated in the study is largely ignored, as it is secondary to the testing of hypotheses. Thus, “a focus on testing can thus easily block the generation of a more rounded and more dense theory” (pg. 27). Grounded theory, on the other hand, can prove to be a much more productive form of research, “stimulating a variety of research and study, constantly exciting students” (pg. 4). Thus, while grounded theory is intimately connected to the data from which it is produced, the theories developed from such a method of research, inspire researchers to develop further methods of testing such theories or attempts to work with and modify the theory generated. Furthermore, unlike hypothesis testing where the hypothesis can be negated, “theory based on data can usually not be completely refuted by more data or replaced by another theory. Since it is too intimately linked to data, it is destined to last despite its inevitable modification and reformulation” (pg. 4).

While there are certainly many benefits of utilizing grounded theory, these benefits can only prevail if the guidelines of grounded theory are properly followed. An important aspect in grounded theory is theoretical sampling or “the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect

next, and where to find them, in order to develop his theory as it emerges” (pg. 45). Because data serves as the basis for grounded theory, its proper collection and sampling is pivotal. In grounded theory, sampling does not simply refer to acquiring the proper demographic group as an interview pool, but also refers to acquiring a demographic that displays the concepts that are under study (pg. 9). Thus, “once a concept has ‘earned’ its way into a study...then its indicators should be sought in all subsequent interviews and observations” (pg.9)

Another area of procedural importance in grounded theory is that of data collection. In grounded theory, “data collection and analysis are interrelated processes” (Corbin and Strauss, 1990, pg.6). Therefore, unlike in traditional qualitative research, where all data is collected before analysis, in grounded theory research, “the analysis begins as soon as the first bit of data is collected” (pg.6). Thus, the analysis that is captured from the data helps to guide further areas of research. It is for this reason that analysis obtained from one qualitative interview will help to guide the questions that will be addressed during following qualitative interviews and during the focus groups (More specific information on data collection can be found in the Methods section of this study). The mixture of data collection and analysis is also significant because only those concepts that are found to occur repeatedly in the interviews or the focus groups will earn their way into the theory (pg.7). Therefore, by noting commonly addressed concepts early on in the interview process, questions can be adjusted in later interviews to better glean information on these repeating concepts.

Other elements of grounded theory include coding methods and measures of analysis. These procedures will be discussed in the analysis section of this study. The key significance of grounded theory to this study is that preexisting theory will not guide this study. There are a few theories, to be discussed later, that help to further elaborate on the significance of the study, but

that do not dictate the research questions nor the research method. Following the guidelines of grounded theory, this study will use the data collected to develop a theory based on key concepts discovered during the qualitative interviews and focus groups.

Direct-to-Consumer Advertising

Despite its multi-billion dollar advertising budget, direct-to-consumer advertising is still relatively new. Pharmaceutical advertisements have only been allowed in broadcast media since 1997, when the Food and Drug Administration (FDA) “relaxed its guidelines on advertising pharmaceuticals” (Kelly, 2007, pg. 14). Prior to this “relaxation” by the FDA, pharmaceutical companies marketed their drugs to doctors and pharmacists through trade journals and conferences (Huh and Becker, 2005, pg. 442). However, once pharmaceutical manufacturers received the “okay” from the FDA to market direct to the consumer, the DTC industry was born.

From the outset, however, DTC has encountered controversy. The idea of selling prescription drugs straight to the consumer without a doctor or a pharmacist acting as an intermediary has irked many in the professional world as well as many consumers. Much of the controversy involves the power of DTC ads to drive consumers into their doctor’s offices, demanding a prescription for a drug they saw advertised in print or on television. Many studies have been conducted on this driving power of DTC advertising. One study published in the *British Medical Journal* found that of their surveyed population, “patients requested prescriptions in 12% of surveyed visits. Of these requests, 42% were for products advertised to consumers” (Mintzes, Morris, and Kravitz, 2002, pg. 278). In a telephone survey conducted by the FDA, the results showed that three-quarters of those surveyed remembered seeing an ad for prescription drugs in the previous three months. Of these respondents that recalled seeing an ad, 25% said they had asked their doctor about a condition referred to in the ad, and 13% asked for the specific drug (Findlay, 2002, pg. 22). In another telephone survey, this one conducted by

Prevention magazine, out of “1,222 consumers surveyed, 72 (6%) ended up with a prescription drug because they saw an advertisement for it” (Findlay, 2002, pg. 22). As suggested by the results of these three studies, there is no conclusive response to the question of the persuasive power of DTC in terms of prescription requests. The bottom line: “Most experts agree that no scientifically rigorous studies have yet quantified the magnitude of the impact of DTC advertising on consumer behavior, physician prescribing patterns, or public health” (Findlay, 2002, pg.22).

In addition to the controversy over DTC’s power to drive unnecessary prescriptions based on the direct-to-consumer advertising of prescription drugs, lies the controversy over whether or not DTC advertising increases sales. That is, is the amount of money spent to promote a drug, correlated with the amount of sales earned from that drug? There have been previous studies that link “higher sales of heavily advertised drugs to increased advertisement spending on those same drugs” (Joseph, Stone, Japer, Stockwell, Johnson, and Huckaby, 2005, pg. 235; Davis, 2000; Doucette and Schommer, 1998). However, the results are largely inconclusive as there are other factors involved. For example, the higher sales levels could be due to the increase in the cost of prescription drugs. Most industry experts have attributed this rise in drug prices as the result of the high expenses for research and development in order to “make advances in medical research and new miracle drugs” (Joseph, Stone, Japer, Stockwell, Johnson, and Huckaby, 2005, pg. 235; Shields, 2003). However, those opposed to the pharmaceutical industry would argue that the increase in drug prices is due to the greed and monopolization of power by the drug companies.

The controversial nature of DTC, for all of the aforementioned reasons, has led many to go against the drug industry. Many consumers fight the drug companies by illegally obtaining their drugs from Canada. These consumers believe that the elevated prices of prescription drugs

are due to the high marketing expenses of the drug companies. Others, including an academic from Duke University and an analyst for *Consumer Reports*, fight the drug industry by speaking out against DTC during a panel held by the FDA in Washington, D.C. (McGuire, 2005, pg. 30). As recently as May 2007, the DTC industry was attacked by the Senate via a bill proposing “a moratorium of up to two years on ads for new drugs” (Arnold, 2007, pg. 9). The bill, proposed by Senator Roberts of Kansas, was ultimately voted down. Negative reactions from the Senate and Congress toward DTC have been raging for nearly a decade and are likely to continue indefinitely. For example, it is possible that the recent election of democrat Barack Obama to the office of President could bring about further DTC regulations.

While there is much to be said against DTC pharmaceutical advertising, there is also a great deal to be said in support of such an industry. For example, “proponents of DTC advertising argue that DTC ads give consumers the information they need to discuss medical symptoms and treatment options with their physicians” (Huh and Becker, 2005, pg. 442). In other words, it “enable[s] them to take a more active role in interacting with health professionals” (Choi and Lee, 2007, pg. 137). Additionally, the information that is provided to the consumer allows the consumer to become educated about medical conditions and treatments that they might not otherwise be aware. In a sense, DTC advertising can be said to empower the average consumer (Huh and Becker, 2005, pg. 442).

So how does this entire discussion of DTC pharmaceutical advertising fit into the advertising of hormonal contraceptives in print? First, like all other prescription drugs being advertised, hormonal contraceptives are only available after consultation with a doctor. These contraceptives may be prescribed for birth control purposes or due to medical conditions. Because most hormonal contraceptives have been proven to reduce the duration of periods, the

intensity of cramps, and the effects of other pre-menstrual symptoms, they can fit under a medically necessary umbrella. For example, many women choose to use a birth control pill because they suffer from debilitating cramps and wish to curb these symptoms with medical treatment. In this way, DTC advertising allows for women to find out information regarding the medicines on the market to help them with their medical issues. Additionally, DTC advertising allows women to discover new brands of hormonal contraceptives and the new attributes that each new brand brings.

However, there is growing concern as to whether providing females with information regarding treatments for their periods is helpful for their medical health or if it is a hindrance. For example, one oral contraceptive, Yaz, has been proven to reduce moderate acne in clinical trials (Nurse Practitioner, 2007, pg. 58). In its DTC advertising of Yaz, Bayer Schering Pharma AG, make it a point to mention their product's acne-fighting power. As a result, many teenage girls have begun to utilize Yaz as a means to combat their acne. However, because Yaz is also a contraceptive, these youngsters may also feel that sexual intercourse at their age is acceptable because they are protected from getting pregnant. In this case, some would suggest that a benefit such as acne-prevention should be kept out of Yaz's DTC advertisements as it encourages those who may not have otherwise known about the pill's added benefit to ask their doctor for a prescription.

Advertising Hormonal Contraceptives

In the 1960s, the Searle pharmaceutical company received FDA approval for the first ever birth control pill, known simply as "the Pill" (Webmd, 2007). From that moment forward, the birth control industry was changed forever as oral contraceptives were born. At that point in time, the pill was only advertised to medical professionals. In the professional advertisements, the revolutionary nature of the drug was the key selling point while the ability of the drug to

empower women and “rewrite the social order” was severely downplayed (Tone, 2006, pg. 261). The women in these advertisements were “consistently depicted...as passive patients in need of strong male and medical guidance” (Tone, 2006, pg. 261). As a gender, the women of these advertisements were:

Overwhelmingly middle-class, white, and married. Conservatively dressed, they wear tasteful lipstick hues and opaque pantyhose. They respect the social order. They are not the bra-burning feminists who operate underground abortion clinics and demonstrate against the Vietnam War. (Tone, 2006, pg. 261-2)

Thus, while the birth control pill was intended to liberate women from the burden of unwanted pregnancy, the advertisements portrayed the potential consumers of the product as anti-feminist and highly constrained. When pharmaceutical advertising was allowed to be presented directly to the consumer in the late 1990s, the portrayal of women remained restrained. Once the public had access to contraceptive advertising, “marketing executives had to play a double game...signal[ing] to women the liberating possibilities of their products without assaulting the sensibilities of those who still regarded contraceptives as sexually obscene” (Tone, 2006, pg. 262).

However, in the new millennium, the advertising of hormonal contraceptives has become more common and more routine than in the nineties. Lately, new hormonal products have emerged on the market, altering the way hormonal contraceptives are marketed. These new products seek to tackle a problem that has been plaguing women since the oral contraceptive was introduced—remembering to take the pill:

Once hailed as a breakthrough in efficacy and efficiency, the pill has become an onerous nuisance for many women. When they get busy with jobs, children and travel, some women forget to take their daily tablet. As a result, though the pill is 99%-effective in clinical trials, in the real world it fails 5% to 8% of the time. (Parker-Pope, 2002, pg. D1)

The key issue that many women have with the oral contraceptive is the fact that it must be taken by mouth, daily, and at relatively the same time every day. Thus, while it is celebrated

as a liberating wonder drug, the oral contraceptive can still be somewhat restricting. In an effort to address these concerns, Ortho Evra, an adhesive patch, NuvaRing, a vaginal insert, and Lunelle, an injection, have been developed recently. These three products allow for the dosage of pregnancy-preventing hormones to be given monthly, rather than daily. Thus, because these products allow for a less stringent dosing schedule, their advertising campaigns reflect their liberating abilities. Ortho Evra's campaign focuses on its once-monthly dosage with its copy: "The patch has the effectiveness of the Pill and fits into my hectic schedule" (Ortho Evra.com). Similarly, NuvaRing's campaign emphasizes freedom with its tagline "I broke free from the pack." These relatively new products are changing the face of hormonal contraceptive advertising by emphasizing liberation in ways not previously seen. In an effort to remain competitive with such products, oral contraceptive manufacturers find themselves trying to emphasize product benefits that are not found in these non-oral contraceptives. Seasonique, for example, is an oral contraceptive that reduces the number of periods women experience from 12 per year to just four per year and touts its product as "Birth Control Plus Fewer Periods." Thus, the hormonal contraceptive market has gotten more advanced and more competitive since Tone (2006) concluded her study. With these new product benefits and a heightened level of competitiveness among hormonal contraceptive manufacturers, it will be of great interest to see whether women in hormonal contraceptive print advertisements have become more relatable and the overall advertisement has become less patronizing than those from years past.

Portrayal of Women in Advertising

Throughout the years, there have been countless studies involving gender roles in advertising (Lindner 2004; Ford and LaTour 1996; Busby and Leichty 1993). The rationale behind these studies is primarily the fact that the images presented in advertisements "act as socializing agents that influence our attitudes, values, beliefs, and behaviors" (Lindner, 2004, pg.

409). In other words, the constant viewing of such stimuli throughout our lifetime acts as a force in shaping our ideals of masculinity and femininity (Lindner, 2004, pg. 409). It is no wonder, then, that studying gender roles is of great importance to social research.

The majority of interest in women in advertising comes from a desire to address what are considered wholly unfair and unnatural depictions of women. These depictions are “not only potentially debilitating and demeaning, but they are also inaccurate” (Lazier and Kendrick, pg. 200). These portrayals, while demeaning, also lead to behavioral issues between men and women. Because “even brief exposure to an image affects audience perceptions of social reality immediately after exposure” and “even brief exposure to advertisements that rely on gender stereotypes reinforces stereotypes about gender roles,” it is apparent that gender roles in advertising can affect behavior (Lafky, Duffy, Steinmaus, and Berkowitz, 1996, pg.385). For example, studies have demonstrated that the increased level of attractiveness of females in advertising has led to an elevation of expectations for one’s partner’s attractiveness (Kendrick, Gutierrez, and Goldberg 1989; Reichert, LaTour, Lambiase, Adkins, 2007). Another study shows that “male interviewers who had watched sexist television commercials later judged a female job applicant as less competent” (Plous and Neptune, 1997; Rudman & Borgida, 1995).

Clearly, the effects of female portrayals in advertising have pointed to negative effects on social behavior. However, how does one measure such elements as attractiveness or sexiest imagery in female portrayals? Numerous researchers have attempted to quantify depictions according to self-designed scales (Erving Goffman 1979; Butler-Paisley 1974; Pingree et al 1976; Sexton and Haberman 1974). Erving Goffman, considered a pioneer in the analysis of women in advertising, placed the portrayals of females in advertising into six categories: size relative to men, feminine touch, family-oriented, function ranking, inferiority, and withdrawn

women (Goffman, 1979). In terms of “feminine touch,” Goffman found that women’s hands were used to outline or cradle a product, or that the female was touching herself (not necessarily in a sexual manner). In the category of withdrawn women, Goffman found that women were distant psychologically and therefore were dependant on men for protection (Goffman, 1979). The overall theme of Goffman’s analysis was that females and males were involved in a parent-child relationship in advertising, where men were the parents and women were the children (Goffman, 1979, pg. 9).

The Sexton and Haberman rating system also investigates the depictions of women, analyzing the relationship of the woman to the product, her physical appearance, and whether her role is traditional or nontraditional (Sexton and Haberman, 1974) Another important scale, The Butler-Paisley Consciousness Scale of Sexism, later elaborated by Pingree et al (1976), contains five varying levels of female depictions in advertisements. The scale works on an increasing level, from the most stereotypical and sexist depiction, woman as a sex object (Level 1) to the most non-stereotypic (Level 5), where the woman is “not judged by sex” (Pingree et al, 1976). These scales have been used in research, specifically in quantitative content analyses to aid with coding. One of the more famous studies that makes use of both Pingree et al’s scale and Sexton and Haberman’s scale, is a content analysis of *Ms. Magazine* (Ferguson, Kreshel, and Tinkham, 1990). The researchers, using the scales and the images within *Ms.*, determined that *Ms.* contained numerous sexist images despite their stance as a feminist magazine (Ferguson, Kreshel, and Tinkham, 1990, pg. 48).

Most research conducted regarding the portrayals of women in advertising seems to agree with the primary categories into which the portrayals tend to fall. Generally, women’s images fall “into three categories: women as sexual objects, women as beautiful foreground or

background for selling a product, and women as dependent on men” (Busby and Leichty, 1993, pg. 249; Venkatesan and Losco, 1975; Sexton and Haberman, 1974; Wagner and Banos, 1973). Another category to consider is woman as homemaker (Courtney and Lockeretz, 1971; Wagner and Banos, 1973). A study analyzing the change in depictions of women in advertisements from 1951-1971 found that “the trends over two decades did not appear to have moved very far from a limited picture of women as social people appearing in a predictable environment” (Sexton and Haberman, 1974, pg. 45).

Throughout the 1980s and 1990s, advertisements continued to depict women in a limited manner, only evolving slightly as the decades progressed. A study conducted in 1983, which analyzed the portrayal of women in magazine advertisements from 1974–1980, found that “advertisers were portraying women more often in career and non-traditional settings than they had before” (Ford and LaTour, 1996, pg. 82; Lysonski, 1983). However, in this same study, women were still found to be shown as homemakers (Ford and LaTour, 1996). Another study, which analyzed advertisements in *Playboy*, *Ms.*, and *Newsweek* between 1972–1989, found that “women were indeed being shown in more ‘modernized’ settings” (Ford and LaTour, 1996, pg. 82; Klassen, Jasper, and Schwartz, 1993). Yet, based on other studies conducted around the same time, this evolution in the portrayal of women did not come without a price. A 1988 study by Sullivan and O’Connor found that advertisements in 1983 reflected women in a more accurate manner, portraying them in a variety of roles, i.e. in the workplace or more everyday settings outside the home. However, this advancement “was counteracted by an increase in women portrayed in purely decorative and sexualized roles” (Lindner, 2004, pg. 410; Sullivan and O’Connor, 1988). In other words,

women might be portrayed more often as professionals, for example, but at the same time there is also a remarkable increase in sexualized images of women or images that show them as mentally removed from the situation at large. (Lindner, 2004, pg. 411)

Another study analyzing women in advertisements from the 1950s-1980s confirms these results (Busby and Leichty, 1993). According to this study, “women’s roles as decorative objects in advertising have continued to increase over time, despite social changes brought about by the feminist movement” (Busby and Leichty, 1993, pg. 258). In the process of making women decorative objects, many of the advertisements studied relied on “indeterminate” locations or backdrops. The study hypothesizes that these plain backdrops have been put into use in advertisements because of “the confusion generated by the feminist movement over appropriate gender roles for females” whereby “advertisers are floundering in their efforts to properly ‘position’ the ‘new woman’ in advertising” (Busby and Leichty, 1993, pg. 258).

Even one of the more current studies of women in advertisements has unfortunately found similar results. In a study of advertisements in fashion magazines from 1955-2002, the researcher found that “78% of the magazine advertisements portrayed women stereotypically” (Lindner, 2004, pg. 419). Overall, the results of the study

. . . revealed that the extent to which women were shown in stereotypical roles has remained fairly constant throughout the years. This is a rather surprising finding considering that the changes in the actual roles women occupy in real life that have occurred since the Women’s Movement and the subsequent trends toward equality, especially with regard to the business world. (Lindner, 2004, pg. 419).

Therefore, while women’s roles have evolved socially in the past 50 years, most advertisements fail to pick up on this evolution. Instead, many advertisements stick to their traditional stereotypes of women, even in the new millennium. However, this lack of evolution in women’s roles may not be entirely due to resistance to change on the part of advertisers.

Some research suggests that

replacing traditional images with more modern or 'liberated' ones may create new effectiveness problems. More progressive portrayals may be inappropriate to the particular product category or brand advertised, may be ineffective with some consumer segments, or may strike irritating and offensive chords even with seemingly progressive target segments. (Whipple and Courtney, 1984, pg. 4; Whipple and Courtney, 1983)

Therefore, progressive portrayals of women may not be accepted into advertising, not because of unwillingness on the part of the advertisers, but rather on the part of the consumer.

It is especially important to consider the evolution of the portrayal of woman in a discussion about advertisements for hormonal contraceptives. Because the goal of hormonal contraceptives is to prevent pregnancy as well as reduce symptoms associated with menstruation, it appears that hormonal contraceptives provide their users with a sense of freedom and elimination of many burdens, which until 1960 were entirely unavoidable. Therefore, one would expect that advertisements for hormonal contraceptives would present females as liberated and in control. However, as discussed previously, past advertisements, before prescription drugs were allowed to be marketed directly to the consumer, presented women as repressed and respectful (Tone, 2006, pg. 262). Therefore, it is of great interest as to whether or not the coming of DTC has allowed for a change in the portrayal of women in these advertisements. Based on two ads for hormonal contraceptives found in 2001 in magazines, Andrea Tone proclaims that

in contrast to the neurotic and passive women who appeared in medical advertisements in the 1960s, this new generation of Pill users are cheerful, energetic, take-charge women. They can control their environment *and* look beautiful. (Tone, 2006, pg. 262)

These two advertisements from 2001 may indicate the beginning of change in the way in which women are portrayed in hormonal contraceptive ads, a change that hopefully has continued into 2008. It will be interesting to explore how both agency professionals and their target consumers are reacting to this change.

Account Planning Process

The exploration of the specific account planning process behind a print advertisement for hormonal contraceptives can provide insight into why certain creative decisions were made in regards to the portrayal of women. This section will detail how this process works so that the results of the account planner interviews can be better understood in regards to their relevance to the portrayal of women in hormonal contraceptive advertisements.

While the term account planning can refer to either a title or to a department, it has become an essential fixture in American advertising agencies. Account planning serves as the bridge between the creative, account, and research sectors of an advertising agency (Kelley and Jugenheimer, 2006, pg. 4). However, this does not mean that account planning/planners serves only as means of liaison between departments: account planning is about understanding the needs, wants, and mind of the consumer in order to produce more targeted and effective advertising messages. Chris Cowpe, an account planner at Boase Massimi Pollitt, described planners as “the architects and guardians of their clients’ brands, the detectives who uncovered long-hidden clues in the data and gently coerced consumers into revealing their inner secrets, and the warriors who stood up and fought for the integrity of their strategic vision” (Steel, 1998, pg. 37). Similarly, Wells, Moriarity, and Burnett (2006) define account planning as “the research-and-analysis process used to gain knowledge and understanding of the consumer, understanding that is expressed as a key *consumer insight* into how people relate to a brand or product” (pg 195). This consumer insight is then used to “[help] the creative people on their way.” (Steel, 1998, pg. 36). Thus, the research and analysis into the mind of the consumer allows for the agency to work together to “[match] the right audience to the right message and present it in the right medium to reach that audience” (Wells, Moriarty, and Burnett, 2006, pg. 194).

The first means of delivering this “right message” is by developing a situation analysis for the client. In this analysis, the account planner researches the client history, competition, industry, and any other relevant background information to glean insights into the business. Then, using these findings, the account planner can better understand the market for the product or service that is to be advertised, and therefore better understand the target consumer to receive the advertising communication.

In order to better understand the consumer, the account planner can make use of secondary research or conduct his/her own primary research through qualitative or quantitative means. The account planner can conduct focus groups, personal interviews, or even ethnographic research in which “a trained researcher...spends time with a small group of customers in their homes or wherever they might be using the product” and observes and questions the customers about “a range of topics” (Kelley and Jugenheimer, 2006, pg. 30). In many respects, account planners are “social anthropologists who are in touch with cultural and social trends and understand how they take on relevance in people’s lives” (Wells, Moriarty, and Burnett, 2006, pg. 195). Account planners also can act as social anthropologists by conducting quantitative research, including surveys. This research is a little less effective at gaining personal consumer insight, though it does provide concrete numbers from which the account planner can work.

After conducting their qualitative and quantitative research, account planners can work to identify their target consumers, or “to whom [they] should direct [their] marketing efforts” (Kelley and Jugenheimer, 2006, pg. 38). Once the target is chosen, the account planner will create a target market profile or a communication that is a personal, almost story-like description of the target consumer. A target market profile gives the target consumer a name, age, and a

history. This profile provides for a means to which the creative and media teams can better identify with the target consumer (pg. 45).

The final step in the account planning process is the creation of the communications brief or creative brief. The goal of this communication is to “explain the consumer insight and summarizes the basic strategy decisions (positioning, targeting objectives, brand strategy)” (Wells, Moriarty, and Burnett, 2006, pg.198). In this briefing process, “one of the key tasks of the planner and other team members is to begin to translate client language for the benefit of those who are writing the ads and those who will be ultimately be addressed by them” (Steel, 1998, pg. 145). In other words, this brief is the result of all of the account planner’s research and decision-making displayed in a simple, easy-to-understand format for the benefit of the creative team and the media planners. While every agency has its own creative brief template, for the most part, creative briefs contain six elements: the marketing objectives, the product, the target audience, the promise and support, the brand personality, and the strategy statement” (pg.198). This brief should not be so simple that it is bland; however, as the goal of the account planner is to “use the brief to inspire the creative group” (Kelley and Jugenheimer, 2006, pg. 95). This creative brief is the connection between the account planners and the creative team and thus, the final creative product becomes as much the work of the creative team as it is the work of the account planners. Behind a successful creative execution is a good account planning team.

Based on this description of the account planning process, one can understand that account planning is essentially the thought process behind any advertising campaign. Thus, one print advertisement would be the result of countless hours of research and critical thinking. Because the account planning process has become such a fixture in today’s advertising industry, it is correct to assume that behind a print advertisement for a hormonal contraceptive, there

would be some sort of account planning process. This does not suggest that every agency has a designated account planner position, but rather that the process of understanding the consumer and bringing that understanding to the attention of the creative team is an inherent one in any successful agency.

Limitations of Previous Studies

In an area as widely researched as women in advertising, it is surprising that so few studies have been conducted in recent years. The majority of studies come from the mid to late eighties or early nineties (Ford and LaTour 1996; Busby and Leichty 1993; Lafky, Duffy, Steinmaus, and Berkowitz, 1996; Plous and Neptune, 1997; Rudman & Borgida, 1995; MacKay and Covell 1997; Ferguson, Kreshel, and Tinkham, 1990; Busby and Leichty, 1993; Sullivan and O'Connor, 1988). While these studies are somewhat dated, they also primarily analyze advertisements on a general basis, ignoring specific product categories. Therefore, it would be of interest to social science research to conduct a study that analyzes current advertisements in a category as unexplored and niche as hormonal contraceptives. Additionally, there has yet to be a study outside of an agency setting that seeks to match the manner in which an agency sees the consumer to the manner in which the consumer sees himself or herself. Most forms of focus group research are conducted prior to the creation of the advertisement and any sort of qualitative data gleaned prior to a campaign's run is merely for the purposes of copy-testing and understanding the response to the advertisement, rather than to gauge the opinions of the target consumer. Furthermore, there has only been one study that has explored the portrayal of women in hormonal contraceptive advertising (Tone 2006), and that study concluded in 2006, just as new hormonal contraceptives technologies were being unveiled.

CHAPTER 3 METHOD

The information contained in the literature review has led to the development of three research questions elaborated below. Following a discussion of the research questions, this section explores the two research methods utilized in this study—qualitative interviews and focus group interviews.

Research Questions

This study is concerned with understanding the portrayals of women in print advertisements for hormonal contraceptives. As such, the research questions are as follows:

(RQ1): What do account planners think is the most advantageous manner to portray women in print advertisements for hormonal contraceptives?

(RQ2): How do the target females for hormonal contraceptives feel about the manner in which a female is portrayed in the print advertisement?

(RQ3): Is the manner with which the account planning team chose to portray females in print advertisements for hormonal contraceptives congruent with the manner in which the target audience for hormonal contraceptives view themselves?

Research Methods

In order to obtain the proper data needed to answer the above research questions, there were two methods involved in this study: qualitative or active interviews and focus groups. Information obtained in the qualitative interviews helped to direct the nature of the focus groups. Because the qualitative interviews occurred prior to the focus groups, they will be discussed first, following a discussion of qualitative research in general.

Qualitative Research

While quantitative research seeks to find patterns based on statistical analysis, qualitative research seeks to uncover patterns based on extensive observation and interviewing to understand “the nature or structure of attitudes and motivations rather than their frequency or

distribution” (Davis, 1997, pg. 195). It can be further defined as “the nonnumeric examination and interpretation of observation, for the purpose of discovering underlying meanings and patterns of relationships” (Babbie, 2007, pg. G9). The data that are analyzed to uncover these “patterns of relationships” come from intensive observation or interviewing of a small number of individuals “to acquire detailed, in-depth insights into their attitudes, beliefs, motivations, and lifestyles” (Davis, 1997, pg. 195). Qualitative research is superior to quantitative research when the goal is not to obtain statistics, but to understand why certain attitudes or behaviors exist.

However, because qualitative research involves hands-on techniques with an interviewer or moderator, there is always the danger that the moderator can have great influence on the direction of the study:

Despite all the methodological controls, the research and its findings are unavoidably influenced by the interests and the social and cultural backgrounds of those involved. These factors influence the formulation of research questions and hypotheses as well as the interpretation of data and relations. (Flick, 1998, pg. 4)

In addition to influencing the nature of the study, the researcher can also influence those who are participating in the study. For example, when people know they are being studied or analyzed, they might modify their behavior or their attitudes to appear more socially acceptable or respectable (Babbie, 2007, pg. 290).

It is not simply the moderator that may influence the validity or reliability of qualitative research, but the very nature of qualitative research itself. In order to provide for validity and reliability in qualitative research, there are several measures that can be taken during the qualitative research process. One measure of obtaining reliable data is by keeping the quality of the documentation at a very high level. Thus, there should be some level of standardization among the note taking, moderator’s guides, and interview questions. Additionally, “the genesis of the data needs to be explicated in a way that makes it possible to check what is a statement of

the subject on the one hand and where the researcher's interpretation begins on the other" (Flick, pg. 224). Thus, even though qualitative research is less strict than its quantitative brother, those evaluating the research, the data, and the analysis, must be able to understand the thought process of the researcher and reach similar conclusions based on the information provided in the study, in order for the study to be of worth. This ability of the researcher to make their thought process obvious to their audience also helps to increase the validity of the study. In the case of this study, the best way to assure reliability and validity was to follow the practices of grounded theory, a concept highly explicated in the literature review. Additionally, within the specific research methods of qualitative interviews and focus groups are guidelines to obtain a measure of reliability and validity, such as member checks, where the researcher, on synthesizing their data, re-contacts the research respondents and confirms that the data matches the respondents' initial sentiments. Other measures specific to the research method of qualitative interviews and focus groups will be discussed in more detail within their respective sections.

Qualitative Interview

The qualitative interview is one method of qualitative research that seeks to obtain an insight into the minds of participants via direct, free-flowing questioning. These interviews, also called personal or active interviews, are "appropriate for situations in which *extensive, detailed* probing of attitudes, behaviors, motivations, or needs is required" (Davis, 1997, pg. 198). In the case of this study, the qualitative interview was essential for probing those behind the account planning process of hormonal contraceptive advertising campaigns. A qualitative interview is typically performed one-on-one and takes between 30 and 60 minutes, and contains samples of between five and 15 individuals (Davis, 1997, pg. 197). The goal of a qualitative interview is to obtain the "actor's experience to result in words that can only be uttered by someone who has 'been there'" (Lindlof and Taylor, 2002, pg. 173). In other words, the goal of the interviews for

this study was to obtain an insight into the account planning process. The only way to truly understand the manner in which the account planning team came to reach certain decisions regarding how to portray women in their hormonal contraceptive print advertisements was to ask them directly. These personal interviews sought to gain an insider's perspective on how decisions are made on the agency side.

Maintaining reliability in qualitative interviews is not as strict as reliability assurance in quantitative research, but it is still possible by developing an interview guide. This interview guide allows for a standardized format to conduct the interviews. The researcher should do their best to try and stick to the interview guide, although it can sometimes be subject to change. Qualitative interviews are often mutable, even if following an interview guide, because "each informant is asked a particular set of questions only once, and in most types of interview research the questions will vary across participants" (Lindlof and Taylor, 2002, pg. 239). Thus, a line of questioning that was relevant to someone at one agency, may not be relevant to someone at a different agency due to different account planning practices or the nature of the hormonal contraceptive. While the interview guide was followed initially for each interview, some questions were changed, deleted, or new questions were added depending on the nature of the interview. Because each interviewee is different, and maintaining consistency can be a challenge, qualitative interviews must center on different reliability criteria, such as "how meaning is constructed, the circumstances of the construction, and the meaningful linkages that are assembled for the occasion," (Holstein and Gubrium, 1995, pg. 9). Validity and reliability can also be maintained by following scholarly guidelines for qualitative interview research, making the data collection more systematic and more rigid.

The Interview Guide (Appendix C)

An interview guide “consists of groupings of topics and questions that the interviewer can ask in different ways for different participants” (Lindlof and Taylor, 2002, pg. 195). The interview guide for this study begins with an introduction that acts as a “signpost to guide active respondents through the open terrain of their experience” (Holstein and Gubrium, 1995, pg. 41). This introduction helped to familiarize the respondents once again with the nature of the study, the study’s significance, and the reasoning behind the respondent being chosen for involvement. In addition to this more formal introduction, the interviewer presented a self-disclosure in which her personal reasons for engaging in such a study and her interest in the topic were disclosed. This self-disclosure allows the respondent and the interviewer to be on somewhat of an equal footing and provides a more personal rapport between the two (Lindlof and Taylor, 2002, pg. 190). Additionally, the interviewer asked the respondent for a brief self-disclosure where he/she told the respondent about his/her job and interest in the business. This tactic allows for the respondent to “feel comfortable talking about themselves” and also helps to further build rapport (Lindlof and Taylor, 2002, pg. 190).

The questions following the introduction begin with those that are simplest and less revealing to those that are more challenging and require a higher level of trust with the interviewer. In this way, the respondent was eased into the interview and not overwhelmed with the demands of sharing information. However, as previously mentioned, the guide does not necessarily dictate that the questions be asked in their assigned order. The nature of conversation and free-discourse allowed for the interviewer to follow the flow of the conversation rather than the strict guidelines of an interview guide. In addition to the questions listed on the guide, “the researcher enjoys the freedom to ask optional questions or go down an unexpected conversational path” (Lindlof and Taylor, 2002, pg. 195). Therefore, many of the questions that

appear in the interview transcript may not be ones that are found in the interview guide. Because the goal of this study is to obtain as much insight into the minds of advertising professionals as possible, it was not necessary to maintain a highly structured interview format. In other words, the research goals do not require that the account planners received exactly the same questions, in exactly the same manner. In fact, by allowing for case-by-case alterations to the interview guide, the researcher is likely to glean more information. Thus, the interviews were structured to follow the interview guide, but not so structured that the interview followed the guide precisely. Additionally, in keeping with the grounded theory, some questions that appeared in the first qualitative interview did not appear in following interview. Also, new questions were added as needed. Any key concepts that were uncovered during the first interview helped to generate further questions for the interview that followed (Corbin and Strauss, 1990).

Respondent Selection

The first step in organizing a qualitative interview is selecting the interview participants. This step is somewhat uncertain as new participants can be recruited during the interview process: “designating a group of respondents is tentative, provisional, and sometimes even spontaneous” (Holstein and Gubrium, 1995, pg. 74). In this study, the first round of selected participants was the direct result of the print ads obtained by the researcher. These advertisements are for the following hormonal contraceptive products: NuvaRing, Yaz, and Seasonique. Using the interviewer’s father’s personal contacts (he runs a DTC publication and conference), those agencies behind Seasonique and Yaz were found. However, contact with the NuvaRing advertising agency unfortunately was not established. Those involved with Yaz and Seasonique were contacted via an email that detailed the nature of the study and a request for a personal interview to be conducted at their convenience (Appendix A). Following receipt of replies from these emails, those who agreed were contacted via telephone for the personal

interview. Due to the location of the two of the agencies in New York City and Northern New Jersey, the interviews were via telephone. Telephone interviewing can be just as “intimate and engrossing for the callers, and ultimately as productive, as those conducted in person” (Lindlof and Taylor, 2002, pg. 186). Only two qualitative interviews were conducted due to the inaccessibility of agency professionals.

Interview Process/Data Collection

The interviews occurred at a time convenient to each respondent and lasted approximately an hour. The interviews were conducted in an informal yet professional manner and all attempts were made to make the respondents feel comfortable and not intimidated. The interviewer established a good rapport with each respondent, making sure that the two agreed that each other’s viewpoint was worthy of attention and that they agreed on a similar communication style, such as taking turns between questions and answers and not allowing for anyone to be interrupted (Lindlof and Taylor, 2002, pg. 188). These interview sessions were recorded via a digital recorder placed next to a speakerphone on a cellular telephone. This recording allowed the interviewer to concentrate completely on the responses of the respondent, rather than worrying about noting everything that was said. This recording was then transcribed in order to “end up with a text that reproduces the discourse—not only what was said but also how words or phrases were uttered” (Lindlof and Taylor, 2002, pg. 187). Interview transcripts allowed for a much closer examination of the interview for better analysis. In addition to the recording and transcripts, notes were taken regarding the circumstances surrounding the interview, and any “signs of confusion, contradiction, ambiguity, and reluctance” were also noted as qualitative interviewing is as much about “how things were said as much as what was said” (Holstein and Gubrium, 1995, pg. 78).

Focus Groups

A focus group, a form of qualitative research, is “a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment” (Krueger, 1994, pg. 6). Focus groups are very similar to qualitative interviews, except they are a discussion between the interviewer or moderator and several other respondents. The grouping of participants together facilitates discussion and allows for a variety of viewpoints at once (Babbie, 2007, pg. 308). Additionally, this group format allows for the participants to interact more with one another, rather than the interviewer, “leading to a greater emphasis on participants’ points of view” (Morgan, 1988, pg. 18).

Focus groups are particularly useful in social science research, “when informational needs require deep insights into individuals’ thoughts and attitudes and direction for understanding how these thoughts and attitudes influence behavior” (Davis, pg. 219). Thus, in a study such as this, where the goal is to understand how females perceive themselves when it comes to hormonal contraceptive advertising, a focus group format allowed for an in-depth discussion of such views. In focus groups, when the questions are asked skillfully, the result can be “candid portraits of customer perceptions” (Krueger, pg. 11). Focus groups are also a very strong qualitative method, as unlike other forms of qualitative research, such as the personal interview, “the researcher has less control over the data that is generated” (Morgan, 1988, pg. 21). In focus groups, the researcher is less involved with the data because they serve merely as a moderator, asking questions and probing the participants, but mainly staying silent, allowing for the members of the group to feed off of one another and engage in a relatively candid discussion. Other advantages of the focus group method include their low cost, high level of flexibility, and speed of data collection (Babbie, 2007, pg. 309).

While focus groups provide several advantages to the researcher, the organized group situation has a few disadvantages. First, the focus groups occurred in conference rooms or designated focus group rooms, complete with tape recorders. These staged settings can make the conversation between the participants less natural and somewhat forced, as opposed to conversation that springs up organically at a restaurant, bar, or in someone's home (Morgan, 1988, pg. 21). Second, because the participants were forced together to have a discussion, they might have been wary of one another, feeling uncomfortable sharing their personal beliefs among strangers. In addition, a dominant member of the focus groups did emerge, sometimes stifling others' ability to speak their opinions uninhibited (Stewart and Shamdasani, 1990, pg.17). Third, focus groups allow the researcher less control than personal interviews. While this can be a positive (as mentioned earlier), the lack of the control on the part of the researcher did sometimes inhibit the focus group from actually focusing on the topics that the researcher wished to cover (Morgan, 1988). Fourth, focus group data analysis was a bit of a challenge as "the open-ended nature of the responses...often makes summarization and interpretation difficult" (Stewart and Shamdasani, 1990, pg. 17). Finally, maintaining consistency among groups was rather difficult, as each group had its own organic discussion (Babbie, 2007, pg. 313).

Measuring the reliability and validity of focus groups is a highly disputed topic. This dispute arises due to the free-form nature of focus groups. However, Krueger (1994) suggests "focus groups are valid if they are used carefully for a problem that is suitable for focus group inquiry" (pg. 31). Because validity is the "degree to which the procedure really measures what it proposes to measure," Krueger is correct in his statement (pg. 31). That is, if the goal of the study is to measure female perceptions of the portrayals of women in print advertisements for hormonal contraceptives, do the questions addressed in the focus groups and the responses

recorded address the research questions? If a proper match up between the result and the research questions exist, then Krueger (1994) asserts that the research is valid. In the case of this study, the questions and responses did appropriately address the research questions.

Additionally, because this study followed all of the recommended focus groups procedures, it has a much greater likelihood of being a valid study (1997, pg. 31). The issues involved with measuring reliability in focus groups are very similar to the aforementioned issues pertaining to qualitative interviews. Because each focus group contained different participants and the flow of discussion varied among the three groups, maintaining reliability was very difficult. The best way to maintain consistency was to use the same moderator's guide with each group and attempt to address the same issues and topics across all of the groups. Further attempts to attain reliability occur during the analysis and coding process (Stewart and Shamdasani, 1990, pg. 111).

Research Design

Several steps were involved in the construction of focus groups. Once the purpose of the focus group was established, the researcher organized the logistics of the focus group as well as created a moderator's guide and pre-tested that guide. Once these steps were complete, the focus groups were finally ready to take place. Each one of these steps will be discussed in detail and elaborated to make the study easily repeatable.

Selection of Participants

Quantitative research demands that participants be randomly selected, while qualitative research allows for a more free-form type of selection. In qualitative research, the goal is to understand how the participants view a topic, rather than finding patterns generalizable to a larger population (Morgan, 1988). In addition, the topic for discussion in focus groups often dictates a certain audience that would not be obtained via a random sample of a population. For

example, in this study, the goal is to understand how the target audience for hormonal contraceptives perceives the portrayal of women, so composing focus groups of the prime users of hormonal contraceptives, women aged 15 to 24 (Mosher, Martinez, Chandra, Abma & Wilson, 2004), was the only way to garner such insights. Composing groups of teenage males or middle-aged women would not help to address the topic, as “the researcher should decide who the target audience is and invite people from those characteristics” (Krueger, 1994, pg. 18). Furthermore, the goal is to gain participants that have a shared perspective on the issue and thus, “using focus groups to learn about the full range of experiences and perspectives in a broad population can be a fool’s errand. Indeed, there is often no reason to believe that a randomly sampled group holds a shared perspective on your topic” (Morgan, 1988, pg. 45). Thus, the participants must be selected based on their ability to address the research questions and their commonalities. Therefore, participants selected for this study were Caucasian females ages 20 to 24. The targeted age begins at 20 rather than the aforementioned 15 because research indicates that there are a slightly higher number of women using hormonal contraceptives at ages 20-24 than ages 15–19 (Mosher, Martinez, Chandra, Abma & Wilson, 2004, pg. 23). The participants were Caucasian so as to avoid any discrepancies due to racial biases or prejudices. All of the women featured in the print advertisements were also Caucasian to match-up with the participants’ race. Those selected were United States citizens so as to assure that cultural differences did not affect the results of the study. Additionally, in order to better create a level of comfort between the moderator and the participants, the researcher, a 23-year-old Caucasian female college student, moderated all of the groups.

The goal of the participant selection is achieve a level of homogeneity among the group. The homogeneity is dual purpose: to have participants capable of addressing the research

question and to have participants that are similar enough to foster discussion. While total homogeneity was not necessary in this study, it was necessary for the group to be similar enough so that “participants should really have something to say about the topic and they should feel comfortable saying it to each other” (Morgan, 1988, pg. 46; Krueger, 1994, pg.14). Although it is “better to work with strangers” in focus group research, due to the limited number of females eligible to participate in this study, some friendship pairs have appeared within the groups (Morgan, 1998, pg. 48). While friendships are not recommended, they did provide a level of comfort among the group and “it is seldom fatal if a group recruited as strangers in fact contains one friendship pair” (Morgan, 1998, pg. 48).

Recruitment of Participants

Participants were selected from a pool of mass communication graduate students at a large Southeastern university. The participants were provided with free dinner during the focus group session. The participants were told of the general topic of the discussion, but not the entire nature and purpose of the group. This is because if excessive background information is supplied prior to the study, the participants may “‘research’ the topic, discuss it with others in advance, or rehearse their opinions” (Krueger, 1994, pg. 94). It was best if the participants did not have preconceived opinions about the study or time to formulate their opinions, so that the focus group discussions remained organic and honest.

In order to narrow down participants, a screening questionnaire (Appendix D) was disseminated via email to those who responded to the initial informational email disseminated to all mass communication graduate students via a list server (Appendix C). The questionnaire asked basic demographic questions such as age, gender, race, and nationality and requested contact information. Those who filled out the questionnaire and met the demographic requirements were notified via email of their eligibility, the incentives they were to receive for

participating, as well as the date, time and location of the focus group session. Additionally, a reminder email was sent one week prior to the session and again one day prior to the session.

Number of Groups

Research goals dictate the number of groups to arrange. Davis (1997) recommends at least two groups while Calder (1977) recommends using around three or four groups. Calder suggests that it usually takes around three or four groups until the moderator can anticipate the data that will be gleaned from any forthcoming groups. Once the moderator finds that no new information is presented, the focus group research is finished. This is based on the aforementioned principle of theoretical saturation. Thus, in order to accommodate for theoretical saturation, this study aimed for three focus groups, initially. After the third group, it was determined that the study achieved theoretical saturation and the decision was made not to add more groups (Krueger, 1994, pg. 88).

Size of Groups

Traditionally, focus groups contain six to 12 participants (Krueger, 1994, pg. 78). If the focus group contains less than six, the discussion may be rather dull whereas if the group contains more than 12, not every member of the group may not get a chance to participate, and the moderator may have difficulty managing such a large number of individuals (Stewart and Shamdasani, 1990, pg. 56). This study recruited six to eight participants for each group, in order to allow for each individual to have a turn to speak and to better gain “a clear sense of each participant’s reaction to a topic” (Morgan, 1994, pg.43). In order to allow for no-shows, the researcher “overrecruit[ed] [sic] by 20%” (Morgan, 1994, pg. 43). However, during the three focus group sessions, the number of participants that showed up for each session was six. Therefore, 18 participants were interviewed in total.

Moderator's Guide (Appendix F)

Along with the recruiting of participants and the selection of the moderator, “the moderator guide is one of the three most important parts of the focus group process” (Greenbaum, 1993, pg. 38). The moderator's guide is a list of questions and topics for discussion that the moderator will use to guide the focus group. On average, a moderator's guide consists of approximately 12 questions, although the moderator is at liberty to ask probing questions or develop new questions necessitated by the discussion (Stewart and Shamdasani, 1990, pg. 62; Corbin and Strauss, 1990). According to Greenbaum (1993), there are five sections in a moderator's guide: the introduction, the warm-up, the details section, the key content section, and a summary section (pg. 41-43). These sections guided the construction of this study's moderator's guide.

The first section, the introduction, serves as a platform for the moderator to introduce herself and to reiterate the purpose of the focus group, and to explain that the session will be recorded for research purposes (Greenbaum, 1993, pg. 41). In this section, the moderator can elaborate a bit more about herself and her interest in the topic as well as establish some ground rules for the focus group session. Within this section, the participants were asked their first question. This first question should “break the ice” and should give every participant the chance to talk. This question must also be the sort that can be answered very quickly and “cannot demand excessive reflection or long-past memories” (Krueger, 1994, pg. 114). For this study, the participants were asked to provide their first name and their favorite television show. This question was non-threatening and helped to relax the participants. Following the introduction, a warm-up question was asked to the participants. This warm-up question was loosely related to the topic and familiarized the participants with the format and flow of questions that occurred throughout the focus group session (Greenbaum, 1993, pg. 43). Next, a “details section” asked

the participants some more general questions that are related to the research topic, but that are less involved than the key content section that followed. In the key content section, “input [was] gained from the participants about the research topic itself” (Greenbaum, 1993, pg. 43). This section is the heart of the focus group discussion and is where much of the data for analysis was gleaned. Finally, the discussion concluded with the summary section, where the participants were given “an opportunity to share any information about the topic that they may have forgotten or otherwise omitted” (Greenbaum, 1993, pg. 43).

Pretesting the moderator’s guide: To allow for a successful discussion, free of confusion and full of responses, the moderator’s guide was pretested. This pretest allowed for the researcher “to determine whether the wording of the questions is appropriate, to determine whether the questions elicit discussion, and to identify questions that are not understood easily” (Stewart and Shamdasani, 1990, pg. 66). Ideally, small, mock focus groups can be conducted to pretest the moderator’s guide. However, due to time and money constraints, the moderator’s guide was pretested by members of the study’s thesis committee. Additionally, the first focus group that was conducted served to pretest the moderator’s guide. Fortunately, there were no major issues with the questions, and therefore only minor adjustments were necessary.

Conducting the Focus Groups

Three all female focus groups were conducted between February 3, 2009 and February 5, 2009. They were conducted over the course of a week and were conducted in one of the classrooms of the communications building. Because the participants were recruited from the College of Journalism and Communications, it was helpful to conduct the groups within that building, to assure that the participants were familiar and comfortable with the location. The focus groups took place at 6:00 pm. each night.

Once the participants arrived at the designated focus group location, they were greeted by the moderator who provided the participants with an IRB-approved release form. The participants were given ample time to fill out this form, to select their dinner, and to get comfortable in their seats. Once everyone was settled, the moderator turned on the audio-recording equipment, a digital recorder, situated so that all of the participants were within a close distance to the device. The moderator then tested the audio equipment by asking the participants to state their name. Once the device was shown to be effective in adequately recording the discussion, the moderator began to follow the moderator's guide. During the key content section of the moderator's guide, five print advertisements were distributed among the participants and they were asked to evaluate each ad carefully. Throughout the entire discussion, the moderator took copious notes, which not only recorded notable responses to the questions, but also noted the body language of the participants and any other noteworthy happenings (Morgan, 1988). These notations are necessary to qualitative research as, when combined with the participant's verbal responses, their behavioral responses help to glean a complete understanding of those being studied.

Data Analysis

The data collected from both the qualitative interviews and the three focus groups were transcribed and any significant body language or vocal gestures were noted within this transcription. These transcripts were then edited to excise any pieces of information that were totally irrelevant to the study such as off-topic discussions or non-sequiturs.

In keeping with qualitative research, the analysis of the transcripts was performed inductively where "general principles are developed from specific observations" (Babbie, G5). Thus, the transcripts were coded so that the patterns that evolved from the transcripts would lead to overarching themes and general statements. In order to accomplish this, the researcher

followed the three basic types of coding involved in grounded theory research as laid out by Corbin and Strauss (1990). The first step in grounded theory coding process is open coding whereby the data, or transcripts, “are broken down analytically” (pg. 12). During this stage, like elements were grouped together and were given “conceptual labels” to form categories and subcategories (pg. 12). Thus, similar comments or statements made by focus group participants were grouped together and placed under a similar category heading (This grouping of elements will become more apparent in the results section of the study). This step also included special attention to the core of the study, or the key questions section of the moderator’s guide, where any statement that pertained specifically to the portrayal of women in print advertisements for hormonal contraceptives were made to be the focus of the axial coding state.

In this next step of axial coding, the subcategories were related the core categories and groupings and sub groupings were further categorized. The data was analyzed in an attempt to understand how the participants, based on their other non-core categorical and subcategorical responses, arrived at the core category responses. This stage led to the final stage of selective coding whereby “*all* categories [were] unified around a ‘core’ category, and the categories that need[ed] further explication [were] fill[ed]-in with descriptive detail” (Corbin and Strauss, 1900, pg. 14). These three coding stages led to the resulting overall analysis discussed in Chapter 4.

CHAPTER 4 RESULTS

This study sought to undercover the manner in which both advertising professionals and the target female consumers viewed the portrayal of women in print advertisements for hormonal contraceptives, using both qualitative interviews and focus groups. The results of the qualitative interviews will be discussed first, as they provide excellent insight in the account planning process behind hormonal contraceptive advertising. The results of the focus groups will then be discussed, categorically, in order to glean overarching themes from these discussions. Finally, in Chapter 5, the discussion section, the two results sections will be compared to uncover the answers to the research questions as to whether or not the responses of the advertising professionals and the target female consumers were congruent in this study.

Qualitative Interviews

The qualitative interviews were conducted over a three-week period in February of 2009 via the telephone. There were two interview participants, both agency professionals, involved with two heavily advertised hormonal contraceptive brands: Seasonique and Yaz. The agency professionals were both the account managers of the project as well as part of the strategic/account planning team. The agency professional for Yaz, hereby listed as Account Planner 1, was male. The agency professional for Seasonique, hereby listed as Account Planner 2, was female. Both account planners worked on their brand's current campaigns, which include the advertisements that were shown to the focus group participants (Appendices H-K). For more information about each qualitative interview participant, please see Appendix M.

These two interviews were tape recorded and then transcribed. Below, both interviews are discussed in detail and categorized by common topics. Because the interviews followed the same interview guide and largely kept to the interview questions, their formats mirror each other

and most of the topics discussed are the same. However, any differences in opinion that arise will be noted and discussed in detail. The reasons for these differences will be addressed further in Chapter 5, the discussion section.

The Differences between Advertising Non-Prescription Drugs and Prescription Drugs

The first question posed to the account planners regarding their specific knowledge of direct-to-consumer advertising involved explaining the difference between advertising prescription drugs (DTC) and advertising over-the-counter products (OTC). Both interviewers answered that the key difference is regulatory requirements. Account Planner 1 elaborated on these regulatory concerns:

In terms of the claims about the brand, you really can't say anything that isn't in the label of the product, and unlike even OTC, you can't even imply things. It's a lot more strict not only in terms of how you say it, but the kinds of areas that you can get into. None of the rest of consumer marketing is like that. Brands can be about all kinds of things like implied benefits that you can't do in pharma. We get a product and it's a brand and it's got product attributes and claims that are approved by the FDA and that's got to be where we start as opposed to saying what do we want this brand to be about. It's a lot more about what does this product do and how do we make it motivating and relevant to consumers.

Thus, DTC advertising is a lot stricter in controlling the advertisement's description of the product attributes and the product benefits. Prescription drug products can only claim benefits that the FDA has deemed acceptable. It is also interesting that Account Planner 1 notes that they are not even allowed to "imply things." These regulations make branding a DTC product much less creative than branding an OTC product or other fast moving consumer goods.

Another important element of DTC advertising, Account Planner 1 points out, is that a lot of decisions that planners would have to make for other products are already decided for you in DTC advertising:

The big theme is that because pharma is a lot more defined by the products, the claims you can make about them, the disease states or conditions, a lot of decisions are already made for you. For example: Sometimes it's kind of open, but a lot of cases, it's fairly defined. On a brand like Humira, which is for rheumatoid arthritis, you have to have rheumatoid arthritis or it's not

relevant to you. The more general the condition, the broader the strategy could be. You are playing in a smaller, more defined universe in pharma.

While the universe is smaller in pharmaceutical advertising, Account Planner 2 notes that, “In terms of planning and the strategy, marketing, messaging, distribution, understanding the insights in the marketplace, and being able to make an emotional connection with the end user, those are all the same.” Because this study is focused on how these hormonal contraceptive account planners make their emotional connections with the user, the regulatory environment will not play a huge role in addressing the research questions, but is interesting nonetheless.

Research, Research, Research

The next question asked of the account planners involved the extent to which they perform primary research during their account planning phase and whether this primary research is qualitative or quantitative. Both participants noted that they do in fact perform primary research, though only Account Planner 2 answered that they perform both qualitative and quantitative. To both participants, the nature of the qualitative research is fairly similar: both perform focus groups and one-on-one interviews. Account Planner 1 uses “qualitative research to get a sense of what positioning areas are interesting to [the qualitative participants]. We typically write out little statements and see which ones are of interest to them.” In addition to utilizing focus groups and one-on-ones to garner *consumer* opinion, Account Planner 2 also uses qualitative research to obtain the insights of *physicians*.

In terms of quantitative research, Account Planner 1 notes that the process of turning qualitative research into quantitative data is not really necessary in developing a hormonal contraceptive campaign, though Account Planner 2 does make use of this strategy. Account Planner 1 explains,

typically, what we do, across all oral contraceptive brands, we usually do some kind of qualitative research. Some companies will refine those statements and will take them through a

quantitative process. We don't usually do that. We knew we wanted to be the pill that does more than other pills. The nuances that capture that don't really work on paper anyway.

Despite their difference of opinion regarding the use of quantitative research, both account planners follow a similar process involving their qualitative research. To both of these account planners, obtaining direct in-depth consumer insights is highly significant to developing an appropriate strategy.

Focus Groups and One-On-Ones

Following a discussion of qualitative research, the participants were asked to explain some of the comments that develop from the focus groups or personal interviews. Account Planner 2 noted that the biggest issue qualitative research participants had with Seasonique was its ability to give its user four periods a year as opposed to 12 with other hormonal contraceptives. This issue caused many consumers to have a great deal of questions regarding the safety of the product and other concerns related to its ability to limit periods. Because of these questions, the team behind Seasonique developed a Frequently Asked Questions-style of text in their print advertisements.

Account Planner 1 had a very different answer from Account Planner 2, in response to this question. Instead of taking consumer insights and crafting them into a very consumer-based advertisement, Account Planner 1 does not let consumers dictate the nature of the advertisement:

Consumers have a hard time telling you what they want. The big struggle that we have, when you go to consumers and ask them what they want, they can't tell you. Or they'll tell you but it's not really what they want. They don't as a group have the ability to tell you how to craft something that will be creative and exciting. So we want to know if people understand what we are saying and how they feel about the advertising but we want to avoid letting them be too directive about what works and what doesn't work about the actual communication. They all say that they want information but then you put a lot of information in but they don't read it. They say that they don't want it to be cheesy, but they can't tell you what they think will or won't be cheesy. They can only react really.

Thus, Account Planner 1 takes a different level of insight from the qualitative research than Account Planner 2. Account Planner 1 really uses the qualitative research to gauge emotional responses and make sure that consumers understand the tone and language of the advertisement, rather than letting the consumer affect the construction of the advertisement.

The Account Planning Process in Hormonal Contraceptives

Following a discussion of the research process, the account planners were asked to explain how the advertisement develops from research to strategy to the final creative end product. Both account planners follow a similar process and keep fairly close to the account planning process discussed in Chapter 2 of this study. According to Account Planner 2, before the research phase, the account planners

start with examining the competitive set and look at what they've done well. We try and determine which ones will be most directly related and we look at the strengths and weaknesses of their campaign and how we will position our brand. And how do we position our brand as unique and different from theirs.

According to both account planners, once this primary and secondary research phase is complete, the research is expressed in a creative brief, where a loose concept for the advertisement is developed. This concept is then tested: "We'll take it to focus groups to get an overall sense of what people think about the ideas. We'll bring them five ideas and they'll help us narrow it down to two or so. We take the best of the ideas and turn them into rough commercials" (Account Planner 1).

Following the concept testing, the ideas most liked by the focus groups will be transformed into a creative piece: "once the concept is selected, we move forward with putting the actual messages together and the actual graphics and using the charts and data to convey the messages that we want to and those are tested as well" (Account Planner 2). This testing, according to Account Planner 1, involves a quantitative study with a sample of at least 200

women. The study “tells you how well people remember it, how motivated they are to take action and other communication points.” Once the quantitative study is complete, the final step is garnering FDA approval for the campaign, before the advertisements can be released to the public.

While the process behind the account planning stage is very similar for both account planners, it is important to note that the relationship between the account planners and the creative team varies greatly in each agency. In Account Planner 1’s agency, the account planners develop a creative brief expressing the advertisement’s tonality and its brand essence. In this case, for Yaz, the advertisement’s tonality, according to Account Planner 1, was female empowerment. This creative brief is then given to the creative team and it is this creative team that is left to develop an advertisement on their own: “We’ll say this advertising should be upbeat and empowering, but how it’s empowering is left to the creative process.” According to this account planner, the creative team can do whatever they want to develop the advertisement, as long as it follows the creative brief’s elements.

In contrast to this interaction between the account planners and the creative team, Account Planner 2 notes that there is a “very close association with the creative and the account side.” This closeness exists because, according to Account Planner 2, “The more we can give them an understanding of our direction, the more creative their development is. We of course let them have a range of creative, from the conservative to the more edgy.” From this range of creative, the account planners, with the help of the client, choose the best style of campaign for the brand.

While Account Planner 1’s relationship with his creative team is a little looser, it is important to note that the account planners at his agency do meet with the creative team at least

twice during the creative development of the advertisement to make sure the advertisement is following the guidelines of the creative brief: “Typically, we will give [the creative team] the assignment, we’ll give them a couple of weeks and then we’ll see a round of ideas, typically, they’ll do some more work, we’ll see another round and then we’ll bring it to the client.”

Account Planner 1 notes that this leeway given to the creative team is due to the fact that the account planners “don’t know exactly what [they] are looking for” in their campaign.

The Portrayal of Women in Hormonal Contraceptive Advertisements

At the heart of the qualitative interviews was garnering insights concerning how agency professionals choose portray women in their hormonal contraceptive advertisements. As it turns out, there is very little research or planning that goes into how the models are portrayed in the advertisements. Of course, the account planners are involved in the actress/model selection process, but as will be seen from the interviews, the final decision regarding the portrayal of the women involves the creatives and the clients.

When asked what kind of women they prefer to place in their hormonal contraceptive advertisements, both account planners noted that the models must be relatable. Account Planner 2 notes that at her agency, she prefers the model to “be more relatable than anything else.” Account Planner 1 agrees, noting that the models “have to be relatable and that’s a judgment call.” While both account planners agree that the model should be relatable, they differ on whether or not the model should be aspirational. Account Planner 1 believes that the models must be aspirational: “People say they want to see real but they want to see real but something they would aspire to.” In order to achieve this aspirational appearance, Account Planner 1 makes sure to choose models that are attractive. However, when Account Planner 2 was asked whether or not she preferred casting attractive models, she responded, “We want people to say ‘wow she’s just like me, so maybe I should consider this.’ As opposed to ‘wow, that’s Angelina Jolie.’”

And while Account Planner 2 notes that the model must look like the average woman, it is important to note that the model in the Seasonique print advertisement (Appendix K) is actually quite attractive.

The final appearance of the model in any hormonal contraceptive print advertisement goes beyond mere account planning decisions. In the case of Account Planner 1, the models are selected based on their ability to appear relatable, attractive, and aspirational: “For a brand like Yaz, we’ll do big casting and how all those things come together depends on who we meet. We sort of know those three guidelines is sort of what we are looking for.” Based on the interview with Account Planner 1, it appears that the account planners and the creative team work together to cast a model that fulfills their three requirements. This model is then used in the advertisement, pending the client’s final approval.

In the case of Account Planner 2, casting decisions work a little differently in her agency than in Account Planner 1’s agency. In developing Seasonique, Account Planner 2 and her team first “select the segment that is most likely to take action first. We then craft our messages to that audience. In that audience, we want to try and reach the broadest set. They are more likely to take on an edgier nature.” Once the target market is divided into subsets, the primary target is selected and the team “Select[s] a group of women that reflect the demographics and the psychographics of that segment...Our selection of the subset of women is based on the emotive quality that we want to get across to the individual.” However, while Account Planner 2’s selection process for the female models relies on relatability and inspiring emotive responses from the target market, “it’s usually the client that will have the final say.” It is the client that ultimately decides which model will appear in the final advertisement and also the way the model is dressed, the way her hair is stylized, and other decisions related to appearance.

The fact that the client has the final say in deciding how the females will be portrayed in hormonal contraceptive advertisements, greatly affects the final product and how the target market relates to that product. While Account Planner 1 is largely in charge of deciding what the model will look like, in the case of Account Planner 2's experience, the client always makes the decisions. A really interesting concern that Account Planner 2 expressed during her interview was how clients of the male gender have a tendency to disagree with her regarding the portrayal of the women in the advertisement:

It's always interesting to work with clients of a different gender when you are working on women's health. Because there are different attitudes and it's hard for your personal attitude not to influence things sometimes. My personal preference is to present women as thoughtful, intelligent, and assertive and being able to make their own healthcare decisions. That's not necessarily the way that the client wants to present them.

Account Planner 2's statement is very interesting and quite surprising. Her response here was unexpected, particularly as Account Planner 1 did not express similar concerns. It must be re-emphasized that Account Planner 1 is male and Account Planner 2 is female. As is evident based on their responses, this difference in gender proves to be an important factor in determining the final appearance of the female models in hormonal contraceptive advertisements. This discrepancy must be kept in mind during the analysis of the focus group results, as it will play a large role in Chapter 5, the discussion of the results.

Focus Groups

The three focus groups, conducted over a one-week period in February of 2009 at a large Southeastern university, consisted of 18 Caucasian females, between the ages of 20-24, all of whom were sexually active, not against birth control for any religious reasons, and were United States citizens. All of the respondents were graduate students at the College of Journalism and Mass Communications. During the transcription phase, all of the participants' names were erased

and they were each assigned a participant number, 1-18, based on the order of the focus groups and the order in which they first spoke in these respective focus groups.

Overall, the focus groups revealed several themes (labeled as Categories 1-4): Hormonal Contraceptives are Still Prescription Drugs, Where's the Birth Control in Birth Control Advertisements, Motivation to Take Action, and The Portrayal of Women in Print Advertisements for Hormonal Contraceptives. These categories/themes are discussed in detail below.

Category 1: Hormonal Contraceptives are Still Prescription Drugs

I just think it's important that advertisers that put [hormonal contraceptive advertisements] together realize that they are not necessarily relating to the consumers and that we're not stupid, especially if you've been on birth control before. I need to be informed. You don't take birth control to hang out with your buds. It's really trivializing something important that women have to deal with on the daily basis. -Participant 1

Prior to the core discussion of the portrayal of women in hormonal contraceptive advertisements, the focus groups were asked to express their opinions toward hormonal contraceptive advertisements in general. The reaction was primarily negative and the most overarching theme behind this negativity was the treatment of hormonal contraceptives by advertisers as a trivial and insignificant prescription drug, as succinctly summarized above by Participant 1. This characterization of hormonal contraceptives as trivial was affirmed by three subcategories "Frivolity," "Where's the beef," and "Transparency." In these three categories, the focus group participants reveal that the decision to take hormonal contraceptives is not a light one, and thus advertisements must have a serious tone and should provide adequate, honest information so that the target market can make informed decisions.

Subcategory 1: Frivolity

When talking about the most recent NuvaRing campaign (Appendix L), before even having a chance to view the print advertisement, simply from the top of their minds, the

participants lamented its frivolity. Participant 3 had difficulty understanding the commercial's relevance:

I don't think it really relates to birth control. It's kinda just showing that you can be different from everyone else by wearing like a bikini. I don't know it's just kind of stupid. It doesn't mean anything to me.

Similarly, Participant 4 had a general dislike of the advertisement and felt that the stupidity of the advertisement reflected negatively on women:

Yeah, I mean.... I think that.... pharmaceutical companies can get information across to women in a more [pause] I mean it's just kind of embarrassing, kind of demeaning. Like we're so stupid that like [raises voice] 'yay, birth control!' So yeah um. Just kind of annoying.

With these two comments regarding the NuvaRing advertisement, it is clear the participants reacted to the unnecessarily light content in the advertisement, which they found both "stupid" and irrelevant. And while the NuvaRing commercial did evoke many feelings of negativity, hormonal contraceptive advertisements in general were derided for taking such a serious topic too lightly. When asked what participants like least about advertisements for hormonal contraceptives, the majority of respondents felt that they lacked importance. Participant 2 noted that hormonal contraceptives are "for a very specific purpose that's actually very serious." In the third focus group, Participants 12 and 13 both agreed that hormonal contraceptive advertising is treated too loosely:

Participant 13: [Birth control advertisements] makes it seem like it's more of a fad thing than a serious thing.

Participant 12: It's not good that they make it seem like such a carefree thing and it is a big deal to be on hormones.

Finally, Participant 3 explained her feelings with a very direct five-word statement: "Birth control is not funny."

As demonstrated above, the respondents do not take hormonal contraceptives lightly.

Thus, to make an advertisement that treats the product as frivolous or light-hearted evokes feelings of negativity among many respondents. When shown a recent print advertisement for Yaz (Appendix H), in which two young women are shown clearly laughing and smiling, the respondents continued their protestations that taking hormonal contraceptives is a serious matter, not one to be taken lightly:

Participant 2: When I first saw it I saw them laughing and I was like, why are they laughing about their birth control?

Participant 4: Yeah, I agree. It's not a funny topic; it's not a light-hearted topic. Anybody that's had their birth control fail knows that...So 'ha ha ha' talk about it with your friends [*said sarcastically*]. Usually when you are having a talk about birth control with your friends it's not a pleasant conversation.

In later focus groups, without prompting, the sentiments were largely the same. Participant 7 cautioned: "It's a serious topic because you're having to take something every day to control your hormones. So it's not something that should be taken lightly." Other participants also disliked the laughing images:

Participant 13: I don't like that they are laughing.

Participant 14: People don't make jokes about birth control. It's not a funny matter.

Overwhelmingly, any advertisement that turns birth control into a light matter was criticized. The response from the focus groups was clear: hormonal contraceptives are still a prescription drug and must be treated as such in order to affirm female beliefs that to be on hormonal contraceptives means making a serious commitment to alter bodily hormones.

Subcategory 2: Where's the beef?

Another area of major concern among the participants was the lack of information that the hormonal contraceptives print advertisements had provided. When participants were asked to describe their ideal advertisement for hormonal contraceptives, many participants emphasized

their desire to have the advertisements be more informative and dense in relevant details. For example, Participant 8 explains how confusing the lack of information can be to decide which pill is right for whom:

[HC ads] can be really confusing or overbearing though because a lot of time you see ads where you're like, I'm not sure what the difference is between this one, and this one, and this one. How do I know which one is the best for me? Sometimes I feel like it's overly confusing.

Many other participants cite confusion and frustration due to lack of information in hormonal contraceptive advertisements:

Participant 3: I like ads that compare because a lot of times I'm trying, I know, every birth control essentially does the same thing but everyone is different and that always confused me. Sometimes I go online and look this stuff up but I think if a commercial pointed out more of the things that were different about it compared to the other ones would be helpful.

Participant 8: They don't even show you the product. I'd like to know how it actually works. How does it work? Why does it work?

Several participants had problems with the NuvaRing advertisement specifically (Appendix L) due to its focus on style over substance:

Participant 7: I think [the NuvaRing ad is] worse than the Yaz ads because at least the Yaz ad has some kind of medical implication because it has some information as to why this birth control is better than another type. It gives some indication of the side effects, etc. The NuvaRing one is just ridiculous.

Participant 8: I just feel like it's not informative at all. Like, you get caught up in the visuals of it, the jingle; you kind of forget what they are promoting. These are things that younger girls are watching, they don't understand what it is.

While many participants argued that the hormonal contraceptive advertisements contained too little information, when shown an advertisement that was full of text (Appendix H), participants lamented it for being too text-heavy. Participant 15 complained, "I hate it. It's too much text. It's overwhelming." Participant 13 agreed, noting that the advertisement is "too cluttered. They need to have a little more white space."

Despite this discrepancy regarding the level of text in hormonal contraceptive advertisements, the majority of focus group participants felt that the amount of information presented in current campaigns left much to be desired. These women were much less interested in the visuals of the advertisements and catchy slogans and much more interested in the bottom line: what is the product, how does it work, why does it work, how does it work for *me*? Additionally, the lack of viable information left many participants feeling like taking hormonal contraceptives should be an easy decision that requires little explication, again trivializing the seriousness of this category of prescription drugs.

Subcategory 3: Transparency

Along with presenting hormonal contraceptives with frivolity and a noticeable lack of information, participants also noted that most of the advertisements lacked transparency, something they feel is necessary for a prescription drug. Because hormonal contraceptives act directly on the body's hormones, they can have some pretty dramatic physiological effects. Participant 1 experienced these effects first-hand and laments not being told that they might occur:

I was on Yasmin for a while and I don't know about everyone else but [*emphatic*] I got like really emotional.

All: [*Noises of agreement*]

I mean no one told me that. No one was honest with me about that. I just remember like it was just a really light dosage pill. So I would prefer something that said, 'Look, these are the good things about it, these are the bad stuff, so you know, just weigh your options.'

In addition to neglecting to mention the psychological burden that some hormonal contraceptives can bring to their users, some participants also noted that advertisements also neglect to mention the more practical burdens that come with being on hormonal contraceptives:

Participant 6: No advertisement ever tells you that you have to take the pill at the same time every day either. I mean you have to put yourself on a schedule. And it's not easy to follow, especially when you're young.

Participant 11: I mean NuvaRing never told you in the ad that you need to store NuvaRing in a cool, dark place and my roommate used to keep it in our fridge.

While these concerns may seem a little less significant than others and therefore may not seem necessary to include on the main page of the advertisement, they can still have a tremendous effect on whether or not women choose to request a specific brand to their doctor.

This issue of transparency actually took a very interesting turn during the week in which the focus groups were performed. In the second focus group session, Participant 7 noted a new commercial for Yaz that she had seen just the day before. "They actually ran a retraction ad to that (Appendix H). They said 'that apparently some of things we said in this ad were misleading.'" No one else in the focus group sessions had seen that new advertisement nor had the moderator; however, a few days later, an article appeared in *The New York Times* entitled "A Birth Control Pill That Promised Too Much." In this article, the author notes the reason behind the retraction ad:

As part of an unusual crackdown on deceptive consumer drug advertising, the Food and Drug Administration and the attorneys general of 27 states have required Bayer to run these new ads to correct previous Yaz marketing. Regulators say the ads overstated the drug's ability to improve women's moods and clear up acne, while playing down its potential health risks. (Singer, 2009)

Thus, the focus group participants were not the only ones to find hormonal contraceptives advertisements confusing and lacking in honesty. The question of how much a prescription drug campaign should reveal about the product's benefits and side effects is a topic for future research; however, it is significant to note that the FDA is taking a stance against "misleading" DTC advertisements, albeit retroactively.

One advertisement that was shown to participants during the focus group sessions seemed to pro-actively counter any claims of being misleading or uninformative. When shown a print advertisement for Seasonique (Appendix K), most participants responded positively to the abundance of information, which was not only broken down into a Frequently Asked Questions (FAQ) format but also included negative details about the product:

Participant 9: I like the FAQ, with the pros and cons.

Participant 6: They actually say the negatives in the ad.

Participant 8: I think this one is the best one.

Participant 14: I like this, I like that it's an FAQ.

Participant 12: It's a good format for a birth control ad.

The participants resounding positivity toward the Seasonique print advertisement was best explained by Participant 9, "I think transparency is the thing that's missing from all these ads. Seasonique comes closest to attaining that." Thus, on a general level, for hormonal contraceptives advertisements to be successful among their target audience, they should be somewhat transparent. This transparency allows for the hormonal contraceptive to be seen as a serious commitment, full of health risks and negative side effects, just like any other prescription drug.

Category 2: Where's the Birth Control in Birth Control Advertisements?

Interestingly, in all three focus groups, without ever being prompted on the topic, participants noted the strange lack of sex and pregnancy in hormonal contraceptive advertisements. Because hormonal contraceptives are contraceptives/birth control pills and thus a means to prevent pregnancy, participants found it interesting that none of the advertisements make any mention of sexual intercourse nor the main reason for the product's existence, it's ability to prevent pregnancy:

- Participant 2: The point of birth control is not solely to take away PMS or maybe to take away acne. My main reason is to make sure I don't get pregnant. To me, everything else is secondary.
- Participant 5: None of them seem to be advertising the don't get pregnant thing.
- Participant 7: Now that I think about it, they never mention sex. They always mention like, 'oh, you're acne will clear up' or whatever but never like 'you won't get pregnant.' But they never outwardly mention, explicitly birth control.
- Participant 9: There's like no relationship to sex
- Participant 8: Completely unrelated to sex.

While these participants are not expressing a desire to see sexual acts or innuendos displayed in the advertisements, they are looking to see hormonal contraceptives advertise their ability as contraceptives rather than as just ache-fighters, PMS-blockers, or PMDD cures.

Participants also commented on the noticeable absence of males in the contraceptive advertisements. Every one of the advertisements discussed by the participants and every one of those shown by the moderator to the participants included only women. Participant 17 commented that hormonal contraceptive advertisements are "never about sex and there is never a guy in the advertisement."

This lack of males was a problem to some participants for different reasons. Participant 13 found the lack of men interesting because a male was active in her selection of birth control, "For one of my birth control choices, it was after a discussion with my boyfriend, so he was a deciding factor in that." Another participant responded negatively to the fact that hormonal contraceptive advertisements included only women:

Participant 2: It's weird that there are no men. I mean the reason women take this is because they want to have certain relations with me. For me, a social value, it's saying that women are responsible for making sure bad shit doesn't happen and that bothers me.

Thus, this participant felt that by having only women in hormonal contraceptive advertisements, society was saying that it is a women's burden to prevent pregnancy and that men have no

responsibility should something go awry. Therefore, the issue of whether or not to portray men and sex in hormonal contraceptives is not just a question of taste, but of responsibility. Whose responsibility is it to not get pregnant and to choose the right hormonal contraceptive?

Category 3: Motivation to Take Action

An important aspect of understanding how the target market perceives current hormonal contraceptive advertising is determining the extent to which viewing the advertisements actually motivates the target to ask their doctor about the drug. After all, encouraging women to request their drug is the reason advertisers even bother to advertise hormonal contraceptives.

Understanding whether or not consumers were motivated to ask their doctor about a specific drug might also be indicative about how turned off/turned on the participants were by the models in the advertisements. This will be discussed in more detail later.

In this study, seven of the 18 focus group participants said that seeing an advertisement for hormonal contraceptives motivated them enough to request that particular drug to their doctor. One participant did not even ask for anything but Yaz because she had seen the advertisements, both print and television and felt like Yaz appealed to her because of the youthful strategy of the campaign:

Participant 3: I wanted to take [Yaz]. I remember but I didn't ask for anything else because of the ad and it was targeting more toward my age group. For some reason I was thinking that I don't want to take a birth control pill that's for someone older. I don't know why.

In this instance, the tone created by the advertisement directly appealed to Participant 3 enough for her to ask her doctor to put her on that specific drug. Participant 6 felt similarly when she saw an advertisement for Loestrin24Fe, a form of hormonal contraceptive infused with Iron, and was motivated to talk to her doctor:

I thought [Loestrin24Fe] sounded good. And I saw another thing for it while I was in the waiting room and I brought it in. I saw the commercial for Loestrin24FE and they advertised shorter, lighter periods, and I immediately went to my doctor and was like, I want to go on this.

And I was put on it and I stopped getting my period completely. So I went to a different doctor and told me that I should never have been put on it, it's for women with serious period problems.

While Participant 6's experience with her hormonal contraceptive was not very positive, it did show how much seeing a hormonal contraceptive advertisement can influence the target market to request a specific drug to her doctor. Two other participants in the third focus group had a similar experience:

Participant 15: The commercials for Yaz worked for me. I remember the one about the colorful balloons just because it talked expressly about the symptoms. It caught my attention because it talked about something I wanted to hear.

Participant 13: I went on the patch because of the commercials I saw. They created awareness for the product and made me want to ask my doctor about the product.

As these experiences suggest, hormonal contraceptive advertisements, though widely criticized by the three focus groups, were also effective in motivating many of them to request a specific drug. While many cited the advertisements for creating awareness for a specific drug, it is interesting to discover whether the participants took initial notice to the advertisements because of their imagery, such as their female models.

Core Category: Portrayal of Women in Print Advertisements for Hormonal Contraceptives

While the focus group participants had many interesting insights into hormonal contraceptives in general, the heart of the study was how the target market of hormonal contraceptives viewed the manner in which females were portrayed in the advertisements. Several themes were gleaned from the participants' comments. These themes will be discussed in detail in this section. Additionally, in keeping with the three phases of grounded theory coding, the relationship of the previous three aforementioned categories to this core category will also be included.

Subcategory 1: Unrealistic/fake

The main reaction among focus group participants regarding the portrayal of women in print advertisements for hormonal contraceptives involved criticism because the models were too unrealistic. This sort of unrealistic portrayal bothered many participants because it made them feel negatively toward their own body image:

Participant 5: I get bothered when all of the women are like picture perfect like tall, thin, big-chested. So wow yeah, I'm just plain and ugly, I don't think that's me. They're off in their little land doing their little thing.

Most of these unrealistic portrayals were met with eye rolls and sarcastic tones, especially in two advertisements, a current Yaz advertisement (Appendix H) and the latest NuvaRing campaign (Appendix L). In response to the Yaz advertisement, two participants noted that the two models were so non-relatable and irrelevant to the topic of the advertisement that they could be modeling for anything:

Participant 6: Here are just two women in their late 20s, and I don't know what they are doing. They are just smiling. It has nothing to do with anything.

Participant 9: Yeah, it could be an ad for Coach bags or sunglasses, I have no idea.

Participant 14 was also turned off by the same Yaz advertisement, feeling that the women were unbelievable spokeswomen for that drug:

They are all decked out and they look like models. They don't look like normal women. The woman totally did not look like she was in med school. And she looked too young. They are very fake.

Participant 12 agreed, calling the models in the advertisement "not very relatable." In reaction to such idealized, model-types, Participant 7 noted that she would actually like to see someone suffering from the symptoms that a Yaz print advertisement (Appendix I) is supposed to treat: "I want to see someone fatigued or bloated. There's a cognitive dissonance between what the words say and what the image says."

The Yaz advertisements were not the only ones that were shown to the participants that caused them to react negatively toward the models' unrealistic qualities. The NuvaRing advertisement was found to be almost uniformly unrealistic by all of the participants because of the models' body types:

Participant 2: I mean they all look very similar because they are all dressed up like synchronized swimmers so they are all meant to look the same. And of course they all have the same body proportions: skinny and tall and perfect

Moderator: So this woman is not believable to you?

Participant 2: Well [*laughing*] I definitely don't have those abs or those thighs.

Other participants also found the models too skinny and too perfect to be in an advertisement for a prescription drug. Participant 6 called the women in the NuvaRing advertisement, "really skinny and model-esk." Participant 8 agreed, finding this characterization of the females unfitting:

I saw the NuvaRing ad where she was walking out of the pool and I was like 'she's ridiculously in shape.'...Everybody is like that computerized perfect looking Barbie type. I just found it to be kind of inappropriate that it would be a pool with girls like hanging out in their two-piece bathing suits.

The portrayal of the models as unrealistic and non-relatable helps to explain why many focus group participants found the advertisements to be presenting hormonal contraceptives as frivolous products. The models are smiling, wearing bathing suits, or laughing. To the focus group participants, the models' characterization makes them appear more like models for purses or make up than for hormonal contraceptives. The fact that, on first glance, the advertisement could be confused for any other women's product also lessens the transparency of the advertisement. If the advertisements are presented as too closely modeled after cosmetics or clothing advertisements, the hormonal contraceptives they advertise appear less like prescription drugs and more like toiletries or fashion accessories.

Subcategory 2: Sexualized bimbos

Many participants commented on the overly sexualized models in the hormonal contraceptive advertisements. The majority of complaints of sexy models came from the Yaz party advertisement (Appendix H) and the latest NuvaRing (Appendix L) advertisement.

In regards to the Yaz party advertisement, participants cast the over-sexualized model in this advertisement into the role of partier, a role that was viewed as largely negative. Participant 2 noted that the model “kinda looks like a bimbo to me” and Participant 7 jokingly called the model a “sophisticated partier.” Participant 3 noted that the advertisement is “trying to appeal to a woman that wants to have fun and not have children. [*Laughing*] That overall look: partying.” Thus, the model in the role of partier was not viewed as relatable. Her label as partier seemed to be a poor fit with the category of the drug advertised.

The NuvaRing print advertisement also inspired negative reaction to the portrayal of the model as sexy. In the case of this advertisement, the model was not criticized for her surroundings in a party, but rather her body position and physical features. Participant 7 noted that the model is “really posed. She’s staring seductively at the camera. She’s so posy, poesy. She’s super skinny.” Participant 6, also in the second focus group agreed, citing that the model is “in a slutty pose.”

Thus, the general consensus regarding these sexualized females was fairly negative and also caused some confusion regarding their placement in advertisements for products marketed only toward other women:

Participant 5: The way she’s positioned looks to me like she’s trying to attract men and that’s not an ad for me. Like, I see a woman that’s like, ‘Hey, I’m sexy.’ Well...why would I care about that? I don’t care about sexy women. That should be in a men’s magazine.

Participant 5 presented a valid concern in her statement here as the sexualized models seemed not only to cause confusion but also to upset the participants in such a manner that the

sexy model turned off some participants from the advertisement as a whole. Participant 9, in response to the model's sexy pose, angrily inquired, "What does she have to do with NuvaRing?" The idea that the model's portrayal would inspire anger or resentment toward the product is a valid concern. The third focus group, when asked if the models in hormonal contraceptive advertisements would ever motivate them to ask their doctor about the specific drug, one participant replied, "It would only influence me negatively. Especially if the model is a really bad fit." Thus, in situations such as the aforementioned NuvaRing and Yaz advertisements, the sexualized appearance of the model may not only turn-off consumers to the advertisement, it might also cause the consumer to have a negative association with the brand.

Subcategory 3: Relatable

In comparison to the aforementioned Yaz and NuvaRing advertisements, many participants found the models in the Seasonique (Appendix K) and Yaz balloon (Appendix J) advertisements relatable. The Yaz balloon advertisement was ranked as the best hormonal contraceptive advertisement across all of the focus groups in terms of how it portrayed females. It is interesting that this advertisement appealed most to the participants, as it is the one advertisement shown in which the model is not the focus of the advertisement. In this advertisement, the model is more in the background, secondary to the balloons that encompass the foreground. Participants in the second focus group session had some great insights into why they preferred the model in the Yaz balloon advertisement:

Participant 7: She is most relatable because she's normal.

Participant 6: She looks the most relaxed, free.

Participant 9: She's not wearing ridiculous clothes either.

Participant 7: The focus is not on her face, and this makes her more anonymous and therefore more relatable.

Participant 2, from the first focus group, also finds the model to be more relatable, noting “It’s a much more natural shot compared to the really posed bikini model, so I am able to identify with her.” It is important to note that to these participants, the concepts of normal and natural are equated with relatability and empathy with the model.

As demonstrated by these participants, this model became the most relatable because her physical features were somewhat vague. Because she was positioned in the background of the advertisement, her looks were less defined. Her face could be of any ethnicity and her clothes are fairly simplistic. The focus of the model in this advertisement is really on her body position and her emotions rather than on her appearance.

When participants were asked to express how they would ideally like to see females portrayed in advertisements, the participants were fairly unanimous in requesting relatable and normal women. As evident in the previous subcategory, the focus group participants were highly unimpressed by fake and unrealistic models. Those sorts of portrayals may work for cosmetic and fashion advertisements, but in hormonal contraceptive advertisements they seem frivolous and out of place. Participant 2 summed up this opinion succinctly, noting:

The more [the models] look like someone you see on the street or someone that looks like they might have a daily life, you can relate to them better than if they are in a swimsuit and jumping all around, then that’s not me.

The idea of being able to relate to the models is an important one, mirrored by Participant 5 in her statement:

I personally like an ad where I see a woman who looks like a real woman with curves and maybe blemishes and funny hair, still attractive, but normal. To me that means that normal people can take this too, it’s not just for supermodels.

Thus, utilizing a “normal” model not only makes the model more relatable, but it also brings about a positive reaction to an advertisement.

In the case of the Yaz balloon advertisement, it is no coincidence that the advertisement that garnered the most praise for its portrayal of women, also garnered the most positive review overall. While participants commented that ideally, the Yaz balloon advertisement could use more information, it was still highly rated for evoking pleasant feelings in these viewers.

Women felt that the appeal in the advertisement was how “free” the model appeared.

The fact that many participants could see themselves as the model in the advertisement, allowed the participants to take an interest in the advertisement’s other elements, such as the brand name, brand logo, and product attributes.

CHAPTER 5 DISCUSSION

This study sought to answer and expand on three research questions that guided the nature and direction of the research. The results obtained and analyzed in Chapter 4 are discussed in this chapter, particularly as they address the research questions.

Answering the Research Questions and Generating Theory

(RQ1): What do account planners think is the most advantageous manner to portray women in print advertisements for hormonal contraceptives?

Both account planners revealed that the most advantageous manner to portray women in print advertisements for hormonal contraceptive is in a relatable fashion. The ability of the target market to relate to the model is pivotal to the success of any campaign. The manner in which each planner chose to convey relatability differed somewhat. In the case of Account Planner 1, the most advantageous way to portray females in hormonal contraceptive advertisements is as aspirational. To this end, models should be attractive enough to provide an example to which the female consumer aspires, but not too attractive where the model alienates the average woman from the advertisement. Conversely, Account Planner 2 felt that females in hormonal contraceptive advertisements should not be aspirational or particularly attractive, but rather should represent the average woman so that the consumer can look at the model and see herself. Account Planner 2 also felt that women in these advertisements should be portrayed as intelligent, assertive, and inquisitive women, in control of their health care needs.

While Account Planners 1 and 2 differed in their opinion regarding how best to portray women in a relatable fashion, they both agreed that women in hormonal contraceptive advertisements must inspire the right emotions in the target market. Account Planner 1 achieved this emotional response by noting the tone of the advertisement and the personality of the brand

in the creative brief so that the creative team could develop an appropriately emotive advertisement. Account Planner 2 relied on casting a model that appeals to the emotional sensibilities of the target market. The client then adjusted the model cast by the account planners to their liking. It is this involvement of the client in the casting process that Account Planner 2 found unfortunate. Oftentimes, the client will alter the portrayal of the model set out by the account planners to appeal to their own sensibilities. Unfortunately, these sensibilities are not based on research or planning, but merely the client's own stylistic preferences.

(RQ2): How do the target females for hormonal contraceptives feel about the manner in which a female is portrayed in the print advertisement?

Overall, females responded with dislike to the portrayal of women in the majority of the print advertisements shown during the focus groups. The main cause of distaste for these participants was two-fold. First, the participants found many of these models to be too unrealistic to be relatable or received positively. These unrealistic characteristics included the model's unnatural body proportions such as extremely slender bodies and large breasts. The second reason for distaste was the sexualized nature of the models that most participants found out of place in an advertisement for a prescription drug intended only for women.

While the response was largely negative to most advertisements, there were two, namely Seasonique and the Yaz balloon advertisement that many participants responded to positively. These two advertisements garnered positive reactions due to the portrayal of the models as relatable and aspirational. They were perceived as attractive but not overly so and their body language expressed positive feelings such as freedom and empowerment.

In their focus group discussions, the participants provided a few words of wisdom to advertising professionals that emphasize their overall opinions on the portrayal of females in

hormonal contraceptive print advertisements. First, Participant 6 rightly expressed that “Every type of woman uses birth control.” Thus, the females in these advertisements should act as an “everywoman,” to appeal to all races and backgrounds. Second, the most important aspect of the portrayal of the female is not the model’s appearance, but rather her emotions. Participant 9 addressed this point: “What’s more important is the expression on her face, rather than what she looks like.” Participant 7 best expressed the overall feelings of the focus participants: “Unless the pill is going to make me look like the skinny model, I don’t care. I want to know how she FEELS.”

Focus group participants in this study want to see attractive, yet relatable and aspirational models in their hormonal contraceptive print advertisements. The participants do not want to see females in print advertisements that are sexualized or frivolous.

(RQ3): Is the manner with which the account planning team chose to portray females in print advertisements for hormonal contraceptives congruent with the manner in which the target audience for hormonal contraceptives view themselves?

The answer to this research question is somewhat complex. Based on the qualitative interviews, it would seem that Account Planner 2 was very well versed on how the female target market would like to see females portrayed in hormonal contraceptive advertisements. She noted that females in these advertisements should be presented as relatable, not overly attractive, intelligent, or assertive. All of these qualities represent what most focus group participants desired in female models for hormonal contraceptives. Focus group participants complained that the models in hormonal contraceptive advertisements were too attractive, frivolous, or sexual, and Account Planner 2 agreed. For example, Account Planner 2 felt that the models in hormonal contraceptive advertisements should inspire positive emotions from the target audience by being

relatable and in control of their healthcare needs. Based on the responses by the focus group participants to Account Planner 2's Seasonique advertisement, she was largely successful in her advertisement.

Account Planner 1 was not as successful in understanding how to properly portray females in hormonal contraceptive advertisements. To him, models in hormonal contraceptive advertisements should be attractive, but relatable. In his experience, consumers are unable to express what they would like to see from models in hormonal contraceptive advertisements, so it is up to him and his experience to decide how to best reach these consumers. This strategy led to the creation of the most current Yaz advertisement, an advertisement that largely failed to reach the focus group participants. Many focus group participants found the models in this ad to be too attractive and non-relatable. Participants called the main model in this advertisement a "bimbo" and were put off by her placement in a party scene. Focus group participants felt that by placing the models in a party or club setting, the advertisers made the product seem frivolous and the decision to take hormonal contraceptives a simple one.

Despite the fact that Account Planner 1 did not seem to understand his target market as well as Account Planner 2, some of his concerns regarding the portrayal of women were valid. For instance Account Planner 1 noted that consumers "have a hard time telling you what they want." One of the examples he gave is of consumers that "say that they want information, but then you put a lot of information in but they don't read it." The researcher experienced this consumer confusion first hand. In all three of the focus groups, participants noted that they wanted hormonal contraceptive advertisement to be highly informative. However, when shown actual advertisements (Appendix K and Appendix H) that contained a great deal of information, focus group participants responded with the following comments:

- Participant 2: It's very text heavy...I wouldn't even look at it.
- Participant 7: And it's a LOT of text.
- Participant 6: I don't know if there needs to be so much text. I'm going to go online and research it no matter what.
- Participant 12: Too text heavy. -
- Participant 15: I hate it. It's too much text. It's overwhelming.
- Participant 13: It's too cluttered. They need to have a little more white space.

As evident by the fact that participants from all three focus groups said they disliked advertisements that were too "text heavy," it appears that consumers really are unable to properly define what elements they would or would not like in hormonal contraceptive advertisements.

It must be noted that the reason most hormonal contraceptive advertisements are so "text heavy" is due to FDA regulations. According to the Code of Federal Regulations for Prescription Drug Advertising, every prescription drug advertisement must include a

statement of information in brief summary relating to side effects, contraindications (when used in this section "side effects, contraindications" include side effects, warnings, precautions, and contraindications and include any such information under such headings as cautions, special considerations, important notes, etc.) and effectiveness. (pg. 78)

In addition to the required inclusion of side effects, contraindications, and effectiveness, prescription drug advertisements must also abide by other regulations all of which are outlined within the FDA's lengthy document. It is interesting that while advertisers must include all of these required elements, focus group participants still found the hormonal contraceptive advertisements to be lacking in relevant information.

Account Planner 1 was correct in his assertion that models in the advertisements must be aspirational. In terms of a model's appearance, he noted, "people say they want to see real but they want to see real but something they would aspire to." And while Account Planner 2 felt that aspirational models are not essential in hormonal contraceptive advertisements, focus group

participants indicated that models need to represent a woman worth aspiring to, someone who evokes positive feeling. Smiling models was the one constant through all of the hormonal contraceptive advertisements shown to the focus groups. These smiles were attempting to evoke a feeling of happiness and well-being. One participant called these models “appropriate, smiling because they beat the symptoms.” And in the end, the only thing that female consumers in this study really took away from these advertisements, besides the efficacy level of the drug, was how the product would make them feel. All of the secondary product attributes of these hormonal contraceptives be it fighting acne, blocking PMS symptoms, or limiting the number of days of a period, are meant to make their users FEEL better about themselves. Placing aspirational models in these advertisements allows the viewer of the advertisement to imagine how it might feel to be on a specific brand of hormonal contraceptive.

Overall, the account planners generally do understand how consumers feel regarding the portrayal of women in print advertisements for hormonal contraceptives. However, despite the fact that they seem to have pretty good understanding of consumer wants and needs, many hormonal contraceptive advertisements end up falling short of consumer expectation and actually upset many consumers in this study. Focus group interviews demonstrated that even current hormonal contraceptive advertisements make birth control seem too frivolous and present models that are so attractive that they end up being largely unrealistic. If account planners seem to understand their target consumer, how then do current print advertisements still manage to miss the mark?

The answer, surprisingly, may lie in the gender of the account planner and the gender of the client. Account Planner 1, in explaining the account planning process behind Yaz, noted that it was he and his team that cast models for the advertisement. This casting was based on the tone

that they desired to express in their advertisements. From there, the casting largely depended on acting ability and physical appearance. Because Account Planner 1 is a male, his perception of what accomplishes the tone of “empowered” women is different from how women in this study perceive powerful women. According to the Yaz advertisement, an empowered women is one who is clearly a working woman, in the case of this advertising campaign, a doctor, who has no time for PMS symptoms in between her busy career and her exciting nightlife.

The decision to make the main (and beautiful) model/actress in the Yaz advertisement a doctor and a partier backfired with the target market in the focus groups. Women found the attractive blonde’s occupation as a doctor unbelievable and her setting in a nightclub unrealistic. In sum, the focus group participants felt that the model and the advertisement belittled a serious health decision, and overall they had a very negative response to the advertisement.

In contrast to the reception of the Yaz advertisement, Seasonique, developed by female Account Planner 2 and her team, received a largely positive reception. Account Planner 2 felt that women should be portrayed in hormonal contraceptive advertisements as relatable, intelligent, and in control of their health decisions. The Seasonique advertisement represents these qualities as the woman is attractive, but not overly so, and appears to be working on her laptop, researching the pros and cons of Seasonique (It must be noted that seeing the Seasonique television spot helps to better explain the nature of the Seasonique advertisement). Focus group participants appreciated the fact that the model was fully clothed, appeared intelligent and somewhat concerned by her hormonal contraceptive decision, and that the advertisement was filled with text, but organized into an easily readable FAQ format. This advertisement, developed with a female at the helm, became one of the best-received print advertisements among the focus groups.

While the gender of the account planner seemed to affect the final portrayal of females in hormonal contraceptive advertisements, it was the gender of the client representative that determined the final product in this study. The gender of the hormonal contraceptive advertiser was not considered as affecting the portrayal of women in hormonal contraceptive advertisement until Account Planner 2 was interviewed. Account Planner 2 revealed that for most hormonal contraceptive accounts, clients have final selection of the models and tailor the models to their own stylistic preferences. When the client is male, his stylistic preference usually differs from that of a female account planner. While Seasonique was able to escape with Account Planner 2's portrayal recommendations intact, she noted that unfortunately, many hormonal contraceptive advertisements are not so lucky.

Gender differences in the creation of hormonal contraceptive advertisements could help to explain why many current hormonal contraceptive advertisements receive largely negative receptions among their target market. While it seems that these account planners do in fact have a pretty good understanding of their target market, gender can, perhaps subconsciously, alter this understanding. In many cases, even if the account planner clearly relates to the target market, when the client has final say regarding the portrayal of the females in the advertisements, this relationship may not matter. In the end, the goal of many advertising agencies is to please the client. Thus, any recommendations that this study proffers regarding the manner in which females are portrayed in hormonal contraceptive advertisements becomes moot if the clients are not also made aware of them.

Practical Implications

In order to keep advertising professionals and their clients on track to connect with their target and capitalize on a multi-billion dollar industry, several recommendations are presented below based on the results of this study. Because little research had been conducted on hormonal

contraceptive advertising prior to this study, and only one other study had touched on the portrayal of women in these advertisements, the results of this study offer a first look into how best to portray women in hormonal contraceptive print advertisements.

The results of the study suggest that in order to appeal to sexually active Caucasian females ages 20-24, a hormonal contraceptive advertisement should provide a great deal of information, presented in a format that is easily digestible, such as in bullet or FAQ form. Providing adequate information helps female consumers to better understand the product being advertised as well as assure consumers that the decision to take hormonal contraceptives is just as serious as deciding to take any other prescription drug. As demonstrated by this study, these consumers strongly dislike the current treatment of hormonal contraceptives as frivolous and light-hearted. To them, choosing to alter their body's natural chemistry is a major concern and they must be properly informed in order to understand why they should be motivated to go to their doctor and request a hormonal contraceptive.

In addition to being informative, hormonal contraceptive advertisements should contain a level of transparency. While all current hormonal contraceptives being advertised in print include a copy of their product insert on the backside of the page, it would be helpful to include some key side effects and any unusual dosing information within the creative portion of the advertisement. Providing this information up front allows consumers to be better informed as well as to feel as though they can better trust the advertisement and thus the brand itself. In keeping with this idea of transparency, consumers in this study prefer to see an image of the product, so that they can better understand how the product works and decide whether or not they are comfortable with that particular variety of hormonal contraceptive. In the case of NuvaRing, many focus group participants were not aware of what the product looked like. They

did not realize that it was a fairly large, clear, flexible ring that must be inserted vaginally. To these participants, seeing the image made them realize that the product was not something they would be comfortable in utilizing.

When choosing their spokesperson or model for print advertisements for hormonal contraceptives, advertisers should be careful to select a model that is neither too unrealistic nor too sexual. Based on the discussions with the focus group and account planners, models should be relatable, yet attractive enough that they are aspirational. While many focus group participants lamented attractive models, Account Planner 1 was correct in his assessment that women want to see “real,” but attractive “real.” However, while the model should be attractive enough to be aspirational, advertisers should be careful to make sure the model is not too “modely.” She should not be too thin or too busty. Her build should be thin in a healthy way, due to athleticism or a healthy diet. Her facial features should be attractive but not too beautiful or unattainable. In many ways, this model should represent an “everywoman.” The model should be someone who consumers strive to be, but not someone who arouses feelings of jealousy or anger.

While the model should be aspirational and attractive, she should never be sexy. Based on the comments of focus group participants, a sexualized model has no place in a hormonal contraceptive advertisement. Sexualized models in the hormonal contraceptive advertisements discussed with the focus groups not only inspired dislike, but in many cases, inspired anger. Advertisers should be careful not to provoke consumers into associating their brand with feelings of anger or resentment.

Presenting advertisements that are informative, yet digestible and somewhat transparent will help advertisers better appeal to their target market. Advertisers should also be careful to

present a model that is attractive and aspirational, never unrealistic or sexualized. If the advertisers or account planners are male, they must be careful not to let their gender influence the manner in which females are portrayed in these advertisements. There is much research involved in developing a campaign, especially in regards to understanding the target market. Personal tastes or judgments on how females are portrayed in hormonal contraceptive advertisements must always come second to research. If the research does not support portraying the model as sexualized or highly attractive, then the model should not represent either of those qualities. If followed, these recommendations should allow for advertisers and their agencies to have a closer relationship with their target consumers and perhaps have better success in building their brands.

Limitations

While this study generated many insights regarding hormonal contraceptive advertising, it is not without some weaknesses. First, the focus group participants were all Caucasian graduate students. Because all of the participants were Caucasian, their responses regarding the portrayal of females in the advertisements were all based on similar racial backgrounds. Thus, it is possible that participants from other racial backgrounds would have responded differently to the models in the advertisements. Also, because the participants were all graduate students, their education levels were high. It is possible that this education level affected the outcome of the results. For instance, the focus group participants in this study were very skeptical of the advertisements that they were shown. A bias against advertising may not be as prevalent with participants with lower educational backgrounds.

The second area of limitation involves the small number of account planners. Unfortunately, obtaining willing interview participants was extremely difficult. The response rate to interview requests was extremely low. Very few account planners who were contacted

actually replied and among those who did reply, only two were actually available and willing to aid in the research. Because the advertising business is extremely busy and involves erratic schedules, finding participants willing to take time out of their work or to find an agreeable time to conduct the interview was challenging. Additionally, those who did respond to the initial interview request found that due to privacy concerns and the desire to guard trade secrets, they were unable to be interviewed. It is possible that having a larger account planner pool would have affected the final results. Because the responses of the two account planners in this study were very different, this study was unable to reach theoretical saturation for the qualitative interviews. Perhaps the gender issues confronted in this study might not be an issue at other agencies.

The final area of limitation involves the actual print advertisements that were shown to the participants during the focus group sessions (Appendices H-L). There was no sampling process for obtaining these advertisements. Those selected for this study were current print advertisements that the researcher was able to obtain from various magazines over the course of a two-year period. It is possible that there were other creative works from the same brands as those shown. Additionally, it is likely that there were other hormonal contraceptive brands that had advertised during this time period but were not selected for the study due to the nature of the selection process.

Suggestions for Future Research

Future research should allow for a more varied participant pool. It would be interesting to see how focus group respondents of other races and educational backgrounds would view the portrayal of women in print advertisements for hormonal contraceptives. Conducting focus groups with different ages of hormonal contraceptive consumers, such as those 15-19 or over the age of 24, would also make for an exciting area of research. Perhaps those who are older or

younger than those interviewed would have drastically different opinions regarding how females should be portrayed. Additionally, future research should strive to interview more agency professionals, if possible. While the responses of those two participants interviewed in this study were extremely insightful, one wonders what other agency professionals would have to say about their experiences with hormonal contraceptive advertising. Additionally, it would be interesting to discover whether or not the differences in opinion found between the male and female account planners would still remain if others were involved in the interview pool.

Future studies could explore other factors that may have contributed to the drastically different responses between the account planners. For example, it is possible that the size of the agency could influence the manner in which females are portrayed. Additionally, age differences may account for a difference in opinion regarding the proper manner to portray a female in hormonal contraceptive advertisements. While the account planners were not asked their ages, it seems that Account Planner 1 has been in the business for a longer time frame than Account Planner 2 and may possibly be of a different generation than her. It is possible that generational differences may contribute to female portrayals.

Finally, the qualitative nature of this study could be converted into a quantitative method such as survey research. The questions asked of the focus group participants could be rearranged into survey form and disseminated to a larger population of women. Additionally, a survey using the questions asked of the two account planners also could be sent to many agency professionals at once.

Conclusion

This study, intended to determine how both target consumers and advertising professionals perceive the portrayal of women in print advertisements for hormonal contraceptives, has reached a somewhat unexpected conclusion. While the study aimed to

understand the portrayal of the female gender in hormonal contraceptive advertising and how that portrayal was perceived by both sides of the coin, the researcher never imagined that gender would actually play such an important role in determining the final outcome of that portrayal. Contrary to suspicion, account planners actually do understand their hormonal contraceptive consumers quite well. However, any understanding of the consumer's needs and wants can be erased if gender biases are present. Even if the account planners do everything in their job description to connect perfectly with their target market, their clients could potentially reverse decisions.

This qualitative study's findings have suggested that consumers of hormonal contraceptives want print advertisements for these drugs to present women as aspirational, attractive, relatable, and intelligent. According to these participants, women should never be sexualized in these advertisements nor should the product be made to seem frivolous. Altering one's body chemistry is not a decision to be taken lightly.

While this study cannot generalize for the entire target market of hormonal contraceptives, it has shed light on how some of these consumers perceive current hormonal contraceptive advertisements. Because this study has indicated that there is much negativity connected to current hormonal contraceptive advertisements, account planners and their clients must work harder to make sure that their final message resonates positively with their consumers. The hope of this study is to inspire agency professionals, clients, and even other researchers to consider the importance of hormonal contraceptive advertisements and utilize the recommendations of this study, as well as explore further avenues to develop effective hormonal contraceptive advertising campaigns in the future.

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APPENDIX A
PRELIMINARY RESPONDENT E-MAIL

Dr. Mr/Mrs/Ms. _____,

My name is Amanda Ehrlich and I am currently a second year Masters of Advertising student at the University of Florida. I am in the midst of composing my master's thesis on the topic of pharmaceutical marketing. To be more specific, I am studying the portrayal of women in print advertisements for hormonal contraceptives. In order to complete an aspect of my study, I am hoping to gain insight into the account planning process behind some of these print campaigns. In other words, I am looking to uncover what aspects of the account planning process led to a certain portrayal of a female model in the advertisement.

I acquired your name and contact information via a search of the various hormonal contraceptives brands and their advertising agencies. I have determined that it was your agency that was responsible for the _____ campaign. It is also my understanding that you were a part of the team that worked on creating this campaign. As an aspiring account planner, I must admit that I admire the creative work of this campaign and the effort and planning that went into obtaining the final product.

If you would be so inclined, I would love to speak with you further regarding your involvement on this campaign, particularly, as it pertains to account planning. Any information that you can provide me would be greatly appreciated. Of course, any information that you disclose is strictly for research purposes and will not be disclosed to any other agency or advertising personnel.

I look forward to speaking with you further. If you would not wish to participate, please indicate your decision via an email reply. If you know of any colleague that may be interested in participating in my research, please let me know. I thank you for your attention.

APPENDIX B QUALITATIVE INTERVIEW GUIDE

Intro: Hello, as we discussed via email, I'm working on my masters thesis at the University of Florida. In my thesis, I am focusing on print advertisements for hormonal contraceptives, specifically, as it pertains to the portrayal of women. I appreciate your work on the _____ campaign and I wanted to get your perspective on women in these ads and also to understand how you came to realize the final ad. That is, how did the account planning process lead you to make your final decisions? Anything you say in this interview is strictly for research purposes only. Feel free to verbally withdraw yourself from this interview at any time. Your name will not be used within the thesis. Instead, you will simply be referred to as a member of the _____ team. You are receiving no direct benefits or direct risks for participating. If this is agreeable, I would like to proceed with the interview. Any questions before we begin?

Q1: First, how did you come to be involved with account planning?

Q2: On a general level, are there any differences that you've noticed between planning a campaign for pharmaceutical drugs versus non-prescription products?

Q2: What was your role in this campaign?

Q3: Do you perform any primary research for the campaign?

Q3a: If so, what type of research did you perform? Qualitative? Quantitative?

Q4: How do you decide what is the main product benefit? Your USP?

Q5: Do you interview/conduct focus groups with women? Hormonal contraceptive users?

Q6: Can you give me a brief overview of the account planning process from earning ____ as your client to creating the final ad?

Q7: How did you decide how to best portray women in the ads?

Q8: What is your personal opinion regarding how best to portray women in hormonal contraceptive advertising?

Q9: What do you think is the future of hormonal contraceptive advertising?

APPENDIX C
FOCUS GROUP SCREENING EMAIL

From Amanda Ehrlich

PLEASE HELP OUT A FELLOW GRADUATE STUDENT FOR MASTER'S RESEARCH!

Sexually active females are invited to participate in a study about hormonal birth control ads. Those that qualify for the study will receive free dinner and snacks during the session (as well as my utmost gratitude and respect). If you are interested, please contact Amanda Ehrlich at pooky800@ufl.edu with the subject "Birth Control Ad Study." In the body of the email, simply put "participate." You will then receive further details via email. Thank you.

APPENDIX D
FOCUS GROUP SCREENING QUESTIONNAIRE

Please fill out this form to be eligible to participate in a focus group for graduate research. If your demographic information matches up with the needs of the study, you will be contacted via email with further information. If you are chosen to participate in the study, you will receive free dinner. Everything you write in this form is confidential and strictly for research purposes only. This survey will be only used to select participants for the study, and the information will be discarded after that selection. Please note: the content of this focus group involves contraceptive (birth control) advertising and thus, the topic may be sensitive to some. If you feel that you would not be comfortable with the discussion topic, please do not apply.

1. Name: _____

2. Gender:

- Male
 Female

3. Age: _____

4. What *best* describes your racial background? Check only one.

- | | |
|---|--|
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pacific Islander | |

5. Are you currently sexually active?

- Yes
 No

6. Do you have any religious concerns that prevent you from taking/using birth control?

- Yes
 No

5. How long have you lived in the United States? _____

6. Please supply your email address: _____

7. Please supply your cell phone or home phone number: _____

8. Please check the date or dates in which you are available to participate:

- Monday, February xx, between 6:00-8:00 pm
 Tuesday, February xx, between 6:00-8:00 pm
 Wednesday, February xx, between 6:00-8:00 pm

APPENDIX E MODERATOR'S GUIDE

Introduction:

Hello everyone. I hope you have all found something to eat and are comfortable. My name is Amanda Ehrlich and I will be group moderator for the evening. I am also the one developing this study. Thank you so much for volunteering to be a part of my focus group. All of you will be receiving extra credit for your participation here as well as my sincerest gratitude.

Tonight, we will be discussing the portrayal of women, specifically as it pertains to hormonal contraceptive advertising. Hormonal contraceptives are any drug designed to act on hormones designed to prevent pregnancy. Thus, they are any form of birth control that involves your hormones as its main method of preventing pregnancy. For the purposes of this study, it does not matter if you are on birth control or not, or what kind of birth control you are taking/have taken. No one will be asked about their sex life. Any question that addresses usage of contraceptives will be merely hypothetical and should not feel obligated to answer every question. If at any time, you feel uncomfortable with the discussion, you may leave the room or simply pass on a question. Because the nature of this topic may be sensitive to some, please refrain from citing specific names or events during the discussion. As a reminder, your names will not be used in the in the data analyses or the final thesis work and your participation will be confidential to the extent provided by law. Additionally, I request that you keep the topics discussed tonight confidential and refrain from discussing this focus group with others. However, I cannot guarantee that all group members will respect this wish.

We'll be meeting here for about an hour, depending on how the discussion goes. Please note that the restrooms are located _____ and you may help yourself to more food throughout; just try to be respectful of the discussion by doing so quietly.

I'll be taping tonight's session with these two digital recorders. As noted in your release form, tonight's recording is for research purposes only. I am recording the conversation simply for my own benefit, so that I may analyze your responses at a later time, at my own pace.

You are here for one purpose: to talk. So I ask you kindly to please share whatever opinion you have regarding a subject, without feeling embarrassed or intrusive. There are no right or wrong answers, only opinions. I ask you to talk A LOT, but to do so in turn. Please do not interrupt one another. Speak to one another as if were speaking to a friend, but do so with respect.

Remember that I am only here to facilitate discussion, not to judge you or even comment on your responses. But also remember that I am a student, just like you; so don't worry about being formal or polite with what you say. Say what you want to say, how you want to say it.

Any questions before we begin?

Icebreaker Question:

1. To get things going, we're going to go around the room and state our names, our major, and our favorite television show.

Warm-up Question:

1. Can anyone here recall an ad for a prescription drug? By this I mean one that is not available over the counter.

Details Section:

1. Can anyone here recall the last print ad they saw for a hormonal contraceptive?
 - a. What was the ad for?
 - b. Where did you see it?
 - c. Why do you remember it?
 - d. How did it make you feel? Indifferent? Intrigued? Frustrated?
2. If you could design an ad for a hormonal contraceptive what would it look like?
 - a. What would the color scheme be?
 - b. Would the product be in it?
 - c. Would there be any models?
 - d. What would they look like?
 - e. What would be the text?
3. How would you describe a typical print ad for a hormonal contraceptive to someone who had never seen one before?
 - a. What would the color scheme be?
 - b. Would the product be in it?
 - c. Would there be any models?
 - d. What would he/she look like?
 - e. What would be the text?
4. Please tell me what words/thoughts come to mind when I mention the following products:
 - a. Yaz
 - b. Seasonique
 - c. NuvaRing
 - d. OrthoEvra

Key Questions:

1. How do you feel about the portrayal of women in hormonal contraceptive ads?
 - a. Tell me about the model
 - i. What does she look like?
 - ii. How old is she?
 - iii. Is she relatable?
 - iv. Would she inspire you to chose this product over another?

Now, I am going to show you some actual print ads for hormonal contraceptives.

2. (Asked for each of the _____ ads) How do you feel about the portrayal of this woman in this ad?
 - a. Tell me about the model
 - i. What does she look like?
 - ii. How old is she?
 - iii. Is she relatable?
 - iv. Would she inspire you to chose this product over another?
3. Now that we've seen these ads, I'd like to bring back a previous question. What words/thoughts come to mind when I mention the following products:
 - a. Yaz?
 - b. Seasonique?
 - c. NuvaRing?
 - d. Other?
4. What kind of woman takes/describe the woman who takes:
 - a. Yaz?
 - b. Seasonique?
 - c. NuvaRing?
 - d. Other?
5. For those of you who wish to share, if you are on a hormonal contraceptive, did the advertising for that product have an effect on your brand choice?
 - a. Did you have any say in your brand, or did the doctor simply recommend one for you?
 - b. If yes, why?
 - c. If no, why did you choose what you did?
6. For those of you who are not currently on a hormonal contraceptive or those that chose not to address the previous question, do you think the advertising a for hormonal contraceptive would affect your purchasing decision?
 - a. If yes, why?
 - b. If no, why not?

Summary Question:

1. Do you feel that the "average" woman is represented in ads for hormonal contraceptives?
2. Is there anything that you did not say during the discussion that you would like to add?
3. Any concluding comments?

After the Discussion:

Once again, thank you all for coming. I appreciate your honesty and opinions. For the sake of your confidentiality, please keep this discussion to yourself. Please do not discuss this focus group session with others, especially your peers in your ADV_____ class.

APPENDIX F
FOCUS GROUP INFORMED CONSENT

In signing this informed consent document, you hereby agree to participate in a student-run focus group. Amanda Ehrlich, a graduate student from the University of Florida, is conducting this focus group in order to garner insight on hormonal contraceptive advertising for her master's thesis. You will be participating in this focus group for approximately an hour and will receive dinner. Other than your free meal, you will not be receiving any direct benefits, nor will you receive any direct risks from the study.

Because the nature of this topic may be sensitive to some, please refrain from citing specific names or events during the discussion. Additionally, please refrain from discussing the focus group content with others. There is no guarantee that all group members will respect this wish.

By signing this document you grant permission for the focus group to be tape recorded and transcribed, and to be used only by Amanda Ehrlich for analysis of interview data. In the transcripts, your name will not be identified and the tapes will be erased following transcription. Your name will not be used in the in the data analyses or the final thesis work. Besides being revealed to Amanda Ehrlich, your identity will be kept confidential to the extent provided by law. Your email address will be maintained until the focus group session, but following the session, your email address will be discarded. You are also consenting to the evaluation data generated from the focus group to be utilized in a master's thesis and possibly future publications.

Your participation in this study is completely voluntary and you are free to withdraw from this study at any time without consequence.

Signature of Participant

Date

Questions or concerns about your rights as research participant may be directed to the IRB02 office, University of Florida, Box 112250, Gainesville, FL 32611, (352) 392-0433 or to Debbie Treise, this study's supervisor, at 2012 Weimer, (352) 392-6557.

APPENDIX G
FOCUS GROUP TRANSCRIPT EXAMPLE

Moderator: So now I know you mentioned NuvaRing, so you can recall an ad for a hormonal contraceptive. So you said the ad was for NuvaRing, do you remember where you saw it?

Participant 1: Well, it was the television ad.

Mod: The television one. Ok. That's fine. Why, why is it that it popped out in your mind, why do you remember it?

Participant 1: Because it's obnoxious. I mean completely annoying. A bunch of women in bathing suits jumping around.

Mod: Does anyone else know what she's talking about?

All: Yeah.

Mod: So. You felt kind of frustrated...saying it was just annoying?

Participant 4: Yeah, I mean.... I think that.... pharmaceutical companies can get information across to women in a more [pause] I mean it's just kind of embarrassing, kind of demeaning. Like we're so stupid that like [raises voice] "yay, birth control!" So yeah um. Just kind of annoying.

Mod: Yeah. Any other feelings about that ad?

Participant 3: It doesn't, I mean I don't think it really relates to birth control. It's kinda just showing that you can be different from everyone else by wearing like a bikini. I don't know...it's just kind of stupid. It doesn't mean anything to me

Mod: So, why do you remember it?

Participant 3: It's on all the time.

Mod: So you recall the ad, I mean you remember it's for NuvaRing specifically?

Participant 3: Yeah because they say. It's starts out where everyone's kind of the same. Monday, Tuesday, Wed, you need to take a pill everyday but then you don't now because you're different.

Participant 2: You can sit in the hot tub.

All: [Laughs]

Mod: Ok. So I don't know if you remember the women in the ad? Like do you remember anything about them at all? Or do you just remember the song in the commercial.

Participant 2: I mean they all look very similar because they are all dressed up like synchronized swimmers so they are all meant to look the same. And of course they all have the same body proportions.

Mod: Which is?

Participant 2: Skinny and tall and perfect.

Mod: Do you recall any African American or Asian women at all?

Participant 3: Yeah, one African American.

Mod: Do you remember any other hormonal contraceptive ads that you've seen?

Participant 2: I remember one with "We're not going to take it anymore"

Participant 3: I hate that one also. There's one out for Plan B out now also. Yeah I remember they started. Cuz they had never done that really before. They make sure to say it's not the abortion pill. Yeah that's recent.

Mod: Do you remember was there a story?

Participant 3: No it's like a bunch of different women saying that, talking about the 72 hours. You know, it doesn't have to be a huge big deal if you have plan B there. Like if plan a doesn't work basically have plan b.

Mod: Ok and how did that make you feel?

Participant 3: Not really anything.

Mod: Would you say it was more appealing/less appealing than the NuvaRing ad?

Participant 3: More.

Mod: Why? Was it less silly?

Participant 3: Yeah it was less hokey I guess more um to the point. Informative.

APPENDIX H
YAZ PARTY PRINT AD

DON'T LET SEVERE MONTHLY PMDD SYMPTOMS INTERFERE WITH YOUR LIFE.

DISCOVER YAZ®. A BIRTH CONTROL PILL THAT MAY HELP.

YAZ is the only birth control pill proven to treat the emotional and physical symptoms of PMDD, for women who choose the Pill for contraception.

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). YAZ has not been shown to be effective for the treatment of PMS, a less serious cluster of symptoms occurring before menstruation. PMDD symptoms include:

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

If you or your healthcare provider believes you have PMS, you should only take YAZ if you want to prevent pregnancy and not for the treatment of PMS. Prescription YAZ is 99% effective at preventing pregnancy when taken as directed. YAZ may be used to treat moderate acne for women who are at least 14 years old, have started having menstrual periods and want to use the Pill for contraception.

Important safety information about YAZ:
YAZ contains drospirenone, 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 below bottom left) should have their potassium level checked in the first month of taking YAZ.

What are the risks involved with taking any oral contraceptive (OC)? OCs can be associated with increased risks of several serious side effects. OCs do not protect against HIV infection or other STDs. **Women, especially those 35 and over, are strongly advised not to smoke because it increases the risk of serious cardiovascular side effects including blood clots, stroke, and heart attack.**

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.

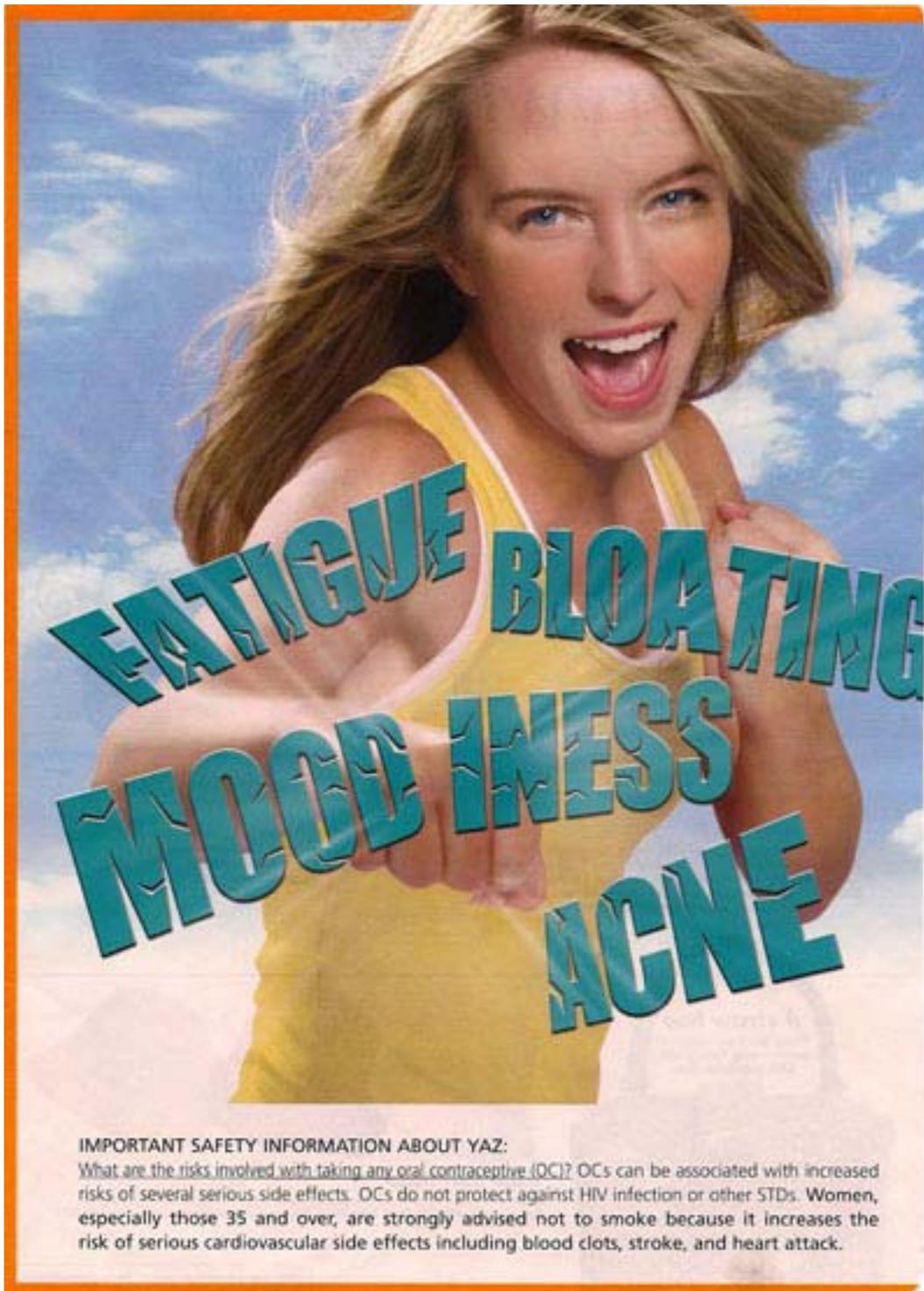
Talk to your doctor about YAZ. See important patient information on reverse side.

What drugs may increase potassium? NSAIDs—bupropion (Wellbutrin®, Ambrin®), 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 (Cobra®, Diovan®, Avapro®, and others), Heparin, and Aldosterone antagonists.

YAZ (drospirenone & ethinyl estradiol)
BEYOND BIRTH CONTROL®

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

APPENDIX I
YAZ FIGHTING PRINT AD



FATIGUE BLOATING
MOODINESS
ACNE

IMPORTANT SAFETY INFORMATION ABOUT YAZ:
What are the risks involved with taking any oral contraceptive (OC)? OCs can be associated with increased risks of several serious side effects. OCs do not protect against HIV infection or other STDs. Women, especially those 35 and over, are strongly advised not to smoke because it increases the risk of serious cardiovascular side effects including blood clots, stroke, and heart attack.

APPENDIX J
YAZ BALLOONS PRINT AD



IMPORTANT SAFETY INFORMATION ABOUT YAZ:
What are the risks involved with taking any oral contraceptive (OC)? OCs can be associated with increased risks of several serious side effects. OCs do not protect against HIV infection or other STDs. Women, especially those 35 and over, are strongly advised not to smoke because it increases the risk of serious cardiovascular side effects including blood clots, stroke, and heart attack.

APPENDIX K
SEASONIQUE PRINT AD

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.

*Use prohibited in WA 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.

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.



seasonique®
levonorgestrel/ethinyl estradiol
ethinyl estradiol



APPENDIX L
NUVARING PRINT AD



Ask your doctor if prescription NuvaRing[®] is right for you, or for more information visit www.nuvaring.com.

NUVARING[®]
(etonogestrel/ethinyl estradiol vaginal ring)
delivers 0.120 mg/0.015 mg per day

APPENDIX M
ACCOUNT PLANNER PROFILES

Account Planner 1 works at a major advertising agency in New York City. He is a liaison to the client as well as a strategic planner. He has been in the advertising business for many years; even before account planning was developed. He has worked on a myriad of products and services, such as life insurance, package foods, Phillip Morris tobacco brands, and over-the-counter drugs before joining pharmaceutical advertising. He has remained in the pharmaceutical sector since 2003, working on many pharmaceutical brands including Humira and Yaz.

Account Planner 2 is a strategic and tactical liaison to the client at a small pharmaceutical advertising agency in New Jersey. She began her career working on medical technology in a hospital setting before going into pharmaceutical sales. Following her work in pharmaceutical sales, she worked on the client side on product management in pharmaceuticals. Eventually, she switched to the agency side, where she works currently. She has worked exclusively with healthcare-related products, including many women's health products such as Depo-Provera, Lunelle, Plan B, and Seasonique.

BIOGRAPHICAL SKETCH

Amanda Ehrlich graduated from the University of Florida with a Master of Advertising in 2009. She graduated cum Laude from the University of Miami in 2007 with a Bachelor of Arts in English and a double minor in art history and religious studies. During her tenure at the University of Miami, Amanda was inducted into the prestigious academic honor society Phi Beta Kappa

