

Targeting Women:  
Direct to Consumer Advertising in Women's Magazines

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#### *Abstract*

*Direct to Consumer Advertisements (DTCA) are promotions of prescription drugs that are aimed toward the general public. In order to further understand DTCA and its possible effects, this study specifically focuses on how the age of the target audience influences advertising practices. Advertisements were analyzed from magazines directed toward four different age groups. This study looks at both the frequency and content of the advertisements and uses Social Construction Theory to explain how these ads can affect the way in which women construct health. The resulting data shows that DTCA frequency and variety increases with the average age of readership of the magazine. There were also relationships between age and the content of both the text and the images.*

Direct-to-consumer-advertising (DTCA) has become increasingly scrutinized in the past decade. DTCA is defined as “any promotional effort by a pharmaceutical firm to present prescription drug information to the general public through the lay media” (Grow et al. 2006:165). Its controversiality is highlighted by the fact that only two countries allow its use. Supporters of DTCA argue that these ads offer such benefits as spreading treatment awareness, decreasing stigmas, and increasing the patient’s influence on choice of health treatments. Others argue that DTCA is a detriment to consumers because it increases unnecessary health costs, negatively affects the doctor-patient relationship, and manipulates consumers by falsely presenting information. Furthermore, women are more susceptible to these effects of DTCA because women are known to spend more money on health care. As a result, drug advertising is more focused on targeting women.

Drug companies target their audience by specifically tailoring the content of the advertisements to fit the expected viewers. The ads include images and information that the drug companies think should resonate with the target audience. For this reason, DTCA differs based on what specific group the ad is trying to reach. The content displayed in these ads shows a glimpse of how the advertisers view the target audience. This content then impacts how consumers construct their knowledge of health and prescriptions. Because these ads have the potential to influence the health decisions of the public, further research is needed to further understand DTCA and its effects.

The purpose of this study is to examine how DTCA targets women of different age groups. Like any other type of advertising, pharmaceutical ads are trying to sell a product. However, unlike other types of ads, DTCA can have a significant impact on consumers’ health. These ads are trying to persuade consumers that they should be taking certain drugs. While this

is not always negative, DTCA could potentially lead to life altering health decisions for the consumer. For this reason it is important to study what drug companies are presenting to their audiences. This study was designed to show how DTCA frequency and content vary over different age groups. The resulting data shows an increase in ad frequency and DTCA variety as the average age of readership increases. Age is also related to both the text and image content of the ads.

## LITERATURE REVIEW

### *Benefits of DTCA*

While there is currently “no agreement in academic literature regarding the potential effect on consumers of prescription drug DTCA,” many people claim its use has a positive impact on society (Sokol et al. 2010:402). This is an unpopular argument considering that the United States and New Zealand are the only countries that allow it. Proponents of this type of advertising offer several ways that they benefit consumers. One proposed benefit is that these advertisements increase awareness of diseases and possible treatments. A study that surveyed physicians found that “72% agreed that DTCA increased patient awareness of treatment options” (Sokol, et al. 2010). Increase in awareness is one of the “most important means of reducing health disparities” and DTCA allows for a widespread communication to the public (Mastin et al. 2007:50). Ultimately, this information increases communication between doctors and patients and “empowers them to become better stewards of their health care” (Mastin et al. 2007:50). These ads benefit consumers by encouraging “better compliance with drug therapies and motivation to change behavior” (Mastin et al. 2007:50). Also, the presence of these ads in the

media can “de-stigmatize conditions like depression and sexual dysfunction” (Sufrin and Ross 2008:586) and lead to patients feeling more comfortable addressing their medical needs.

### *Detriments of DTCA*

A majority of the research on DTCA explores the detriments of these advertisements rather than the potential benefits. Ultimately, pharmaceutical companies are businesses that are trying to sell their products, and DTCA is produced with the companies’ best interests in mind. Opponents of DTCA argue that these advertisements motivate “consumers to choose overly expensive and overrated medications for needless consumption” (Mastin et al. 2007:50). Sufrin and Ross (2008) explain that drug companies focus their advertising efforts on expensive “blockbuster” drugs, and not necessarily their cheaper counterparts that are equally effective. They also stated that in 2005, the U.S. health care system could have saved over twenty billion dollars if generic drugs had been substituted for the expensive, heavily advertised drugs. Other studies also argue that these ads provide “limited and misleading information such as superficial coverage, portrayal of only positive images, minimizing of risks, and exaggeration of benefits” (Sokol et al. 2010:402). This could be extremely dangerous for consumers who do not critically evaluate the information in the drug ads, especially since consumers frequently overestimate the regulation of DTCA (Fenter 2006).

Both Abel et al. (2008) and Fenter (2006) conducted content analyses to examine the truthfulness of DTCA. Fenter concluded that vague wording and exaggerated benefits resulted in consumers “not fully understanding exactly what it is they’re asking their physicians for” (6). Abel et al. focused on the reliability of claims made in DTCA. In their sample of print ads, they found benefit information to be more readable and twice as prevalent as risk information. They

also concluded that in their sample “only two-thirds of the advertising claims were thought to be based on at least low quality evidence” (Abel et al. 2008:1684). Instead of hard facts, advertisers rely on marketing drugs by promoting certain emotions and lifestyles. Sufrin and Ross (2008) state that “emotional appeals overshadowed factual information” (587) which lead to more patients seeking out medications that they did not necessarily need. Consumers are drawn to the emotional appeal of the advertisements and not necessarily the true capabilities of the drug. Overall, this leads to a greater number of people seeking out prescription medication as supported by the finding that “patients who had higher self-reported exposure to DTCA were more likely to request an advertised medication” (Sufrin and Ross 2008:587). The overprescribing of antidepressants is a well studied example of the effects of oversimplified drug advertisements.

A study by Grow et al. (2012) observed trends in antidepressant prescriptions. They observed that over a designated time period there were sharp increases in the number of depressed patients being treated with prescription drugs, while patients using psychotherapy to help treat depression declined. Misleading DTCA embellishes the efficacy of a drug and leads patients away from seeking non-pharmaceutical related treatments for their illnesses. These advertisements portray the use of drugs without the accompaniment of lifestyle changes, diet, exercise, and other non-drug related treatment plans. Rather than investing time into other treatment options, people exposed to these ads are more likely to appeal to the easy, painless, and effective pharmaceutical treatments that are idealized in advertisements. Further, the requests from patients to doctors for these specific drugs place doctors in tough positions and add strain to the doctor patient relationship.

Grow et al. (2010) states that “close to 80% of physicians oppose DTCA because they feel it impedes their ability to provide the best possible care to their patients” (168). Another study found that in a physician survey, “47 percent feel pressure to prescribe advertised drugs” (Metzel 2003). These ads “introduce possible tension between the doctor and patient” (Blose and Mack 2012:318) due to the fact that patients enter the doctor’s office with a specific treatment plan in mind that may or may not align with the doctor’s opinion. Blose and Mack (2012) studied this relationship and found that patients react negatively to a denial for a prescription. Negative reactions included dissatisfaction with the physician, perceived failure of the visit, and “lesser intentions to comply with the physician’s instructions” (328).

Another concern with DTCA is the idea of pharmaceutical companies actively creating new consumers. Companies can create a new type of demand through advertising by “transforming some non-pathologic physical conditions into diseased or medicalized ones, usually imposing symptoms or diseases onto otherwise healthy people” (Sufrin and Ross 2008:588). Critics call this activity “disease mongering” which entails assigning symptoms for new conditions for which non-pharmaceutical treatments are not available. In this way, companies are using DTCA to prey on consumers in order to make money. The industry tries to hype “public concerns in order to increase the sales of brand-name medication” by expanding “boundaries of diagnostic categories relentlessly outward, encompassing less and less serious conditions” (Metzl 2003:43). One of the most referenced examples of this is drug ads for Premenstrual Dysphoric Disorder (PMDD). Metzl (2003) describes PMDD as an attempt of the industry to “broaden markets by pathologizing- and then providing treatments for- seemingly normal women’s life events” (43). This is one example of how women are vulnerable to exploitation by pharmaceutical companies.

## *Women*

Previous research has shown that there is a specific and deliberate way in which drug companies target women in DTCA. Women are highly targeted by pharmaceutical companies because “women are known to annually spend more on health care in general and on prescription medications in particular than men do” and because it is primarily the female parent that makes health decisions for children (Sokol et al. 2010: 404). In order to target these women, advertisers often use broad, socially constructed stereotypes. Fisher and Ronald (2010) argue that “social and cultural assumptions about gender shape how pharmaceuticals and medical conditions are marketed to patients” (358). These gender assumptions are then used to “construct disease and disease markets,” meaning these ads are presenting more than just factual medical information (Fisher and Ronald 2010:358). DTCA presents deviance from a stereotypical female gender model as a medical condition, and implies that pills can be used to normalize women back to a state of social acceptance.

Women are often depicted in ads suffering from stress, anxiety, pressure, emotions, or menstrual symptoms. While these experiences are natural occurrences of life, DTCA categorizes these them as barriers to women fulfilling their roles in society. Ordinary experiences are turned into medical conditions that require treatment. For example, Chananie (2005) argues that these ads encourage “women’s guilt over not living up to cultural ideals of perfectionism, thinness, domestic competence, and acceptable expression of emotion” (512). If women feel they fall short of cultural expectations, they might seek pharmaceutical treatment in order to better fit the gender role. Many of these advertisements emphasize women’s roles in the home as a mother or wife. The ads reinforce the notion that women need to keep themselves happy and healthy in order to fulfill the needs of her family (Chananie 2005). Metzl (2003) argues that some



antidepressant ads go as far to suggest that “being unattractive, carelessly dressed or, worst of all, an inattentive mother was itself a form of mental illness” that could be fixed with a pill (42).

While these stereotypes are often used in advertising, their use in drug ads has the potential to significantly affect consumers’ health. Chananie (2005) argues that this type of advertising contributes “to the medicalization of women’s emotions and natural bodily processes” (513) leading natural female experiences to be “devalued, stigmatized, and labeled as illness” (509). These ads perpetuate stereotypes of women and lead them to feel inferior and trapped within their biology. This is most commonly seen in ads for drugs for PMDD, birth control, and depression.

### *Age*

There is not very much research published that looks at DTCA over different age groups. Ball et al. (2012) found that “ad effectiveness, perceptions, and the types of behavioral responses can differ by age” (338). They noted that younger groups are more likely than older groups to believe all the information presented in DTCA. In ads for antidepressants, college aged individuals were found more likely to identify with the portrayal of depression in the ad and were more likely to have a heightened belief of the efficacy of the drug. Older groups were found to be more skeptical and critical of the information presented in DTCA.

Sokol et al. (2010) examined DTCA in different magazines and found that drug ads had a higher frequency in magazines targeted at an older audience. DeLorme and Huh (2009) explain that senior citizens are heavily targeted by drug advertisers due to their prevalence in the population and their high usage of medical care. They emphasize this point by stating that “adults over age 65 buy 30% of prescription drugs in the United States” (DeLorme and Huh

2009: 495). This older population is especially vulnerable to DTCA because senior citizens are more likely to be on a medication that could adversely react with a new prescription. An underemphasized negative side effect of a drug could be disastrous for an older adult with preexisting chronic health problems (Carter and Datti 2006).

Sokol et al. also explains how drug companies often direct ads for drugs intended for men and children toward older women who are likely to be married or have children. Other observed trends include a higher frequency of mental health medications directed toward younger women “despite the fact that mental health issues are not necessarily age related” (Sokol et al. 2010:408). A possible reason for this is that “younger women are less likely to have negative stereotypes surrounding mental illness and would be more likely to seek treatment and medication” (Sokol et al. 2010:408). Overall, this study saw trends in DTCA content that varied between ads that targeted different age groups.

## THEORY

Social Construction Theory was developed by Peter Berger and Thomas Luckmann in order to explain how people develop knowledge (Biever et al. 1998). This theory is concerned with the process through which people construct the reality in which they live. A person’s knowledge develops “within the social context in which he or she lives and as such his or her knowledge, as a social phenomenon, develops within social interaction” (Patterson and Keefe 2008: 113). People learn through various types of social interactions. The phrase “social interaction” is not limited to human interaction, but also includes the media that people encounter during their daily lives. The development of knowledge involves “multiple social

forces that combined in various ways to create, modify, and re-create the phenomenon” (Bjorklund 2006: 20).

An important part of Social Construction Theory is that no object or concept has an inherent meaning. Meanings are constructed “out of what we experience through our interactions with others” (Biever et al. 1998: 170). For this reason, “social realities are continuously being constructed and reconstructed in a dialectic process between individuals interacting with each other and with their social world” (Patterson and Keefe 2008: 113). This indicates that people can construct ideas or meanings very differently based on with whom or with what they are interacting. Truth, then, is relative to each person based on her life experiences. Biever et al. (1998) elaborates on this by emphasizing the “importance of social context in understanding behavior, interactions, and relationships” (172). In order to understand people’s behaviors, it is important to understand their social context, and what people are using for sources of knowledge. When sociologists study the construction of knowledge, it is not enough to study such traditional sources of knowledge as text books or classroom lectures. Every interaction and every media source contributes to what a person knows about her world. This could be problematic if people do not consider the credibility of information sources.

Advertisements are one example of a source of knowledge with which people interact. The meaning that a person assigns to the product of an advertisement is then developed using the ad’s content. The consumer uses the ad to further construct her social reality. In the case of DTCA, the content of the ad can affect how the consumer defines medications, diseases, and health in general. The advertisement can also contribute to how she constructs gender and her role as a woman in society. The knowledge that the consumer gains from DTCA can then affect the actions the consumer takes to maintain her health. For this reason it is important that DTCA

are presenting honest, scientifically sound information to the consumer. It would be dangerous for consumers to construct their knowledge of health and disease with misleading information. Patterson and Keefe (2008) argue that “the way that a problem is socially constructed affects how people respond to it” (116). In this way, the presentation of a disease affects how people interpret their health, and it affects the health behavior in which people choose to engage. One of the main concerns that people have with DTCA is that it constructs diseases as problems with only one solution. The advertisements promote the usage of drugs, but do not emphasize lifestyle changes or other treatment options. This could result in the perception of a disease as a problem with only one solution. If the consumer is only exposed to one way the disease might be treated, they could be missing out on cheaper, more viable options that would better suit her situation.

Bjorklund (2006) asserts that “health and illness are often more affected by political, economic, and cultural factors than by biomedical ones” (14). DTCA acts as one of these cultural factors. A consumer is much more likely to be exposed to a drug advertisement than a scientific study that investigates the actual effectiveness of a drug. He also notes that the social construction of disease is a major theme in medical sociology. The construction of the definition of a disease creates “assumptions about the prevalence, incidence, treatment, and meaning of the disease” (Bjorklund 2006:14). The frequency of the advertisements of different drugs can affect the perceived prevalence of a disease. This then affects whether or not the consumer seeks a prescription from her doctor.

Another concern with DTCA is that the meaning of a disease can be constructed too closely with gender role. The way women are presented in any ad can affect how a person constructs gender. In DTCA, the information presented about the disease could be attached to how a consumer views her role as a woman. If an ad presents deviation from a stereotypical

gender role as a symptom of a disease, the woman may be more inclined to pursue the drug so that she may more effectively meet societal expectations. These ads might lead women to believe that some of their characteristics are the result of a disease and, therefore, require treatment. The converse is also a valid concern. If an ad is depicting a natural female experience as a symptom of illness, consumers might pursue drugs to fix a problem that does not actually exist.

It is important to study DTCA to further develop an understanding of how women are constructing their knowledge about health, disease, drugs, and gender. In order to do this, data is needed on the frequency and content of the advertisements to which women are exposed. Applying Social Construction Theory to this data will help explain how these advertisements could influence women's health constructions.

## METHODOLOGY

Four different women's lifestyle magazines were chosen to represent each of four different age groups. The four age groups that were examined were 20-29, 30-39, 40-49, and 50-59. Older and younger age groups were not represented because no magazines were found to have an average readership age outside the chosen four age groups. The magazines were chosen based on average age of readership and issue availability. *Seventeen* was chosen to represent the 20-29 age group and has an average readership age of 20.4. *Cosmopolitan* was chosen to represent the 30-39 age group with an average readership age of 31.2. *O Magazine* represented the 40-49 age group and has an average readership age of 46.9, and the 50-59 age group was represented by *Good Housekeeping* which has an average readership age of 53.4.

Twenty-one issues of each magazine were examined, with seven issues selected randomly from each of the past three years (2010-2012). All of the magazines published between

ten and twelve issues per year. For each issue, the content of every full page prescription drug advertisement was analyzed. The coding sheet used can be found in Appendix A. The ads were coded for three different categories of content: product information, appeals, and gender presentation.

Each ad was coded for both the name of the drug and what kind of disease it is intended to treat. Both the brand name and the scientific name of the drug were coded if available. This was done to measure how frequently certain brands are advertised, and to see which conditions are most frequently represented among DTCA for different age groups.

The ads were also coded using a procedure that was developed for a study by Bell et al. (2000). This procedure codes for advertising appeals. The term “appeals” refers to attributes that the pharmaceutical companies claim the drug provides. These attributes are divided into four broad categories: effectiveness, social-psychological enhancements, ease of use, and safety. Each of these categories is divided into subcategories, and each of the subcategories has a list of descriptor words for which to code. A detailed list of these descriptor words used by Bell et al. (2000) can be found in Appendix B. Coding for appeals was conducted in order to measure how drugs were being presented to the consumer. Appeals indicate what the pharmaceutical companies want to highlight about their drug.

Lastly, images were coded for gender presentation in order to measure how women were being depicted in the advertisements. If a woman was present in the advertisement, the image was coded for her physical appearance and what actions she appeared to be doing in the ad. Appearance variables include race, age, facial expression, and clothing. The action of the woman was determined by coding for her location, clothing, and other objects present in the image. The

presence of other individuals such as other women, men, or children was also coded. This part of the coding system was included to provide information about how pharmaceutical companies present women to the consumers.

## FINDINGS

The data collected from this study shows trends in content and frequency of DTCA in women's magazines for different age groups. This data indicates how often women of certain age groups are targeted in drug advertisements and how these drugs are marketed towards these groups.

Table 1 shows how many direct to consumer advertisements were present in the twenty-one issues that were analyzed for each magazine. It also shows what kind of medical issues were represented in these advertisements. As was expected, there is a direct relationship between the age of the target audience and the number of pharmaceutical advertisements. The table also shows which medical issues are advertised for each group. The variety of conditions represented in these advertisements also varies directly with age. In *Seventeen*, DTCA only represented one type of drug. DTCA in *Cosmo* represented 3 conditions, *O Magazine* represented 17 conditions, and *Good Housekeeping* represented 21.

Table 1 also shows that for each magazine, with the exception of *Seventeen*, drugs treating depression were among the most frequently advertised. There were 258 advertisements analyzed in this study with 26 different medical conditions represented. Of the total number of advertisements, 17% of them were for depression medications. For *O Magazine*, advertisements for drugs treating depression, beauty concerns, fibromyalgia, vaginal dryness, and overactive bladder were the most frequent. In *Good Housekeeping*, depression, COPD, high cholesterol,

rheumatoid arthritis, and osteoporosis were the most frequently advertised conditions. The category “Beauty Concerns” includes ads for Botox and Latisse which treat facial wrinkles and short eyelashes respectively. The category “Other” includes advertisements for conditions including allergies, Alzheimer’s, arthritis, dry eyes, HPV, headaches, psoriasis, restless leg syndrome, varicose veins, and rosacea.

*Table 1. Frequency of Conditions Represented in DTCA*

	<i>Seventeen</i>	<i>Cosmo</i>	<i>O Magazine</i>	<i>Good Housekeeping</i>	Total
Depression	0	5 (25%)	15 (19%)	24 (16%)	44 (17%)
Other	0	0	14 (18%)	24 (16%)	38 (15%)
Fibromyalgia	0	0	9 (12%)	11 (7%)	20 (8%)
Beauty Concerns	0	0	12 (16%)	7 (5%)	19 (7%)
High Cholesterol	0	0	4 (5%)	13 (9%)	17 (7%)
Asthma	0	5 (25%)	5 (6%)	5 (3%)	15 (6%)
Rheumatoid Arthritis	0	0	2 (3%)	13 (9%)	15 (6%)
COPD	0	0	0	14 (9%)	14 (5%)
Osteoporosis	0	0	0	12 (8%)	12 (5%)
Overactive Bladder	0	0	6 (8%)	7 (5%)	13 (5%)
Vaginal Dryness	0	0	8 (10%)	6 (4%)	14 (5%)
Acne	10 (100%)	0	0	0	10 (4%)
Contraception	0	10 (50%)	0	0	10 (4%)
ADHD	0	0	2 (3%)	6 (4%)	8 (3%)
Atrial Fibrillation	0	0	0	5 (3%)	5 (2%)
Diabetes	0	0	0	4 (2%)	4 (2%)
Total	10 (100%)	20 (100%)	77 (100%)	151 (100%)	258 (100%)

Table 2 provides information about how frequently DTCA appears per issue of each magazine and what types of appeals are most frequently used. There were four categories of appeals included on the coding sheet, but frequencies for ease of use appeals and safety appeals were so low that they are excluded from the table. This table shows that there is a direct



relationship between age group and average number of pharmaceutical advertisement per issue. *Good Housekeeping* has the highest rate with 7.19 ads per issue, *O Magazine* was the second highest with 3.67, *Cosmo* had 0.95 per issue, and *Seventeen* had 0.48.

Table 2 also shows which types of appeals were the most frequently used in the different age categories. Effectiveness appeals are statements about how well the drug works. They state what the drug is actually supposed to do. Effectiveness appeals were coded for by counting words like “proven,” “powerful,” “prevents,” “manages,” and other words describing the drug’s intended effect. Social-Psychological Enhancement appeals are statements about how the drug will improve an individual’s day to day life. They focus more on indirect, subjective effects of the drug. These appeals were coded for by counting the presence of words like “active,” “confidence,” “happiness,” and others.

The table shows that there is a direct relationship between readership age and the number of effectiveness appeals per advertisement. It also shows that while frequencies were low, the younger age groups tended to contain more social-psychological appeals than the older two groups. The last row of Table 2 shows the proportion of these two types of appeals. These proportions represent the emphasis of the effectiveness appeals over social-psychological appeals. As the table shows, in the two older age groups there is a greater emphasis on the actual effectiveness of the drug than on the possible social-psychological enhancements.

Table 2. Average Ad Frequency and Average Appeal Frequency

	<i>Seventeen</i>	<i>Cosmo</i>	<i>O Magazine</i>	<i>Good Housekeeping</i>
Average # of Ads per Issue	0.48	0.95	3.67	7.19
Avg. Effectiveness Appeals per Ad	0.20	1.44	1.66	1.88
Avg. Socio-Psychological Enhancement Appeals per Ad	0.50	0.39	0.21	0.31
Proportion of Effectiveness to Socio-Psychological Enhancement Appeals	0.40	3.70	7.87	6.16

Table 3 summarizes the findings from coding for the appearance of women in the advertisements. It shows that ads containing images with men and children were most frequent in magazines targeted toward the 50-59 age group. The magazine targeted toward the youngest age group did not have any ads with men or children present. While all magazines had high frequencies of DTCA with images of women, most of the ads did not depict the women doing any specific activity. Also, ads mentioning diet, exercise, or alternative treatments were only present in the older two age groups.

Table 3: People Present in the Advertisements

	<i>Seventeen</i>	<i>Cosmo</i>	<i>O Magazine</i>	<i>Good Housekeeping</i>
Women Present	10 (100%)	9 (45%)	56 (73%)	105 (68%)
Men Present	0	2 (10%)	5 (7%)	26 (17%)
Children Present	0	1 (5%)	3 (4%)	17 (11%)

## DISCUSSION

The data from this study indicates a relationship between DTCA and the average age of readership in women's magazines. Frequency, text content, and image content all vary over the different age groups. Social construction theory explains why these relationships exist and how they could have an effect on the consumers' perception of health issues.

The results of this study show that the older the target audience is the greater exposure they will have to pharmaceutical ads. The older age groups are also more likely to be exposed to ads for a greater variety of drugs. This trend makes sense due to the fact that older populations tend to have more health issues than younger populations. *Seventeen* only had 10 direct to consumer advertisements in the twenty-one issue sample, and all of these ads were for acne medication. While acne is a relevant concern for women in their 20's, it is certainly not the only health issue that is important to this demographic. Similarly, in *Cosmo* only three different health issues were represented. While these health issues are important to women in their 30's, the ads provide a limited scope of the overall health concerns for the age group.

The highest frequency and diversity of pharmaceutical ads were found in the magazines directed toward women in their 40's and 50's. This can be explained by health issues increasing with age and by the research that shows that wives and mothers tend to take on the health care responsibilities of the family. This trend is reinforced by the presence of ads for drugs for children in women's magazines. Social construction theory explains how the exposure of these ads to women affects how women construct their knowledge of health and disease. What women learn from the ads in magazines affects how they evaluate the drug and their own health. For example, if a *Cosmo* subscriber is only exposed to ads for asthma medication, contraceptives,

and antidepressants, the focus of her construction of health will involve only a small fraction of health issues with which she should be concerned.

Likewise, the most frequent ads in the magazine representing women in their 40's are for depression, beauty concerns, fibromyalgia, and vaginal dryness. If the focus of health construction is on these issues, the consumer is ignoring more prevalent, dangerous diseases. In *Good Housekeeping*, only 2% of the ads were for diabetes and 3% were for heart disease medications even though these are two of the top health concerns for Americans. This underrepresentation of important diseases could distort how a woman views her health.

Another trend seen in the data is the relationship between frequencies of appeals and the age of the target audience. Measuring appeals is a way of measuring how pharmaceutical companies are marketing the drug. This shows how the company wants the consumer to view the drug. The data shows that the number of effectiveness appeals per advertisement increases with the age of the target audience and that social-psychological appeals are highest in the lower two age groups. Overall, this shows that pharmaceutical companies put a greater emphasis on social-psychological appeals when targeting women in their 20's and 30's. Advertising the actual effectiveness of the drugs received greater emphasis when the ads were targeted towards women in their 40's and 50's. Previous literature explains that older populations are more critical of the information in pharmaceutical advertisements. For this reason pharmaceutical companies could feel the need to be more thorough in explaining the effectiveness of the drug to older populations. Younger populations who are less critical of the information in advertisement would be more likely to desire a drug based on the proposed social or psychological benefits which are subjective in nature. When applying social construction theory, this shift in emphasis could be seen as a detriment to the younger populations of women. They could have a less realistic

construction of the drug because there is less factual information in the ads about the drugs' actual capabilities and functions. The target audience has less dependable content to construct a sound assessment of the drug.

This study also shows trends in image content over the different age groups. The older the target age group, the more likely the ad was to contain images of men or children. This imagery reinforces the idea that it is the woman's role to manage the health of the family. Many ads depicted women caring for their children or elderly parents. Some of the ads in *Good Housekeeping* and *O Magazine* were for drugs specifically intended for use by children or the elderly. This imagery contributes to how a woman constructs her gender. These images could help contribute to women constructing that it is part of the female gender role to be primarily responsible for the health of other family members.

Perhaps the most significant finding of this study was that the country's most prominent health concerns were greatly underrepresented in the sample. The most frequently advertised diseases in this study were for depression, fibromyalgia, and beauty concerns. These conditions do affect many people, but they are not the primary health concerns of women today. While diabetes and heart disease are two of the most prominent issues facing the population, they were two of the least frequently advertised conditions. These results suggest that pharmaceutical companies focus on drugs for conditions that have a less clear method of diagnosis. Advertisers would have an easier time convincing a woman that she is depressed than convincing her that she is diabetic. It appears that DTCA is not simply spreading health information, but rather spreading awareness for conditions that have vague diagnostic parameters and expensive treatments.

This study shows how the content and frequency of DTCA varies over different age groups and how these relationships can affect how women construct health and gender. Older populations are exposed to a much higher frequency of DTCA, and while their ads contain more information on the effectiveness of the drug they also reinforce women as being primarily responsible for the health of their families. Younger audiences are exposed to a lower variety and frequency of DTCA. These ads are more likely to appeal towards a consumer's desire for social-psychological enhancement. Because these ads can be used for the construction of health and wellness, an understanding of their content contributes to an understanding of how women construct health. While these advertisements help promote awareness for certain conditions, they also have the possibility of skewing a woman's construction of health with false or misleading presentations of drugs and diseases. Overall, this study contributes to a greater understanding of DTCA and suggests that these advertisements might contribute more harm than good.

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## Appendix A

### Code Sheet

Code Sheet #: \_\_\_\_\_ Magazine: \_\_\_\_\_ Issue: \_\_\_\_\_

<u>Drug Information</u>	
Name of Drug	
Type of Disease It Treats	

<u>Appeals</u>	Frequency	Examples
Effectiveness		
Social-Psychological enhancements		
Ease of Use		
Safety		

<u>People In Ad</u>	Frequency	Notes
# of women		
# of men		
# of girls (under 16)		
# of boys (under 16)		
Race(s) of women		
Ages of women		

<u>Emotional State of Women</u>	Frequency	Description
Happy (smiling)		
In Pain (frowning, wincing)		
Confused		
Expressionless		

<u>Activity of Women</u>	Frequency	Description
No activity		
Working(business attire, desk/office supplies,briefcase)		
Exercising (work out clothes, exercise equipment, gym, running)		
Household Work (cooking, cleaning, apron, kitchen)		
Relaxing (casual clothes, friends, reading, sitting down)		

<u>Key Words</u>	Frequency	Examples
“proven”		
“safety”		
“science”		
“ask your doctor”		
“risks”		
“diet” or “exercise”		

## Appendix B

### Advertising Appeal Coding Method From Bell et al. (2000)

Claimed Attribute	Description of Drug
<b>Effectiveness</b>	
Effectiveness	"effective," has a "proven" therapeutic benefit, "works"
Cure	provides a "cure" for condition
Dependable	"reliable," "dependable"
Innovative	"advancement," "breakthrough," "a first," "new," "novel," "only" drug of kind, "innovative"
Powerful	"potent," "powerful," "strong"
Prevention	"prevents," offers "prevention of" condition
Reduced mortality	"prolongs life," "saves lives," "prevents death"
Symptom control	"controls" or "manages" symptoms, brings symptoms "under control"
<b>Social-Psychological Enhancements</b>	
Lifestyle	allows for a more "active," "regular," "normal," "free," or "flexible" life
Psychological	increases feelings of "confidence," "sureness," "happiness," "hope," "relieves fears"
Social	enhances the "attractiveness" or "appearance" of the user
<b>Ease of Use</b>	
Convenience	"convenient," "easy," "simple" to use; "infrequent" dosage or "short-term" use required
Ease on system	"gentle" on the user, "good tasting"
Economical	"economical," "cost-beneficial," or "saves money"
Quick acting	works "quickly," "fast," "rapidly," "speedily"
<b>Safety</b>	
Safe	"safe," leaves the system quickly, is a "reversible" treatment
Natural	"naturally"; works like your own body does; made of natural agents
Nonaddictive	"non-habit-forming" or "nonaddictive"
Nonmedicated	does not make one feel "drowsy," "sleepy," "medicated," "drugged," or "spacey"