

HEALTH ISSUES AND MEDIA AND CAMPAIGNS

**UNDERSTANDING WOMEN'S HIDDEN HEALTH ISSUES THROUGH MEDIA  
AND HEALTH COMMUNICATION CAMPAIGNS**

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**A Thesis  
Presented to  
The Faculty of the Jack J. Valenti School  
of Communications  
University of Houston**

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**In Partial Fulfillment  
Of the Requirements for the Degree of  
Master of Arts**

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**By  
Kara Corinne Slaughter**

**May, 2019**

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**ABSTRACT**

This paper starts by identifying literature to bring awareness and understanding to three critical areas that are important to focus on for this study, including breast cancer health communications, cultural studies, and the spiral of silence. This paper focuses on women's health issues that are affecting women but are not seemingly covered in the media and in public health communication campaigns. This paper examines the way in which women's hidden health issues, including endometriosis, pelvic floor disorders, and infertility, are currently presented in popular media outlets used by millennial women, including *BuzzFeed*, *The New York Times*, *Cosmopolitan*, *Refinery29*, and *Elite Daily*. Additionally, this paper also examines the way in which women's hidden health issues, including endometriosis, pelvic floor disorders, and infertility, are currently presented in health campaigns.

**Acknowledgements Page**

Thank you to my *Abba*, my God. You have blessed me abundantly with the gifts, the knowledge, the strength and the endurance to make this process successful and fruitful. Thank you for always being my rock and my foundation, my savior, my place of landing, my home. Thank you for calling me daughter.

Thank you to my parents for always encouraging me, always supporting me and always being a pillar of strength and wisdom. I love both of you so much and I hope I always make you proud. I would not be where I am today or who I am today without you.

Thank you to my sister for always being there to listen and encourage. Late nights and stressful moments would not have been eased without you. Thank you for always offering a fresh perspective, a story and a laugh. I hope you always know how smart, talented, kind hearted, and loved you are, you are perfectly and wonderfully made.

Thank you to my friends and family who have been with me during this process and who have encouraged me, supported me and loved me, you know who you are. This thesis would not have happened without all of you. From encouraging conversations, carefree distractions, to coffee runs and late-night deliveries to keep me awake (sane). Thank you for listening to me jabber on about reproductive health, and reminding me that I am more capable than I sometimes feel.

Thank you to Dr. Vardeman-Winter, Dr. Yamasaki, and Dr. Hernandez who encouraged me to follow my research interests and supported me along the way.

Finally, thank you to the baristas at the Starbucks on Post Oak for keeping me caffeinated and for giving me a second home during my graduate program.

Love you all! Thank you for making this possible. This is for you.

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### **I. Introduction**

When millennial women ages 18-35 were asked what health issue they thought might kill them one day, the majority of them identified breast cancer as their greatest fear. However, “recent figures from the National Center for Health Statistics clearly lists heart disease as the leading cause of death in women overall,” (Gottlieb, 2001). Yet, when the same women were asked if they were aware that heart disease is the leading cause of death in women, the same millennial women were surprised and unaware of this, deeming it a seemingly hidden issue facing women. Why is the knowledge about women’s health issues not common knowledge among millennial women?

Women’s health issues are not simply defined as the absence of disease or diseases that are life threatening or even diseases that come with old age, but health issues that encompass physical, mental and social wellbeing (Testa and Simonson, 1996, p, 835). Health-related quality of life issues refers to the “physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person’s experiences, beliefs, expectations, and perceptions (of health), (Testa and Simonson, 1996, p, 835). It is important for the well-being of women, half of our society’s population, that health communication campaigns and media coverage of health issues are not only focused on end-of-life diseases or life-threatening disease, but conditions/diseases that affect women’s quality of life, every day of their lives. Furthermore, there is a gap in the health communication campaigns that are being advocated for and the media coverage of women’s health issues that leaves women experiencing quality of life health issues without support, without resources, and without hope.

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This thesis focuses on three conditions/diseases that affect women's quality of life, including endometriosis, pelvic floor disorders (PFDs), and infertility. According to the Office of Women's Health, endometriosis is "when tissue similar to the lining of the uterus grows outside of your uterus and on other areas in your body where it doesn't belong" and can often be found on the ovaries, fallopian tubes, vagina, cervix, vulva, bowel, bladder, and rectum. On rare occasions, endometriosis can appear on other parts of the body such as the lungs, brain, and skin (Office of Women's Health, 2019). Women who experience endometriosis often experience symptoms such as extreme menstrual cramping, chronic pain in the lower back and pelvis, pain during or after sex, intestinal pain, painful bowel movements and when urinating during menstrual periods, bleeding between menstrual periods, digestive problems, such as bloating, constipation, and diarrhea, and even infertility (Office of Women's Health, 2019). There is no cure for endometriosis and treatment options are offered to ease symptoms and can include medicines and surgery.

Infertility is the second quality of life issue focused on in this study. Infertility means "not being able to get pregnant after one year of trying (or six months if a woman is 35 or older). Women who can get pregnant but are unable to stay pregnant may also be infertile," (Office of Women's Health, 2019). According to the Centers for Disease Control and Prevention (CDC), "About 10 percent of women (6.1 million) in the United States ages 15-44 have difficulty getting pregnant or staying pregnant, (CDC, 2019). There are many factors that can affect infertility in women including age, smoking, excess alcohol use, stress, poor diet, athletic training, being overweight or underweight, sexually transmitted infections, and health problems related to hormonal changes (Office of Women's Health, 2019).



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The third issue that this paper is focused on are PFDs, PFDs, “involve a dropping down (prolapse) of the bladder, urethra, small intestine, rectum, uterus, or vagina caused by weakness of or injury to the ligaments, connective tissue, and muscles of the pelvis,” (Merck Manual, 2019). Factors that contribute to PFDs include being pregnant and having a baby delivered vaginally, being obese, injury through surgical procedures or during hysterectomy, aging, and frequently putting pressure on the abdomen. While there are different types of PFDs, in all types, “the most common symptom is a feeling of heaviness or pressure in the area of the vagina—a feeling that the uterus, bladder, or rectum is dropping out,” (Merck Manual, 2019). All three of these conditions greatly affect the quality of life in women and are important to study to shed light on other health issues that affect women in their day-to-day lives. Breast cancer is one of the most commonly studied diseases that kills women, however as will be discussed further in this paper, it is often over marketed, and highly discussed, funded, and researched. There are other conditions/diseases, such as endometriosis, infertility, and PFDs, that affect numerous women, but are considered women’s hidden health issues as they are seemingly absent from media outlets and health communication campaigns. The intent of this study is to address the experiences of living with these disorders.

In order to better understand how health campaigns can successfully bring awareness to women’s hidden health issues, it is critical to understand what the conversation is around the diseases that are considered women’s hidden health issues, and to understand in what ways the media and health campaigns over the last eight years are talking about and informing on these issues. This is a critical area for research because it will help public relations and health communication practitioners and advocates for these women’s hidden health issues to be able to understand what the

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current discussion of these issues is and if there are any gaps. This will allow for public relations and health communication practitioners and advocates be able to help identify what women need in order to be aware of these issues, make informed decisions, and be advocates for the health issue. All these factors may lead to better support research efforts, government funding efforts, and media awareness efforts for health issues that don't receive adequate funding, research, and media support.

Through this research, organizations and health communication practitioners will be able to clearly define women's hidden health issues and understand how the media and current health campaigns are talking about women's hidden health issues. Creating this understanding should bring awareness to women's hidden health issues and strategically show the need for organizations and persons to support research and funding efforts and successfully bring attention and awareness to women's hidden health issues. The rest of the paper is organized/structured as follows: literature review, methods, results/discussion, conclusion (implications, limitations and further research), references and appendix.

## II. Literature review

The following literature will bring awareness and understanding to three critical areas that are important to focus on for this study. The first section focuses on breast cancer, as it is the women's health issue that receives the most funding, research, media attention and health campaign development. It is because it receives the most attention that it becomes the most important to scrutinize to understand why this health issue is different than others and to learn what makes it unique and appealing to the government, funding sources, researchers, media, and health campaign developers. The second area of focus is on cultural studies as this study will be a cultural study focused on representation and production, two of the five circuit areas of a cultural study. The third area of focus is on the spiral of silence which will help in understanding the perceptions and realities related to women's hidden health issues.

### *Breast Cancer Health Communication*

Every year during the month of October, cities all across the United States are flooded with pink: pink ribbons, pink shoes, pink clothes, pink pens... even the full force of the National Football League (NFL) goes pink for breast cancer awareness in October. While the National Collegiate Athletic Association (NCAA) shows their support for breast cancer in February, dedicating a second month out of the year to breast cancer support. In an article on the business of breast cancer in Marie Claire magazine in 2011, the booming business of breast cancer was critically scrutinized. It was noted that the National Institutes of Health allocated \$763 million to breast cancer research, the Department of Defense funded breast cancer in the form of \$150 million, roughly 1,400 IRS-recognized, tax-exempt charities raised money devoted to breast cancer, Susan G.

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Komen for the Cure grossed \$420 million in the previous year – overall, roughly \$6 billion dollars are raised each year in a unified battle against breast cancer (Goldman, 2011, n.p.). Another article, focused on the controversial business of breast cancer awareness, identified that the nonprofit sector alone raises somewhere in the area of \$3 billion for breast cancer each year (Lieber, 2014). However, many observers and industry experts question whether our society’s engagement with breast cancer awareness in “Pinktober” has changed the conversation around breast cancer. It’s likely that the same woman that bought a water bottle or hat adorned with a pink ribbon may have checked breast cancer support off her list but may be lacking in her own self-awareness in how often she sees her doctor for a mammogram.

Some analysts warn of the over-saturation of pink messages, that the “information supplied by mass media can lead to distorted perceptions about breast cancer,” (Jones et al., 2006, p. 95). Media surrounding breast cancer and even health campaigns with well-intended actions lack a conversation of true sustenance. They are focusing on ploys to draw consumers in to provide financial support for a cause they actually know little about and a disease they need to be better informed on. A 1998 issue of *The Atlantic* addressed this same growing problem in breast cancer campaigns and media. The issue identified that “one result of this visibility has been a rise in public sympathy for victims of breast cancer and a concomitant rise in funding for breast-cancer research. But the growth in awareness has had another, less desirable result: a flood of often contradictory information that has led to public confusion,” (Plotkin, *The Atlantic*, 1998 Issue, n.p.). In an article on the business of breast cancer, Gayle Sulik, author of *Pink Ribbon Blues*, stated that the Breast Cancer Awareness month has created a spectacle of the cause, taking the focus off of the women’s health issue of breast cancer. In the article, Sulik

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stated that “the realities of breast cancer—not just the disease, but the treatments, controversies, mammogram screenings—the public at large doesn't know what to make of this stuff because instead, all the awareness is focused on product marketing," (Lieber, 2014). In a survey conducted by the National Breast Cancer Coalition, it was found that while women were more informed about breast cancer because of the media, their actual knowledge of breast cancer information, including risk factors, was insufficient and raised into question of the actual benefit of breast cancer coverage in the media (National Breast Cancer Coalition, 2007, n.p.). Often, the information shared, while focused on general breast cancer awareness, does not frequently focus on the risk factors for men or the different types of breast cancer. Not all breast cancers are the same, despite that, information around breast cancer is often focused on the first two stages and less so on stages three and four and very rarely focuses on breast cancer in males. The conversation that occurs around breast cancer through health campaigns and the media is not one that is new or recently developed, but one that has been many years -- decades even -- in the making.

*History of pink marketing.* The idea of launching breast cancer campaigns and marketing movements, driving action and awareness, began long before the traditional tactics that are seen today. The first known efforts to increase awareness of breast cancer are traced back to at least 1913 when the American Society for the Control of Cancer, now known as the American Cancer Society, sought to change people's perspectives on cancer as an incurable disease. (Jacobsen & Jacobsen, 2011, p. 56) (Osuch et al., 2012, 355). However, the first true public notion of breast cancer came with the announcement of First Lady, Betty Ford's, breast cancer surgery, as there was increased publicity around her breast cancer which had the effect of temporarily increasing breast cancer screenings

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(Jacobsen & Jacobsen, 2011, p. 56). From there, breast cancer campaigns and marketing efforts took to the wind, and the 1980's launched grassroots efforts to bring about a national agenda for breast cancer.

Again, in the 1980s, First Lady Nancy Reagan underwent breast cancer surgery and in the following months after the announcement of her surgery, there was a sharp uptick in the number of women getting mammograms (Jacobsen & Jacobsen, 2011, p. 56). It was not until the 1990s that the national advocacy of breast cancer became the start of the movement. In the early 1990s, Charlotte Haley, an activist with close family battling breast cancer, created peach colored ribbons, attached them to cards and sent them to the National Cancer Institute. Word of these cards spread, making it all the way to the editors at *Self* and Evelyn Lauder with Estee Lauder. Haley "felt Lauder's involvement would undermine her grassroots efforts, and declined to work with *Self*," and so the companies changed the ribbon from peach to pink and branded them as symbols of breast cancer awareness (Lieber, 2014). In 1991, *Self* magazine and Estee Lauder launched the first National Breast Cancer Awareness Month, and the whirlwind of breast cancer campaigns and marketing took off in a flurry. The development of coverage in the media and in health campaigns and "popular engagement with breast cancer awareness efforts has remained strong since the mid-1990s, and breast cancer funding continues to be a priority area for the federal government," (Jacobsen & Jacobsen, 2011, p. 56) which has only continuously grown into the behemoth campaign that it is today.

*Emotional appeals of messages.* One strategy that is commonly utilized in the development of health campaigns, specifically in regards to breast cancer, is persuasion. Campaigns will "make people feel vulnerable and then offer them hope, for a simple

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strategy for protecting themselves. The standard approach is to induce vulnerability by emphasizing the risk people face, often framing statistics so as to provoke alarm, and then offer hope by exaggerating the benefit (and ignoring or minimizing the harms) of a risk-reducing intervention,” (Woloshin et al., 2012, p. 1676). In the 1970s, the American Cancer Society utilized a shaming tactic in a mammography screening advertisement with the featured slogan stating, “if you haven’t had a mammogram, you need more than your breasts examined,” (Woloshin et al., 2012, p. 1677).

Differently, campaigns today are charged around high emotional appeals and tug at the heart strings. There is still a semblance of the initial persuasion tactics as they strive to show the life that women face when diagnosed in order to persuade people to donate to the research efforts to eradicate breast cancer. The Susan G. Komen Foundation has been developing campaigns in order to reach their new goal, *The Bold Goal*, “to reduce breast cancer deaths by 50% by 2026 through a combination of enhanced investment in metastatic breast cancer research and in programs that ensure health equity,” (Olenski, 2017). One campaign that was developed as part of this goal features a 38-year-old mother of four battling stage IV cancer. In the video she is seen removing her false eyelashes, eyebrows, and wig. She is seen “writing letters to her children to be opened at significant milestones in their lives including graduations, weddings, and birth of their children; events she knows she won’t be there to experience,” (Olenski, 2017). The campaign itself is heartbreaking and yet incredibly relatable for so many people, which makes this strategy relevant and impactful in supporting the cause as it portrays a scenario understood and felt by so many.

Every year during the month of October businesses all across the country join in the pink washing to pay homage to breast cancer. The color pink “symbolized the

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virtuous and blameless aspects of breast cancer and the femininity the disease threatened. By 1993, breast cancer became the darling of corporations, and the pink ribbon was its logo,” (Lieber, 2018). Corporations all across the country take up the cause to support the breast cancer brand, associating themselves with a “think pink” strategy, all with an underlying “intentional strategy to sell more stuff and gain consumer loyalty,” (Lieber, 2018). Furthermore, companies partake in awareness campaigns as a popular social cause while promoting little if any information on breast cancer itself and preventative tactics to support breast cancer awareness and prevention. This is in conjunction with the commercialization of breast cancer which often approaches a difficult and horrible disease with lightheartedness, with the pink-washing branding of items from cleats to cars to booze to guns and campaign slogans like “Save the Tatas.” this commercialization is unmatched to the true experience of those who are face-to-face with the disease, those who face the difficult realities of treatment, the sorrow of recurrence and even the knocking of death. Breast cancer awareness campaigns as established by companies all across the United States likely have positive and good-natured intentions behind their efforts, however there is still critical information and communication regarding women’s health that is being continuously missed.

Each of the campaign tactics described were created with the intent of raising awareness and bringing attention to breast cancer as a disease and something worth fighting for as an individual and as a society, as a whole. However, the tactics used to communicate this women’s health issue has not been one of educating and informing women but one of utilizing ethos -- playing to the emotional state of people. In the campaign from the 1970s, fear and shock were the emotional tactics used to drive the campaign, while the more recent campaigns, were heartbreaking and emotionally charged



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as they were relatable to many in society. These campaigns are enticing as they are appealing and emotional, however, the content shown in the campaigns does not show support of educating women and empowering women in their self-efficacy, knowing that this is something they have control over and this is something they can change.

*Media's role in pink marketing.* Over the past several decades, “one of the most prevalent conventions in the area of health communication is that mass communication channels are relatively more important in increasing awareness and knowledge of health-related risks, whereas interpersonal channels are relatively more effective in persuading individuals to adopt healthier behaviors and lifestyles,” (Rogers, 1973; Schramm, 1971). In today's media climate, these areas blend together now more than ever before as people are relying more on their own searches in Google and WebMD and the stories and coverage that are occurring in the media. Barron Lerner, associate professor of medicine and public health at Columbia University, New York, and author of the book *The Breast Cancer Wars* suggested that, “if articles are not written carefully and you've got 24-year-old women marching into doctors' offices and demanding mammograms because they read in a young women's magazine that breast cancer is a problem,” (Gottlieb, 2001, p. 1520). On one hand, the media is focused on dramatization of health concerns that are causing women of all ages and health backgrounds to go running to their doctors' office, concerned over an issue that should not be an added stressor. Lerner went on to state that as long as media is vying for the attention of the masses, “you're going to have provocative material that is designed to raise eyebrows. . . . And there will be a segment of the population who gets unnecessarily alarmed,” (Gottlieb, 2001, p. 1520).

These articles tend to provide shock without necessarily providing accurate information from medical practitioners or information backed by sound research and

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studies. On the other hand, the media coverage of breast cancer tends to misrepresent the disease and inaccurately target women on the health concern and dismiss men completely. In one study regarding women's perceptions of breast cancer, women reported that when “publicity was generated about young women with breast cancer this was often negative, emphasizing early and tragic death and featuring bereaved families, while portraying the women as a courageous heroine” (Dunn & Steginga, 2000, p. 144). The study also suggested that “media portrayals of young women with breast cancer focused on aspects of courage, which set up unhelpful expectations and stereotypes within the community,” (Dunn & Steginga, 2000, p. 144).

Despite the controversy of the development of health communication campaigns and the media coverage of breast cancer, “it is accepted that these campaigns have improved care for patients by enabling better prevention, screening, knowledge and understanding of treatment options, research funding, and political will,” (Glynn et al., 2011, p. 1). The amount of health communication campaigns that are developed in regards to breast cancer, albeit while some may be questionable in the actual benefit to those who have breast cancer and seem to be a ploy for raising funding, along with the media coverage that is published regarding breast cancer, there may still be benefits and positive outcomes from both. There has been development in treatment options, government funding, awareness of breast cancer and political influences (Glynn et al., 2011), to name a few outcomes. While there are still improvements that need to occur, these outcomes are crucial for other important women’s health issues that are not currently being covered in the media or through health communication campaigns.

In this study, I will be talking about endometriosis, infertility, PFDs, which are women’s hidden health issues that are affecting the quality of life for women during their

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reproductive years. I hope to show the effects of the over marketing of breast cancer on diseases which are seemingly covered less in the media and in health communication campaigns, and I plan to shed light onto these other health issues that are affecting women.

From this critical study of women's hidden health issues, health communication practitioners and organizations will be equipped to clearly define women's hidden health issues and understand the conversation regarding women's hidden health issues. The next component to this research is through the understanding of cultural studies as it pertains to health communications.

### *Cultural Studies*

In order to best study the representation of women's hidden health issues through health communication campaigns and media coverage, it is critical to conduct the research through a cross-cultural lens. Cultural studies are incredibly useful as they consider everyday realities publics face, such as conflict, intersecting identities, and differences, (Curtin & Gaither, 2005). These elements are important especially as women's hidden health issues are a cultural group that is comprised of multiple higher-level cultural groups including those of age, race, gender, and socioeconomic backgrounds.

To be in a cultural group, such as women with hidden health issues, this inherently means that there is an intersection of identities that will occur. Cultural studies have the opportunity to examine "who is inside and outside the culture and help highlight the sociological critical standpoints of publics," (L'Etang, 2005). The characteristics that comprise a cultural study, especially with the intersection of other cultural identities,

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“complicate communicators’ ability to categorically predict how publics seek information,” (Aldoory, 2009) which makes this study, as a cultural study, critical in the understanding of the representation and definition of women’s hidden health issues through health communication campaigns and media coverage of these issues.

Over the course of the last several decades, “the growth of mass media, new global information systems and flows, and new visual forms of communication have had -- and continue to have -- a profound impact on the ways our lives are organized and on the ways in which we comprehend and relate to one another and to ourselves,” (du Gay et al., 1997, p. 1). As our society become increasingly globalized, it becomes more relevant to study and understand the cultures that make up our society so that as communicators, we can create campaigns that truly understand and reach the culture being focused on and so our messages do not miss their marks. This idea is especially critical when developing health communication campaigns and media coverage of women’s health issues because of the unique subculture that is created amongst women with specific conditions/diseases.

In order to best conduct this research, it is critical to understand the importance of a cultural study by utilizing elements from the circuit of culture. Approaching health communications through a culture-centered approach is the “combination of a perspective that centralizes understanding and a perspective that is directed at social change,” and further, looking at “the interactions between structure and culture is central to understanding the health experiences of cultural members,” (Dutta, 2008, p. 76). In *Doing Cultural Studies: The Story of the Sony Walkman* (du Gay et al., 1997), the researchers identified the circuit of culture as the five moments of cultural creation through which an artifact passes. These moments of the circuit of culture include representation, identity, production, consumption, and regulation (p. 3). Based on the

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understanding of the circuit of culture, the artifacts created with regard to health issues helps us to understand the value a culture places on said health issues, while also being able to identify, as public relations practitioners studying health issues, where the circuit could be improved and developed with regards to health communication.

In the circuit of culture, each of the five steps can be segmented, however in “the real world they continually overlap and intertwine in complex and contingent ways,” (du Gay et al., 1997, p. 4). This study will focus on two of the five steps of the circuit of culture, representation and production. Representation utilizes communication as a relational process that establishes cultural meaning in a shared cultural space.

Representation is based on the things we give meaning, through the ways we represent them, in that:

“Meaning is not static or inherent in representations but is socially constructed through symbolic systems, or discourse; language and meaning are not the property of either sender or receiver, nor are they inherent in the representation, as in transmission models of communication,” (Curtin & Gaither, 2005, p. 99).

The second step of the circuit of culture that this study will focus on is the logistical limitations surrounding representation, which is the segmented area of production. Production is focused on cultural artifacts, which is a concept that is two-fold in that it is focused on “not only understanding how that object is produced technically, but how that object is produced culturally; how it is made meaningful,” (du Gay et al., 1997, p. 4). Production feeds off of the development that occurs in the representation segment in that production explains how the formation of artifact representation comes to fruition. Du gay et al. (1997) went on to state that if researchers are to think about “the production of culture, then, we are also simultaneously thinking about the culture of

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production – the ways in which practices of production are inscribed with particular cultural meanings,” (p. 4).

The intertwined relationship between representation and production makes them ideal for focusing on in this study. This is especially true given that this study will be focused on health communication campaigns and media coverage, both which deploy representations throughout cultural contexts like health promotion events, health media, physicians’ offices, entertainment contexts, and in marketing relationships in communities, among others. Further, it is the messaging that is seen in health communication campaigns and media coverage where production comes into play as the process of development is where specific cultures are targeted and identified. For this study, news media stories about women’s hidden health topics will be used to evaluate the representation moment, and promotional materials, health campaigns, produced by health advocacy organizations will be used to evaluate the production moment.

### *Spiral of Silence*

Mass media has been regarded as a critical component in the promotion of public health, even by public health professionals for many years, especially in regards to the influence the media has with regards to people’s perceptions of the social climate around various health issues (Shanahan, Scheufele, Yang, & Hizi, 2004, p. 414). The spiral of silence is a theory that is mainly found in the research area of mass media communication that would be helpful in the explanation of the perceptions and realities that people formulate with regards to women’s hidden health issues. The spiral of silence is a theory that argues that “perceptions of majority opinion are likely to affect personal opinion formation and an individual’s willingness to speak out about issues,” (Shanahan,

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Scheufele, Yang, & Hizi, 2004, p. 415). Essentially stating that, when a person perceives that their opinion is not supported by the majority of those in society, they are less likely to speak out or speak up. This phenomenon is especially critical in the area of health communications with regards to women's health issues because these are issues that are often already difficult to talk about and often challenging to navigate. Further, the portrayals of health issues in the media, or lack thereof, seem to play a critical role in the perceptions of social norms of society.

In one study, *Keep Talking About It: HIV/AIDS-Related Communication and Prior HIV Testing in Tanzania, Zimbabwe, South Africa, and Thailand* (Hendriksen et al., 2009), that focused on HIV/AIDS-related communication, they utilized the spiral of silence to explain the lack of discussion regarding HIV/AIDS and the hesitation people face when choosing to come forward. Hendriksen et al. (2009) stated that the "attitudes and opinions with vocal or prominent supporters appear to be more prevalent than they may be in actuality. The appearance of popularity becomes a self-fulfilling prophecy, as those whose side is supported becomes more vocal, while those whose opinions appear to be unsupported remain silent," and they continued by stating that "the spiral of silence may perpetuate a highly stigmatized environment and inhibit people from coming forward," (Hendriksen et al., 2009, p. 1214). In regards to health communication, the spiral of silence may be particularly useful in helping to understand why, when faced with a particular condition/disease, women choose not to speak out about the issue nor speak up about their concerns nor their health. As Slater (2007) pointed out in regards to the influence of the media, "some type of media use influences corresponding beliefs or behaviors and that belief or behavior in turn increases that type of media use, then the process should be mutually reinforcing over time," (Slater, 2007, p. 284-285). If women

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were able to see and understand that they are not alone or the only one fighting a condition/disease, then maybe there would be more backing in the development of health communication campaigns and media coverage of their particular health condition/disease.

### **Research Questions**

The research questions are identified as follows:

RQ1: How do news media represent these health issues?

RQ2: How do campaigns represent these health issues?

### **III. Method**

#### *Qualitative Methods*

To begin my research, I will need to explore and understand how media and health campaigns represent women's hidden health conditions/diseases. To best conduct this study, qualitative methods will be used because "the aim of qualitative research is to understand, describe and explain beliefs, behaviors and meaning within the contexts in which they normally occur," (Wu & Volker, 2009, p. 2721).

Within qualitative studies, "theory can be used to select the research phenomenon, frame the philosophical underpinnings of the study, and guide data analysis and interpretation," (Wu & Volker, 2009, 2720). Within qualitative studies, there is space for the researcher to be critical and yet flexible and creative toward the study being conducted, a necessary approach as the discovery process of the research is not always clear and often adapts as the themes become known and established. Qualitative research approaches are used to "understand everyday human experience in all its complexity and



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in all its natural settings. To do this, qualitative research conforms to notions that reality is socially constructed and that inquiry is unavoidably value-laden,” (Denzin & Lincoln, 1998).

### *Content Analysis*

In order to appropriately answer this question, I will be implementing a qualitative method approach via a content analysis, using an open coding method. Downe-Wambolt (1992) defined content analysis as a research method because it “provides a systematic and objective means to make valid inferences from verbal, visual, or written data in order to describe and quantify specific phenomena,” (p. 314). Further, I plan to utilize a content analysis as a research method for “making replicable and valid inferences from data to their context, with the purpose of providing knowledge, new insights, a representation of facts and a practical guide to action,” (Krippendorff, 1980). Another identifying purpose of a content analysis is to “describe the characteristics of the document’s content by examining who says what, to whom, and with what effect,” (Bloor & Wood, 2006).

For me to answer the two research questions, I will be conducting a comparative analysis of both health communication campaigns and media coverage of women’s hidden health issues that are considered quality of life issues for millennial women, as these women are in the peak of their reproductive years. The conditions/diseases that I will be focusing on include endometriosis, pelvic floor disorders (PFDs), and infertility.

### *Data Collection & Analysis*

Given the information established above and to best answer RQ1, I researched media coverage at the national level for the conditions/diseases established above. In

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order to obtain a thorough sample size of media coverage on women's hidden health issues, I reviewed data until the point of saturation is reached with the themes discovered regarding the conditions/diseases established in this study. Data saturation is reached when "there is enough information to replicate the study, when the ability to obtain additional information has been attained, and when further coding is no longer feasible," (Fusch & Ness, 2015, p. 1408).

*Samples.* My media data was cultivated from popular media outlets consumed by millennial's based on consumer information provided by each media outlet between 2010 and 2018. The media outlets included are *Buzzfeed* with roughly 39 million millennial visitors, *The New York Times* with 64 million visitors, 1/3 of whom are millennials, *Cosmopolitan* with roughly 9 million visitors, *Refinery29* with 550 million visitors across all platforms, and *Elite Daily* with 14 million unique visitors, 6 million of those being millennials. These five media outlets provide a cross section of different online media that are regularly visited by millennials.

I searched for articles that have been published between January 1, 2010 and December 31, 2018. I searched for the terms: "endometriosis," "pelvic floor disorders (PFDs)," and "infertility" within each of the media outlet websites. I also cross searched with Google by searching each disease plus the media outlet and articles (ex: "endometriosis + article + BuzzFeed") with the date range above, to ensure no articles are missed. I included articles that feature the issues as the main topic as well as articles that talk about the issues as part of a large story. This is important because this provided a full, complete picture of the narrative around each disease: specifically, it also demonstrated whether these topics are standalone issues that journalists/blogger report on, or if they were typically used in news stories as examples of larger trends, that are not

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given full contexts or details. I saved a PDF of each article in a folder on my computer and in my Google Drive.

In order to best answer RQ2, I researched health communication campaigns on the national level and conducting a case study analysis of each campaign. A health communication campaign is:

“an attempt to inform or influence behaviors in large audiences within a specified time period

using an organized set of communication activities and featuring an array of mediated messages in multiple channels generally to produce noncommercial benefits to individuals and society,” (Rice and Atkin, 2009, p. 436).

Communication campaigns usually include elements that “intend to provide direct education for people,” they seek to “affect large audiences and bring substantial resources to the task,” they are often “on multiple channels” to effectively target specific audiences, they “attempt to influence adoption of recommended behaviors,” they are often “sponsored by the government, sometimes in collaboration with private advocacy or professional organizations,” they are “often a component of broader social marketing problems,” and in a more broad way, they “complement efforts to directly influence populations with efforts to affect public policy as well as to change other aspects of the environment and the marketplace,” (IOM, 2002, p. 83).

The campaigns that I included are the Speak Endo campaign for endometriosis, which is produced by AbbVie; the Protect Your Fertility campaign for fertility, which is produced by the American Society for Reproductive Medicine (ASRM); and the Voices for PFD campaign for PFD, which is produced by the American Urogynecologic Society.

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In order to best collect the data from the campaigns, I saved documents from the campaign themselves and saved screen grabs of digital campaign materials if they were not available for download or could not be saved as a PDF document.

*Coding.* Once all my data was collected, I engaged in open coding. This method was adequate in answering my research questions because it allowed for me to fully immerse myself in the data. With each campaign, I searched for themes, communication patterns and even potential relationship among campaigns and materials. I analyzed the campaigns in full, including textual and visual messaging when available. As I conducted a thematic, textual analysis, I kept a log of themes found across the various media content to fully answer RQ1. Additionally, I was able to notice themes in the various health campaigns to support my findings for RQ2. Given the thematic analysis, I did not utilize a code book. Since this study is not guided by existing theories to answer my research questions, the grounded theory approach was best to allow new themes to emerge.

In order to indicate/identify themes within the texts, I used a color-coding scheme to mark and note each theme that arises within each article found in each media outlet, as well as the themes found in the health campaigns. I kept a list of the themes I found when reviewing each article and campaign. I kept a list of themes for the media articles related to RQ1 and separate notes for the campaigns related to RQ2.

*Grounded theory.* Grounded theory has three critical features that were important in the analysis of the data, in that the “emergent theory is ‘grounded in’ the relationship between data and the categories into which they are coded,” further the categories are “developed through an ongoing process of comparing units of data with each other,” and finally in that the “codes, categories, and category definitions continue to change dynamically while the researcher is still in the field, with new data altering the scope and

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terms of the analytic framework,” (Lindlof & Taylor, 2017, p. 250). While coding the data is a process that occurs early on in the grounded theory approach to qualitative data analysis, it was critical to utilize the open coding process which is an unrestricted coding of the data that occurs as the “categories are built, named, and have attributes ascribed to them,” (Lindlof & Taylor, 2017, p. 251). Since there is no preliminary data being collected and as the researcher, I essentially went “blind” into the research process. Since I was not forcing the data into a pre-formulated framework, the data emerged untethered to previous conceptions of “women’s hidden health.”

### *Validity*

When conducting qualitative research, the credibility of the research comes from a different perspective than that of quantitative research in that “it seems when quantitative researchers speak of research validity and reliability, they are usually referring to a research that is credible while the credibility of a qualitative research depends on the ability and effort of the researcher,” (Golafshani, 2003, p. 600). Additionally, in qualitative research, the ideas of reliability and validity are often intermixed and noted in terms like credibility and trustworthiness (Golafshani, 2003, p. 600). Golafshani (2003) indicates that the examination of trustworthiness is critical for ensuring reliability in qualitative research (p. 601) and that “discovering truth through measures of reliability and validity is replaced by the idea of trustworthiness, which is “defensible” (Johnson 1997, p. 282) and establishing confidence in the findings,” (p. 603).

Validity and reliability of research are categorized as trustworthiness, rigor and quality in the qualitative setting, which can be achieved by “eliminating bias and

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increasing the researcher's truthfulness of a proposition about some social phenomenon," (Denzin, 1978, p. 339-357). In qualitative research, triangulation is typically used as the method to eliminate bias and increase the researcher's truthfulness as it is a "validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study," (Creswell & Miller, 2000, p. 126). By examining articles and information from multiple different sources, I strategically eliminated most of my own bias and ensured the trustworthiness of the research at hand. I formed my themes based on the information I found from the different sources.

### Results

*RQ1: How do news media represent these health issues?*

In order to best understand how news media represents endometriosis, PFDs, and infertility, I cultivated my data from popular media outlets consumed by millennials based on consumer information. These news sources were *BuzzFeed*, *Cosmopolitan*, *Elite Daily*, *Refinery29*, and *The New York Times*. These news media outlets provided a cross section of different online media sources that are frequently visited by millennial women, the target audience for this particular study.

In total, across all five outlets, I was able to collect 87 articles that focused on endometriosis, infertility, and PFDs. Due to the limited selection of articles that were available in each outlet, I chose to analyze all articles that I collected. Most of the articles collected focused on the health issue as the main topic, with very few talking about health issues in general or in conjunction with another topic.

In the first news outlet analyzed, *BuzzFeed*, I found that there was a significant lack of material published regarding endometriosis, PFD, and infertility. Unfortunately, there were no articles published regarding PFD and only 11 articles published regarding endometriosis and only four articles published regarding infertility.

In the second news outlet analyzed, *Cosmopolitan*, I found that there was, yet again, a significant lack of material published regarding endometriosis, PFD, and infertility. Unfortunately, there were no articles published regarding PFD and three articles published regarding infertility. While there were more articles published regarding endometriosis, which amounted to 16 articles.

In the third news outlet analyzed, *Elite Daily*, I found that there is still a significant lack of material published regarding endometriosis, PFD, and infertility. There

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was only one article published related to PFD, three articles published regarding infertility, and 14 articles published related to endometriosis.

In the fourth news outlet analyzed, *Refinery29*, I found that while there were significantly more articles published than on the other outlets, there was still a significant lack of material published regarding endometriosis, PFD, and infertility. Unfortunately, there were no articles published regarding PFD and only seven articles published regarding infertility. However, there were 20 articles published on endometriosis.

In the final news outlet analyzed, *The New York Times*, I found that, like the other news outlets analyzed, there was a significant lack of material published regarding endometriosis, PFD, and infertility. Unfortunately, there were no articles published regarding PFD and only three articles published regarding endometriosis and five articles published regarding infertility.

Across all five media outlets analyzed, I was able to identify four themes. Including sharing of intimate or personal experiences, use of celebrities as a spokesperson, addressing common frustrations and misunderstandings, and the use of research or data.

*Sharing of intimate or personal experiences.* Across all of the outlets, the first theme that I found was in regards to the sharing of intimate or personal experiences. Throughout many of the articles that were published, a recurring theme was the use of personal stories to relate to the readers, sharing experiences that people may have thought that they were the only ones going through.

One article published in *BuzzFeed* on November 2, 2018, titled *This Woman's Endometriosis Halloween Costume Shows What The Pain Is Really Like*, stated that



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“Smyte told BuzzFeed that after suffering terrible physical and mental pain for years due to her endometriosis she wanted to portray on the outside of her body what it felt like on the inside.” Smyte explained that she wanted people to be able to see what it felt like, so for her “costume” she painted massive, dark bruising across her abdomen so people would be able to associate a visual with the invisible pain. While another article, focused on infertility, titled *19 Pictures That Show The Reality Of Dealing With Infertility*, shared one woman’s personal struggle, stating “Four years, three surgeries, four lost babies, three years of fertility drugs, five rounds of intrauterine insemination (IUI), and two rounds of in vitro fertilization (IVF) and still nothing.” Personal stories like these were shared throughout various articles and provided a glimpse into the experience of real people, fighting a real internal battle.

In *Cosmopolitan*, in the article, *I Struggled for Years With Unbearable Periods Before I was Properly Diagnosed*, she shared the experience of diagnosis, stating “I was on my sixth new doctor when I finally heard the word “endometriosis.” Instantly the tears began -- ugly, full-body sobs so intense the doctor made me visit a psychiatrist before allowing me to leave. It was difficult explaining that these were tears of joy. You can’t fix what isn’t broken, and suddenly I had the word to go with the hell I had been experiencing.” While another article, *Why I Decided to Have My Uterus Removed*, shared a woman’s traumatic experience, stating “This past May, I went to a friend’s birthday party at a pub, then abruptly and to leave because I felt myself begin to bleed uncontrollably. By the time I walked a few steps to my car, I was covered in blood from the waist down. By the time I drove myself five minutes across my neighborhood and parked, I was sitting in a pool of my own blood.”

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Even further, an article on infertility, *11 Things Couples Struggling With Infertility Want You to Know*, shared intimate details of their infertility struggle while incorporating an uncomfortable humorous tone, stating that “yes, we’ve tried acupuncture. We’ve also tried exercise. And a vegetarian diet. And a non-alcohol diet. And a non-caffeine diet. And herbal supplements. We try to get a good night’s rest. We don’t put laptops near our genitals. We avoid water-based lubricants (and it’s weird that you brought that up in casual conversation). We’ve tried a different doctor. Many different doctors. At a different clinic. Yes, that clinic. The one you read the article about. We read the same article.” All of these examples share intimate, incredibly personal details of the experiences of these individuals.

When looking at *Elite Daily*, one article, *What Is Endometriosis Pain Like? 6 Difficult Realities You Face When Living With The Disorder*, stated “what's more, since endometriosis is related to menstrual pain, women can often be convinced into thinking they're just being "dramatic," or that everyone experiences what they're going through.” That same article went on to further state the reality that women experience, stating that “women with endometriosis often experience periods that are more painful, yes, but their menstrual flows are also heavier and longer than the average period, as well. In addition to being bedridden by pelvic cramps, women with endometriosis can experience periods that last over six days, and their flows are often so heavy that they have to change tampons every one to two hours. In one of the only articles regarding PFD, *3 Sh\*tty Postpartum Things All New Mothers Experience, But Never Talk About*, the author states that “the Continence Foundation of Australia (CFA) tells us there are other things we can do to reduce pelvic floor disorders. Manage your bowels, and in particular, constipation. Straining in order to pass a bowel motion pushes down on your pelvic organs and can

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weaken your pelvic floor. Manage your weight, as well. The heavier the load you are carrying, the higher the demand on your pelvic floor and the more pressure on your pelvic organs.”

As the theme emerged in *Refinery29*, the perception of identity that women going through these diseases may face was shared often. In *How Makeup Helps Me Deal With My Endometriosis*, Dr. Tania Adib, a consultant gynecologist, states that “because [endometriosis] is a gynecological illness, and sexual health is inextricably linked with self-confidence, having this condition can affect one’s self-esteem.’ As a result, makeup allows us to ‘create a mask to face the world.’ Beauty becomes a way of coping and it’s only natural that ‘the more it hurts, the more [we] cover up.’” The article went on to share a personal experience of a woman with endometriosis, stating that “when I was diagnosed with endometriosis two years later, I suddenly wanted to look like the most natural version of myself. I instinctively gravitated towards tinted multipurpose balms and dewy foundations. I stopped highlighting my hair quite so blonde. During a particularly trying time in my life, my failsafe products – and some trusty new additions – allowed me to hide the hell my body was putting me through.” In the article, *The Fertility Problem No One Sees Coming*, it was stated that “women that are diagnosed with infertility often experience it as a real assault to their identity,” she says. “Their whole lives, they’ve been told that, if they work hard enough, they can do whatever they want, and all of a sudden that doesn’t happen — sometimes, you just can’t control your body.”

In *The New York Times*, one example of this theme was in an article titled *Infertility, Endured Through a Prism of Race*, where one woman shared her frustrations of the biological process of having a child. Ms. Lawson stated that “In families of color, there’s an assumption that when you want to get pregnant, you get pregnant. There’s a lot

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of finger-pointing that women of color feel when we've gotten to a certain age and we haven't had children." Lawson went on to express the frustration with not only the challenges faced within her own race regarding fertility but also the experiences she has had in the fertility clinics as a woman of color.

*Use of celebrities as a spokesperson.* Throughout multiple articles across the different outlets, the use of celebrities to bring attention to these hidden women's health issues was commonly used throughout. Multiple articles shared the personal experiences of Lena Dunham, creator of the series, *Girls*.

In *BuzzFeed*, one example of this was in an article *Daisy Ridley Shared Her Own History With Endometriosis*, sharing Daisy Ridley's story, where she shared that "at 15 I was diagnosed with endometriosis. One laparoscopy, many consultations and 8 years down the line, pain was back (more mild this time!) and my skin was THE WORST." Another article, *Lena Dunham Got A Hysterectomy For Endometriosis. Here's Why That's Unusual*, shared Lena Dunham's story and the unusual nature of getting a hysterectomy for endometriosis. Dunham explained her decision for the hysterectomy, stating that "because I had to work so hard to have my pain acknowledged, there was no time to feel fear or grief. To say goodbye. I made a choice that never was a choice for me, yet mourning feels like a luxury I don't have."

One article in particular, featured in *Cosmopolitan*, on *Lena Dunham on What It's Really Like to Have Endometriosis*, was written by Dunham and shared the following expression:

"I would choose to be a woman. Any day, any way, any time. Being a woman is the best thing that ever happened to me. But I also hope for a future in which the

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pain of teenage girls is fully investigated, taken as seriously as a broken leg...I am strong because of what I've dealt with. I am oddly fearless for a wimp with no upper-body strength. And I am no longer scared of my body. In fact, I listen to it when it speaks. I have no choice but to respect what it tells me, to respect the strength of its voice and the truth of my own. Estrogen is high if you want it. And baby, I want it bad.”

Additionally, the article *Jessie J Reveals She Can't Have Children* shared the singer's personal experience with infertility. In opening up about her struggle with infertility, she stated: “I don't tell you guys for sympathy. I'm one of millions of women, and of men, that have gone

through this, and will go through this, and it can't become something that defines us. I wanted to write this song for myself—in my moment of pain, and of sadness—but also to give myself joy and give other people something that they can listen to in that moment when it gets really hard.”

In *Elite Daily*, in *How To Help Someone With Endometriosis By Doing These 6 Simple Things*, it discusses Julianne Hough as “the new face of SpeakENDO.com, an online resource and forum that offers informative videos, articles, and even stories from women who have endometriosis.” While another article, *Lena Dunham Tweeted About Her Endometriosis Surgery & Her Fans Are So Supportive*, states that “through Dunham's honesty — and through the honesty of other celebrities like Lady Gaga, who suffers from fibromyalgia, another type of chronic pain — society as a whole is beginning to talk about these afflictions more openly, which can only be a good thing for people affected by similar health conditions.”

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As the theme emerged in the *Refinery29*, articles were focused on the account of celebrity testimonies and the way they are championing for the diseases the celebrities are facing. In *These Women Are Living With Endometriosis -- & Fighting For Change*, it was stated that “despite affecting one in 10 people worldwide, endometriosis is an oft-misunderstood condition that’s only recently been brought into the public sphere thanks to celebrities like Lena Dunham, Julianne Hough, and Padma Lakshmi, who have opened up about their own personal suffering.” While another article, *Julianne Hough Opens Up About How Her Fiancé Helps Her Endometriosis Pain*, shares that “the way Julianne Hough kills it on *Dancing With The Stars*, as well as other musical productions like *Grease Live!*, it's hard to imagine that she's often grappling with an invisible illness.” Further, a third article, *Lena Dunham Opens Up About 3rd ER Visit For Endometriosis*, shares that “in the case of Lena Dunham, her openness about her struggle with endometriosis has the potential to affect the millions of people (1 in 10 women) battling the condition.” Additionally, in *Daisy Ridley's Powerful Message About Her Struggle With Endometriosis*, the author states that “Daisy Ridley's Instagram account is quite the source of inspiration. When she's not busy showing off some seriously impressive weight-lifting skills on #FitnessFriday, she's dismantling body-shaming trolls. Now, she's using the platform to share her struggles with endometriosis and polycystic ovary syndrome.”

In *The New York Times*, articles focused on the sharing of celebrity stories, conveying the challenges they have had to face. The article *Lena Dunham Says She Had Hysterectomy After Endometriosis*, shared part of Lena Dunham’s story, with her sharing that “your brain, unaware that the rest of the apparatus has gone, in theory keeps firing up your eggs every month,” she wrote. “Adoption is a thrilling truth I’ll pursue with all my

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might. But I wanted that stomach. I wanted to know what nine months of complete togetherness could feel like.” Further in the article, another celebrities story was shared, “Holly Brockwell, a British technology writer, said she had tried several times to obtain a hysterectomy in Britain from age 26 to 29 but her efforts were stymied by doctors who expressed disbelief in her decision that she did not want to bear children. On more than one occasion, she said, doctors called her “selfish.”

*Addressing common frustrations and misunderstandings.* The second theme that emerged related to addressing common issues that women with women’s hidden health issues experience. This theme presented itself in ways that included addressing what women with endometriosis may be experiencing, as well as addressing the frustrations of misunderstanding and dealing with the unusual emerged.

An example of this in *BuzzFeed*, was in an article titled *Lena Dunham Got A Hysterectomy For Endometriosis. Here’s Why That’s Unusual*, the article stated that “the endometrial tissue behaves just like it does when it’s inside the uterus, which means it responds to hormones and thickens and bleeds every time you have a period,” Dr. Kathy Huang, the director of the Endometriosis Center at NYU Langone Health, told BuzzFeed News.” Another article, *19 Things People With Endometriosis Are Pretty Damn Sick Of*, stated that “water retention and swelling can make your stomach bulge, to the extent that you can sometimes look around six months pregnant during a bad flare-up.” Both of these examples address the common issues women with endometriosis might be experiencing, while others addressed the overall experience, with the one mentioned above stating that “endometriosis can be difficult to diagnose and treat, and people can experience frustration from years of being misdiagnosed or not being given the right

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care.” Further, when looking at the limited articles related to infertility, *19 Pictures That Show The Reality Of Dealing With Infertility* briefly discussed common issues faced during the struggle to become pregnant, stating, “fluid pumped from my abdomen after I developed ovarian hyperstimulation syndrome (OHSS) from my egg retrieval. This was one of four fluid retrievals.” This theme really focused on the shared medical experiences that women with endometriosis and infertility could or would experience.

In *Cosmopolitan*, in the article, *I Struggled for Years With Unbearable Periods Before I was Properly Diagnosed*, the author stated: “I would march from doctor to doctor, looking for relief. Outside of the clinic, the handful of friends I actually told would tease me. In the doctor’s office, it was a completely different story. Their lectures would all start the same way, as though reciting from the beatitudes of period care. Hot water bottles! Advil! Exercise! When I assured them their fail-safes had failed, the name calling would start. Ultimately, words like “drug seeker” and “faker” were uttered.” While in the article, *How to Know if Your Period Pain Is Really Endometriosis*, the author stated: “It’s cultural misogyny. These women think that having pain of all degrees -- to the extent of torturous pain -- is part of being a woman. That suffering and pain is part of their sexuality. But this pain is not normal, and the taboo that surrounds it must not be either. Girls are accused of exaggerating or performing, like it’s some kind of excuse. They’re all told it’s in their head. As a result, they can lose confidence and turn inward and get withdrawn and depressed.” Both examples of the confusion that women with these diseases can and sometimes do face when trying to be understood.

When looking at *Elite Daily*, in *Halsey Is Freezing Her Eggs Because Of Her Endometriosis & Here’s Why It’s So Important*, it stated that “according to the Endometriosis Foundation of America, around one in 10 women are living with



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endometriosis, but the condition often goes undiagnosed, undiscussed, or mistreated.”

Another article, *Julianne Hough On Endometriosis Symptoms And Diagnosis*, stated that “one of the most concerning aspects of endometriosis, though, is the fact that it often goes undiagnosed -- and therefore untreated -- for years.” A third article, *What Is Endometriosis Pain Like? 6 Difficult Realities You Face When Living With The Disorder*, echoed the statements above, stating that “because it is both a female-specific disease and an invisible one, endometriosis is often dismissed or downplayed to be much smaller than it truly is.”

In *Refinery29*, in the article *7 Reasons Your Period Is Super Painful*, one woman shared her frustration with the doctors, stating that “after seeing doctor after doctor dismiss her concerns — some even flatly accused her of lying — Anna’s endometriosis was finally diagnosed in January, and she’ll be getting surgery soon. Dr. Tamer Seckin, a New York City-based endometriosis surgeon, validates Anna’s claim of being mistreated by doctors, saying, “It’s always a blame-the-victim thing.” In another article, *These Women Are Living With Endometriosis -- & Fighting For Change*, one woman shared her story, stating that “I went to my first gyno appointment and told her I thought I had it. She said, 'I have other patients who suffer much more than you do — I don’t think you have endometriosis,' without examining me or asking anything about what I had gone through. It was incredibly demoralizing and infuriating — especially after years of people telling me I was being overdramatic. In *25 Women Open Up About What It’s Like To Struggle With Fertility*, the authors state that “some women feel lost and alone, while others feel angry and even jealous of new mothers.

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Some simply make their peace with it and move on. And some feel a mix of all of these sentiments, depending on the day. Amid these conflicting feelings, women often have to deal with unnecessary pressure to become mothers — whether that pressure comes from family members, loved ones, or even the media.”

In *The New York Times*, this theme emerged with more of a focus on the misunderstandings and knowledge gap that occurs amongst women of color. In the article *Infertility, Endured Through A Prism of Race*, Dr. Hammond “attributed that to a “knowledge gap” that black women in particular have about infertility options. “It’s not just family building — it’s knowing how to go about paying for it, where to get support,” she said. “It’s a lack of information across the board.” While a different doctor, Dr. Douglas stated that “the conversations black women have with their gynecologists focus more on sexually transmitted diseases and birth control than on reproductive options.”

*Use of research or data.* The final theme that was found involved the use of research and data in the articles as support to the central point.

In *BuzzFeed*, one example of this was in an article titled, *Here’s Why Australia’s Health Minister Apologised To Women With Endometriosis*. The article stated that “research suggests there is an average of 7.5 years between a woman seeing a doctor and actually getting an endometriosis diagnosis.” Further, the article went on to cite that “she referred to a Monash University study of 500 women last year that found women with endometriosis had lower body satisfaction than those with other health issues such as lupus and even burn victims.”

One example of this in *Cosmopolitan* was in *Woman Shares Honest Photo of What Endometriosis Is Really Like*, the author stated that “endometriosis is often

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overlooked as period pain and not taken as seriously as it should be as a chronic condition that affects nearly 11% of American women, according to the Office of Women's Health." While in another article, *Why Are So Many Doctors Misdiagnosing Endometriosis?*, the article stated that "women go a median of 8 ½ years between symptom onset and diagnosis, per the American Society for Reproductive Medicine." In a third article, *What Journalist Lizzie O'Leary Wants Women to Know About Endometriosis*, it was stated that "a staggering 176 million women around the world suffer from endometriosis, but according to the Endometriosis Foundation of America, "most" women affected by the condition battle symptoms for up to a full decade before getting diagnosed."

Finally, in *10 Things Your Fertility Doctor Wants You To Know About Getting Pregnant Right Now*, when discussing infertility, the article stated that "according to the American Society for Reproductive Medicine, most women's fertility plummets sometime in their thirties: For every month that the average, healthy 30-year-old woman tries to get pregnant, she has a 20 percent chance of success, but for every month that the average, healthy 40-year-old woman tries, she has just a five percent chance." Each of these articles provides examples of where the use of research and data were utilized in conveying a point and informing readers through the articles written about endometriosis and infertility.

In *Elite Daily*, one example of this was in the article *How Long Does It Take To Get Pregnant On The First Try? Here's Why An OB/GYN Says Not To Panic*, which stated that "according to The National Infertility Association, 12 percent of women have difficulty getting

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pregnant (or carrying a pregnancy to term). And there are many factors that can affect your fertility (or infertility). The most common cause of infertility, according to Healthline, is ovulation-related problems, which can be a result of polycystic ovarian syndrome (PCOS) or premature ovarian insufficiency (POI).”

Another article, *What Is Orilissa? The Endometriosis Pain Medication Received FDA Approval & This Is Huge* stated that “as for the cause of endometriosis, it's still relatively unknown, but according to the Office on Women's Health, researchers believe the condition may develop as a result of an abnormal period flow, genetics, immune system issues, hormonal issues, or even surgeries like C-sections.”

In *Refinery29*, the focus was mainly on the challenges and issues with diagnosis of endometriosis and infertility. In *This is Shocking to People. This is Endometriosis.*, the article stated that “endometriosis may affect up to 10% of women in the U.S., but it's still tricky to get a diagnosis, partially because there's still stigma attached to health issues related to menstruation.” In *Lena Dunham Shows Off Her Endometriosis Scars (& Her Love of Target)*, the authors stated that “though endometriosis affects up to 10% of women in the U.S., it can often be hard to diagnose because the symptoms can vary and they tend to mimic other issues. For example, if the endometriosis is growing on sections of your intestines, you might have gastrointestinal symptoms, while other women only experience very intense cramping that is sometimes written off as normal menstrual cramps.” In a third article, *What Infertility Really Feels Like*, it was stated that “one in eight American couples experiences infertility, a statistic that noticeably leaves out single people as well as others who can't conceive “naturally” but may not be infertile, like same-sex couples.”

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As the theme emerged in *The New York Times*, the articles focused on different demographic interests, mainly race and age and the differences within these demographics. In the article, *Infertility, Endured Through a Prism of Race*, the author stated that “fifteen percent of white women ages 25 to 44 in the United States have sought medical help to get pregnant, compared with 7.6 percent of Hispanic women and 8 percent of black women, according to data from the Department of Health and Human Services and from the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.” The article went on to further state that “part of the problem, said Arthur L. Greil, a sociologist at Alfred University in western New York who has studied infertility and women of color, is that middle-class white women tend to have the confidence and connections to navigate the healthcare system better than less affluent minority women.” In a different study, *College Students Want Children, but Don't Know When Fertility Declines*, the authors discussed the perspective of infertility by college students stating that “most study participants said they wanted to have children, but many women said they plan to

postpone childbearing until after they complete their education, advance in their careers, have access to child care and jobs that could be combined with having children, and have traveled and done other things that may be difficult with children.”

*Comparison.* Across all five news outlets that were analyzed, there were commonalities that spanned all of them when sharing articles focused on endometriosis, PFD or infertility. It seemed that often there was information in the articles to bring understanding and awareness to the issues surrounding these diseases, this can be

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especially helpful for those who do not know much, if anything about endometriosis or infertility. Additionally, it seems that through the sharing of these personal details, the authors are able to convey, with great detail, the reality of what it is like for women who are experiencing endometriosis, PFD or infertility. Often women may not understand or realize that other women around the world are going through similar experiences to theirs, and having popular news media sharing women's personal experiences can be supportive and helpful to women going through the same diseases.

*RQ2: How do campaigns represent these health issues?*

*SpeakENDO.* The SpeakENDO campaign is focused on educating women about the ins and outs of endometriosis. The SpeakENDO campaign is sponsored by AbbVie, which is a pharmaceutical company. It seems that because this campaign is sponsored by a pharmaceutical company, there are more resources, tools and campaign support materials available than that of other health campaigns that are sponsored by advocacy groups or other organizations because there are more financial resources available to a pharmaceutical company. The campaign identifies itself as the “go-to resource for endometriosis and is here to help you fully express your symptoms, advocate for your own care, and learn from others who've been there.” The SpeakENDO campaign utilizes their website as the main campaign promotional tool and features the videos as well as an email communication tool to stay up-to-date on endometriosis-related information. However, there are not social media outlets specifically for the campaign, making the website the only major resource for the promotion and development of the campaign. The website did not explicitly share any ways they were advertising the campaign or any

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advertisements that were associated with the campaign. This information would have been key to know and something that could have been shared on social media outlets.

Under the “About” section of their website they state that education comes first, “for the estimated 1 in 10 women of reproductive age with endometriosis, the pain can be very hard to explain. Arm yourself with the knowledge you need to explain your symptoms and advocate for the best care possible with your doctor--because you can’t SpeakENDO until you fully understand the disease.” On this same page, there are six focus areas site visitors can click on to learn more target information about endometriosis. The focus areas include a tab on what is endometriosis, a tab on endometriosis symptoms with a quiz, a tab identifying areas of the body that are affected, a tab on endometriosis causes and risk factors, a tab on diagnosis information and a tab on treatment options.

The second main tab that site visitors can click on is about living with endometriosis. This tab focuses on speaking up about your endometriosis symptoms, which “can lead to a better conversation with your gynecologist and more understanding from the people closest to you.” Within this tab, visitors can watch videos of personal stories of women that are going through their own walk with endometriosis, you can create a custom discussion guide to better prepare women for the conversation at their next gynecological appointment to ensure they address all of their concerns and questions. Additionally, this page shares ways to talk about endometriosis with those closest to you. A secondary page that is helpful within this main tab features tips and stories from women living with endometriosis. This can be helpful in showing that there are shared experiences among women with endometriosis and they are not having to suffer in isolation alone.

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The third major tab is on ways that people can get involved with speaking up about ENDO. On this page, they feature a video for March, which is Endometriosis Awareness Month, with the statement: “Speak up for endo and help spread the word. Share this video on social media with #SpeakENDO and AbbVie will make a donation to the Endometriosis Association.” Additionally, they are featuring an event at the Santa Monica Pier with an interactive light installation to help shine a light on endo. The page also has different “light bulb” graphics to share on social media to bring awareness of endometriosis to your personal social media pages to “help bring endo out of the dark” with the hashtag #SpeakENDO.

The final area visitors can click on is the resources page, which includes resources from around the site, access to their full video library and information to empower women to take charge of their endometriosis symptoms. This page includes clickable links featuring a symptom quiz, a guide to explain your pain to your gynecologist, a video library to hear from women who SpeakENDO, and support finding a gynecologist.

When searching the hashtag #SpeakENDO on social media, it is clear the sponsoring pharmaceutical company has a Twitter page, @AbbVieUS, which they use to promote their health campaigns. It was through this search on Twitter that it was made known that Julianne Hough is a celebrity partner of the organization promoting women to speak up and speak out about their endometriosis, as she herself battles with endometriosis. There does not appear to be any social media pages specifically created for SpeakENDO.

Throughout the website, empowerment is a common theme that is found across all of their campaign materials. In their informational sections, they are focused on equipping women with the knowledge and tools they need to stand up and speak up about



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endometriosis. Through their digital resources, women have the opportunity to share their story and share information about endometriosis through social media which can be empowering and show support for other women. Additionally, through their #SpeakENDO videos, they share women's personal stories of their struggle with endometriosis and how they learned how to #SpeakENDO and be empowered to help themselves get ahead of their symptoms.

*Voices for PFD.* The second health campaign I examined is Voices for PFD, which is a campaign sponsored by the American Urogynecologic Society (AUGS) Foundation. The AUGS Foundation was founded in 2001 with the mission “to improve patients' lives through the comprehensive support of research and public awareness that advances the prevention, treatment and cure of female pelvic floor disorders.” Through their Voice for PFD campaign, they have a website, Facebook page, Twitter page and email communication via a patient newsletter that are all used in the education of PFD for the benefit of research and public awareness.

The Voices for PFD website is the main campaign tool utilized by the sponsoring organization. Similar to the SpeakENDO campaign, their website features quite a bit of information regarding PFDs. Their “About” tab shares information regarding what are PFDs and what causes them, who is at risk and ways to check your risk of getting a PFD. Additionally, there is information regarding what urogynecologists are and what the urogynecology specialty area is focused on. The website states that “these doctors are specialists with additional training and experience in the evaluation and treatment of conditions that affect the female pelvic organs, and the muscles and connective tissue that support the organs.” Under the “About” tab, site visitors can also find information on

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treatment options including an overview of options, lifestyle and behavioral changes, physical therapy, pessaries, and surgery options. There is also information on “Talk About ‘It’” which focuses on helping women have conversations with their doctors, friends and family that many women consider awkward and embarrassing, but are actually more common conversations than most realize. This tab really focuses on equipping women to be advocates for not only their health but for the health of their loved ones as well.

The next three tabs on the main page feature three different types of PFDs including Pelvic Organ Prolapse, Bladder Control, and Bowel Control. Each of these tabs features the same style of information starting with what the identified PFD is, what the symptoms and types are, the methods of prevention, options for diagnosis and treatments, resources for patients and FAQ pages to help address common questions and concerns.

The next tab offers resources with FAQ information, a glossary of terminology associated with PFDs, Pelvic Floor Dialogues, which is a bi-monthly e-newsletter to “learn the latest advancements on pelvic health, with topics including overactive bladder, Kegels, urinary incontinence (including stress incontinence), pelvic organ prolapse (such as bladder prolapse), pregnancy exercises and impact on the pelvic floor, and fecal incontinence, fact sheets and downloadable information, videos on PFDs, personal stories, and other supportive information, organizations that can offer support to those with PFDs and even information on patient privacy concerns.

The final three tabs are focused more on the support and community aspect of Voices for PFD. This includes a community tab with a discussion forum, shared patient stories and a place to ask the experts. Additionally, there is an option to provide patients with support finding a provider in their area that can help with PFDs. Finally, there is

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information for women across the country to host their own Voices for PFD events, information on already organized upcoming events and information about Bladder Health Month where “Break Free from PFDs” local events are held across the country to support the education of women on pelvic health topics including “prolapse, incontinence, and other pelvic floor disorders. Voices for PFD hosts these events to “give women the knowledge and confidence they need to evaluate their own pelvic health and address pelvic health issues with their physicians.”

In addition to the website as the main campaign tool, Voices for PFD also has a Facebook and Twitter page that are used to share thought pieces and articles regarding PFDs as well as providing information to women who can be reached through social channels, while also directing them back to their website to learn more about PFDs.

Through the Voices for PFD website and their social media channels, there is a common theme that is seen throughout most of the messaging which is to strengthen women. On their social media channels, this messaging takes the form of #MotivationMonday posts with quotes like “May your coffee, pelvic floor, intuition and self-appreciation be strong” or “Be a girl with a mind, a woman with attitude and a lady with a strong pelvic floor.” Through their website, they are providing women the ability to be strong and take ownership of their health by equipping them with the resources and tools they need to take control of their PFDs. Voices for PFD also encouraged women to have the conversation about PFDs because while it may be an awkward or uncomfortable topic, they share that “pelvic floor disorders are NOT a normal part of aging that you just have to live with. They are medical conditions. There are treatments for PFDs” and further, they go on to state that “Women who suffer from pelvic floor disorders tend not to report their condition due to embarrassment. Don’t be embarrassed, many women

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suffer from PFD. Our site allows you to talk with others who are affected with PFDs.” I find this to be really encouraging for women who are suffering from PFDs and addresses a situation that it seems many women face and do not feel they can discuss.

*Protect Your Fertility.* The final health campaign is the Protect Your Fertility campaign which was developed by The American Society for Reproductive Medicine (ASRM). ASRM was founded by a small group of fertility experts in Chicago in 1944 and now have members in all 50 states of the United States and in more than 100 countries. The ASRM is a “non-profit organization whose members must demonstrate the high ethical principles of the medical profession, evince an interest in infertility, reproductive medicine and biology, and adhere to the objectives of the Society.”

The Protect Your Fertility campaign started in 2001 with the effort to display public service announcements (PSAs) in an effort to educate the public about risks to their fertility. According to a press release by ASRM, regarding the campaign, in its second year,

“the “Protect Your Fertility!” campaign targets men and women in their twenties and early

thirties to inform them that decisions they make now can impact their fertility later in life. The campaign focuses on risk factors such as smoking, sexually transmitted infections (STIs), unhealthy body weight, and advancing age.”

ASRM planned to post the PSAs on movie theater slides and in shopping malls in four cities, with visuals featuring “baby bottles being used in unconventional ways, designed to be bold and provocative in order to catch the attention of those unaccustomed to thinking about fertility.” The baby bottles in the campaigns featured bottles being

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ultra-thin in the middle to show an unhealthy weight, a baby bottle as a time turner to indicate aging, a cigarette being put out in a baby bottle to symbolize smoking and a baby bottle next to a condom to indicate a focus on sexually transmitted diseases. However, as the press release states, theatres and malls around the country rejected the PSAs claiming that they were not family friendly or entertaining.

Despite the setbacks in movie theaters and malls, ASRM stated that “packets that include a poster and multiple copies of a magazine style newsletter are being distributed to college health centers, community health centers, Planned Parenthood centers, and YWCA gyms to coincide with National Infertility Awareness Week.”

The four main graphics for the campaign featured baby bottles with different taglines, the first states “advancing age decreases your ability to have children,” the second states “practicing safe sex now, protects your ability to have children later,” the third states “if you smoke this might be your only use for a baby’s bottle,” and the last PSA states that “an unhealthy body weight may prevent you from having children.” All of the graphics use bright eye-catching background colors and large, bold, all caps font to send an impactful message. Similar style messaging carried through to the brochure with a slogan that read, in all caps: “infertility is not merely an inconvenience. Infertility is not just a woman’s problem. Infertility is not inevitable.” The brochure went on to further provide information on infertility in both women and men and risk factors for both. The final campaign tactic used was a magazine article on infertility with information on what infertility is, how it affects both women and men, warning signs, risk factors, treatment and diagnosis options, with more detailed information on the four major risk factors including smoking, age, weight, and STIs.

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The style of the health campaign presented in the Protect Your Fertility campaign is not in line with modern health campaign tactics and would not be potentially as successful as the other two campaigns. The messaging tactics are more “scare tactics” instead of being encouraging and supportive and empowering to women.

*Comparison.* The SpeakENDO campaign to educate women on endometriosis, the Voices for PFD campaign to inform women on PFDs, and the Protect Your Fertility campaign to educate women (and men) on infertility issues all commonly had similar goals: to empower and equip women to take ownership of their health and be informed about the health issues that are of concern to them to be able to make the most informed, best decisions possible and to take control of the disease so it does not control them. This may be an avenue for education and to link celebrities to the webpages, as was done in the SpeakENDO campaign, to drive individuals to the website. This will start informing individuals rather than spreading misinformation and greater fear. The Protect Your Fertility campaign, while still active on the ASRM website, seems older than the other two, was less robust and featured PSA tactics and visuals that appear outdated and would not be positively supported in encouraging women in their health decision making in a modern market. All three campaigns were educational, and provided a wealth of information for supporting women’s knowledge of the diseases. Additionally, it seemed like the SpeakENDO and Voices for PFD health campaigns encouraged and equipped women to be advocates for their own health and the health of their loved ones while supporting efforts to raise awareness of health issues that are commonly affecting women.

### **Discussion/Conclusion**

When trying to understand why information regarding women's health issues is not common knowledge among millennial women, it is clear that the lack of coverage of hidden women's health issues like endometriosis, PFD and infertility plays a role in the understanding that women have of these quality of life issues that are affecting women of all ages. This study sought to better understand what the conversation is around the diseases that are considered women's hidden health issues, including endometriosis, PFD, and infertility, and to better understand how the media and health campaigns are representing these issues.

*Research Question One.* In looking the first research question, addressing how news media outlets represent endometriosis, PFD, and infertility, it was clear that the outlets used similar tactics and ways of presenting information to share articles related to these diseases. Across the themes found, some of the commonalities included the use of celebrities to share their personal story with the diseases and to bring attention to the diseases; the use of emotions -- including shame, frustration, anger, and even in some cases humor to convey a message and to make a point about the struggles women with these diseases are going through; and the use of personal stories, by real women with real problems and concerns. Additionally, there was often information included on what the diseases were, and information on diagnosis and common issues women with the diseases face. The incorporation of real people in the articles makes the issues at hand more relatable for women who are reading their stories and trying to relate to or understand what other women are going through. Overall, it was incredibly clear that there is still a lack of information being presented by news media outlets about women's hidden health issues including endometriosis, PFD and infertility. In the case of PFD, there were almost

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no articles published about the diseases which does not provide encouragement and support to the women who are experiencing PFDs and looking for validation in their experiences and feelings.

*Research Question Two.* In regards to the second research question, I was able to study and analyze three health campaigns addressing three different hidden women's health issues. I conducted a case study on the SpeakENDO campaign which seeks to educate women on endometriosis, the Voices for PFD campaign which sought to raise awareness of PFDs and educate and support women with PFDs, and the Protect Your Fertility campaign which strived to educate women (and men) on factors affecting fertility. Both the SpeakENDO and Voices for PFD campaigns are active campaigns that strive to educate and empower women in their quality of life, health decision making. I found that all three campaigns strived to educate their audience and provided resources for people to seek support should they need it. However, only the Voices for PFD campaign attempted to utilize social media outlets. In today's society, social media is a huge aspect of the lives of millennial women and often a source for information and where their community is built. Therefore, with the development of health campaigns, that seek to educate and empower women, especially women that are in their reproductive years and many of the millennial age range, it would be important to utilize the platforms where they are present, in order to best reach them.

In trying to understand the gap between the health communications campaigns developed to inform, educate, and empower women regarding women's hidden health issues and the stories published regarding the same issues in popular media outlets, it was clear that there was an obvious disconnect. In the media outlets, the stories that were published distinctively focused on Aristotle's ethos, pathos, and logos, with ethos



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appealing to ethics, pathos to that of emotion, and logos on the appeal of logic. However, the campaigns regarding the same women's health issues discussed in the media outlets are not approaching their messaging and tactics in the same manner or if they are attempting to do so, they are not doing it enough. Another area of disconnect is that the media outlets are often incredibly informative of what the diseases/conditions are and what the symptoms are, while relating to women through the use of personal stories and celebrity experiences, however, there was commonly little to no information regarding what to do after diagnosis and what the next steps would be for women dealing with these women's hidden health issues.

This research is important for public relations and health communications practitioners and advocates because through studying how these hidden women's health issues are represented in the news media and in health campaigns, it is clear that the current discussion of these hidden women's health issues is still severely lacking and there are gaps in the information being provided to women. Without better communication and information from both health campaigns and news media outlets, women are less likely to be aware of these quality of life issues and unable to make informed decisions and be advocates for not only their health but the health of their loved ones.

*Breast Cancer Health Communication.* As the literature previously addressed, breast cancer marketing, campaign development, and media coverage have all created a saturated and "pink-washed" coverage that can often leave people feeling ill will toward the multitude of tactics taken to raise awareness and funds for breast cancer. However, as Glynne et al (2011) pointed out, "these campaigns have improved care for patients by enabling better prevention, screening, knowledge and understanding of treatment options,

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research funding, and political will,” (p. 1). Therefore, in understanding what the current representation of hidden women’s health issues is in news media and health campaigns, there seems to be a fine line that needs to be balanced. Currently, there is an underrepresentation in the news media of hidden women’s health issues like endometriosis, PFD, and infertility and health campaigns around these issues are striving to be informative but not always able to reach women where they are, therefore, it seems that the persistent tactics used by breast cancer marketing could be somewhat beneficial in supporting and developing the representation and communication of hidden women’s health issues.

*Cultural Study.* This study approaches health communications through a culture-centered approach, which as previously identified by Dutta (2008) is the “combination of a perspective that centralizes understanding and a perspective that is directed at social change,” and further, it looks at “the interactions between structure and culture is central to understanding the health experiences of cultural members,” (p. 76). As previously identified in my literature, I grounded this study in du Gay et al’s (1997) circuit of culture which identifies the moments of culture an artifact passes including representation, identity, production, consumption, and regulation (p. 3). This study specifically focused on two points of the circuit of culture: representation and production. I found that through both news media outlets in the first research question and in the health campaigns identified and analyzed in the second research question that while the relationship between representation and production is intertwined, there was definitely more focus on the representation aspect of the circuit of culture in the campaigns and news media that were studied. If representation in the circuit of culture is focused on the things we give meaning to, based on the ways we represent them, than the stories that were shared on the

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news media outlets and the campaigns that were developed were grounded in this part of the circuit. I think that if production is focused on not only “how an object is produced technically, but how that object is produced culturally; how it is made meaningful,” (du Gay et al., 1997, p. 4) than there is still development that can be done to strengthen this area of the circuit of culture as the materials produced are not as specific and targeted to a particular culture as they could be, with more intentional messaging and tactics. In the campaigns that I analyzed in RQ2, I did not find that they were comparable or used in the stories in the media. In looking at the different campaigns, I do not think that if the campaigns wanted their messages to be placed in media that they would be given how the messages were designed and developed. I think that in order to get the messages place in the media, the campaigns would need to adjust their messaging to be more relatable to millennial women.

*Spiral of Silence.* Mass media has long since been regarded as a critical component in the influence of people’s perceptions around health issues (Shanahan, Scheufele, Yang, & Hizi, 2004, p. 414). The spiral of silence theory identifies that when a person perceives they are not supported by the majority in society, they are less likely to speak out or speak up. If women are to take advice of health campaigns like the ones presented in the second research question, such as the SpeakENDO campaign encouraging women to speak out and speak up about their endometriosis or the Voices for PFD campaign encouraging women to have an uncomfortable conversation with their doctors and loved ones that they are already embarrassed about, it would be beneficial for news media outlets to cover the women with hidden women’s health issues. When women feel like they are supported and when they feel like they are not the only ones facing an awkward or uncomfortable or embarrassing disease, there will likely be more

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women willing to step up and speak up about these hidden women's health issues.

However, based on the evidence seen in the research regarding the news media outlets representation of endometriosis, PFD, and infertility, there is a significant gap in the conversation that is occurring that women need to feel supported.

*Limitations.* This study faced limitations that were unforeseeable including a lack of content produced by each of the news media outlets utilized in the first research question. Almost all of the outlets did not have articles featuring or focused on PFD and very limited articles on endometriosis and infertility. However, this supports the prediction of a lack of representation in news media outlets visited by millennial women. This showed that there is an issue with awareness and representation of these quality of life issues and that there is definite room for improvement with the opportunities news media outlets have with regard to the representation and communication of hidden women's health issues.

*Future Research.* There are many opportunities for future research in the area of hidden women's health issues. One area would be to study different health issues that are also considered hidden women's health issues and see how they are represented in news media and health campaigns. An example of this would be heart disease, as it is the number one killer in women, however that is not commonly known by women, as many women think that breast cancer is the disease/condition that will kill them eventually. Another area of research could be to expand the amount of news media outlets covered, expand the time frame that the data was collected, and even expand the health campaigns that are included to compare a variety of health campaigns on the same issue. Further, there is research that could be done comparing the coverage of hidden women's health issues in news media outlets and health campaigns in the United States versus those of

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other countries to see what the conversation is on hidden women's health issues on a global scale.

**References**

Barcella, L. (n.d.). Period Pain Endometriosis Cramps - Diagnosis Treatment. Retrieved from <https://www.refinery29.com/en-us/2015/08/63733/period-pain-endometriosis-cramps>

BBC Cross-Media Insight Survey (CMI) by GfK for the BBC, 500 UK respondents per week, 16+, April - June 2015 watching BBC TV channels, tuning into BBC radio services, going online to access BBC websites or catch up on programmes via iPlayer, accessing the red button and accessing mobile content

Boggs, B. (n.d.). The Question You Should NEVER Ask Someone Who Doesn't Have Kids. Retrieved from <https://www.refinery29.com/en-us/2016/09/122470/what-infertility-feels-like-ivf-support>

Boggs, B. (n.d.). The Question You Should NEVER Ask Someone Who Doesn't Have Kids. Retrieved from <https://www.refinery29.com/en-us/2016/09/122470/what-infertility-feels-like-ivf-support>

Borges, A. (2018, June 13). 19 Pictures That Show The Reality Of Dealing With Infertility. Retrieved from <https://www.buzzfeed.com/annaborges/infertility-pictures>

Burke, C. (2018, December 17). Lena Dunham Opened Up About Her Endometriosis Surgery On Twitter & Fans Are So Supportive. Retrieved from <https://www.elitedaily.com/p/lena-dunham-tweeted-about-her-endometriosis-surgery-her-fans-are-so-supportive-8247748>

Burke, C. (2018, December 17). Halsey Is Freezing Her Eggs At 23 Years Old & Here's

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

Why It's So Important. Retrieved from <https://www.elitedaily.com/p/halsey-is-freezing-her-eggs-because-of-her-endometriosis-heres-why-its-so-important-8920471>

Burke, C. (2018, December 17). 6 Difficult Realities You Face When You're Living With Endometriosis. Retrieved from <https://www.elitedaily.com/p/what-is-endometriosis-pain-like-6-difficult-realities-you-face-when-living-with-the-disorder-3011311>

Chepkemoi, J. (2017, March 09). The Most Popular Daily Newspapers in Canada. Retrieved from <https://www.worldatlas.com/articles/the-most-popular-daily-newspapers-in-canada.html>

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into practice, 39*(3), 124-130.

Curtin, P. A., & Gaither, T. K. (2005). Privileging identity, difference, and power: The circuit of culture as a basis for public relations theory. *Journal of Public Relations Research, 17*(2), 91-115.

Cosmo. (2018, November 16). Jessie J Reveals She Can't Have Children. Retrieved from <https://www.cosmopolitan.co.za/celebrities/jessie-j-reveals-she-cant-have-children/>

Coughlin, S. (n.d.). 25 Women Open Up About What It's Like To Struggle With Fertility. Retrieved from <https://www.refinery29.com/en-us/2016/04/109528/infertility-emotions-fears-real-women>

Denzin, N. K. (1978). Triangulation: A case for methodological evaluation and combination. *Sociological methods, 339-357*.

Denzin, N. K., & Lincoln, Y. S. (1998). Strategies of qualitative research. *Thousand*

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

*Oaks, CA: Sage Publications.*

- Directory of Top 50 Australian Online Newspapers accessed last month. (n.d.). Retrieved from <http://www.onlinenewspapers.com/Top50/Top50-CurrentAustralia.htm>
- Devers, A. (2017, October 09). Why I Decided to Have My Uterus Removed. Retrieved from <https://www.cosmopolitan.com/health-fitness/a49426/good-bye-uterus-good-riddance/>
- Downe-Wambolt, B. (1992). Content analysis: method, applications and issues. *Health Care for Women International*, 13, 313–321.
- du Gay, P., Hall, S., Janes, L., Mackay, H., & Negus, K. (1997). Doing Cultural Studies: The Story of the Sony Walkman (Culture, Media & Identities, Vol. 1) (Culture, Media and Identities series).
- Dutta, M. J. (2008). *Communicating health: A culture-centered approach*. Polity.
- Dunn, J., & Steginga, S. K. (2000). Young women's experience of breast cancer: defining young and identifying concerns. *Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer*, 9(2), 137-146.
- Endometriosis. (2019, April 01). Retrieved from <https://www.womenshealth.gov/a-z-topics/endometriosis>
- Flaherty, K. (2016, June 09). Daisy Ridley Shared Her Own History With Endometriosis. Retrieved from <https://www.buzzfeed.com/keelyflaherty/daisy-ridleys-message-on-self-care>
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The qualitative report*, 20(9), 1408-1416.
- Glynn, R. W., Kelly, J. C., Coffey, N., Sweeney, K. J., & Kerin, M. J. (2011). The effect



## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

- of breast cancer awareness month on internet search activity-a comparison with awareness campaigns for lung and prostate cancer. *BMC cancer*, 11(1), 442.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The qualitative report*, 8(4), 597-606.
- Goldman, Lea. "The Big Business of Breast Cancer." *Marie Claire*, Marie Claire, 14 Sept. 2011, [www.marieclaire.com/politics/news/a6506/breast-cancer-business-scams/](http://www.marieclaire.com/politics/news/a6506/breast-cancer-business-scams/).
- Gottlieb, N. (2001). The age of breast cancer awareness: what is the effect of media coverage?. *Journal of the National Cancer Institute*, 93(20), 1520-1522.
- Guerra, J. (2018, December 17). Here's How You Can Support A Loved One Dealing With Endometriosis, According To Experts. Retrieved from <https://www.elitedaily.com/p/how-to-help-someone-with-endometriosis-by-doing-these-6-simple-things-8477667>
- Hawken, L. (n.d.). How Makeup Helps Me Deal With My Endometriosis. Retrieved from <https://www.refinery29.com/en-us/2017/08/170617/chronic-illness-makeup-self-care-beauty>
- Hilmantel, R., & Women's Health. (2018, May 25). The Problem with National Breast Cancer Awareness Month. Retrieved from <https://www.womenshealthmag.com/health/a19913909/pinktober/>
- Hoban, M. K. (2018, December 17). Julianne Hough Reveals 'Bad Episode' On 'DWTS' Led To Endometriosis Diagnosis. Retrieved from <https://www.elitedaily.com/entertainment/celebrity/julianne-hough-dwts-endometriosis-diagnosis/1843104>
- Infertility. (2019, April 01). Retrieved from <https://www.womenshealth.gov/a-z->

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

topics/infertility

Infertility | Reproductive Health | CDC. (n.d.). Retrieved from

<https://www.cdc.gov/reproductivehealth/infertility/index.htm>

Institute of Medicine (IOM, 2002). What are campaigns? *Speaking of health: Assessing health communication strategies for diverse populations*. pp. 82.

Jacoby, S. (n.d.). The Fertility Problem No One Sees Coming. Retrieved from

<https://www.refinery29.com/en-us/2016/04/109146/depression-infertility-therapy-women>

Jacobsen, G. D., & Jacobsen, K. H. (2011). Health awareness campaigns and diagnosis rates: evidence from National Breast Cancer Awareness Month. *Journal of Health Economics*, 30(1), 55-61.

Johnson, R. B. (1997). Examining the validity structure of qualitative research. *Education*, 118(2), 282-293.

Kee, C. (2018, February 17). Lena Dunham Got A Hysterectomy For Endometriosis.

Here's Why That's Unusual. Retrieved from

<https://www.buzzfeednews.com/article/carolinekee/lena-dunham-hysterectomy-endometriosis>

Lackie, R. (2018, December 17). 3 Sh\*tty Postpartum Things All New Mothers

Experience, But Never Talk About. Retrieved from

<https://www.elitedaily.com/life/postpartum-mothers-experience/1508452>

Lieber, C. (2018, October 17). Breast cancer awareness products profit off survivors'

suffering. Retrieved from <https://www.vox.com/the>

[goods/2018/10/17/17989624/pinkwashing-breast-cancer-awareness-products-profit](https://www.vox.com/the-goods/2018/10/17/17989624/pinkwashing-breast-cancer-awareness-products-profit)

Lieber, Chavie. "The Very Pink, Very Controversial Business of Breast Cancer

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

Awareness.” Racked, Racked, 22 Oct. 2014,

[www.racked.com/2014/10/22/7572161/breast-cancer-awareness-controversy](http://www.racked.com/2014/10/22/7572161/breast-cancer-awareness-controversy).

Lindlof, T. R., & Taylor, B. C. (2017). *Qualitative communication research methods*.

Sage publications.

Lindsay, K. (n.d.). Julianne Hough Opens Up About How Her Fiancé Helps Her

Endometriosis Pain. Retrieved from [https://www.refinery29.com/en-](https://www.refinery29.com/en-us/2017/03/146755/julianne-hough-endometriosis-pain-fiance)

[us/2017/03/146755/julianne-hough-endometriosis-pain-fiance](https://www.refinery29.com/en-us/2017/03/146755/julianne-hough-endometriosis-pain-fiance)

Krippendorff K. (1980) *Content Analysis: An Introduction to its Methodology*. Sage

Publications, Newbury Park.

MacMillen, H., & MacMillen, H. (2018, March 17). 10 Things Your Fertility Doctor

Wants You To Know About Getting Pregnant Right Now. Retrieved from

[https://www.cosmopolitan.com/sex-love/a8494087/fertility-trying-to-conceive-](https://www.cosmopolitan.com/sex-love/a8494087/fertility-trying-to-conceive-ovulation-tips/)

[ovulation-tips/](https://www.cosmopolitan.com/sex-love/a8494087/fertility-trying-to-conceive-ovulation-tips/)

McNally, D. (2017, October 09). Why Are So Many Doctors Misdiagnosing

Endometriosis? Retrieved from [https://www.cosmopolitan.com/sex-](https://www.cosmopolitan.com/sex-love/a63771/women-endometriosis-misdiagnosed/)

[love/a63771/women-endometriosis-misdiagnosed/](https://www.cosmopolitan.com/sex-love/a63771/women-endometriosis-misdiagnosed/)

Meilus, L., Falquez, C., Falquez, C., Benabdelkrim, Y., Kanhai, S., & Yuui Vision. (n.d.).

This Is What Living With Endometriosis Really Looks Like. Retrieved from

<https://www.refinery29.com/en-us/endometriosis-symptoms-relief>

National Breast Cancer Coalition (2007, October 1). National breast cancer coalition

reveals heightened breast cancer awareness has insufficient impact on knowledge.

Retrieved from [http://www.prnewswire.com/news-releases/national-breast-](http://www.prnewswire.com/news-releases/national-breast-cancer-coalition-survey-reveals-that-heightened-breast-cancer-awareness-has-insufficient-impact-on-knowledge-58248962.html)

[cancer-coalition-survey-reveals- that-heightened-breast-cancer-awareness-has-](http://www.prnewswire.com/news-releases/national-breast-cancer-coalition-survey-reveals-that-heightened-breast-cancer-awareness-has-insufficient-impact-on-knowledge-58248962.html)

[insufficient-impact-on- knowledge-58248962.html](http://www.prnewswire.com/news-releases/national-breast-cancer-coalition-survey-reveals-that-heightened-breast-cancer-awareness-has-insufficient-impact-on-knowledge-58248962.html)

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

Ogata Jones, K., Denham, B. E., & Springston, J. K. (2006). Effects of mass and interpersonal communication on breast cancer screening: Advancing agenda-setting theory in health contexts. *Journal of Applied Communication Research*, 34(1), 94-113.

Olenski, S. (2017, November 02). Susan G. Komen's Emotionally Charged Integrated Campaign. Retrieved from <https://www.forbes.com/sites/steveolenski/2017/11/01/susan-g-komens-emotionally-charged-integrated-campaign/#5836bb0230ac>

Osuch, J. R., Silk, K., Price, C., Barlow, J., Miller, K., Hernick, A., & Fonfa, A. (2012). A historical perspective on breast cancer activism in the United States: from education and support to partnership in scientific research. *Journal of Women's Health*, 21(3), 355-362.

Ozols, S., & Murray, J. (2017, July 13). 11 Things Couples Struggling With Infertility Want You to Know. Retrieved from <https://www.cosmopolitan.com/lifestyle/a3389295/couples-infertility/>

Parker, L. (2018, November 04). This Woman's Endometriosis Halloween Costume Shows What The Pain Is Really Like. Retrieved from <https://www.buzzfeed.com/laraparker/endometriosis-halloween-costume>

Pelvic Floor Disorders - Women's Health Issues. (n.d.). Retrieved from <https://www.merckmanuals.com/home/women-s-health-issues/pelvic-floor-disorders/pelvic-floor-disorders>

Person. (2017, October 11). Woman Shares Honest Photo of What Endometriosis Is Really Like. Retrieved from <https://www.cosmopolitan.com/health-fitness/a10347671/this-woman-shares-reality-of-endometriosis/>

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

Person. (2017, October 09). How to Know if Your Period Pain Is Really Endometriosis.

Retrieved from <https://www.cosmopolitan.com/health-fitness/a49427/an-interview-with-dr-tamer-seckin-endo-expert/>

Plotkin, D. (1998, June 01). Good News and Bad News About Breast Cancer. Retrieved from

<https://www.theatlantic.com/magazine/archive/1998/06/good-news-and-bad-news-about-breast-cancer/305504/>

Rabin, R. C. (2018, August 01). College Students Want Children, but Don't Know When Fertility Declines. Retrieved from

<https://www.nytimes.com/2018/08/01/well/college-students-want-children-but-dont-know-when-fertility-declines.html>

Rice, R. E., & Atkin, C. K. (2009). Public communication campaigns: Theoretical principles and practical applications. In *Media Effects* (pp. 452-484). Routledge.

Ridic, G., Gleason, S., & Ridic, O. (2012). Comparisons of health care systems in the United States, Germany and Canada. *Materia socio-medica*, 24(2), 112.

Ruiz, M. (2018, March 16). Lizzie O'Leary: My Endometriosis Battle. Retrieved from <https://www.cosmopolitan.com/sex-love/a4178/lizzie-oleary-endometriosis/>

Rushton, G. (2017, December 07). Here's Why Australia's Health Minister Apologised To Women With Endometriosis. Retrieved from <https://www.buzzfeed.com/ginarushton/heres-why-australias-health-minister-just-apologised-to>

Sawyer, B., & Gonzales, S. (2017, May 22). How does the quality of the U.S. healthcare

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

system compare to other countries? Retrieved from

<https://www.healthsystemtracker.org/chart-collection/quality-u-s-healthcare-system-compare-countries/#item-start>

Schneider, E. C. (2017). *Mirror Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better US Health Care*. Commonwealth Fund.

Shanahan, J., Scheufele, D., Yang, F., & Hizi, S. (2004). Cultivation and spiral of silence effects: The case of smoking. *Mass Communication & Society*, 7(4), 413-428.

Slater, M. D. (2007). Reinforcing spirals: The mutual influence of media selectivity and media effects and their impact on individual behavior and social identity. *Communication theory*, 17(3), 281-303.

Stinson, A. (2018, December 17). The FDA Has Approved A New Pain Medication For Endometriosis & It's A Huge Breakthrough. Retrieved from <https://www.elitedaily.com/p/what-is-orilissa-the-endometriosis-pain-medication-received-fda-approval-this-is-huge-9883511>

Strong, R. (2019, March 06). Here's How Hard It Can Be To Get Pregnant On The First Try, So Don't Panic. Retrieved from <https://www.elitedaily.com/p/how-long-does-it-take-to-get-pregnant-on-the-first-try-heres-why-obgyn-says-not-to-panic-16813933>

Studarus, L. (2019, January 18). I Struggled for Years With Unbearable Periods Before I Was Properly Diagnosed. Retrieved from <https://www.cosmopolitan.com/health-fitness/a46033/struggled-with-endometriosis/>

Testa, M. A., & Simonson, D. C. (1996). Assessment of quality-of-life outcomes. *New England journal of medicine*, 334(13), 835-840.

Thomas, J. (2017, September 15). 19 Things People With Endometriosis Are Pretty

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

Damn Sick Of. Retrieved from <https://www.buzzfeed.com/jenthomas/things-you-learn-when-you-have-endometriosis-28yi4>

Todd, C. L. (n.d.). Lena Dunham Shares What An ER Visit For Endometriosis Is Really Like. Retrieved from <https://www.refinery29.com/en-us/2017/01/137126/lena-dunham-endometriosis-emergency-room>

Top 10 U.K. Newspapers by Circulation. (2018, November 02). Retrieved from <https://www.agilitypr.com/resources/top-media-outlets/top-10-uk-newspapers-by-circulation/>

Top 10 US Daily Newspapers. (2018, February 12). Retrieved from <https://www.cision.com/us/2014/06/top-10-us-daily-newspapers/>

Truong, K. (n.d.). This Woman Got Real About Endometriosis Symptoms With A Viral Photo. Retrieved from <https://www.refinery29.com/en-us/2017/07/163958/living-with-endometriosis-viral-photo>

Truong, K. (n.d.). Daisy Ridley Opened Up About Her Struggle With Endometriosis. Retrieved from <https://www.refinery29.com/en-us/2016/06/113487/daisy-ridley-endometriosis>

Truong, K. (n.d.). Lena Dunham Shows Off Her Endometriosis Scars. Retrieved from <https://www.refinery29.com/en-us/2016/09/123354/lena-dunham-endometriosis-scars-instagram-selfie>

Vega, T. (2017, December 20). Infertility, Endured Through a Prism of Race. Retrieved from <https://www.nytimes.com/2014/04/26/us/infertility-endured-through-a-prism-of-race.html>

Woloshin, S., Schwartz, L. M., Black, W. C., & Kramer, B. S. (2012). Cancer screening

## HEALTH ISSUES AND MEDIA AND CAMPAIGNS

campaigns—getting past uninformative persuasion. *New England Journal of Medicine*, 367(18), 1677-1679.

Wu, H. L., & Volker, D. L. (2009). The use of theory in qualitative approaches to research: application in end-of-life studies. *Journal of Advanced Nursing*, 65(12), 2719-2732.