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Cancer in the prestige press : Framing and gender imbalance

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CANCER IN THE PRESTIGE PRESS: FRAMING AND GENDER IMBALANCE

A Thesis

Presented to

The Faculty of the

School of Journalism and Mass Communications

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

David C. Sims

May, 1998

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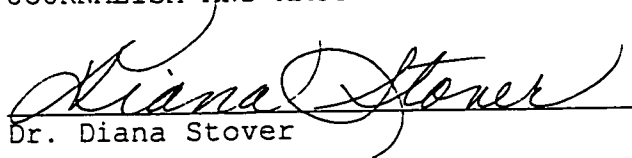
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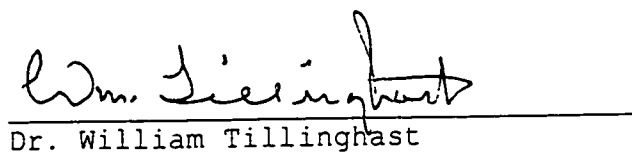
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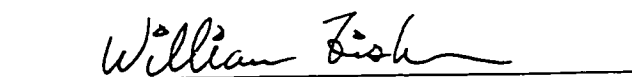
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ABSTRACT

THE PRESTIGE PRESS: FRAMING AND GENDER IMBALANCE

by David C. Sims

This study was a content analysis of cancer stories in the *New York Times*, the *Los Angeles Times*, and the *Washington Post* to determine whether there is a gender imbalance in the reporting of male cancers and female cancers in the prestige press. It examined cancer types as well as which gender was the focus of the articles. Further, several distinct frames were examined to determine whether framing theory could be extended to media stories of cancer. In addition, the study analyzed cancer coverage in 1986, 1991, and 1996 to see how coverage changed over time.

The analysis revealed that stories about women and cancer outweighed stories about men and cancer. Although cancer in general was the predominant type of story reported, the second largest type of cancer reported was breast cancer. News frames for each story were identifiable and thus, supported framing theory with respect to cancer in the media.

DEDICATION

This thesis is dedicated to my parents, John and Linda Sims, and to my sister, Heather Sims Bellin for all of the support and encouragement they offered during the writing of this thesis.

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CHAPTER 1
INTRODUCTION

Cancer: The word is rarely mentioned in casual conversation. Most people seek to avoid talking about it because it brings about images of debilitation and death. Like adhering to ancient superstitions and taboos, many may feel that ignoring the disease will allow them to escape its deadly reach. However, ignorance of the disease is what may allow it to go unchecked. Just as an unattended fire can decimate acres of woodland, so too can cancer spread throughout an individual's body to the point where modern medicine will no longer be able to offer any assistance.

In 1995 the American Cancer Society reported that about 135,335 Californians would be diagnosed with cancer. At that time, cancer was the second leading cause of death, accounting for 23% of all deaths, trailing behind the number one killer, heart disease, which accounted for 31%. Although people rely on the skills of doctors and researchers to provide the answers to many of the questions that the disease raises, the medical field is not the sole source of information. Newspapers are a valuable resource for informing people about medical advances, issues of prevention, treatment, and early detection of cancer.

The health care industry targets both men and women in information campaigns, telling them that, although they are potential targets for cancer, they can do a lot toward prolonging their lives, or in some cases, completely overcoming their illness through modern treatments. One of the best ways for people to help in this process is to seek testing for early detection, and thus, stop cancer's spread before the situation becomes too serious.

Some critics contend that the majority of media attention toward informing and preventing illnesses, including cancer, target the male population when the cancer is nongender-specific. Indeed, men seem to have historically occupied a primary position with respect to media attention for several issues including cancer-related research and health campaigns (Signorelli, 1993). This is not to suggest that women are not the targets of health related media, but rather, that images of men may be in a greater number when cancer-related media present images of recovery and detection. However, when the cancer is gender-specific, as in cases of prostate cancer, breast cancer, testicular cancer and cervical cancer, there may be an imbalance in the coverage provided by the media.

Following the women's movement, several women's issues were brought to public attention; discussions of health

issues naturally followed. Some argue that coverage of women evolved from a more domestically-oriented angle to an image of more independent and professional individuals. Brott (1994) contended that "one of the central accomplishments of the women's movement over the last two decades has been to draw media attention to women in North American Society" (p.35). With this increase, it could follow that issues related to health may also have gained attention. The focus may go further to demonstrate an imbalance toward female health issues, rather than general health issues that affect both men and women. Further, there may follow a lack of attention targeted toward male specific cancers. Men's support groups such as US TOO, an imitation of the women's breast cancer organization Y-ME, have attempted to bring this potential difference to light to generate more support for men's health issues (Adler & Roseberg, 1993).

This thesis attempted to determine whether an imbalance exists in the attention that is given to men and women in the reporting of cancer. First, it attempted to determine whether men or women receive more attention based on non-gender-specific cancers such as lung cancer, leukemia, and skin cancer. Second, the study examined the coverage of gender specific cancers, such breast and prostate cancer, to

determine whether there is an imbalance in media attention to women's cancer versus men's cancer. Further, the study investigated how changes have occurred over time and what those changes are.

It is hoped that this study will enable people who work in the medical field, and with the media, to target both men's and women's cancer with equal amounts of press. It is crucial for both genders, as media recipients, to understand the importance of staying healthy by determining early whether they are potential victims of cancer. Moreover, it may help bring to light the reasoning behind men's reluctance to address their gender-specific health concerns. With this information, health professionals may be able to reach their male audience with important messages that heretofore may have gone unheeded, while showing women that they are equally susceptible as men to nongender-specific diseases.

CHAPTER 2

LITERATURE REVIEW

Health and the Media

Health professionals and the mass media have forged a symbiotic relationship with regard to informing the public about health issues. The health industry has had to rely on the producers of mass media to get the points of prevention, detection, and treatment across to the general public. Conversely, the media get much of their information from issues that relate to the health and well-being of the media recipients. Scholars of medicine and the media report that "radio, television, and newspapers are important agents of medical education" (Radford, 1996, p. 1,522). Moreover, Gellert, Higgins, Farley, and Lowery (1994) noted that, "in recent decades, the communication of health information to the public has relied increasingly on the electronic and print media, while a career track for medical journalists has emerged throughout the country" (p. 284). This demonstrates the growing relationship between the media and the health industry. Atkin and Arkin (1990) reported that, "at least one-fourth of all articles in daily newspapers are in some way related to issues of health" (p. 21). Signorielli (1993) agreed, adding that "daily newspapers

typically have any number of stories about health, and advertisers often rely upon health claims to sell products or services" (p. 15). For health organizations to get their messages to the public, they need to rely on the support of the mass media. Signorielli added that "the news media, especially newspapers and magazines, are particularly important sources of information about health for the general public" (p. 19). Further, "mass media and other organizations are critical to the successful implementation of public communication campaigns" (Flora, Jatilus, Jackson, & Fortman, 1993, p. 101). Indeed, the medical community has seen the mass media as a valuable tool in influencing people's awareness of social issues (Pettegrew & Logan, 1987).

A survey conducted by the American Cancer Society reported that "the mass media were the most frequently mentioned source of cancer information" (Freimuth, Greenberg, DeWitt & Romano, 1984, p. 64). Additionally, Greenberg and Wartenberg (1991) noted that "newspaper coverage is the public's main source of information about cancer clusters" (p. 363). Regardless of the benefits that the media may receive from the attention to health issues, the media have demonstrated a concern for the well being of the public. Brown and Walsh-Childers (1994) reported that "[b]oth health professionals and communication researchers

are interested in the mass media's potential to affect health" (p. 389). Indeed, positive attention to health-related issues would seem to be in everyone's interest. Not only can the mass media make the public more aware of health issues, it can get the attention of people in positions of authority, and thus, generate added support for health programs. Brown and Walsh-Childers noted that, "at the personal level, the mass media may provide information and models that stimulate change [while at] the public level, it can also raise awareness of health issues among policy makers" (p. 389). However, the message that health professionals want to spread is not always addressed properly by the media.

Media and health professionals have different goals with respect to distribution of information. Conflicting objectives between the two camps include "entertainment and persuasion versus education, profit versus improving public health, reflecting society versus changing society, covering short term events versus conducting long term campaigns" (Atkin & Arkin, 1990, p. 16). Signorelli (1993) noted that, "while headlines of news stories about cancer are generally accurate and neutral in tone, they do not provide information about prevention, risks, detection, and the treatment of cancer" (p. 23). Although the mass media seem primarily intent on reporting the latest medical trends,

health practitioners are more interested in maintaining long-term education and prevention programs. Brown and Walsh-Childers (1994) agreed with the views of Signorelli (1993) that "[news] stories rarely provided information on prevention, risks, detection, or treatment of different types of cancer" (p. 402). This indicates some of the differences in how the two groups of health and media practitioners think health issues should be reported. Still, because the media have a specific desire to report on new achievements and the most current medical situations, it is easy to see how the goals of the media and health industries do not always coincide. Dan (1992) asserted that, "while news organizations do a public service in communicating health information, they do so not out of altruism, but to sell more newspapers" (p. 1,027). The two groups keep different paces in their work. Freimuth, Greenberg, DeWitt, and Romano (1984) noted that "[s]cientific research is a slow process with each step laying the groundwork for future discovery; [while] news reporters sensationalize the implications of new achievements and 'miracle cures' only to follow up with disconcerting news of failures" (p. 64).

Precise reporting of health messages, in a way that would benefit health campaigns, is seen by some media practitioners as an unreasonable assumption. Greenberg and

Wartenberg (1991) noted that "health departments can help journalists by preparing jargon-free and terse written statements about health issues" (p. 372). Further, Manoff (1985) discussed "public health officials' intolerance of the mass media" (p. 12). Additionally, "anecdotal evidence suggest that some medical researchers have a strong dislike for contact with the media because of inaccurate and misleading coverage" and that, conversely, "some journalists charge that the medical researchers regularly delay the public release of information to maximize the potential for media coverage" (Wilkes & Kravitz, 1992, p. 999). These assertions suggest that there is friction between the two groups when considering reporting of medical issues. However, when asked about the potential benefits to the public at large, "eighty-four percent of medical practitioners felt that media coverage benefitted the public" (Wilkes & Kravitz, 1992, p. 1,000). It seems clear that the medical community is able to accept, albeit grudgingly, the importance of media contact. Nevertheless, Atkin and Arkin (1990) offered the notion that "public health educators have yet to fully embrace the principles of social marketing" (p. 16). Indeed, the reputation that marketing has, as a commercial term, indicates a low level of respect. Solomon (1981) stated that "marketing concepts

cannot be applied wholesale to social campaigns without a great deal of sensitivity" (p. 291).

Wallack (1990) has described social marketing as "the attempt to apply advertising and marketing principles to the 'selling' of positive health behaviors" (p. 155). Thus, the synthesis of the two groups will take time to evolve. However, public health officials will need to see the important role that the media can play in aiding their cause. Social marketing of health issues appears to be a technique that will allow both health and media practitioners to have their goals met. The health practitioners would see its message properly sent, while the media side would have their news packaged in an attractive format; thus, increasing potential readership. The use of social marketing would include: "providing story ideas to journalists, working with advertising, marketing, and other organizations to find ways to influence public attitudes and promote health" (Montgomery, 1993, p. 180).

The use, and the importance, of conveying health issues to the public is not a new phenomenon. Pettegrew and Logan (1987) stated that "the diffusion of medical information and health tips to the public has been a significant issue to governments for more than two centuries, [and that] concern about public awareness of health and disease shifted in the 20th century to the mass media" (p. 688). Manoff (1985)

went on to describe four eras of education, from 1840 to present, that have focused on specific issues related to health:

The first was an era of empirical environmental sanitation to improve living conditions, the second focused on a war against germs and their sources, the third was typified by efforts at disease prevention through education in personal hygiene, and the final is characterized by a relationship of disease prevention through life-style change. Emphasis shifted to the prevention role of education as a strategy for health improvement (p. 11).

Therefore, a historical relationship has existed between the two camps of health and the media. The public's attention to health campaigns has also been studied. Brown and Potosky (1990) noted that mass media campaigns against skin cancer have increased public participation in prevention programs. They also reported that "an increase in the public's interest in colorectal cancer occurred in the wake of President Reagan's colon cancer episode, with a corresponding increase in the use of early detection tests" (p. 317). Thus, there is some evidence of the importance of media reporting on health issues, including cancer.

Cancer

The American Cancer Society estimated that 1,382,400 new cancer cases and 560,000 deaths were expected in 1997. These numbers indicate the importance for people to learn more about the potential risks of this disease. Cancer

comes in many forms that afflict different parts of the body. Cancer is a group of more than 100 different diseases characterized by abnormal growth of altered body cells. Although normal cells divide and grow in an orderly fashion, cancer cells can divide and grow out of control, disrupting normal body tissues and organ functions. When cancer cells grow uncontrollably, they can compress, damage, and destroy normal tissue and can result in death.

Signorelli (1993) asserted that the media offer an imbalance of coverage with respect to women and men. She stated that "ultimately [the media] favor male problems over those of women" (p. 20). In nongender-specific cases of diseases, such as heart disease, and cancers common to both men and women, Signorelli noted that men received the most attention, with women receiving only peripheral attention. Moreover, when women did receive sole attention, it was mostly in reference to non-life threatening situations such as maintaining one's appearance or eating a healthy diet, rather than substantial health problems, such as cancer.

In 1994, breast cancer was expected to be diagnosed in 180,000 women (Hankey, Miller, Curtis, & Kosary, 1994). Further, McGinn and Haylock (1993) reported that "each year 21,000 women are told that they have ovarian cancer" (p. 393). McGinn and Haylock noted that in 1990 less than 14%

of the National Institute of Health's research dollars were spent on women's health issues. However, American Cancer Society reports showed that in 1996, their total funding for cancer research in California offered 38% of its total dollars to funding female-specific cancer research opposed to 4% offered to male-specific cancer research. Activist groups, including the National Breast Cancer Coalition (NBCC), have joined with other groups to lobby for more attention from Congress to address the issue of breast cancer. Indeed, the NBCC reported that its advocacy efforts have yielded "a nearly sixfold increase for federal funds for breast cancer research from \$90 million in 1991 to over \$500 million in 1997" (National Breast Cancer Coalition [NBCC], 1998). Scientists felt that this political activism would divert attention from already established health research. Conversely, activists argued that older women, who were identified as being at a higher risk for developing breast cancer, were also among the least likely to be screened. Indeed, early detection is essential to the survival of cancer patients.

The American Cancer Society reported that, overall, the five-year survival rate for breast cancer is approximately 83%. Thus, a more concerted effort of cancer prevention for women is seen as a necessity for maintaining a healthy

female population. The National Breast Cancer Coalition has taken on the responsibility for ensuring that women have a strong voice in the way funds are allocated for cancer research. Additionally, McGinn and Haylock (1993) have asserted that there is a lack of preventive media targeted at women with respect to lung cancer, and other nongender-specific cancers.

However, the argument for a gender imbalance with respect to health issues is also strong on the side of men's issues. "Prostate cancer is the most common type of cancer among American men and is the second leading cause of cancer deaths among them" (ACS Facts on Prostate Cancer, 1988, p. 1). In 1995 the American Cancer Society predicted that 244,000 new cases would be diagnosed. The American Cancer Society has reported that "nine out of ten men survive prostate cancer if it is detected early" (ACS Prostate Cancer Pamphlet). Moreover, the Institute for Cancer Research indicated that "the survival rate for all cases of testicular cancer is 88% in cases that are detected and treated early" (American Institute for Cancer Research [AICR], 1991). Courtenay (1995) went on to report that "twice as many college age males as females die from cancer [and that] testicular is the most common of solid tumors in college age males" (p. 3). It seems that all reports of

cancer survival hinge on early detection and preventive education.

With a lack of public attention comes a lack of research interest. Because some men's illnesses are uncomfortable topics of discussion for men, they are often overlooked by the media. Adler and Rosenberg (1993) noted that "prostate cancer, which kills a comparable number of men as breast cancer does women, commands nowhere near the attention or resources" (p. 40). This concern led to President Clinton announcing in 1994 his proclamation 6700 designating June 12-June 19, 1994 as "National Men's Health Week." Clinton went on to say that "prostate cancer strikes men almost as much as breast cancer strikes women, yet reluctance to discuss this disease has left its research largely underfunded" (p. 1,271). Although there has not been an academic study to determine whether there is an imbalance in media attention, Brott (1994) has coined the term 'the Lace Curtain' to describe the effect that the attention given to female-specific health issues has had on male-specific health issues. Brott argued that "critical men's health issues such as regular prostate exams, or screenings for testicular cancer are not highlighted in coverage of the health care debate, even when given the fact that prostate cancer kills almost as many men as breast

cancer does women" (p. 36). Further, *Nursing Times* (1992) reported that "prostatic cancer is under-recognized and under-researched, [and that] most men are unaware of [their prostate] until around the age of 50" (Men's hidden illness, p. 18). Brott contended that the possible discrepancy in media attention was a result of the women's movement; and that its momentum cast a shadow over other social issues. Adler and Rosenberg agreed that the women's movement fortified women with "the freedom to talk openly about their bodies, health, and sickness... from this, breast cancer has emerged as one of the most ubiquitous afflictions on the broadcast spectrum" (p. 40). However, it is important to refrain from mitigating the importance of women's health issues as well as taking note of similar imbalances that women may have had to deal with in regards to representation in health issues. Although journalists such as Brott feel there is a lack of attention toward men's health issues, McGinn and Haylock (1993) have expressed concern over a possible lack of concentration on women's health issues. Regardless, figures from the American Cancer Society show that cancer is a serious concern for both men and women:

TABLE 1
 American Cancer Society
 Estimated New Cancer Cases in the U.S. for 1996

NonGender-Specific

Cancer Type	Estimated New Cases Both Sexes	Estimated New Cases Male	Estimated New Cases Female
All Types	1,359,150	764,300	594,850
Lung	177,000	98,900	78,100
Colon	94,500	45,500	49,000
Bladder	52,900	38,300	14,600
Non-Hodgkin's Lymphoma	52,700	29,900	22,800
Rectum	39,000	22,100	16,900
Skin (Melanoma)	38,300	21,800	16,500
Kidney	30,600	18,500	12,100
Oral Cavity	29,490	20,100	9,390
Leukemia	27,600	15,300	12,300
Pancreas	26,300	12,400	13,900
Stomach	22,800	14,000	8,800
Liver	19,900	10,800	9,100
Brain & CNS	17,900	10,400	7,500
Thyroid	15,600	4,000	11,600
Esophagus	12,300	9,400	2,900
Larynx	11,600	9,200	2,400
Hodgkin's Diseases	7,500	4,000	3,500
Small Intestine	4,600	2,400	2,200
Bone	2,500	1,200	1,300

TABLE 2
Gender-Specific

Female

Cancer Site	Estimated New Cases Both Sexes	Estimated New Cases Male	Estimated New Cases Female
Breast	185,700	1,400 ^a	184,300
Uterus	34,000	-----	34,000
Ovary	26,700	-----	26,700
Cervix	15,700	-----	15,700

Male

Prostate	317,100	317,100	-----
Testis	7,400	7,400	-----
Other/Unspecified			
Male reproductive	1,200	1,200	-----

^aNote. Because of the large ratio of female to male frequency for breast cancer, this study will include it as a female specific cancer.

As a major source of concern for the medical community, cancer has often been at the forefront of the media's reporting of health issues. Burger (1984) noted that "against a backdrop of substantial public concern over the causes of cancer, a scan of the *Washington Post* from January, 1975 to June, 1976 revealed that both print and television media devoted a large amount of attention to cancer" (p. 29). The mass media is as important as ever in

keeping the public informed about issues related to cancer and its prevention and treatment.

Framing

This thesis will rely on framing analysis to place the news articles into specific frames to determine the underlying premise in news stories. The assumption in framing theory is that news can be analyzed to determine, through the language used, what type of underlying message is written within the story. Rachlin (1988) noted that, "by examining the presentation in the press of selected events and by looking at the pattern of presentation over time and then comparing key aspects of the presentation of different events, fundamental assumptions will be identified that serve to provide the frames" (p. 3). Frames offer understandable parameters from which to relate to a specific story or idea.

Gitlin (1980) identified frames as "principles of selection, emphasis, and presentation composed of little tacit theories about what exists, what happens, and what matters" (p. 6). He noted that, to understand different topics, their basic premises are organized into presupposed frames that are easier to understand and relate to. Thus, rather than having to interpret a new idea for the first time, readers get prepackaged information for easier comprehension and consumption. A similar definition is that

"framing is viewed as placing information in a unique context so that certain elements of the issue get a greater allocation on an individual's cognitive resources" (Pan & Kosicki, 1993, p. 57). Gitlin related framing to media presentation of news. He writes that "media frames, largely unspoken and unacknowledged, organize the world both for journalists who report it and, in some important degree, for us who rely on their reports" (p. 7). Tuchman (1978) described news frames as devices that "organize strips of the everyday world" (p. 192). Eventually, the practices of news framing becomes the standard method for information dissemination. Patterns will be recognizable because of the established frames set down by the newsroom. Breed (1955) asserted that "stories will tend to reflect what [writers] have come to define as standard" (p. 328). The standard framing practice then "enables journalists to process large amounts of information quickly and routinely, assign it to cognitive categories, and to package it for efficient relay to their audiences" (Gitlin, P. 7). Moreover, "a primary framework is one that is seen as rendering what would otherwise be a meaningless aspect of the scene into something that is meaningful" (Goffman, 1974, p. 21).

Tuchman (1978) identified framing as a technique that "explores the processes by which news is socially constructed, and how occurrences in the everyday world are rendered into stories" (p. 2). Indeed, the frame given to a specific story will aid in giving the reader a predisposition toward the topic. The story may be placed in any number of recognizable frames, depending on the attitude the article is designed to elicit. Moreover, Tuchman noted that, without a news frame, the information would exist as a series of random information bites without any discernible structure. She noted that without the frame, stories would be mere writings of incomprehensible ideas (p. 192).

McQuail buttressed this argument by writing that "much news is presented within frameworks of meaning which derive from the way news is gathered and processed; it is topically and thematically framed for easier understanding" (1994, p. 355). Tuchman saw the presentation of news frames as a potentially problematic situation. She suggested that the way people think about issues will be fundamentally controlled by those writing the stories. Indeed, as a source of information, the news plays a powerful role in shaping social thought. Rachlin (1988) added that "hegemonic frames shape the media presentation of news and that presentation shapes our knowledge of the world, and

that as a source of knowledge, the media are a most powerful social force" (p. 29).

Pan and Kosicki (1993) took the perspective that framing is both a practice sought by news makers to paint a picture of public discourse and a technique used by media recipients to logically internalize the information they seek. Indeed, the public will engage in its own framing of messages to glean any meaning from the news text. McQuail noted that "it is reasonable to suppose that audiences employ some of the same frames in their processing of incoming news" (1994, p. 355). In addition, Iorio and Huxman (1996) noted that "[while] media studies reveal the implicit power of frames of news context in relation to audience cognition, it generally acknowledged that people's perceptions may or may not reflect the intention of the framer(s) or the frame(s) found in the text" (p. 99). Thus, the audiences' preconceptions remain somewhat beyond the control of the makers of news. The analysis of news framing attempts to determine the meaning behind the actual news texts. Pan and Kosicki present it as "a constructionist approach to examine news discourse with the primary focus on conceptualizing news texts into empirically operationalizable structures" (p. 55). According to Goffman (1974), "frame analysis enables the user to locate, perceive, identify, and label" (p. 21).

Rothman and Salovey (1997) applied framing to the role it plays in shaping perceptions about health. It would appear that health behavior would be easy to influence given the salience of individual health issues. However, people need to be made aware of health issues and their potential impacts. Rothman and Salovey noted that "nearly all health-related information can be construed in terms of either benefits or costs" (p. 4). Thus, people often are not willing to seek medical attention if they see the potential costs as outweighing any benefits. The research conducted by Rothman and Salovey indicated that it is important to deliver the message of possible outcomes to the audience. Gains can include long-term health benefits, and learning that a healthy condition exists over potential bad health. Costs focused on spending money to learn about undesirable health conditions. With proper framing techniques, health practitioners' messages can be made more understandable to the public. Rothman and Salovey illustrated this by offering this example: "an article to promote mammography screening could emphasize either the costs of not obtaining a regular mammogram (dangers of late detection) or the benefits of obtaining a regular mammogram (early detection leads to better survivability)" (p. 4). In any case, the framing of health-related stories aids the media and medical practitioners in getting their message to their audience.

When situations involve potentially deadly illnesses, the importance becomes clear.

The research questions are as follows: 1) What cancer stories are reported? 2) How are the stories framed? 3) What is the gender emphasis of the stories? 4) Does an imbalance exist in the attention that is paid to both gender-specific cancer reporting and nongender-specific cancer reporting? 5) How has coverage changed over time?

CHAPTER 3

METHOD

To determine the amount of press given to specific cancers, the presentation of stories, story emphasis, gender-specific reporting, and change of coverage, a content analysis was conducted. The analysis was based on a sample of stories from the *New York Times*, the *Los Angeles Times*, and the *Washington Post* that report on medical findings, discuss cancer issues and breakthroughs, and encourage participation in test screening for early detection and prevention. The reason for selecting these three publications was because they represent the prestige press in the United States. The news stories were examined for quantity of reports, type of reports, and the content of the reports. This newspaper analysis will prove useful to see whether the media are maintaining an equal level of attention to both men and women in their handling of cancer.

Lexis/Nexis was used to determine the availability of articles in the three newspapers. After conducting the Lexis/Nexis search, the articles were analyzed for quantity, type, and content. The content analysis included a 10-year period, at three time periods; 1986, 1991, 1996, to determine whether coverage had changed, and if so, how. This thesis was not meant to study the effects of media

messages, but rather to measure the amount and type of media coverage.

For each interval in the 10-year period of analysis (1986, 1991, 1996) a search was conducted from the Lexis/Nexis database for every article that had the word cancer in its headline. After screening and discarding non-medically related cancer stories (i.e. crime as a cancer on society), and duplicate stories, a sample of 752 articles was taken. This sample was used to analyze the cancer articles. The articles were coded by the coding parameters outlined in Appendix A and analyzed using the SPSS statistical program.

The coding categories included: newspapers, year, prominence of coverage as measured by the number of words in the story, whether the story included a picture or graphics, placement in the paper, story type (hard news, soft news, or editorials/op-ed pieces), and cancer type. In addition, the following news frames were coded: gender frame, and cancer frame. For gender-specific cancers, the following codes were added to the above coding categories: gender of author, and stereotype frame, which was used to determine whether stories were packaged with stereotypically male or female messaging.

How a story is presented was based on whether it is

considered hard news or soft news. These presentations were defined as:

Hard news: News stories dealing with science, research findings, statistics, legislation and government, education, business, and obituaries.

Soft news: Features, special interest/personal interest stories.

Editorials/op-eds: Letters to the editor, editor's notes, and opposite editorial page pieces.

The use of frames assisted in quantitatively investigating how stories are reported. Nongender-specific cancers were defined in this thesis as any cancer that is associated with both men and women such as those listed in Table 1 in the literature review. It included any reference to cancer that does not specifically afflict the male or female reproductive organs or mammary organs. The thesis defined gender-specific cancers as those that specifically target the male reproductive organs or female reproductive or mammary organs.

Articles that focused on men and male cancers were devoted to that gender-specific cancer and how it affects men. Focus on women and female cancers were similarly described. Articles that were of a neutral cancer with a

male focus were identified as nongender-specific cancers, but with a focus on how it affects men or a specific man. Articles that were of a neutral cancer with a female focus followed the same guidelines. For an article to be considered male or female focused, its content must have at least three-fourths of its information devoted to either a male or female subject. Articles with less coverage than that were placed under a neutral category with no focus on males or females. This neutral category was reserved for stories about nongender-specific cancers with no mention of gender or with mentions of both men and women.

The cancer frame of the stories was broken down into prevention, causes, cancer rates (including mortalities), research and discoveries, coping, legal or legislative issues, and other or unknown. The definitions for these frames were as follows:

Prevention: Stories that reported on cancer education, early detection, activism, and fund-raising/donations.

Causes: Stories that reported substantiated or theorized causes for cancer, such as, diet, radiation, sun exposure, smoking, lifestyles, and genetic predisposition.

Cancer rates: Stories that reported on the number of cancer cases reported, new cases that were expected, death statistics, obituaries, and survival rates.

Research and discoveries: Stories that reported on scientific advancement, new drugs and treatments, new testing methods, current research, and recent findings.

Coping: Stories that reported on living with cancer, undergoing surgery and treatments, loved ones with cancer, and, surviving cancer.

Legal or legislative: Stories that reported on legislation affecting cancer, lawsuits over cancer, federal, state, or local funding, or cuts to funding, directed toward cancer.

Other or unknown: Stories that could not be identified by one of the other six frames.

The stereotype frame was applied to the gender-specific cancers. These frames were used to determine whether a stereotype was applied to the different gender-specific cancer reports. Williams (1990) offered several gender stereotypes that described stereotypical attitudes of men and women. The stereotypes that matched those present in the sample of newspaper stories on cancer were selected for the analysis. Both genders were considered for all of the stereotype categories. The frames were as follows:

Nurturing: Stories that took a caring and emotional attitude toward people with cancer (stereotype: female)

Empathic: Stories that attempted to establish a feeling of empathy and concern toward people with cancer (stereotype: female).

Hopeful: Stories that gave people hope in living with cancer (stereotype: female).

Fearful: Stories that addressed fears over change of lifestyle, or even death from cancer (stereotype: female).

Stoic: Stories that took an emotionally detached position toward people with cancer (stereotype: male).

Stern: Stories that used a strong voice to admonish people to the dangers of cancer (stereotype: male).

Potency: Stories that described a concern over sexual potency or attractiveness (stereotype: male).

Courageous: Stories that applauded people for their courage in living with cancer (stereotype: male).

Intercoder reliability

To measure the accuracy of the coding parameters in this thesis, a second coder recoded 10% (75 of 752) of the sample stories. The intercoder reliability sample was taken by drawing the 75 articles at random from the original sample. The codes were re-entered for the 12 categories on the coding sheet. The data from the second coding set was

compared to the corresponding numbers from the original set using Scott's pi equation (Stempel & Westley, 1989, p. 148).

The reliability results were as follows:

- 1) Source = 100%
- 2) Date = 100%
- 3) Author gender = 100%
- 4) Words = 100%
- 5) Paragraph = 86%
- 6) Prominence: Graphic = 96%
- 7) Article frame = 82%
- 8) Stereotype frame = 86%
- 9) Prominence: Placement 1 = 92%
- 10) Prominence: Placement 2 = 95%
- 11) Cancer type = 91%
- 12) News type = 82%

CHAPTER 4

RESULTS

This chapter outlines the results of the content analysis on cancer stories in the prestige press. The study's findings answered the research questions of what cancer stories were reported, how the stories were framed, what the gender emphasis of the stories were, whether an imbalance exists between gender-specific and nongender-specific cancers, and how the coverage has changed over time.

Cancer Stories in the Prestige Press

The first research question asked what cancer stories were reported by the *New York Times*, the *Los Angeles Times*, and the *Washington Post*. Table 3 shows that the most frequently occurring stories were about cancer in general (34%) and breast cancer (30%).

Table 3
*Percentages of Cancer Stories Reported by Gender-Specific
 and Nongender-Specific Cancer Types for All Articles*

<u>Cancer Type</u>	<u>n</u> <u>Articles</u>	<u>%</u> <u>Stories</u>	<u>n</u> <u>Words</u>	<u>%</u> <u>Cov.</u>
Nongender-specific				
Cancer in general	257	34	181,272	35
Lung	47	6	33,750	7
Skin	24	3	17,377	3
Colon	23	3	14,704	3
Brain	12	2	7,074	1
Leukemia	11	2	4,721	1
Bladder	10	1	4,579	1
Other non-gender specific cancers ^a	41	5	23,321	5
Female-specific				
Breast	226	30	158,658	31
Ovarian	21	3	26,565	5
Cervical	13	2	7,416	1
Male-specific				
Prostate	56	7	29,133	6
Testicular	11	2	9,649	2
Total	752	100	518,219	100

^aNote. Other Nongender-Specific Cancers represent nongender-specific cancers, each of which accounted for less than 1% of news coverage for cancer stories. They included the following cancers: Liver, Lymphoma, Oral, Hodgkin's Disease, Throat, Bone Pancreas, Esophagus, Kidney, Intestinal, Eye, Stomach.

Stories on cancer in general were those that did not specify any particular cancer-types as the primary topic of

the report, but rather discussed cancer in general or multiple types of cancer in the same story. This appeared to suggest that cancer was often treated as one disease, rather than several different variations of a disease. The *New York Times* offered an example of a story that discusses cancer in general:

Bad habits and an unhealthy way of life cause 65 percent of cancer deaths, a new study says.

The Harvard School of Public Health study found that smoking, diet and lack of exercise caused a majority of deaths from cancer, while only 2 percent of deaths were traced to environmental pollution and 10 percent to genetics.

"These messages have been sounded time and again, but not adhered to," said Dr. Dimitrios Trichopoulos, director of the school's Center for Cancer Prevention and one of the report's five editors, "and prevention has much more potential than treatment."

"The public concern about environmental carcinogens is out of proportion with the true risk," the report added.

The study attributed 30 percent of cancer deaths to smoking, 30 percent to poor diet and obesity and 5 percent to lack of exercise.

Carcinogens in the workplace, family history and viruses each were blamed for 5 percent of cancer deaths. Alcohol, socioeconomic status and reproductive factors each were blamed for 3 percent (Cancer Prevention, 1996, C15).

The second largest category of cancer coverage, breast cancer, fell under the female-specific cancer type. Breast cancer also proved to be the most prevalent gender-specific cancer type. This excerpt from the *Los Angeles Times* is an example of a story about potential causes of breast cancer:

Widely used X-ray tests have been implicated for the first time as a cause of breast cancer, apparently raising the risk in women with an inborn susceptibility, researchers report.

A study at the University of North Carolina in Chapel Hill found that moderately strong X-rays significantly raise the risk of breast cancer in women who carry a particular gene that occurs in more than 1 million American women("X-rays Linked," 1991, p. A28).

The cancer type that ranked third in media reports, prostate cancer, was male gender-specific. As Table 3 shows, this category accounted for only 7% of media coverage. Although prostate cancer was the third most prevalent cancer type, it ranked far behind its female-specific leader, breast cancer. An example of a story on prostate cancer is offered by the *Los Angeles Times*:

Every Wednesday evening, members of a prostate cancer research and support group meet in San Diego to swap stories about their private battles. A dozen men age 56 to 78 discuss the tragic irony that the seminal gland that gives men potency, pleasure and procreation harbors a cellular time bomb of impotence, incontinence and death...

Prostate cancer is the No. 1 cancer to strike men in the U.S. and the No. 2 killer, after lung cancer.

Prostate cancer maims and kills men at roughly the same rates that breast cancer disfigures and kills women...

Research is also urgently needed. Nationally, prostate research funding is only a fraction of that allocated to breast cancer. The state of California gives not one cent to prostate cancer research, but has earmarked \$44 million to \$56 million a year for breast cancer research and screening(Freedman, 1996, B9).

Placement

The placement of stories was used as a measure of the importance and prominence given to cancer stories. The majority of stories fell into the category of news. News consisted of national, international, and metro stories. This was a surprising finding, in that it was expected that the results would show that a greater number of cancer stories would be published in the science/medical and living/lifestyles sections because of the medical nature of the subject as well as personal interest stories associated with the disease. Table 4 shows the placement for cancer stories.

Table 4
Placement of Cancer Stories

Section	n (Stories)	% (Stories)
News	480	64
-First section		
-National		
-International		
-Metro		
Science/Medical	77	10
Living/Lifestyles	57	8
Finance/Business	39	5
Sports	38	5
Sunday Supplement	31	4
Other	30	4
Total		
	752	100

The placement of articles was examined to determine whether there was a difference in the prominence of male and female cancers. However, results of a t-test showed that there was not a significant difference in placement of stories by gender.

The Framing of Cancer: News and Stereotypes

The second research question asked how cancer stories are framed. Measuring news frames determined how the news stories were packaged for consumption by the reading public. As Rachlin (1988) and Gitlin (1980) noted, frames reveal a noticeable pattern of presentation over time. This pattern, while not specifically defined by the newspapers, is

apparent in this study in that only 3% of the stories were unidentifiable and therefore placed in the category titled "other." Thus, frames provided easily understandable ways for the newspapers to present stories.

News Frames

Table 5 shows that the frequencies of cancer frames that were observed showed that the most frequently used frames included coping (25%), research and discoveries (22%), and prevention (18%). An ANOVA-test found that there was a significant difference in the amount of coverage given to the seven frames.

Table 5
ANOVA of Cancer Frames in the Prestige Press

<u>Cancer Frames</u>	<u>n</u> <u>(Stories)</u>	<u>%</u> <u>(Stories)</u>	<u>n</u> <u>(Words)</u>	<u>%</u> <u>(Coverage)</u>
Coping	191	25	165,261	32
Research and Discovery	162	22	116,038	22
Prevention	135	18	87,392	17
Causes	112	15	68,590	13
Cancer Rates	99	13	47,170	9
Legal or legislative	29	4	20,665	4
Other/Unknown	24	3	13,103	3
Total	752	100	518,219	100

$$F(6, 745) = 5.56, p < .001$$

The fact that the frame of prevention ranked third among the framing categories runs counter to Manoff's (1985) contention about prevention being of primary importance concerning health issues. Perhaps Manoff's statement that the fourth era of health education is focused on prevention as a strategy for health improvement is based on what health professionals would like the focus to be. Indeed, as the literature review indicated, the media and health industries lock horns on the issue of how health information should be disseminated. Sometimes, however, the media appear to get the health industry's message right. Wallack's (1990) notion of social marketing addressed the need to "sell positive behaviors." Thus, people can help prevent the spread of cancer by behaving in certain ways. This excerpt from the *Los Angeles Times* demonstrates how Manoff may have intended for people to exercise prevention through education using Wallack's selling of positive behaviors.

Like many men, Bill Kenny wasn't aware of the need to do a monthly self-exam to detect testicular cancer in its early stages. Then came the day, seven years ago, when Kenny couldn't ignore the swelling in his left testicle.

"I never expected to hear the word 'cancer,'" says Kenny, a Los Angeles television writer. So dire was the situation that he had surgery to remove the testicle the next day, followed by radiation treatment. Three years later, his right testicle was found to be

cancerous. He had it removed and underwent chemotherapy.

Today, Kenny, 37, is cancer-free--and spreads the word whenever possible about the value of early detection.

One of the best ways to catch the cancer early is to perform a simple, 3-minute monthly exam. It is best done, the American Cancer Society says, after a warm bath or shower, when the scrotal skin is most relaxed. Roll each testicle gently between the thumb and fingers of both hands. A small hard mass about the size of a pea on the front or side of the testicle is a common symptom. If any hard lumps or nodules are detected, see a doctor (Doheny, 1996, E3).

Stories framed as coping were about how people who are living with cancer deal with the disease. Coping stories also included reports of how people whose loved ones have cancer deal with the situation. Additionally, they show how people can help themselves and others deal with cancer. An example of a coping story was offered by this excerpt from the *Los Angeles Times*:

Claire Chasles-Kelly reaches out for the warm bundle in a fleecy red jumpsuit, a girl, 2 days old, her first grandchild.

She strokes the tiny cheek, soft as butter. "Are you going to open your eyes?" she whispers. Then she chuckles: "You're going to open your eyes, look up at me and say: 'Who's that bald-headed person holding me?' "

Everyone laughs, because Claire's scalp is only now showing the peach-fuzz return of hair. The baby has more hair than her grandmother.

Claire has endured much to get to this single, life-affirming moment. She has spent most of the last year waging a struggle against advanced lung cancer, brought on by 25 years of smoking dating back to her teens. Claire, now 43, has survived a life-threatening infection, debilitating depression and the ravages of six months of chemotherapy.

Poignant moments like this--a seriously ill patient meeting her infant granddaughter for the first time--typically do not factor into the ongoing national debate about curbing health care costs and rationing treatments for life-threatening diseases (Cimons, 1996, A1).

Stories about research and discovery provided readers with the latest information on what has been learned about cancer through research. The *New York Times* offered an example:

Taxol, a drug originally derived from the bark of the Pacific yew tree, helps those with ovarian cancer to live longer when it is combined with the drug cisplatin, a study has found.

The findings, being published on Thursday in *The New England Journal of Medicine*, found the combination of Taxol and cisplatin was more effective than a combination with the more established cancer drug cyclophosphamide, researchers said ("New Blend," 1996, p. A17).

As noted earlier in the literature review, the scientific and medical communities were concerned about stories on research and discoveries because they felt that

the press was too quick to report new medical leads. For example, Wilkes and Kravitz (1992) noted that "anecdotal evidence suggest that some medical researchers have a strong dislike for contact with the media because of inaccurate and misleading coverage" (p. 999). This excerpt from the *New York Times* demonstrated how the newspaper backtracked on an overly optimistic report that it had published:

Just two years ago, a team of scientists won a fevered race to find an elusive gene that causes breast cancer in women who inherit it. And researchers hoped, with bated breath, that it might be the answer to breast cancer. But science is rarely so neat and simple, and the gene, known as BRCA1, for breast cancer 1, has turned out to be an enigma (Kolata, 1996, p. C3).

A second frame was applied to gender-specific cancer stories. It referred to the potentially stereotypical messages present in news stories about cancer. The stereotype frame of hopeful was the frame used the most in media stories about cancer. Although this was considered stereotypically female, it was applied to both male and female stories. Although the hopeful stereotype ranked first among female stories and first overall, the stoic stereotype ranked first when considering only male stories.

Table 6 shows a chi-square analysis of the stereotyped frames. The chi-square test shows that there was a

significant difference in the reporting of cancer relative to stereotype frames. The majority of male-specific cancer stories were framed as stoic (25%) and courageous (23%). The high percentage of stoic stereotypes for male stories was expected in that, men would seem to be less comfortable openly discussing, or reading about cancer. Conversely, the majority of female stories were found under the frame of hopeful (25%). However, in the case of the hopeful stereotype, 21% of male stories were also framed under the female stereotype of hopeful. This was a surprising finding in that it was assumed that most stereotypes would be gender related.

Table 6
Percentages of Stereotype Frames Present in Gender-Specific Cancer Stories

Frame	Male Cancer	Female Cancer	Total
	(n = 68)	(n = 259)	(n = 327)
	%	%	%
Nurturing	7	17	15
Empathic	4	12	10
Hopeful	21	25	24
Fearful	2	12	10
Stoic	25	3	7
Stern	7	10	10
Potency	4	1	2
Courageous	23	2	6
No Stereotype	7	18	16

$$\chi^2(8, n = 327) = 92.2, p < .05$$

In this passage, the *New York Times* demonstrated the hopeful stereotype showing how a new drug may instill a sense of hope in women with breast cancer.

For some time, a few doctors have quietly been offering a few frightened women a powerful drug they hope will prevent breast cancer. Now the National Cancer Institute is poised to begin an enormous study to see if the treatment works.

The drug is tamoxifen, a synthetic hormone that blocks the action of the female hormone estrogen in the breast, depriving many cancers of the fuel that feeds them. In the study, 16,000 women will be randomly assigned to take tamoxifen or a dummy pill for five years. If the five-year study shows that the hormone prevents cancer, millions of women will probably be advised to take it for the rest of their lives (Kolata, 1991, p. C11).

Stories that revealed the masculine stereotype of being stoic took an emotionally detached view toward cancer. This quote from the *Los Angeles Times* demonstrated an almost cavalier attitude toward an "uneventful" prostate cancer treatment.

Sen. Jesse Helms is undergoing treatment for prostate cancer, according to a letter released by his Raleigh, N.C., office. Dr. Robert C.J. Krasner, in another letter Helms' office released, said early prostate cancer was detected in the senator in June and radiation therapy was begun. Krasner said Helms is expected to make a "complete and uneventful" recovery. Helms, a 69-year-old Republican known for his staunch conservatism, said he has experienced no side-effects from the treatment and continues working ("Nation in Brief," 1991, p. A4).

Presentation of Stories

The presentation of stories was divided into hard news, soft news, and editorial/op-ed pieces. Considering the number of stories that were under the coping frame, it was expected that there would be a high frequency of stories in the soft news category. However, this was not the case; the majority of stories were hard news stories. Table 7 shows the frequencies of stories in each of the editorial categories.

Table 7
Presentation of Cancer Stories by Newstype.

<u>News Type</u>	<u>n</u>	<u>%</u>
Hard News	436	58
Soft News	273	36
<u>Ed/Op-ed</u>	<u>43</u>	<u>6</u>
Total	752	100

Emphasis of Stories

The third research question asked what was the gender emphasis of the stories. The five categories were: male cancers, female cancers, nongender-specific cancer with a male focus, nongender-specific cancers with a female focus,

and nongender-specific cancers with no gender focus. Male cancers were about cancers such as prostate and testicular cancer that afflicted only men; female cancers included stories that discussed female specific cancers such as breast cancer and cervical cancer. (Note that, although breast cancer has been known to afflict men, the small number of cases maintained its definition as a female cancer. See Table 2). Non-specific male-focused stories were about cancer that can affect both men and women, but had a focus on a man or men; non-specific female-focused stories shared this definition with a focus on a woman or women. Non-specific cancers without a gender focus were about nongender-specific cancers with no differentiation between men or women.

Brott (1994) argued that women's cancer issues overshadowed men's cancer issues. In contrast, McGinn and Haylock (1993) argued that there was a lack of concentration on women's health issues. Table 8 shows that 40% of the stories on cancer did not have a specific gender focus. The number of non-specific stories was followed by female-specific stories which came in second (34%) leaving male-specific stories with 9% of the total cancer coverage. The American Cancer Society's estimates of new cancer cases for 1996 (Table 1) showed that there would be 1,359,150 new

cancer cases reported. Of these cases, 764,300 (56%) would be male and 594,850 (44%) would be female.

This discrepancy in estimated cases and imbalance in media attention adds weight to concern over one gender getting more attention than the other. Indeed, with men representing an estimated 56% of new cancer cases, while receiving only 9% of media coverage, the imbalance is especially salient.

Table 8

ANOVA for Gender Focus Between Male-Specific and Female Specific Articles

<u>Gender Focus of Article</u>	<u>n</u>	<u>%</u>	<u>Mean</u>	<u>Standard Deviation</u>
Non-specific (No Focus)	304	40	689.36	584.35
Female Cancer	259	34	739.23	714.22
Non-specific (Male Focus)	91	12	565.78	457.65
Male Cancer	68	9	587.61	378.81
Non-specific (Female Focus)	30	5	858.13	636.55
Total	752	100	689.12	609.38

$F(4, 747)=2.44, p <.001$

An ANOVA analysis was run to determine whether there were differences in the average number of words in cancer stories by gender. Table 8 shows that there were significant differences. Stories about female cancers, as well as stories about women who had nongender-specific cancers were significantly longer than stories about nongender-specific

cancers, male cancers, and about men who had nongender-specific cancers. Stories about female cancers averaged 739 words, as compared with those about male cancers that averaged 588 words – a difference of 151 words.

Gender and Cancer

To answer the research question of whether an imbalance exists in the reporting of male cancers and men who have cancer versus female cancers and women who have cancer, the four gender-related categories were further collapsed into two categories – women and cancer and men and cancer. As Table 8 shows, the percentage of stories on female cancers was higher than those on male cancers (39% vs. 21%). In addition, Table 9 shows statistical significance in the differences by comparing means using an ANOVA analysis. The average number of words for stories about women and cancer was 752 while the average number of words for stories about men and cancer was 575. Therefore, the results reveal that stories on women and cancer surpass stories on men and cancer.

Table 9
ANOVA for Gender Focus of News Stories

<u>Gender</u>	<u>n</u>	<u>Standard Mean</u>	<u>Standard Deviation</u>
Female Cancer	289	751.58	706.47
Male Cancer	159	575.11	424.59
Total	448	688.95	626.44

$$F(1, 446) = 8.27, p < .001$$

Change Over Time

The fifth research question asks whether coverage has changed over time. The periods measured: 1986, 1991, 1996, were used to examine whether there had been a change in the coverage during a decade of cancer coverage. Both gender of the cancer story and the frames used were analyzed over the three periods. The results were similar to those in Table 9. Stories about women and cancer continued to surpass stories about men and cancer.

Table 10, which presents a chi-square comparison of gender of cancer story over the sample time line, shows significant changes in the reporting of gender specific cancers. Not only did the number of female-specific cancers increase over time (30% in 1986 to 33% in 1991 to 49% in 1996), in 1996 they also ended up outnumbering non-gender specific cancers, which peaked at 48% in 1991 and dropped to 30% in 1996. This shows that stories about women and cancer

not only outnumbered stories about men and cancer, but they managed to work their way into nongender-specific stories as well. Indeed, the results show that in 1996 stories started to differentiate from being nongender-specific into being gender-specific, in this case female-specific.

Table 10
Gender of Cancer Story Over Sample Time-line (1986-1996)

Date	1986	1991	1996	Total
<u>Gender-Type</u>	(n = 203)	(n = 258)	(n = 291)	(n = 752)
	%	%	%	%
Non-Gender Specific	46	48	30	38
Female Specific	30	33	49	41
Male Specific	24	19	21	21

$$\chi^2(4, n = 752) = 42.9, p < .05$$

The frames of the stories were also analyzed to determine whether there were changes over time. Coping and research and discoveries were the most prevalent frames for all three years of the study. Their respective percentages were: 1986, 25% and 20%; 1991, 23% and 23%; and 1996, 28% and 21%. The Legal/Legislative frame and the Other/Unknown frame were excluded from the chi-square test for significance because of their low n's. The results of the chi-square test showed that there was not a significant

difference in the frames of the cancer stories in 1986, 1991, and 1996.

The stereotype frame for gender-specific cancer stories was similarly analyzed to determine whether there were changes in stereotype frame over time. In 1986 the prevalent frames were hopeful (32%), and nurturing (17%); in 1991 the prevalent frames were hopeful (18%), and nurturing (15%); and in 1996 the prevalent frames were hopeful (26%), and no stereotype (18%). The frame of no stereotype indicated that there was no detectable stereotypical message in the story. The results of a chi-square test showed that there was not a significant difference in the stereotype frames of the gender-specific cancer stories in the years of 1986, 1991, and 1996.

CHAPTER 5

CONCLUSION

Summary

There has been a decades long "battle of the sexes" in terms of freedom, rights, and equality. The battle ranges from everyday issues of equal pay for equal work to issues of equal representation in politics, business, and the media. With this in mind, this thesis has found a similar discrepancy in the reporting of cancer by the prestige press.

This thesis is based on a content analysis of 752 newspaper articles from the *New York Times*, the *Los Angeles Times*, and the *Washington Post* to determine whether stories about male cancer and men with cancer and stories about female cancer and women with cancer received equal amounts of media coverage in the prestige press. The analysis spanned a 10-year period at three intervals: 1986, 1991, and 1996 to determine whether coverage had changed over time.

In addition to analyzing the quantity of reports devoted to each gender, the thesis also studied the frames that were present in the stories to see how the news was packaged by the media. The cancer frames were broken down into prevention, causes, cancer rates (including mortalities), research and discoveries, coping, legal or legislative issues, and other or unknown. A second frame

that measured stereotypes was applied to the gender-specific cancer stories to determine whether stories targeted men or women using stereotypical messages. The stereotype frames were broken down into nurturing, empathic, hopeful, fearful, stoic, stern, potency, and courageous.

The most heavily covered type of cancer story in the prestige press was cancer in general (34%). This type of story did not specifically identify any one type of cancer, but rather, identified it under the common name: cancer. Perhaps this is because people see cancer as one disease rather than a series of different types of diseases. The second most prevalent cancer story was breast cancer (30%). The high percentage for breast cancer stories was not surprising in that so much has been made of breast cancer by interest groups such as the National Breast Cancer Coalition. Although the difference between breast cancer stories and prostate cancer stories was large, prostate cancer was the third most prevalent cancer-type reported in the prestige press (7%).

With respect to gender imbalance, the findings indicated that there was a lack of equal representation in the prestige press when comparing stories of men and cancer to stories of women and cancer. This is contrary to McGinn and Haylock's (1993) contention on which gender receives the most coverage in medical stories. An ANOVA analysis

compared the average number of words in stories about male cancer stories and men with cancer and stories about female cancer and women with cancer. Stories about female cancer and women with cancer were significantly longer (739 words) than stories about male cancer and men with cancer (588 words). Additional analysis of male cancer stories versus female cancer stories was conducted by collapsing the stories in to two categories: male cancer and female cancer. The ANOVA analysis indicated that female cancer stories averaged 751 words compared to male cancer stories which averaged 575 words for an average difference of 175 words.

The gender of cancer stories during the three time periods (1986, 1991, 1996) demonstrated that early on, more stories were not gender-specific in content; however, as time passed, the differentiation became more striking, with female-specific cancer stories outweighing male-specific cancers. One interesting finding showed that the number of nongender-specific cancers increased from 1986 to 1991, then decreased from 1991 to 1996. This indicated that, as time passed, there was an increased differentiation of stories between gender. This differentiation was in favor of female cancer stories.

The placement of cancer stories revealed a surprising finding. The majority of stories were found under the category of news. News consisted of national,

international, and metro stories. It was expected that more stories on cancer would be found in the science/medical or living/lifestyles sections because of the medical nature of cancer as well as personal interest stories associated with the disease. This finding showed that stories on cancer received more than peripheral attention, in that, they were placed in sections with more visibility.

In framing the cancer stories, the predominant frames were coping (25%), and research/discoveries (21%). It would appear that perhaps stories of how people are able to deal with cancer offers hope to those who may have the disease, or to those whose loved ones have been stricken. This coincides with the high percentage of stereotype frames that were identified as hopeful (24%). This disease has such a powerful grasp on the public in that there is no easy cure or simple way to deal with it. Thus, coping stories offer a way to see that life does not have to end without a fight.

Although coping and research/discoveries remained the predominant news frames over the decade of study, a chi-square analysis indicated that the change was not significant. In addition, the hopeful frame remained the predominant stereotype frame over the three time periods; however, another chi-square analysis showed that the change over time for stereotype frame was also not significant.

Contributions to the Literature

Although the literature suggested that there was an imbalance of media attention between male and female cancer issues, it did not refer to specific types of cancer. This thesis broke down the cancer reports into individual cancer types to answer the question of what cancer stories are reported. The results were then easily compared to statistics provided by the American Cancer Society as to what types of cancer were expected to strike men and women. The thesis made an interesting comparison by revealing that although the American Cancer Society reported that men represent an estimated 56% of new cancer cases, male cancer stories received only 9% of the media coverage. Had the estimates for new male cancer cases been lower, the smaller amount of media coverage would have been more understandable. However, with estimates for new male cancer cases outnumbering estimates for new female cancer cases, the results demonstrated an even more striking imbalance in attention to male cancer stories versus female cancer stories. Although the literature review showed that there are conflicting assertions on which gender receives more media coverage of medical issues, this thesis supports the literature that describes an imbalance in favor of female cancer stories.

The literature review presented several conflicting reports on which gender benefitted from the most media coverage of cancer stories. However, the reports did not show evidence that clearly targeted cancer as the subject of media coverage. Literature supporting the male point of view suggested that women received more attention to general health issues (Brott, 1994; Courtenay, 1995; Men's hidden illness, 1992). Conversely, reports from other researchers asserted that men received more attention (McGinn & Haylock, 1993; Signorelli, 1993). This thesis provides empirical evidence that there is an imbalance in the amount of cancer-related media coverage between men and women. Although it does not provide data on reporting of medical issues in general, like the literature review, the results indicate that female cancer stories are the most prevalent stories reported by the media; and that breast cancer is one of the most prevalent cancer types reported by the media. The study supports Adler and Rosenberg's (1993) notion that, although prostate cancer kills a comparable number of men as breast cancer does women, it does not receive nearly the same amount of attention from the media.

The literature review revealed that studies of framing that targeted health were about general health issues. Rothman and Salovey (1997) applied framing to the shaping of

public perceptions about health. However, there was no evidence of a study that applied framing theory to cancer in the media. This thesis contributes to framing theory by extending it to look at how cancer stories are framed by the media. The thesis further supports framing theory for reports of cancer in the media in that, only 3% of the stories in the sample were unidentifiable and placed in the category of "other," while all other stories were identifiable in specific cancer news frames. Thus, the stories were packaged by the newspapers in specific frames for easier identification by the reader. Additionally, it contributes to studies of gender using framing theory by applying a stereotype frame to how stories target men and women with respect to cancer in the media.

With respect to health and the media, the literature suggests that the media's role is to aid in prevention of cancer. Indeed, Pettegrew and Logan (1987) contended that the source for diffusion of information on disease prevention has shifted to the mass media. However, the results of the framing analysis revealed that the primary frames were coping, and research/discoveries. Perhaps the notion that the media's health education is focused on prevention is based on what the health professionals would like the focus to be, rather than what the actual focus of the media is. Indeed, the literature review indicated that

media professionals and health professionals do not always agree on how to communicate health messages. This notion is supported by the thesis in that the media's actual framing of cancer stories runs counter to what the literature suggests it should be. The results showed that there was no significant relationship between the framing of stories over the given time line. However, it is still possible that the medical field has been pushing for a change in the reporting styles of the media and has thus held fast to its notion of the media's role as a health educator.

The schism between the health industry and the media on how cancer stories should be reported may be the result of how the public responds to media messages. With coping as the predominant frame, it may well be that readers would rather read stories that are based more on human interest rather than straight facts. Indeed, stories framed as coping would be useful for readers in dealing with cancer on an emotional level. This coincides with the contentions of Signorelli (1993), Atkin & Arkin (1990), Brown and Walsh-Childers (1994) who say that the news media are more interested in selling papers than in providing useful information about cancer prevention.

Directions for Future Research

To understand why stories about female cancers and women and cancer were predominant in the prestige press,

further research on the factors that influence the press could be examined. Interest groups such as the National Organization for Women or the National Breast Cancer Coalition could provide the momentum that sustains the prevalence of women's cancer issues in the media. Conversely, the slow increase of men's cancer issues in the samples from 1996 could indicate that men may be gradually forming their own lobbying groups make their stories known to the press.

Considering Adler and Rosenberg's (1993) notion that the women's movement offered strength to women and empowered them to generate a group voice that made breast cancer "one of the most ubiquitous afflictions on the broadcast spectrum" (p. 40), men may be slowly learning by example and starting to find their own voice with which to express their concerns over cancers that are specific to men. Moreover, the reports from the National Breast Cancer Coalition of the success of its program to raise money may also serve to motivate men to form their own activist groups that seek to bring attention to their cause. Indeed, as Freedman (1996) noted, "the state of California gives not one cent to prostate cancer research, but has earmarked \$44 million to \$56 million a year for breast cancer research and screening" (Freedman, 1996, B9). The press often appears to be guided

by various special interest groups that seek to provide it with their own stories to fit their own agenda.

Another element to consider is the saturation of images of women's bodies in the media. With images of women and women's bodies plentiful in entertainment, advertising, and other media, it could be a relatively easy segue into health issues that pertain to women's bodies. Indeed, images of masculine bodies that are affected by male-specific cancer are not likely to appear in print or broadcasts. Perhaps the public is more comfortable dealing with images it is regularly exposed to, such as women's bodies. Moreover, men may be reluctant to discuss gender-specific cancers that relate to them. With social attitudes placing such high value on virility, men might be uncomfortable reading about or discussing cancer that could diminish their potency.

Additional research could target sample groups of men and women. Focus group interviews could be conducted to see just how comfortable the two groups are with the current level of media attention that is afforded their respective gender. Perhaps the two groups feel that they are already adequately represented, or they may see no imbalance in the media's portrayal of men's and women's cancer. Moreover, studies of how people use the media may reveal why coping was the predominant frame, rather than prevention, as the literature suggested.

Further, studies that focus on how much men and women know about cancer could demonstrate how far media messages about cancer have penetrated. It may be that the media are perhaps not the primary conduit through which people learn about medical issues that may affect them. Perhaps men rely on other information outlets to find out about cancer rather than using the media. Additionally, gender studies, with respect to other medical issues, may be useful for comparative analysis.

As a casual topic, cancer rarely seems to top the charts for social interaction. Indeed, it is a subject that people avoid as they would any other uncomfortable issue. It brings about images of pain, disability, embarrassment and, of course, death. Therefore, it is difficult to educate people who would rather spend their hours enjoying life, rather than fearing it.

However, knowledge about one's body and the daily maintenance of health are undeniably important factors to one's well-being. Thus, the quiet, often solitary, act of reading a newspaper to learn about the world, may also help people to learn about themselves.

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APPENDIX

APPENDIX A

The coding categories are as follows:

1. Source:

- 1) *New York Times*
- 2) *Los Angeles Times*
- 3) *Washington Post*

2. Date:

- 1) 1986
- 2) 1991
- 3) 1996

3. Gender of Author (For Gender Specific Cancers):

- 1) Male
- 2) Female
- 3) Unknown

4. Prominence: Length

- 1) Coded for exact number of words
- 2) Coded for exact number of paragraphs

5. Prominence: Graphic

- 1) Yes
- 2) No

6. Prominence: Placement 1

- 1) Front page of the newspaper
- 2) First page of a section

7. Prominence: Placement 2

- 1) Metro section (National/International)
- 2) Living/lifestyles
- 3) Finance/business
- 4) Sports
- 5) Science/Medical
- 6) Sunday supplement/magazine
- 7) Other

8. Story Type:

- 1) Soft
- 2) Hard
- 3) Editorial/Op-ed pieces

9. Cancer Type:

- | | | |
|---------------|-----------------------|----------------|
| 1) Prostate | 10) Pancreas | 19) Throat |
| 2) Breast | 11) Colon | 20) Oral |
| 3) Testicular | 12) Bladder | 21) Bone |
| 4) Uterine | 13) Kidney | 22) Liver |
| 5) Penile | 14) General Cancer | 23) Esophagus |
| 6) Cervical | 15) Ovarian | 24) Intestinal |
| 7) Lung | 16) Lymphoma | 25) Eye |
| 8) Skin | 17) Hodgkin's Disease | 26) Stomach |
| 9) Leukemia | 18) Brain | |

10. Gender Frame:

- 1) Male cancers
- 2) Female cancers
- 3) Non-gender specific cancers with a male focus
- 4) Non-gender specific cancers with a female focus
- 5) Non-gender specific cancers with no detectable focus on males or females

11. Gender Frame 2:

- 1) Male cancer stories
- 2) Female cancer stories
- 3) Non-gender specific cancer stories

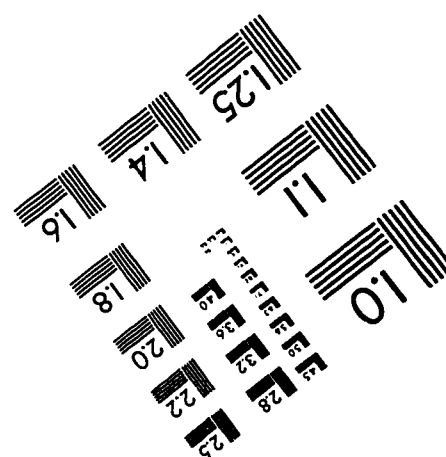
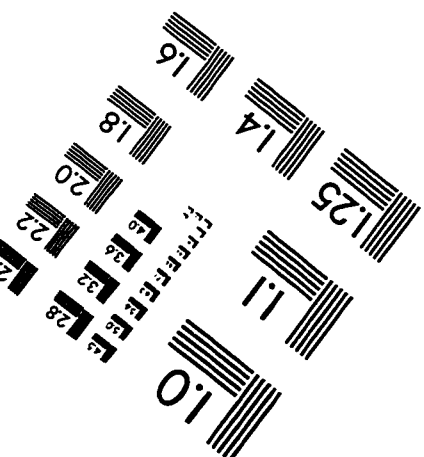
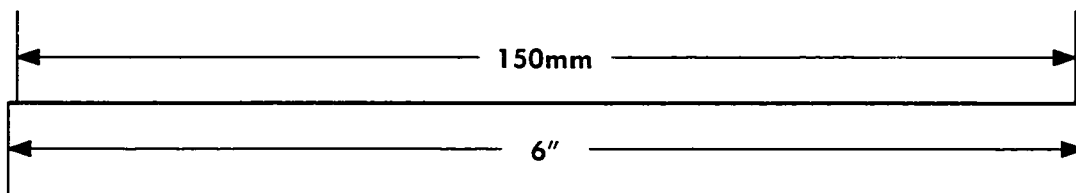
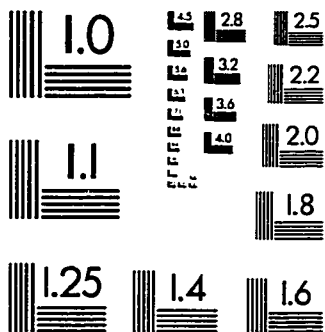
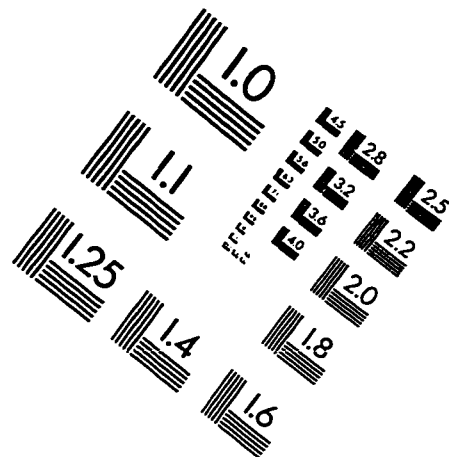
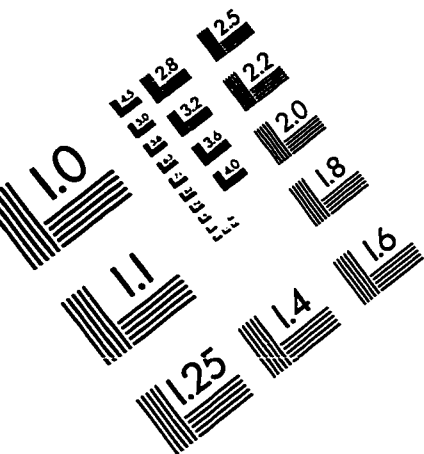
12. Cancer Frame:

- 1) Prevention
- 2) Causes
- 3) Cancer rates
- 4) Research and discoveries
- 5) Coping
- 6) Other or unknown
- 7) Legal or legislative

13. Stereotype Frame:

- 1) Nurturing
- 2) Empathic
- 3) Hopeful
- 4) Fearful
- 5) Stoic
- 6) Stern
- 7) Potency
- 8) Courageous

IMAGE EVALUATION TEST TARGET (QA-3)



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