Health Communication

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/hhth20

Portrayals of Reproductive and Sexual Health on Prime-Time Television

Katrina L. Pariera a, Heather J. Hether b, Sheila T. Murphy a, Sandra de Castro Buffington c & Lourdes Baezconde-Garbanati d

a Department of Communication Annenberg School for Communication and Journalism, University of Southern California
b Department of Communication, University of the Pacific
c Hollywood, Health & Society Annenberg School for Communication and Journalism's Norman Lear Center, University of Southern California
d Department of Preventive Medicine and Sociology Keck School of Medicine, University of Southern California

Published online: 24 Oct 2013.

To cite this article: Katrina L. Pariera, Heather J. Hether, Sheila T. Murphy, Sandra de Castro Buffington & Lourdes Baezconde-Garbanati, Health Communication (2013): Portrayals of Reproductive and Sexual Health on Prime-Time Television, Health Communication, DOI: 10.1080/10410236.2013.774653

To link to this article: http://dx.doi.org/10.1080/10410236.2013.774653

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at http://www.tandfonline.com/page/terms-and-conditions
Portrayals of Reproductive and Sexual Health on Prime-Time Television

Katrina L. Pariera
Department of Communication
Annenberg School for Communication and Journalism
University of Southern California

Heather J. Hether
Department of Communication
University of the Pacific

Sheila T. Murphy
Department of Communication
Annenberg School for Communication and Journalism
University of Southern California

Sandra de Castro Buffington
Hollywood, Health & Society
Annenberg School for Communication and Journalism’s Norman Lear Center
University of Southern California

Lourdes Baezconde-Garbanati
Department of Preventive Medicine and Sociology
Keck School of Medicine
University of Southern California

Prime-time broadcast television provides health information and establishes norms for millions of people in the United States (Beck, 2004; Brodie et al., 2001; Murphy & Cody, 2003; Rideout, 2008). To understand what people may be learning about reproductive and sexual health, a content analysis was conducted of story lines from the 10 most popular prime-time television programs in 2009, 2010, and 2011. Variables that were measured included the frequency of reproductive and sexual health issues, the level of health information, the type of information portrayed, the gain and loss frames, the presence of stigma, the tone, and the type of role model portrayed. Eighty-seven of the 589 health story lines dealt with reproductive and sexual health, and the most common issues were pre- and postterm pregnancy complications. The majority of these story lines had a moderate or weak level of information and included specifics about treatment and symptoms but not prevention. Just over half of the

This work was supported by the National Cancer Institute for Transforming Cancer Knowledge, Attitudes and Behavior Through Narrative, which was awarded to the University of Southern California (R01CA144052 – Murphy/Baezconde-Garbanati). The content is solely the responsibility of the authors and does not represent official views of the NCI or National Institutes of Health.

Correspondence should be addressed to Katrina L. Pariera, Department of Communication, Annenberg School for Communication and Journalism, University of Southern California, 3502 Watt Way, Los Angeles, CA 90089-0281. E-mail: pariera@usc.edu
Although there is a dizzying array of entertainment programming available today, it is still the case that a relatively small number of shows account for the lion’s share of audience members in the United States. This is particularly true of prime-time television. Prime-time television is broadcast during the evening hours (8:00 p.m. to 11:00 p.m. on weeknights, 7:00 p.m. to 11:00 p.m. on Sundays) when the largest segment of the population is tuned in or recording these programs (Nielsen Wire, 2011). Prime-time television usually refers to television that airs on the five broadcast networks, which are ABC, NBC, CBS, Fox, and The CW. The top 10 prime-time shows are watched by 12 to 20 million viewers per week (Associated Press, 2011), and these numbers more than triple when on-demand, reruns, and international broadcasts are included.

It is critical to understand the content of prime-time television because for many it provides a crucial, often primary, source of health information and norm perceptions (Beck, 2004; Brodie et al., 2001; Chia & Gunther, 2006; Hether, Huang, Beck, Murphy, & Valente, 2008; Murphy & Cody, 2003; Rideout, 2008). According to one survey, 26% of the public cited entertainment television as being among their top three sources of health information, and half (52%) said they consider the health information contained in these programs to be accurate (Beck, 2004; Beck & Pollard, 2001). A 2005 survey (Centers for Disease Control and Prevention, 2005) found that 58% of prime-time viewers reported learning about a health issue from TV in the past 6 months. Women from the survey were especially likely to report learning about health issues from prime-time TV (62%) and then taking action on these issues (33%). Understanding how reproductive and sexual health issues are portrayed on prime-time TV is of particular importance because the primary barriers to seeking more information, which include embarrassment, difficulty in accessing information, and lack of time, can be partly overcome by television (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009).

In addition to health information, prime-time television also plays a central role in shaping perceptions of norms. People often use simple heuristics such as availability when deciding how likely they are to experience a particular health problem (Tversky & Kahneman, 1973), and television viewing is often a source of these probability judgments (Shrum, 2009). In fact, Shrum (2009) argues that because they are relatively accessible, “media memories” may play a disproportionate role in day-to-day decision making. Television in particular produces vivid memories that can be easily activated when making normative estimates about the prevalence of various behaviors, health conditions, and so on. In other words, viewers may use the frequency with which a given health issue appears on television as a mental shortcut to its actual prevalence in the population. Moreover, because television viewing remains a popular pastime, it is critical to examine not only the health content to which people are exposed, but also the manner in which this content is portrayed.

One particularly important area in which the media can shape our perceptions of reality is reproductive and sexual health, which includes issues such as family planning, pregnancy, childbirth, fertility, and sexually transmitted infections (STIs), among others. These issues are almost always controversial, which makes studying their prevalence and characterization all the more imperative. Some prior studies have looked at how television can contribute to reproductive and sexual health knowledge and attitudes. For example, Brodie et al. (2001) found that people who viewed an episode of ER in which a rape victim requests information on emergency contraception had increased awareness of the drug. They also found that knowledge about HPV (human papillomavirus) rose after viewing the episode, although it was not sustained over time. Hether et al. (2008) found similar results for two breast cancer story lines that aired on ER and Grey’s Anatomy. They found that combined exposure to these shows resulted in a greater impact on knowledge, attitudes, and behaviors than exposure to either story line individually. O’Leary et al. (2007) found that people in Botswana who viewed a sympathetic story line about an HIV-positive person on The Bold and the Beautiful reported significantly lower levels of HIV stigma than nonviewers. Snyder and Rouse (1995) found that exposure to movies and sitcoms dealing with AIDS resulted in increased awareness of personal risk.

Research has shown a reliance on the mass media for reproductive health information. A 2009 study of 1800 men and women aged 18–29 years found that 43% of women and 25% of men cite a media source as the one they use most often to learn about reproductive health. Moreover, 62% of men and 41% of women report that the media are their first choice for learning about such topics (Kaye, Suellenontrop, & Soup, 2009). Yet there are huge gaps in a large percentage of the general public’s sexual health knowledge. A 2009 survey (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009) of U.S. adults aged 18 to 29 years found that one out of five never had sex education in school. Participants knew little about contraception (only 31% knew about emergency contraception and 65% knew about oral contraception), and the majority of them underestimated...
their likelihood of becoming pregnant or getting a female
pregnant from sex.

Despite a heavy reliance on television for information, there have been only a few attempts to systematically ana-
yze the reproductive and sexual health content presented on popular programs. For example, Morris and McInerney
(2010) conducted a content analysis of reality-based tele-
vision shows about pregnancy and childbirth from A Baby
Story and Birth Day. They looked at 123 depictions of
pregnancy and childbirth and found that, contrary to a typ-
ical childbirth experience in the United States, these shows
characterized childbirth as dangerous and requiring med-
ic intervention. The shows also overrepresented married
women as the group experiencing pregnancy and childbirth. Another content analysis of health issues in local television
news found that out of 3,249 health stories, none were
about sexual health or reproductive health (Wang & Gantz,
2010).

In contrast to the relatively scant research examining
reproductive health on television, there has been exten-
sive research on sex on television. A content analysis of
1,276 shows from one television season found very few
programs free of sexual content (Fisher, Hill, Gruber, &
Gruber, 2004), and the vast majority of programs airing
during prime-time hours had sexual content. A Kaiser
Family Foundation report (Kumkel, Eyal, Finnerty, Biely, &
Donnerstein, 2005) analyzed 4,742 television programs over
3 years and found that 70% of shows have sexual content,
with 35% depicting or simulating sexual behaviors. While
sexual content is pervasive and growing, little is understood
about how health issues resulting from sexual activity are
portrayed.

Because health information is so prominent on television, framing is a useful tool for understanding how this informa-
tion is portrayed. Framing is defined broadly by Tewksbury
and Scheufele as “what unifies information into a package
that can influence audiences” (2002, p. 19). Framing can be
subtle or overt and “work[s] through building associations
between concepts” (p. 21). A frame does not exist entirely
within a message because it has a cultural context that allows
the audience to build associations. Van Gorp (2007) argues
that since frames are so culturally dependent, their use often
goes unnoticed. He points out that the persistent nature of
frames means that they change little over time. Furthermore,
he argues that the purpose of frame analysis is to assess “the
impact of the implicitly present cultural phenomena con-
veyed . . . as a whole and to relate them to the dynamic
processes in which social reality is constructed” (p. 73).

The current study examines how reproductive and sex-
ual health issues are framed on prime-time television. The
present analysis of three seasons of popular prime-time pro-
gramming will reveal not only which reproductive health
issues are portrayed but, perhaps more importantly, how they
are portrayed. To understand which issues are portrayed we
address the following research question:

RQ1: Which reproductive and sexual health issues are por-
trayed most frequently in prime-time television?

Since more than half of prime-time viewers trust infor-
mation on television to be true, it is also necessary to assess
the informational content. To understand what people may
be learning from prime-time TV, we identify the level of
information of the story lines. We also analyze the specific
type of information portrayed in the story line, including
prevention, risk factors, symptoms, complications, treat-
ment, prognosis, and diagnosis. To understand the level and
type of information we address the following two research
questions:

RQ2: What is the level of information in reproductive and
sexual health story lines on prime-time television?

RQ3: What type of health information (prevention, risk fac-
tors, symptoms, complications, treatment, prognosis,
diagnosis) is portrayed in reproductive and sexual health
story lines?

In addition to measuring the frequency and informational
content of these sexual and reproductive health story lines
we also assess how they are framed. Messages containing
risk, such as those about health issues, can be framed
either such that adoption of a behavior will result in posi-
tive outcomes (gains) or such that nonadoption of a behavior
will result in negative outcomes (losses). This is particu-
larly important given that gain-framed messages have been
shown to be more effective for prevention behaviors and
loss-framed messages are more effective for detection behav-
iors (Rothman, Salovey, Antone, Keough, & Martin, 1993),
although a recent study by Nan (2012) found that the effec-
tiveness of gain and loss frames was dependent on individual
traits (whether a person was avoidance-oriented or approach-
oriented). To assess relative frequency of gain and loss
frames on prime-time TV we pose the following question:

RQ4: Are reproductive and sexual health issues more often
framed in terms of gains or losses on prime-time television?

In addition, this analysis also examines whether repro-
ductive and sexual health issues are portrayed as being stigmatized. Therefore, we address the following research
question:

RQ5: Are reproductive and sexual health issues portrayed as
stigmatized?

We also examine whether the tone is comic, casual, or
serious. Some research has suggested that comic portrayals
of health issues may reduce perceptions of the severity of
the issue. For instance, Moyer-Gusé, Mahood, and Brookes
(2011) found that when pregnancy is portrayed on tele-
vision in a humorous tone viewers are more likely to engage in
unprotected sex than when it is portrayed in a serious tone.
Other research has shown that viewing humorous portray-
als of delivery may encourage more open discussion about
pregnancy anxieties (Grady & Glazer, 1994). We address the following question:

RQ5: Is the tone of reproductive and sexual health story lines more likely to be comic, casual, or serious?

Finally, we examine whether the character experiencing the issue is a positive, negative, or transitional role model. Past research has shown that the type of role model associated with a health issue has differing persuasive effects depending on how it is portrayed (Singhal & Rogers, 1999; Slater & Rouner, 2002). Our final research question addresses this issue:

RQ7: Is the character experiencing the health issue more often portrayed as a positive, negative, or transitional role model?

METHOD

Sample

The Hollywood, Health & Society TV Monitoring project, a program of the Annenberg School for Communication and Journalism’s Norman Lear Center, has tracked and coded health-related content from the most popular prime-time broadcast shows, as defined by Nielsen ratings, since 2003. For the current analysis, researchers coded the health content of the top 10 scripted prime-time shows, including dramas and comedies, for Nielsen’s General Audience, African American Audience, and Latino Audience, ages 18–49 years, airing in 2009, 2010, and 2011. Latino and African American audiences are of particular importance because they have lower access to health care and report being in poorer health (Centers for Disease Control, 2012). African Americans are also the highest consumers of television, and 86% of Latino audiences watch English-language television, regardless of the language spoken at home (Nielsen Media Research, 2010). Although the three audience categories have some overlap in the top 10 most watched shows, shows and story lines were only included once in the sample.

Coders initially coded the prominence of all health story lines, ranging from visual cue and brief mention, to dialogue, and minor or major story line. The unit of analysis for this research was the health story line, and only dialogue-level story lines, minor story lines, and major story lines about health were included since these are more detailed and contain more information than brief mentions and visual cues. A dialogue was a conversation that took place between characters. If the conversation took place in two or three scenes and was secondary in importance to the plot, it was then considered a minor story line. If it took place in more than three scenes and was the primary focus of the episode, it was considered a major story line. After coding the prominence of each story line, coders rewatched the episode as many times as needed to complete the coding of each story line.

Out of 2,342 story lines coded over 3 years, in total 589 (25%) major, minor, and dialogue-level health story lines were found in the sample. Of these, 87 (14%) were about reproductive and sexual health. Within the final sample of 87 story lines, 45% were minor story lines, 32% were dialogues, and 23% were major story lines. Of the 54 television shows in the larger sample, 17 had story lines about reproductive or sexual health. These included shows such as Law and Order: SVU, Grey’s Anatomy, The Office, Two and a Half Men, Private Practice, and Desperate Housewives. Eight of the shows were dramas and nine were comedies.

Coder Training and Reliability

Fifteen coders were employed for the study and were compensated for their time. Coders received at least 3 full days of training and most were master’s degree students in public health. Coders practiced coding prime-time shows that were not in the final sample until coding discrepancies were resolved and agreement was high, which took four rounds of hour-long episodes. Since the final sample was small, all 87 of the story lines underwent reliability coding by at least two coders. Reliability was found to be moderate to high for health issue (kappa = .715, p = .001), level of information (kappa = .894, p < .001), type of information portrayed (kappa = .889, p < .001), message framing (kappa = .808, p < .001), stigma (kappa = .722, i < .001), tone (kappa = .783, p < .001), and role model (kappa = .841, p < .001).

Instrument

The Hollywood, Health & Society TV Monitoring Project has two code sheets. The general code sheet is used to gather information about the shows themselves and which health topics appear in them. The specific code sheet is used only for episodes with dialogues and major or minor story lines to get more detailed information about each particular story line. The current study relied exclusively upon the story line coding scheme found on the specific code sheet.

Variables Coded and Analyzed

Health issue. The health issues in this analysis are related to sex and reproduction, and include pre-/postterm pregnancy complications, family planning (including birth control or story lines dealing with choosing to have children), female genital mutilation, circumcision, fistula, infertility, labor and delivery, pre-/postnatal care (including infant feeding), reproductive-tract infections, abortion, miscarriage, unplanned pregnancy, STIs other than HIV/AIDS, and HIV/AIDS.
Level of information. Informational levels were defined as either strong (meaning a very clear and accurate portrayal of the health issue), moderate (somewhat clear and accurate portrayal), weak (meaning vague, brief, or incomplete portrayal), or no informational content. Examples of informational content include a doctor describing how a procedure works, or friends talking about the transmission and symptoms of an STI.

Type of health information. The type of information was coded as prevention (how an issue can be prevented or screened for), risk factors (any variables associated with increased risk), symptoms (signs that a health issue is occurring), diagnosis (identification of the issue, usually by a medical professional), treatment (course of action), complications (including side effects), and prognosis (probable outcome). These categories were not mutually exclusive since some health story lines portray multiple types of health information.

Message framing. The framing of messages was defined by one of three categories: either gain-framed, meaning good things will happen as a result of behavior change, loss-framed, meaning bad things will happen as a result of no behavior change, or as neither gain- nor loss-framed.

Stigma. Issues were coded as stigmatized if there was any mark of shame or disgrace for a health issue. An example would be expressing humiliation about having an STI.

Tone. Tone was coded as either comic (portrayed in a joking or sarcastic manner), casual (portrayed in passing with no major consequential effects), or serious (portrayed as having serious implications). These categories were mutually exclusive.

Role model. Lastly, we coded whether the health issue involved a character who was a positive role model (a character who is favorably depicted and models a healthy attitude or behavior), negative role model (a character who is unfavorably depicted and models an unhealthy attitude or behavior), or transitional role model (a character who shifts over the course of the story line from modeling an unhealthy behavior or attitude to a healthy one).

RESULTS

The following findings are from analyses of the 87 story lines that aired on the top 10 prime-time television shows for 2009, 2010, and 2011 for General, Latino, and African American adult audiences, representing 81.5 hours of television. See Table 1 for a summary of findings.

RQ1: Frequency of Health Issues

A one-way chi-squared analysis revealed significant differences between health issues portrayed ($\chi^2(8) = 58.97, p < .001$). The most common issue portrayed was pre-/postterm complications (35%). These included issues such as pre-eclampsia, surgery during pregnancy, and premature birth. Pre- and postterm complications differed significantly ($\chi^2(1) = 31.58, p < .001$) from the next most common issue, which was labor and delivery (15%), followed by family planning (14%) such as contraception, infertility (9%), STIs other than HIV/AIDS (8%), unplanned pregnancy (7%), and pre- and postnatal care (7%). Other issues were mentioned only once or twice, including AIDS, genital mutilation, circumcision, and abortion (see Figure 1).

RQ2: Level of Information

The majority of story lines had a moderate level of information (43%), followed by a weak or vague level of information (39%), no informational value (12%), and a strong level of information (6%). A one-way chi-squared analysis revealed
FIGURE 1 Reproductive and sexual health issues portrayed on prime-time television.

statistically significant differences between levels of health information ($\chi^2(3) = 34.84, p < .001$). Subsequent pairwise comparisons revealed significant difference between all categories, except weak and moderate content ($\chi^2(1) = .06, p = .81$).

RQ3: Type of Health Information

All the possible types of information in the coding scheme were portrayed. Many story lines included information on treatment (60%), symptoms (48%), and diagnosis (43%). Fewer included information on complications (30%), risk factors (26%), prognosis (20%), and prevention (15%). Since categories were not mutually exclusive we also looked at how many types of information were portrayed in each story line. The majority featured one or two types of information (39%), followed by three or four types of information (27%), no type of information (18%), and five or six types of information (15%), which all differed significantly ($\chi^2(3) = 11.25, p = .01$). A pairwise comparison revealed a significant difference between those featuring one or two types of information and two or three types of information. Those with no type of information and those with five or six types of information could not be calculated due to the small number of cases in these categories.

RQ4: Message Framing

Health behaviors were most often framed in terms of losses (e.g., bad things will happen as a result of behavior change), and the remaining 10% had neither a gain nor loss frame. Differences between frames were significant ($\chi^2(2) = 26.28, p < .001$), and pairwise comparisons demonstrated that there were significantly more loss frames than gain frames ($\chi^2(1) = 4.15, p < .04$)

RQ5: Presence of Stigma

The majority of reproductive and sexual health story lines were not portrayed as stigmatized (76%), and the difference was significant ($\chi^2(1) = 23.28, p < .001$). Of the 24% ($n = 21$) that were stigmatized, nine were story lines about STIs including AIDS, four were about unplanned pregnancies, and the remainder were about family planning, abortion, and breast-feeding.

RQ6: Comic, Casual, or Serious Tone

The vast majority of story lines were portrayed in a serious tone (86%), and the difference between tones was significant ($\chi^2(2) = 109.72, p < .001$). A casual tone occurred in 9% of story lines, and a comic tone occurred in 5% of story lines, and there was no significant difference between the two ($\chi^2(1) = 1.33, p = .25$). Of the four story lines portrayed in a comic tone, two were about STIs, one was about a person going into labor unexpectedly, and one was about the high cost of postnatal care. Casual story lines were about sore breasts, trouble breastfeeding, infertility, ultrasound, and disagreement about having a child.

RQ7: Positive, Negative, or Transitional Role Model

The majority of characters experiencing the health issue were positive role models (68%), followed by negative role models (18%) and transitional role models (14%). Coders
had the option to code characters as neutral, but did not identify any neutral characters experiencing the health issues in these story lines. One-way chi-squared analyses revealed a significant difference between the three categories ($\chi^2(2) = 46.83, p < .001$), but a follow-up pairwise comparison showed no significant difference between negative and transitional role models ($\chi^2(1) = .571, p = .45$). Of those story lines with negative role models, seven dealt with unplanned pregnancy or family planning specifically for teens, and four dealt with STIs. Story lines with transitional role models had no consistent patterns, and examples include a teen who decides to be abstinent and a woman whose prenatal worries go away.

DISCUSSION

The purpose of this study was to examine portrayals of reproductive and sexual health on popular prime-time television programs. To do so, we content analyzed a sample of 589 major and minor story lines across the 10 most popular programs for General, African American, and Latino audiences over three consecutive spring seasons. This yielded a final sample of 87 separate story lines that dealt with reproductive or sexual health.

Our analysis showed that pre- and postterm complications and labor and delivery accounted for the majority of issues. These issues lend themselves to dramatic storytelling more so than other topics such as family planning and pre- and postnatal care. Interestingly, issues that are more likely to affect viewers in real life, such as STIs and unplanned pregnancies, were far less common in prime-time TV. This raises the question—which is beyond the scope of our data—of whether the scarcity of depictions of such common problems leads viewers to underestimate their own risk.

We also found that much of the informational content was moderate (43%), a somewhat surprising finding given that the television industry is not required to provide prime-time audiences with educational or informational content. However, 39% of story lines had weak or vague informational content. Having this many issues portrayed either inaccurately or insufficiently may result in audiences being misinformed. Only 6% of the sample had a strong level of information. An analysis of health on prime-time TV between 2004 and 2006 (Murphy, Hether, & Rideout, 2008) found that 28–35% of all health story lines had strong informational value, which may suggest that reproductive and sexual health issues are presented with strong informational content less often than other health issues.

Our findings indicate that viewers are exposed to a fair amount of information about treatment, symptoms, and diagnosis, but information regarding how to prevent health issues appears to be scarce. Again, this is likely due to the fact that symptoms and diagnoses lend themselves more to dramatic storytelling than risk factors and prevention, although some health issues may not be preventable, like certain pregnancy complications. Almost half of the story lines included three or more types of information, although nearly one-fifth of story lines had none. More research is needed to understand how viewers respond when certain types of information are portrayed together, and how each type of information affects attitudes and behaviors.

While not all issues equally lend themselves to gain or loss frames, our analysis revealed that just over half of the portrayals were loss-framed and that these occurred significantly more often than gain-framed messages. This type of framing has considerable implications for how people perceive behavior change and risk. On the negative side, preventing a health problem is far more desirable than detecting or treating it. Thus, ideally more prevention would be portrayed in prime-time television. However, one potentially positive aspect of the findings is that loss-framed messages may be more persuasive for detection behaviors (Rothman et al., 1993) such as symptoms and diagnoses, which occurred in almost half of the story lines in our sample, than prevention behaviors, which were relatively rare. While intriguing, more research is needed to understand the effect of message framing specific to reproductive and sexual health issues.

For the question of stigmatization, findings indicated that most of these health issues were not stigmatized. This was somewhat surprising, given the intimate and controversial nature of sexual and reproductive health issues. However, those that were stigmatized tended to be related to STIs, including AIDS. This finding suggests that while issues dealing with pregnancy complications, labor, or delivery are not usually stigmatized, STIs are often portrayed as a source of shame and embarrassment. Along those lines, most reproductive and sexual health story lines were conveyed in a serious tone. The few story lines that were portrayed as comic or casual dealt with issues like STIs and breastfeeding, rather than labor, delivery, and pregnancy complications. The high number of story lines with a serious tone suggests that reproductive health topics are usually portrayed as dramatic, even life-threatening. In fact, although the sample was evenly split between comedic and dramatic shows, the majority of sexual and reproductive health story lines came from dramas (85%). Although we would not expect pregnancy complications to be dealt with casually, these findings highlight that most reproductive and sexual health issues are considered grave, while only certain issues are discussed flipantly.

Most of the health issues in our analysis depicted positive role models, or people who were portrayed favorably. Many of those that depicted negative role models dealt with teen pregnancy or family planning, which may suggest negative views toward teen sexuality. This finding is notable because past research has shown that positive role models are more likely to enhance persuasive effects, and negative role models are more likely to be persuasive when the character experiences negative outcomes (Singhal & Rogers,
1999). There was no consistent pattern for health issues that involved transitional role models.

These findings have important implications for other aspects of health communication research as well. Only about one-quarter of reproductive and sexual health story lines were major story lines, which is significant in light of what we know about the role transportation plays in changing beliefs (Green & Brock, 2000; Green, Brock, & Kaufman, 2004). When individuals are highly transported by a story line their beliefs tend to be congruent with those in the story line. Understanding whether and how transportation takes place during only minor or dialogue-level story lines could expand our knowledge of the role of narrative in changing beliefs.

Limitations

One limitation of this study is that the sample does not include unscripted reality programming, which is common on prime-time television. Future researchers should consider analyzing the content of reality programming, especially shows with a health-oriented angle, such as Biggest Loser and Celebrity Rehab. These shows are of interest because they may address health issues differently than fictional shows, perhaps calling upon experts and testimonies.

Another limitation is the relatively small sample size. The fact that only 14% of the larger sample had story lines about sexual and reproductive health speaks to the scarcity of this issue on TV. Nonetheless a larger sample size, perhaps over several years, would allow for more comparisons between issues.

Another limitation is that prime-time television, while having a large viewership, is targeted primarily at English-speaking populations. Moreover, we recognize that mainstream media are just one part of a much larger story about how information is distributed and norms are established. While it is still useful to monitor how values and norms are expressed in prime-time television, it must be remembered that these values and norms may be augmented or attenuated by other sources of information such as interpersonal communication, other media, and so on.

Conclusion

This content analysis sheds light on how these highly personal issues are portrayed to millions domestically and billions internationally. On the positive side, audiences may be exposed to a substantial amount of health content. On the negative side, many crucial health issues are underrepresented, and prime-time content may contain more information on how to treat a disease than how to prevent it. Given the attention and accuracy the viewing public ascribes to prime-time television content, health practitioners and scholars would be wise to take note of what health information is being conveyed, what is not being conveyed, and the potential effects of these portrayals.

Our analysis also shows that reproductive and sexual health issues, while scarce, are framed as serious and dramatic, though not necessarily stigmatized. Ordinary or routine reproductive health issues do not receive as much attention. Though there were few cases of STIs on prime-time TV, our analysis suggests that these nonpregnancy issues are dealt with quite differently, often with stigma, treated casually or humorously, and as happening to negative role models. People experiencing pregnancy and delivery issues are typically positive role models, as long as they are not teens.

This study may be a useful starting point for research that would include a more ecological view of how health information and social norms are spread, as well as a better understanding of how audiences actually perceive these messages. The results of this article are not meant to suggest that it is the responsibility of television producers and writers to provide accurate health information that reflects the information needs of the audience. Instead, we provide an overview of what is on television to understand which issues are portrayed and how they are being portrayed. While prime-time television does not tell the whole story of how mediated communication addresses reproductive health, it is nevertheless a crucial area for examining these issues and drawing attention to the potential effects of these portrayals.

REFERENCES


