

## The paradoxical portrayal of the risk of sexually transmitted infections and sexuality in US magazines *Glamour* and *Cosmopolitan* 2000–2007

Juanne N. Clarke\*

Department of Sociology, Wilfrid Laurier University, Waterloo, Ontario, Canada

(Received 12 August 2009; final version received 20 May 2010)

This paper reports on an exploratory, qualitative content analysis of the portrayal of the risk of sexually transmitted infections or diseases (STIs or STDs) and sexuality in the United States (US) versions of the most popular women's magazines in the world, the English language magazines for young women *Cosmopolitan* (*Cosmo*) and *Glamour* from 2000–2007. The data studied here demonstrate contradictory messages. On the one hand, there is a frequent and powerful portrayal of STIs and STDs as ubiquitous, dangerous, and disgusting, and on the other, there are numerous stories promoting casual sex for women's pleasure. Biomedicine is positioned as the most appropriate system of knowledge for understanding and explaining sexuality and STIs/STDs. The substantive, theoretical, and practical consequences of this paradoxical and contradictory social construction of sexuality and the risk of STIs or STDs are discussed as the major contributions of this paper.

**Keywords:** risk; risk communication; sexually transmitted disease; sexuality; portrayal; magazines; *Cosmopolitan*; *Glamour*

### Introduction

The purpose of this research is to describe and analyse the portrayal of sexual health and disease in the context of sexuality in the US versions of the two highest circulating women's magazines in the world, *Cosmopolitan* and *Glamour*. *Cosmopolitan* is the highest-selling women's magazine on the globe (McCleneghan 2003) and can be bought in 14 countries including Indonesia, China, Ukraine, Korea (McCleneghan 2003), Britain, and Canada. *Glamour* can be purchased in Canada and Europe and outsells *Cosmo* in Latin America. A significant part of the success of these magazines is their focus on sex (Ouelette 1999, Mackin and Thornborrow 2003, McCleneghan 2003). Indeed, *Cosmopolitan* magazine was founded in the 1960s by Helen Gurley Brown to showcase sex and to demonstrate that women had 'needs and desires outside of the home and family sphere' (Mackin and Thornborrow 2003). However, there is little known about how this portrayal of sexuality might be deployed in the context of the high and increasing incidence of numerous different sexually transmitted infections, many of which are very serious and some of which are life-threatening (Trends in Reportable Sexually Transmitted Diseases in the United States, 2007; <http://www.cdc.gov/std/stats07/trends.htm>).

---

\*Email: [jclarke@wlu.ca](mailto:jclarke@wlu.ca)

Media both create and reflect social realities. In fact, David Altheide (2002) has noted that life experiences in modern societies are *mediated*. Magazines, in particular, are important for the transmission of discourses to women. They are widely read and reread and have been available for young females since 1869 in the UK (Tinkler 1995) and 'adult' women since 1693 (White 1970). **Magazines are accessible and inexpensive, and thus read and even reread over much of the world. Young women say that magazines are as important as parents for information and advice about their lives including sex (Medley-Rath 2007) and for solving their problems (Currie 1999).** It is important to note that readers do not necessarily view these magazines as authoritative. In fact, magazines are likely read with a combination of scepticism, resistance, and agreement (Jackson 2005a & b).

Media offer key insights into sexuality, a pivotal part of human life and central to self-identities associated with masculinities and femininities and to gender relations (McRobbie 2004). The study of sexuality is particularly important today because of the major changes that have occurred in the past half century or so in regards to the introduction of the now widespread availability and utilisation of highly successful birth control techniques such as the 'Pill', the consequent separation of sexual intercourse from procreation and marriage, and in the context of the second wave women's movement, the empowering of women regarding their sexual expression and the choice to reproduce or not.

More recently sexuality has been linked to risks of serious threats to health and life posed by a growth in the identification and incidence of sexually transmitted infections such as Chlamydia, gonorrhoea, syphilis, HPV, HIV/AIDS, hepatitis B, and herpes (Trends in Reportable Sexually Transmitted Diseases in the United States, 2007; <http://www.cdc.gov/std/stats07/trends.htm>), particularly in the US. At a rate of about one in four people, the United States has the highest incidence of non-HIV sexually transmitted diseases in the Western world (Glazer 2004). The Centers for Disease Control estimate that there are approximately 19 million new cases of STDs each year and probably half of these occur in young women of the ages to whom these magazines are addressed (<http://www.cdc.gov/STD/>).

There has been considerable investigation, using qualitative and feminist techniques, of the portrayal of the sexualities of *teenaged* women (see for instance Frith and Kitzinger 1997, Jackson and Cram 2003, Jackson 2005a & b) in mass print magazines, televisions, and movies (Batchelor *et al.* 2004, Tally 2006, Jensen and Jensen 2007), girls' comics and romantic fiction (Walkerdine 1990, Radway 1991, Jackson 1993), video rental jackets (Oliver *et al.* 2003), and websites (Lambiase 2003). The portrayal of sex in magazines devoted to teenage audiences reflects ambivalence toward sexuality along with relatively consistent assumptions of its association with romance and love in the context of heterosexuality and the double standard wherein sex is for pleasure for men but not for women (Carpenter 1998, Muehlenhard and Peterson 2005, Ussher 2005, Clarke 2009). **While sexuality is a frequent topic in mass media, the risks and responsibilities associated with sexuality are less frequent (Hust *et al.* 2008). Comprising less than one percent of all content directed at a teen audience, the depiction of sexual risks is also frequently erroneous and unclear (Hust *et al.* 2008).** Another study focused on television found that sex and sexuality were very popular topics but safe sex was rarely mentioned (Kunkel *et al.* 1999). With the recent introduction of the HPV vaccine in North America and elsewhere across the

developed world there appears to be an increase in media discussions of sexually transmitted disease in teenagers (Abdelmutti and Hoffman-Goetz 2009).

There is a paucity of research on sexuality or STDs/STIs in magazines designed for the post-teenage female demographic but what is available seems to suggest important differences to teenage magazines. For example, McRobbie (1996) studied the UK magazine *More* and found a highly positive and pro-sex portrayal. Another study, a survey of the ideas of US college women about *Glamour* and *Cosmo* indicated that they believed that these popular magazines were geared to a positive view of sex in which women were portrayed as independent sexual predators who could have anything that they wanted (McCleneghan 2003). One qualitative investigation comparing magazines for adult women with magazines for teens (but excluding *Cosmo* and *Glamour*) found that for both groups of women sex was thought of as an aspect of women's work (Clarke 2009).

There is one investigation into the differences and similarities in the portrayal of sex and sexually transmitted infections in men's and women's magazines (Larry and Grabe 2005). Comparing *Cosmo* and *Glamour* to two popular men's magazines *GQ* and *Men's Health*, this research found that sex was discussed mostly positively and as a source of gratification in each type of magazines. There were fewer messages about safe sex than about sex for pleasure in both magazines for women and for men, although there were more articles about sexual health and disease in the magazines for women than for men. With the exception of HIV/AIDs very few relevant articles discussed topics such as cause, prevention, symptoms, screening, and treatment (Davidson and Wallack 2004). Human papillomavirus portrayal was characterised as uninformative about such concerns as prevention, symptoms, or testing (Anhang *et al.* 2003).

Numerous scholars have typified modern societies as risk societies characterised by globalised and manufactured risks (for example, Beck 1992, Lupton 1999, Zinn 2008a). There has also an immense literature on risky behaviour and HIV/AIDS. Some work on sexuality and risk suggests that risks are downplayed by young people through discourses of self expression through emotional engagement or control (Lupton and Tulloch 2002) and through the belief that social actors can trust their partners (Skidmore and Hayter 2000). In the absence of a qualitative content analysis of the comparative portrayal of sexuality, sexual health, and disease, in the context of magazines directed toward a post-teen audience and known for their sexual explicitness, the present research offers such an investigation.

## Methods

This paper reports on an exploratory qualitative content analysis of the highest circulating mass print magazines in the US in the years 2000 to 2007 designed for young women including *Cosmopolitan* with US circulation rates of 2,908,861 and an average audience age of 31.3 and *Glamour* with circulation rates of 2,248,961 and an average age of readership of 33.7 years.<sup>1</sup> *Cosmopolitan* magazine alone has 58 different international editions in 34 languages and distributed in more than 100 countries.<sup>2</sup> *Glamour* magazine is another very high-circulating US publication.<sup>3</sup>

This study is based on all available full text articles (without graphics) found indexed under the keywords of sexuality, as well as the sub-topics indexed under

sexuality including sexual health, Chlamydia, gonorrhoea, herpes, human papillomavirus (HPV), AIDS, syphilis, pelvic inflammatory disease (PID), bacterial vaginosis (BV), hepatitis, and pregnancy in the annual index of magazine articles, *The Reader's Guide to Periodical Literature* (<http://www.hwwilson.com/databases/Readersg.htm>) and found in the selected English language magazines.

In accepting the definitions of sexuality, sexual health, and so on used by the *Reader's Guide* we must acknowledge that the index editors may have been influenced by changing ideas about sexuality and sexual health in an indiscernible way over the seven years examined. However, the use of the index still seems to be the best strategy for acquiring a sample of magazine articles on specific topics because it allows for easy replicability of research by others, along with various comparisons over time or magazine type.

The years 2000–2007 were selected in order to provide enough data over a long enough period of time to avoid the bias of the selection of one year only when a particular event, such as the announcement of a new sexually transmitted disease, for example, HIV/AIDS, or a new pharmaceutical treatment such as the 'morning-after' pill, to inhibit ovulation immediately after unprotected sexual intercourse, might be announced. They were also chosen to assemble a large enough sample of articles on sexuality and sexually transmitted diseases in the two magazines for meaningful cross-sectional content analysis. There were 26 articles in *Glamour* and 74 articles in *Cosmo* available for the time period. There was no attempt to engage in longitudinal analysis because of the limited time period.

### Analytic strategies

Initially all articles were read to ensure that they pertained in manifest content to the specified topics. Then all articles were read and reread and summarised as to topics of discussion (Berg 1989, Neuman 2000). The coding categories emerged in the latent analysis from the data which was read with sensitising concepts (Bryman 2004) developed from reading the literature reviewed. Additional and new themes, particularly with respect to the portrayal of STDs/STIs were noted as a result of the findings in the data. Illustrative quotations were highlighted and are used to illustrate the dominant themes.

Qualitative content analysis traditional concerns with measurement such as validity and reliability are replaced by concerns with credibility, transferability, 'generalizability or dependability and confirmability' (Jackson 2003). Credibility is evident in this research by the inclusion of multiple illustrations of each of the selected themes. Transferability is seen in the relevance of the actual excerpts to the themes. Dependability resides in the relevancy of the selected categories over time and articles. Confirmability is found in the illustrations of the arguments found in the quotations included in this paper.

### Results

The first point of note is the relatively small number of articles indexed under the topic of sex as compared to sexually transmitted disease in these magazines. There were no magazine articles on sex in *Glamour* over the time period under examination. A minority of the articles in *Cosmo* were on sexuality as compared to the majority on STDs/STIs. It must be noted, however, that even when articles

were indexed under STIs/STDs they (with a handful of exceptions, in which STIs/STDs were just listed with their symptoms) were discussed in the context of sex or sexuality.

### *Latent analysis*

The latent analysis revealed that the following themes and sub-themes were significant. The first was that STDs/STIs were described as fearsome, rampant, gruesome, and repulsive. **There was little attention paid to prevention or possible long-term consequences among other things.** The second was that sex is promoted as **ubiquitous, pleasurable, and casual.** Third, biomedicine and doctors were seen as appropriate bases for advice about sex.

### *STDs/STIs are described as fearsome, repulsive, and gruesome yet rampant*

Sexually transmitted infections or diseases are described as ever-present, universally awful, and virtually inescapable. Mention of the increase in rates of STDs is common. For instance, ‘Genital herpes now affects one in four women and one in five men in the United States, says Corey Casper, MD senior fellow in Infectious Disease at the University Of Washington School Of Medicine in Seattle’ (33).<sup>4</sup> Another story, emphasises the prevalence of STDs as follows; ‘Okay, we know this is a superscary topic, but you need to deal with it. Of the more than 13 million Americans who contract an STD every year, a shocking two-thirds are 25 years old or younger’ (38). This is followed by a list of six very frequent ‘risk factors’ that given the descriptions in other stories in the magazine, everyone will likely have encountered, including; (1) sex without a condom, (2) oral sex without a condom, (3) broken condom during sex, (4) having sex with anyone who has ever had unprotected sex with another or has ever used intravenous drugs, (5) had anal sex or, (6) using the Pill (38).

There is a frequent underscoring of the idea that STDs are almost impossible to avoid: ‘Safety may be your motto in the sack, but you could still be putting yourself at risk for STDs without realising it, says Cassandra Henderson, an OB-GYN at NYC’s Montifiore Medical Center’. All of the following are then described as ‘upping your infection odds: using spermicide, douching, using unlubricated condoms and applying body lotion or massage oil during foreplay’ (57). The next title implies that one STD is so common as to characterise the whole US, called the ‘Chlamydia nation’ (12).

Sex is described as presenting a multitude of different dangers and ubiquitous risks. Sex toys are one small part of the varieties of sex play discussed. In a story

Table 1. Sexuality versus sexually transmitted disease. Keywords in *Glamour* and *Cosmopolitan*.

Keyword	Periodical <i>Glamour</i>	<i>Cosmopolitan</i>
Sexuality	0	16
STD/STI	26	47
Other (Birth Control)	0	11

about ‘using a sex toy’ is the following: ‘Even if it looks clean, viral and bacterial STDs can live on the surface of a passion prop’ (1). Questions, and answers to unasked questions, emphasise the dangers of sex. Titles such as the following are also frequent. ‘*Am I less likely to get an STD from oral sex than from vaginal or anal sex?*’ (9). ‘*Can the wart on my guy’s finger give me genital warts if he touches me?*’ (12). ‘*Are novelty condoms less effective than regular ones?*’ (10). One article proposes that ‘outdoor sex sessions’ can be ‘sizzling and safe’ at the ocean, pool or hot tub, the beach or in the woods although particular, potential dangers lurk in each place and need to be prevented (14).

### *STDs are described as frightening*

Several illustrations of fear exacerbating discourses follow. Note the emphasis on the word ‘simply’ in the following quote. ‘If your partner carries the genital wart virus, he may be able to give it to you by simply touching you down below’ (21). The following title also illustrates the frequency and fear of STDs. ‘The scary virus you’re clueless about: hepatitis C can strike anyone . . . even you. Ahead what you need to know to protect yourself from infection’ (65). The next quotation demonstrates the fear often engendered and emphasised in discussing STDs. Note the mention of ‘tiny critters’:

The thought of tiny critters canvassing your pubic hair area may send a chill down your spine, but if your private itch is limited to this spot, there’s a good chance you have pubic lice. I was itching so badly that I ran to the bathroom, turned on the light, and combed through my pubic hair, recalls Beverly Hoffmeier, 28, a writer in New York City. I was horrified to spot tiny crablike bugs crawling around (70).

Even interventions designed for protection are linked to an increased risk of STDs:

Alarming research shows that the spermicide nonoxynol-9—often used in condoms and contraceptive creams—may increase your risk of contracting HIV and other STDs if used frequently, says Debra Birnkrant, MD director of the FDA’s division of antiviral drug products. ‘Spermicide doesn’t kill the HIV virus, and it might even enhance its transmission’, she says (53).

Using a boyfriend’s razor can be dangerous. ‘If your man has cold sores, warts, or hepatitis B or C (which can lead to harmful liver diseases), the virus could be living in his razor’ (37).

STDs are portrayed as a constant and formidable threat that is almost inevitable. All the techniques or tools for prevention are portrayed as fallible in one way or another. For instance, in an article about condoms three different types are described, each with its own problems. Latex condoms ‘are the strongest kind. Plus, they’re available prelubricated and in a variety of sizes’. ‘However’, the article goes on, ‘7% of the population is allergic to latex and some lubricants wear down latex condoms’. Polyurethane condoms are described as ‘thinner’ and as having a ‘longer shelf life’ but also as having a ‘higher chance of breakage and slippage’, and being ‘twice as expensive and unlubricated’. Finally lambskin condoms may be preferable for some people because they are more ‘natural’ since they are made from animals but they do not provide protection from STDs (13). Readers are urged to worry about the initial invisibility of some STDs. Audiences are warned that doctors do not

necessarily ask about sexual habits or check for STDs and that, they need to request such testing from their doctors:

Strange but true. Many gyns don't automatically test for the most common STDs—unless you ask for it. The mistake patients often make is they assume that part of the reason for a check-up is to look for evidence of STDs, says Steven Sondheimer, MD, a professor of obstetrics and gynecology at the University of Pennsylvania Medical Center in Philadelphia. But not every doctor checks for them unless you tell him or her that you've changed partners or have multiple partners (27).

#### *STDs are described as repulsive*

When STDs are described it is often in great and viscerally repugnant detail. Note the following descriptions of various STDs. A yeast infection is described as 'cottage cheese-like discharge and/or itching or burning' (16). Bacterial vaginosis is said to consist of an 'off-white watery or foamy discharge accompanied by a fishy smell' (16). Trichomoniasis is described as a 'frothy yellow or greenish discharge accompanied by vulval itching and soreness' (16). Some discharges are normal and others spell disease says the next illustration:

It's normal to see a small amount of odourless whitish fluid in your panties each day. However, pay attention if the fluid has a foul smell, takes on a greenish grey, or dark yellow color, or is tinged with blood. Any of these changes could signal an STD or a vaginal infection such as bacterial vaginosis or trichomoniasis, which can be cured with prescription meds (57).

STDs are also sometimes linked to another feared disease, cancer (Clarke and Everest 2006), as the next quote illustrates:

In a study published in the *International Journal of Cancer*, researchers found that women who had antibodies to Chlamydia in their blood (signalling previous infection) were more than twice as likely to develop cervical cancer in the future. Though scary, experts say more research is needed to prove a definitive link. Still, Chlamydia can cause pelvic inflammatory disease, which may lead to infertility, so protect yourself by using latex condoms and limiting sexual partners (15).

#### *Sex is for pleasure and described in a casual and friendly tone*

In contrast to the descriptions of sexually transmitted infections, sex is described with a breezy, casual tone and emphasis is placed on the great pleasures of sex. The writers and the readers, are imagined, it seems, to share a common perspective. Sex, and all that is associated with it, is dealt with in a positive, straightforward, accepting, and practical manner. The writers seem to position themselves as even more intimate than close girlfriends of the readers. For example, 'If you've ever had a burning sex question that you were too embarrassed to pose even to your best friend, you're not alone. Here at *Cosmo*, we are flooded with anonymous e-mails from readers about "carnal conundrums"' (92). Not only are reader's questions portrayed as familiar but sex is itself talked of as an informal affair designed for immediate gratification. A number of illustrations follow to give the sense of this point. The first quote is from the opening sentence of an article 'If you're being pleased by a guy' (3). Note the colloquialisms, too, in the next quotation in an article on mistakes with condoms. 'When used correctly, condoms are 97 percent

effective, but—alarming—14 percent of women who rely on them get pregnant every year due to surprising in-the-sack snafus’ (4). Another story begins nonchalantly as follows: ‘As the gurus of getting it on, we at *Cosmo* are constantly fielding questions from readers on a range of sex subjects’. In answer to the question supposedly asked of the magazine ‘I’ve had trouble getting lubricated since the weather’s become warmer. What’s up?’ is the casual and idiomatic answer ‘Your lack of lube’ (23). In a story advocating that women go to doctors with a number of different symptoms is the next example of colloquial and casual talk, ‘yeast infections are supercommon’ (2).

*Sex is ubiquitous, varied, and for fun*

All kinds of sex are described and portrayed as occurring everywhere, with varying but specific organs and for women’s pleasure. Casual instructions for increasing satisfaction are common. For instance:

‘Women aren’t born knowing how to reach their peak—they learn by masturbating’, explains Pepper Schwartz, PhD, author of *Everything You Know About Sex Is Wrong*. To begin, take a hot bath, which will clear your head and ease your muscles. Once you’re relaxed in the tub, wake your senses by running your hands over your breasts, belly and thighs. Conjure up a juicy fantasy and begin to caress your clitoris or the area around it—make figure eights with one fingertip, then try up and down strokes with three fingers (5).

Many sexual options and positions are discussed with easy colloquialisms. The next example discusses anal sex, notably with such an informal referent to ‘backdoor booty’:

These days, interest in backdoor booty is growing. Due to the prevalence of online pornography and the breaking down of sexual taboos, anal sex is no longer considered something only gay guys do (93).

Similarly, in response to a question about oral sex is the next quotation which uses the colloquialism ‘downtown’:

So the next time you’re going at it with your man, let him know just how bad you want him by making the first move downtown. Confidently kneel between his legs, and grip his shaft firmly. Then take him in your mouth and slide your mouth and hand up and down his penis in tandem, periodically gazing up at him or moaning with pleasure (93).

*Sex is promoted*

In many ways the magazines promote and advocate for (hetero) sex of all types and for several different reasons (aside from pleasure). For example, in response to a question from a reader about why her abdomen is achy and sore after sex the next comment suggests that women need to ask for or demand sexual gratification even for their own health:

Your postcoital crampiness is most likely the result of pelvic congestion, says Niels Lauersen, MD, clinical professor of obstetrics and gynecology at the New York Medical College in New York City. ‘When a woman becomes sexually aroused, blood rushes to her pelvic area then gets redistributed after she has an orgasm. But if she has a weak

orgasm or none at all, the blood pools for a while, often resulting in an uncomfortable, bloated feeling', he explains (58).

The solution is the get the male partner to bring the reader to orgasm again. In response to a question about whether sex before a Pap smear interferes with the reliability of the medical test is the following pro-sex statement:

Gynos used to tell patients that semen near a woman's cervix obscured the cell sample for the Pap test, causing an unreadable result. But thanks to more advanced technology, which almost all MDs now use, it's fine to get busy up to 12 hours before your exam, says Dr. Minkin (87).

Sex is only discouraged a couple of times and then only with regard to specific situations such as herpes or genital warts. For instance, as one of a long list of interventions to protect the reader from HPV is the next comment which suggests the reader have, perhaps, less sex '... the most obvious move. Scale back on hooking up. Your chances of contracting HPV increase nearly tenfold for each new partner you have per month, reports a University of California at San Francisco study'.

*'Accidents' are normalised and pregnancy is portrayed as a minor inconvenience*

**'Accidents' during sex are normalised and rendered non-problematic in various ways.** In the context of a little narrative about a condom breaking in sex with a boyfriend is the following description. Notice how a mother is deployed to render the accident acceptable and easily manageable. 'She knew she wasn't ready to become a mom. Luckily her mother had just sent her a detailed newspaper article about new kinds of emergency contraception' (72). By contrast to STDs, pregnancy is rarely discussed as a risk of sex but, when it is, it is described as easy and even inexpensive to end. The next quote illustrates the typical way that preventing a potentially unwanted pregnancy is described:

If you fear you may be pregnant, call your gyno or primary-care physician: she can phone in a prescription for the emergency contraception (EC) Plan B to a pharmacist at WebRx.com (877-DRUG411). The drug costs \$26.95 and can be sent overnight for an extra \$11.95. Taking Plan B within 72 hours of a sexual slip-up will reduce your risk of pregnancy by 89 percent.

Further, this article, as others, recommends the reader keep a few samples of the emergency contraception on hand, just in case. Finally, though the reader is told not to fear pregnancy because she can easily go to [www.WebRx.com](http://www.WebRx.com) herself to get a supply if she forgets to ask her doctor (30). Indeed, 'in a pinch, you can use certain brands of regular birth control pills for the same purpose' and there is always the Emergency Contraception hotline 888-NOT-2-LATE or the website of the same name (35).

*Biomedicine and medical doctors provide expertise about sex*

Sex is not associated with people, decision-making, or relationships but it is almost uniformly associated with genital and other organs such as hands, mouths, and anuses. It is also continuously contextualised not by romance or even marriage but by allopathic medicine, disease, gynecology, and various types of medical

practitioners. Sex seems to be portrayed as medically understood, explained, and monitored. An annual check-up with a gynecologist is taken-for-granted as a minimum number of visits. Doctoring is recommended for all sorts of problems. For instance:

When swollen glands strike or you have an itch down below, it's tempting to go online to figure out what's wrong instead of hoofing it to a physician . . . The problem is, making certain health care decisions on your own can be downright dangerous. Patients put their health at risk when they treat themselves, says Mary Jo Welker, MD, chairman of the department of family medicine at Ohio State University (2).

Going to the gyno for an annual exam can, at best, be described as a necessary evil. But despite not being the most highly anticipated event of the year, you clearly realise how important this check-up is to your sexual health: 83 percent of *Cosmo* readers say they make it to the gyno once every twelve months. Still, it's hard not to feel anxious about the experience—in fact, 85 percent of *Cosmo* readers confessed to freaking out at least somewhat the night before the exam (85).

Scientific findings merit excitement but not critical thinking:

It's arguably the biggest breakthrough in women's health since the Pap test. Approved by the Federal Drug Administration (FDA) this past June, the HPV vaccine—a series of three shots given over six months—is almost 100 percent effective against the two types of HPV that cause 90 percent of all the cases of genital warts. It also protects against two other types that trigger 70 percent of cervical cancer cases (63).

Doctors are frequently described as located at one or another major medical school and quoted as the authorities on most potential problems that could be related to the sexual life of the reader. 'You could just be harbouring a resistant or particularly stubborn strain of yeast, says Mariam Ziemann, MD assistant professor of gynaecology and obstetrics at Emory University School of Medicine in Atlanta' (23):

It's not clear if the HPV people carry on their hands is alive or dead or whether it is present in high enough quantities to cause an infection, says J. Thomas Cox, MD, executive medical director of the American Social Health Association's National HPV and cervical Cancer Prevention Resource Center (21).

At the same time, doctors are also described as expendable. They are to be partnered with, evaluated, and if they are found wanting they are to be rejected. Note the following title 'Should you find a new doc? Signs your MD deserves the heave-ho' (55). Among the reasons for changing doctors are the following '(1) If the doc says when you report being in pain, "don't worry about it"; (2) if the doc "never has time to talk to you"; (3) if your doc "doesn't keep up with the times"; and/or (4) if the doc "passes judgment"'

## Discussion

There are three important points for discussion that arise from the findings of the study. First, sex itself is described in numerous positive ways. **The tone of the articles about sex is almost uniformly casual, friendly, and empowering and seems to be based on an unquestioned assumption that sex is ubiquitous and fun.** Second, the disease consequences, in other and more frequent stories, are described in frightening

and repulsive detail. Third, both sex and STDs/STIs are contextualised by medicine and doctoring.

Sex is portrayed as largely recreational and mechanical and as occurring between genitals, or involving mouths, hands, or anuses. The articles do not talk about sexuality in a context of people having relationships, deciding about safe sex (or not) and doing things with others, going to concerts or out to eat, or engaging in other activities. Thus the portrayal of sex is fundamentally reductionistic. In a way sexuality is individualised but the individual is seen as a body made up of organs-seeking-pleasure rather than as a whole-person. The ideas that sex is an emotional connection, an aspect of a relationship has been translated, by and large, into sex as physical pleasure but associated with fear and relentless medical surveillance work because of the constant and 'everyday' risk associated with it (Hunt 2003). Since Master and Johnson's influential scientisation of the 'human sexual response', the development of the birth control pill and of Viagra, in particular, sex has fallen under the gaze of rationalisation (Jackson and Scott 1997) and the pharmaceutical industry (Teifer 2000). The portrayal of sex in these magazines is consistent with this view.

Despite little discussion of relationships, it is clear that heterosexuality is taken-for-granted as the sexual orientation of readers. Women are described as responsible for themselves and for partnering with (male) lovers and then doctors to get what they may want and/or need. Birth control is discussed as if it is so effortless and so easily managed and taken for granted as to be almost irrelevant for discussion. This portrayal supports arguments about the individualisation of risk (Zinn 2008) so that in the face of the possibility of the constant undermining of pleasure individual sexually active women, it may be inferred, must continuously confront a 'precarious freedom' (Zinn 2008, p. 33) through their ongoing responsabilisation (Hunt 2003, p. 233) of the risks accompanying sexual activities.

Sexuality, before the sexual revolution, heralded by the widespread use of the birth control pill, was largely circumscribed by discourses of the 'double standard' and patriarchal marriage. The ideas of sex for the pleasure of women or sex outside of marriage were largely invisible. Sex was thought to be for the satisfaction of men and to belong in heterosexual marriage wherein the fatherhood of any offspring was known (O'Brien 1981). In these magazines women's sexuality is governed or controlled not through discourses of marriage or the double standard (discourses suggesting that it is only men who enjoy sex) but through the double-binding (Bateson 1999) making sex both pleasurable and dangerous for women. It is an unsafe and risky pleasure. In these magazines sexuality is controlled and managed through the victories of discourses of medicalisation, risk responsabilisation, and scientism over women's sexual pleasure because women's sexuality is only conceived of in the context of the avoidance of disease. Medicalisation (Conrad 2005) is supported in these stories because doctors are repeatedly presented as the final authorities on what needs to be worried about in regards to sexuality. Whatever the specific STI/STD cited it is defined as a bio-medical phenomenon, to be diagnosed and treated. As such prevention is, relatively speaking, ignored. These findings also support Barbara Marshall's argument that sexuality is becoming more medicalised (2002).

This contradictory portrayal can also be thought of as a reflection of the continuing tensions of a modern risk society wherein all human actions are potentially problematic and even dangerous (Beck 1992). Eating, sleeping, exercising, and even

housing are fraught with worries of putative hazards. At the same time as sex for the pleasure of women is advocated as a part of women's new freedoms, it is also problematised as leading to potential suffering. In a sense sex is remoralised as bad not because it occurs outside of patriarchal marriage or for the pleasure of women rather than men but because of its constant association with awful disease. Rather than claiming that a focus on women's sexual pleasure violates the gender order, the portrayal suggests, it always potentially violates good, scientifically elaborated, health habits. In this context the emphasis on STDs/STIs is a form of social control of women. Sexual expression itself becomes a kind of 'edgework' both exciting and saturated with hazards (Zinn 2008).

This paradoxical representation of sexuality can also be understood through a feminist analysis. The second wave of the women's movement was accompanied by the discovery and wide distribution of the birth control pill which was said to give women freedom to choose to be sexually active and to seek their own desires. Sex was to be uncoupled from the necessity of marriage and pregnancy. Women's control over their own bodies was one of the major tenets of this stage of feminism. The positive portrayal of sexuality represents the full-flowering of this stage of women's sexual revolution. In a sense women's pleasure is undermined through what might be seen as a backlash against a feminism that some, such as Patai (1998) and Roiphe (1993), consider may have taken a wrong turn when it began to problematise heterosexual sexual relationships and increasingly to construct women as victims of male sexual freedom. This backlash is accomplished through the description of STDs and their inevitable link with all types of sex. It serves to undermine a sex promoting feminist perspective on sex in favour of an oppositional perspective. It seems to reflect a reaction against women's desire when it is not linked to heterosexual marriage.

In addition, sex is essentially described as outside of social meaning in the context of relationships or even decision-making regarding safe sex. As such this paper demonstrates an emphasis on a biologicistic conception of sexuality as an activity that occurs when organs seek pleasure. While individuals are exhorted to attempt to act safely with one or another type of contraceptive and with frequent doctor visits to rule out or discover STDs they are not described as relating to one another through sexual activities. Individualism is thus venerated in the sense that it is individuals who are asked to care for their biology by paying attention to bio-medical advice.

The foregoing critique is not meant to suggest that STIs and STDs are trivial or that they lack real threat. On the contrary, sexually transmitted diseases have had a serious impact on fertility, maternal health and infant health since the sexual revolution of the 1960s and 1970s (Krasnick Warsh 2010). For instance, in one year, 1983 estimates suggested that 50,000 American women became involuntarily sterile from an STD (Krasnick Warsh 2010). Ironically, according to the Center for Disease Control however, possibly one of the most effective means of limiting the spread of STDs/STIs is through a focus on sex as a part of trusting relationships and for mutual pleasure (<http://www.cdcnpin.org/scripts/std/prevent.asp>).

### **Conclusion: Limitations and future directions for research**

There are a number of limitations which need to be mentioned. Each limitation could be the basis for future research. First, it is important to point out that magazines are just one of the many media that are influential in mass society.

Television, movies, music, and fiction are among the other important media that need to be investigated. Second, this research has examined a relatively short time span of seven years. It would also be valuable to trace possible changes over time during a much longer time period. While the two magazines cited here are highly circulating we cannot make any claims about their level of pragmatic influence on or reflection of their audience. Third, we cannot make any claims about how audiences respond to the content. Fourth, this analysis has relied on text. Studying accompanying photographs might have allowed us to enhance the findings about the diversity of the audience being addressed. Fifth, this method of article by article analysis is problematic to the extent that it de-contextualises the stories from the totality of the magazine. Study of the whole of the magazines might provide a different picture. Sixth, we did not consider the issues raised by the different types of articles (such as advice columns). Finally, this is an exploratory study as it is the first to content analysis of these two magazines. Future research may address these and other related issues.

### Acknowledgements

We would like to gratefully acknowledge the support of the Social Sciences and Humanities Research Council for funding for this project.

### Notes

1. ([http://www.cosmomediakit.com/r5/cob\\_page.asp?category\\_code=circ](http://www.cosmomediakit.com/r5/cob_page.asp?category_code=circ); <http://www.condenastmediakit.com/gla/index.cfm>).
2. ([http://www.cosmomediakit.com/r5/cob\\_page.asp?category\\_code=circ](http://www.cosmomediakit.com/r5/cob_page.asp?category_code=circ); <http://www.condenastmediakit.com/gla/index.cfm>).
3. ([http://www.cosmomediakit.com/r5/cob\\_page.asp?category\\_code=circ](http://www.cosmomediakit.com/r5/cob_page.asp?category_code=circ); <http://www.condenastmediakit.com/gla/index.cfm>).
4. The numbers in parenthesis after the quotes refer to the media reference. This is not in the reference list but available from the author.

### References

- Abdelmutti, N. and Hoffman-Goetz, L., 2009. Risk messages about HPV, cervical cancer and the HPV vaccine Gardasil: A content analysis of Canadian and US national newspaper articles. *Women & health*, 49, 422–440.
- Altheide, D., 2002. *Creating fear: News and the construction of crisis*. New York: Aldine de Gruyter.
- Anhang, R.J.E., Stryker, T.C., Wright, Jr. S., Goldie. 2004. News media coverage of human papillomavirus. *Cancer*, 100 (2), 308–314.
- Batchelor, S.A., Kitzinger, J., and Burtney, E., 2004. Representing young people's sexuality in the 'youth' media'. *Health education research*, 19 (6), 669–676.
- Bateson, G., 1999. *Toward a theory of schizophrenia in part three; steps to an ecology of mind collected essays in anthropology, psychiatry and epistemology*. Chicago: University of Chicago Press.
- Beck, U., 1992. *Risk society: towards a new modernity*. London: Sage.
- Berg, B., 1989. *Qualitative research methods for the social sciences*. Boston: Allyn & Bacon.
- Bryman, A., 2004. *Social research methods*. 2nd ed. Oxford: Oxford University Press.
- Carpenter, L., 1998. From girls into women: Scripts for sexuality and romance in seventeen magazine, 1974–1994. *Journal of sex research*, 35 (2), 158–168.
- Clarke, J., 2009. Women's work, worry and fear: The portrayal of sexuality and sexual health in magazines for teenage and middle aged women 2000–2009. *Culture, health & sexuality*, May, 415–442.
- Clarke, J. and Everest, M., 2006. Cancer in mass print media: Fear, uncertainty and the medical model. *Social science and medicine*, 62 (10), 2591–2600.

- Conrad, P., 2005. The shifting engines of medicalization. *Journal of health and social behavior*, 46, 3–14.
- Currie, D., 1999. *Girl talk: Adolescent magazines and their readers*. Toronto: University of Toronto Press.
- David, A. & Wallack, L. 2004. A content analysis of sexually transmitted diseases in the print news media. *Journal of Health Communication*, 9, 111–117.
- Frith, H. and Kitzinger, C., 1997. Talk about sexual miscommunication. *Women's studies international forum*, 20, 517–529.
- Glazer, S., 2004. Sexually transmitted diseases: The issues. *CQ researcher*, 14 (42), 99–106.
- Hust, S.J.T., Brown, J.D., and L'Engle, K.L., 2008. Boys will be boys and girls better be prepared: An analysis of the rare sexual health messages in young adolescents' media. *Mass communication & society*, 11, 3–23.
- Jackson, S., 1993. Love and romance as objects of feminist knowledge. In: M. Kennedy, C. Lubelska, and V. Walsh, eds. *Making connections: Women's studies, women's movements, women's lives*. London: Taylor & Francis, 39–59.
- Jackson, S., 2005a. 'I'm 15 and desperate for sex': 'Doing' and 'undoing' desire in letters to a teenage magazine. *Feminism & psychology*, 15 (3), 295–313.
- Jackson, S., 2005b. 'Dear girlfriend ...': Constructions of sexual health problems and sexual identities in letters to a teenage magazine. *Sexualities*, 8 (3), 282–305.
- Jackson, S. and Cram, F., 2003. Disrupting the sexual double standard: Young women's talk about heterosexuality. *British journal of social psychology*, 42 (1), 113–127.
- Jackson, S. and Scott, S., 1997. *Gut reactions to matters of the heart: Reflections on rationality, irrationality and sexuality*. Oxford, UK: Blackwell Publishers.
- Jackson, W. 2003. *Doing social research*. Scarborough, Ontario: Prentice Hall.
- Jensen, R. and Jensen, J., 2007. Entertainment media and sexual health: A content analysis of sexual talk, behaviour, and risks in a popular television series. *Sex roles*, 56, 275–284.
- Krasnick Warsh, C., 2010. *Prescribed norms: Women and health in Canada and the United States since 1800*. Toronto: University of Toronto Press.
- Kunkel, D., Cope, K.M., and Biely, E., 1999. Sexual messages on television: Comparing findings from three studies. *The journal of sex research*, 36 (3), 230–236.
- Lambiase, J., 2003. Sex - online and in internet advertising. In: T. Reichert and J. Lambiase, eds. *Sex in advertising: Perspectives on the erotic appeal*. Mahwah, NJ: Erlbaum.
- Larry, A. and Grabe, M.E., 2005. Media coverage of sexually transmitted infections: A comparison of popular men's and women's magazines. *Journal of magazine and new media research*, Summer, 1–23.
- Lupton, D., ed., 1999. *Risk, sociocultural theory*. Cambridge: Cambridge University Press.
- Lupton, D. and Tulloch, J., 2002. 'Life would be pretty dull without risk': Voluntary risk taking and its pleasures. *Health, risk & society*, 4 (2), 113–124.
- Mackin, D. and Thornborrow, J., 2003. Branding and discourse: The case of *Cosmopolitan*. *Discourse & society*, 144, 453–471.
- Marshall, B., 2002. 'Hard science': Gendered constructions of sexual dysfunction in the 'Viagra age'. *Sexualities*, 5 (2), 131–158.
- McCleneghan, J.S., 2003. Selling sex to college females: Their attitudes about *Cosmopolitan* and *Glamour* magazines. *The social science journal*, 40, 317–325.
- McRobbie, A., 1996. More! New sexualities in girls and women's magazines. In: J. Curran, D. Morley, and V. Walkerdine, eds. *Cultural studies and communications*. London: Arnold, 172–194.
- McRobbie, A., 2004. Post-feminism and popular culture. *Feminist media studies*, 4 (3), 257.
- Medley-Rath, S., 2007. 'Am I still a virgin?': What counts as sex in 20 years of *Seventeen*. *Sexualities and cultures*, 11, 24–38.
- Muehlenhard, C. and Peterson, Z., 2005. Wanting and not wanting sex: The missing discourse of ambivalence. *Feminism & psychology*, 15 (1), 15–20.
- Neuman, W.L., 2000. *Social research methods: Qualitative and quantitative approaches*. 4th ed. Toronto: Allyn and Bacon.
- O'Brien, M., 1981. *The politics of reproduction*. Boston: Routledge.
- Oliver, M.B., Banjo, O., and Kim, J., 2003. Judging a movie by its cover: A content analysis of sexual portrayals on video rental jackets. *Sexuality & culture*, 38.

- Ouelette, L., 1999. Inventing the *Cosmo* girl: Class identity and girl-style American dream. *Media, culture and society*, 21, 359–383.
- Patai, D., 1998. *Heterophobia sexual harassment and the future of feminism*. Lanham: Rowman & Littlefield.
- Radway, J., 1991. *Interpretive communities and variable literacies: The functions of romance reading*. Berkeley: University of California Press.
- Roiphe, K., 1993. *The morning after sex, fear, and feminism on campus*. Boston: Little Brown and Company.
- Skidmore, D. and Hayter, E., 2000. Risk and sex: Ego-centricity and sexual behaviour in young adults. *Health, risk & society*, 2 (1), 23–32.
- Tally, M., 2006. 'She doesn't let age define her': Sexuality and motherhood in recent 'middle-aged chick flicks'. *Sexuality & culture*, 10 (2), 33–55.
- Teifer, L., 2000. Sexology and the pharmaceutical industry: The threat of co-optation. *The journal of sex research*, 37 (3), 273–283.
- Tinkler, P., 1995. *Constructing girlhood. Popular magazines for girls growing up in England 1920–1950*. London: Taylor and Francis.
- Ussher, J., 2005. The meaning of sexual desire: Experiences of heterosexual and lesbian girls. *Feminism & psychology*, 15 (1), 27–32.
- Walkerdine, V., 1990. *Schoolgirl fictions*. London: Verso.
- White, C., 1970. *Women's magazines 1693–1968*. London: Michael Joseph.
- Zinn, J.O., ed., 2008. *Social theories of risk and uncertainty: An introduction*. Malden, MA: Blackwell.
- Zinn, J.O., 2008. Risk society and reflexive modernization. In: J.O. Zinn, ed. *Social theories of risk and uncertainty: An introduction*. Malden, MA: Blackwell, 18–51.

Copyright of Health, Risk & Society is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.