

More than Meets the Eye: Women and Direct-to-Consumer Advertising

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Each day, everywhere we look, we are bombarded with advertisements for products that promise to change our lives for the better, make us happier, more attractive or healthier. Often these advertisements market goods that are relatively harmless, such as shampoo or deodorant. Yet, many commercials and print ads promote products that are potentially detrimental to health. For example, we often see or hear ads for weight loss products and over-the-counter or non-prescription medications, such as cold and allergy remedies. In addition, more and more pharmaceutical companies are marketing prescription drugs to the public, a practice known as “direct-to-consumer advertising (DTCA).” While DTCA is technically illegal in Canada, people in this country are still being exposed to such advertisements because regulation is lax and certain types of prescription drug advertising have been allowed to slip through the cracks. In addition, we regularly view television and publications originating in the United States (US) – where DTCA is legal.

“The average American television viewers see as many as 16 hours of prescription drug advertisements (ads) per year, far exceeding the average times spent with a primary care physician.”^[1]

While research on DTCA is relatively new and few sex- and gender-based analyses have been carried out in the area, preliminary studies have shown that women are more likely than men to be targeted as consumers of this type of advertising.^[2,3] In fact, some researchers, including Mastin and her colleagues have argued that direct-to-consumer advertisements are specifically designed to attract the attention of women because their gendered roles as “caregivers” and “health care gatekeepers” often render them responsible for managing the health of their families as well as their own health care.^[2] In other words, women are more likely than men to seek health information, make decisions about health issues, consult health care providers, purchase medications and provide care.^[2-4] Women also use the health care system and visit physicians more frequently than men because of biological differences^[3,5] such as reproductive functions related to birth control, pregnancy and menopause.

Growing evidence suggests that direct-to-consumer advertisements in print media are increasingly being directed at women – particularly in magazines.^[2,3,5] For example, the number of advertisements in “women’s magazines” skyrocketed after the US Food and Drug Administration relaxed restrictions on DTCA in 1997, but remained relatively stable in other types of magazines, such as news and entertainment publications.^[2] Currently, there are far more advertisements for prescription drugs in “women’s magazines” than in “men’s magazines” or those intended for a general audience.^[3] Pharmaceutical companies and their advertisers have seemingly determined that advertisements intended for women are far more effective in terms of sales than those that are not - even in cases where products are intended for either sex or specifically for men.

Ads for medications used to treat erectile dysfunction are one example of how pharmaceutical companies target female audiences for prescription drugs that treat male conditions. Although intended for use by men, these drug advertisements are commonly found in “women’s magazines.” As mentioned earlier, this placement of ads builds on gendered stereotypes of the woman as caretaker of

Canadian legislation prohibits direct-to-consumer advertising. However, many advertisers do not comply with current regulations and policies are not strictly enforced. Furthermore, much of our television and print media originates in the US where DTCA is legal. As a result, Canadian audiences are being exposed to more and more prescription drug advertisements that market products ranging from minor to serious health issues as well as ads that have more to do with social or personal conditions rather than for medical reasons, such as hair loss or bad breath.^[See 6]

her male partner – presuming that they will be the ones to consult a physician and fill the prescription. But the content of ads also builds on and reinforces gendered stereotypes. For instance, the way women are depicted in print and television ads implies that the sexual experiences of both women and men can be enhanced by medications for erectile dysfunction. While this may be the case, there is scant research to support the claim and some evidence to dispute it. According to sociologist Meika Loe, many women whose male partners use Viagra™ complain about feeling pressured for sex, a development which did not help their sex lives or their relationships.^[7] Some also worried that their partners were having affairs and some experienced painful physiological effects with revived or increased sexual activity.^[7]

Moreover, this approach to marketing is profoundly influenced by assumptions and biases about gender roles, sexual norms and heterosexuality. Such ads define “sex” narrowly, as consisting only or primarily of intercourse between a man and woman. In the process, they discount other forms of sexual intimacy that may be equally satisfying and they also marginalize same-sex sexuality. Ads for medications for erectile dysfunction feature heterosexual couples, at least in mainstream publications and television. At the same time, these ads bolster dominant notions of masculinity that are linked to the ability to achieve an erection and perform sexually, a gender stereotype that has the potential to damage the mental health of males and their relationships. Drug companies seem to deliberately deploy gender stereotypes in order to sell more of their products, regardless of the dangers of this practice.

Direct-to-consumer advertising further plays on gender stereotypes by targeting conditions that are believed by some to be associated with being “female” or that are identified as “female diseases.”^[8] For example, women are far more likely than men to be diagnosed with certain mental health conditions – specifically, anxiety and depression - and prescription drug ads for anti-depressants are typically directed towards female audiences.^[8,9] Advertisements that stereotype women as “biologically depressive obscures the psycho-social factors that significantly affect females’ lives – from poverty to abuse to discrimination.”^[8,p179] Perpetuating such stereotypes may well contribute to the continued over-diagnosis of depression in women as well as to neglect of depression and anxiety among men and boys.^[8]

Despite the fact that many ads are intended for a general female audience, not all women are targeted in the same way by direct-to-consumer advertising. For example, in the late 1990s, pharmaceutical companies began to focus intently on Black populations as prescription drug consumers. Indeed, according to some researchers, Black women have “become one of the fastest growing audiences intended for DTCA.”^[2,p56] After conducting a content analysis of 132 “Black” (*Ebony and Essence*), “women’s” (*Good Housekeeping and Ladies’ Home Journal*), news (*Newsweek and Time*) and entertainment (*Entertainment Weekly and People*) magazines between 1992 to 2002, Mastin and her colleagues^[2] found that the types of products showcased differed for Black and White female audiences. DTCA in magazines aimed at primarily Black readers, which also have a high readership among males, mainly revolved around drug treatments for women’s health issues – and in particular reproduction, including birth control pills, menopause and vaginal yeast infections. As well, almost all advertisements dealing with the prevention and treatment of sexually transmitted infections, including HIV and herpes, appeared in such magazines. In contrast, general

“women’s magazines,” which Mastin and colleagues found to be largely read by White women, had relatively few advertisements specifically targeting women’s health issues. Instead, these magazines featured ads for a wide range of drugs –again taking advantage of gender stereotypes of women as “caretakers” and “health care gatekeepers.”

Intentional targeting of women as consumers of DTCA should be a cause for concern for several reasons. First, current research suggests that women are more likely than men to respond to DTCA, asking their doctors for specific medications that may or may not be needed or appropriate.^[3,4] Doctors, in turn, are influenced by patient requests for particular drugs, adjusting both the volume and types of medications they prescribe.^[3,10, 11] Studies have shown that individuals exposed to DTCA are more likely to ask for an advertised drug^[3,10] and to receive a prescription for that drug^[5,11] than patients who consult a practitioner about general health issues. Given that women are the focus of such advertisements, we might infer that women are more likely than men to both request and receive drug prescriptions – or at least that drug companies assume this to be true. Clearly, more research – including that which involves a sex- and gender-based analysis – is needed to determine the true effects of direct-to-consumer advertising.

A further gendered implication of DTCA is that the high cost of such advertising increases the price of prescription drugs, making many of them inaccessible to people without drug benefits plans or adequate and dependent income. Because women are more likely than men to be in precarious employment and have few or no benefits, they are more likely to have to pay for prescription drugs out-of-pocket and less likely to be able to afford them.^[3] Another cautionary flag raised by direct-to-consumer advertising targeted at women is that while advancements have been made to include both females and males in clinical trials, many prescription drugs are tested on males only, with researchers ignoring questions of safety and effectiveness among females.^[3]

In the last few years, there has been an upsurge of interest in the study of “health literacy” – the extent to which the public understands health information. Often researchers are interested in whether or not patients understand the diagnoses and treatment instructions given to them by health care providers, but this is only one source of such information. We need to look more closely at the impact of direct-to-consumer advertising as, for better or worse, a growing source of health information. In light of the information presented in this case study, there is a clear need for more sex- and gender-based analyses to understand the full impact of direct-to-consumer advertising and the resulting use of the products it promotes – for both women and men.

References

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Something to Think About

“Guidelines and recommendations about the inclusion of women in clinical trials of drugs have been developed in response to concerns that women may have been taking drugs that had only been tested in males and might, therefore, not work, or work differently, in them. However, while including women in clinical trials may begin to provide data that address biological differences between males and females with regard to drug metabolism, kinetics, etc., the dictum “to include” glosses too quickly over gender differences that may play a substantial role in how women use and respond to drugs. As well, wider questions about whether drugs are the best way to deal with a problem are left unexamined by a singular focus on the “inclusion of women.” These questions may actually be more relevant to women’s health protection and health promotion.”^[12,p5]

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