‘If you’re gonna do it, use a condom. Otherwise, just don't do it': Exploring contraceptive messaging effects in young adult beliefs and attitudes

Cecily Jones

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Exploring contraceptive messaging effects in young adult beliefs and attitudes

A Thesis
Presented to the
School of Communication
and the
Faculty of the Graduate College
University of Nebraska

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Communication
University of Nebraska at Omaha

By
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May 2, 2023

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'If you're gonna do it, use a condom. Otherwise, just don't do it':

Exploring contraceptive messaging effects in young adult beliefs and attitudes

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University of Nebraska, 2024

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The overturn of the US Supreme Court case Roe v. Wade in the Dobbs v. Jackson Women’s Health Organization decision in June of 2022 led to 41 states with partial or total abortion bans (Guttmacher Institute, 2024). Additionally, in 2023 SCOTUS agreed to hear a case on the access to Mifepristone, a prescription drug commonly referred to as the “abortion pill” (NPR, 2023). Threatened and waning access to various forms of reproductive healthcare led to the question of how these topics, such as contraception, are being framed and whether these messages affect audiences. The added layer of inequitable access to healthcare for women and men furthers this inquiry past messaging effects and into the realm of gender studies and equity. The above reality is the motivation for the following study.

The purpose of this qualitative focus group study is to explore the effects of contraceptive messaging in young adult, mixed-gender audiences. The central question of this study is what effects contraceptive messages have on audiences. Utilizing the transcripts from interviews conducted with 19-24-year-old male and female participants, both thematic and discursive analyses were used to explore the effects of the messages on audiences, as well as the audience response to said messages. Two focus groups were
conducted with 4 participants each. Each focus group followed the same semi-structured interview protocol before recordings were transcribed. This study identified six key themes: (1) biased awareness of contraception, (2) confusion due to contradicting/misleading information, (3) aversion to hormonal contraceptives, (4) women at the center of contraception, (4a) contraception is a woman’s choice, (4b) contraception is a woman’s responsibility, (5) preference for personal testimonials, (5a) on social media, (5b) on blog forums, and (6) preference for nonprofit organizations. Ultimately, this exploratory study presents findings on what sources audiences trust to share contraceptive information and illuminates challenges to preconceived notions about reproductive responsibility in audiences.
Acknowledgments

To the faculty at the University of Nebraska at Omaha

Dr. Andrea Weare, Dr. Sharon Storch, and Prof. Andrew Stem

It was during your courses in my undergraduate career that I began to find my place in higher education and this field. Your support and belief in my work at both the graduate and undergraduate levels gifted me the opportunity and confidence to grow as a student, teacher, and researcher. I express bountiful gratitude to you for your open doors and willingness to collaborate and work with me throughout my time at UNO.

Dr. Tammie Kennedy

Your willingness to serve on my thesis committee demonstrates your dedication to student success and passion for advocacy through research. I am thankful to have worked with you on this thesis and for your enduring kindness, support, and bountiful knowledge you bring with you from your own department. I am honored to have worked with you.

Dr. Nicky Chang Bi

I want to express my appreciation to you for serving on my thesis committee. Your expansive knowledge and experience in qualitative research and the JMC field provided me with all the resources necessary to complete my research. I am thankful for your willingness to meet with me, share resources, and provide guidance. I am grateful to have worked with you on this thesis and at this institution.

Dr. Adam Tyma

In the last year of my undergraduate career, I took your mass communication and public opinion course. It was during this class, and at your suggestion, that I decided to apply to graduate school and for graduate teaching positions. Without your guidance and confidence in my abilities, I—quite literally—would not be where I am today. The support you’ve shown me is endless... Being a motivating voice to submit my work to conferences, always being available for weekly thesis meetings and my thousands of email questions, your generous guidance in job and Ph.D. applications and teaching, connecting me with other academics in this field, and lastly, your sympathy and compassion for me as a student as well as a person. I cannot thank you enough for the lasting impact you’ve had on both my academic career and my life.
To my Friends and Family

Tristen Menichetti

I don’t dare to imagine how many times I’ve gone to you these past two years to vent, rant, or pointlessly complain. Not only have you have always been there for me, but you put your trust and faith in my research. Your dedication to our friendship and support of my education has never wavered and I can’t thank you enough.

Annabelle Rolf

When we were kids, we used to play doctor. From wrapping you up in gauze to poking and prodding you with my Fisher Price thermometer, you have always been willing to go along with my shenanigans. We are older now and I can’t remember the last time I wrapped you up in gauze—oh wait—remember when you sliced your thumb with the kitchen knife? No matter where my dreams have taken me, you have always believed in me and followed me unquestionably. You might be my little sister, but you will always be my biggest supporter.

Momma

I take back my previous statement. To my mother, Carina Jones, my bestest, biggest supporter. For our entire lives, you have put Belle and me first in every aspect possible. How do I thank someone for everything? I will say just this, and you will know what—and how much—I mean: Possible for me, xoxo.
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Chapter I- Introduction

For too long the patriarchal and male-dominated health field has aided in avoidable health issues in women, inequitable treatment of female-identifying patients and physicians\(^1\) (Newman et al., 2020; Paulsen, 2020), as well as the over-medicalization of women’s bodies. Women’s personal and structural agency in healthcare decisions have been mitigated and managed by patriarchal, hegemonic structures. Further, our society has long viewed women’s bodies as something to either be sexualized or stigmatized—which has put the primary concern of women’s health in the backseat. With a wide variety of contraceptive methods available, advertising product differentiation has led to a desire for sales over patient care. The decision to begin using contraception—and which method to use—is something that should not be made lightly, but with a plethora of contradicting and confusing contraceptive messages, individuals are left without the tools necessary to make an informed decision.

Entering a post-Roe world, individuals must grapple with the concerning, dystopian fact that the attack on reproductive healthcare is in full swing. The threat to contraceptive access is no longer a far-off reality, but something many individuals fear is our predetermined future. One might ask how society got to a point where contraception—medical intervention recognized as integral to women’s health—is suddenly on the political chopping block. While this is a highly nuanced issue, for this study the researcher will focus specifically on contraceptive messaging, from for-profit and nonprofit entities, and investigate how these messages further aid in the social conceptualization of contraception, and tangential social constructs such as reproductive responsibility in audiences.

\(^1\) The author of this paper recognizes gender does not exist in a binary structure, further that more than female-identifying individuals (referred to as women here on out) require contraception. For the sake of character space, the researcher will refer to this as a women’s issue with the acknowledgement that this affects more than just women.
To begin understanding contraceptive messaging, a general understanding of the history of contraception is necessary, as well as recent legislative changes that threaten reproductive healthcare. Further, the researcher will outline contraceptive history and research rationale (Chapter One); relevant literature such as health communication campaigns, marketing techniques, and previous research on the impact of contraceptive campaigns in audiences (Chapter Two); outline the qualitative focus group method and how this method is best suited to answer the central research question: what effects contraceptive messages have on audience beliefs and attitudes (Chapter Three); review the results of the data analysis (Chapter Four); and finally begin a discussion of the implications and limitations of this research and where scholars should look next for future research (Chapter Five).

**History of Contraception**

To begin, contraceptive efforts and techniques date back to 1550 BC Egypt and the writings of Greek physician Soranus of 100 AD (Potts & Campbell, 2002). Other ancient methods are discussed in Arabic writing from 923 AD, 994 AD, and 1037 AD, such as using animal dung, lactic acid, or honey as vaginal pessaries (Potts & Campbell, 2002). As modern science progressed, early, more viable methods began arising such as diaphragms made of silkworm gut; spermicides, which were developed in the 1950s; and daily hormonal contraceptives developed in the 1960s. By the 1970s, sterilization became a common form of male contraception thanks to a technique that was developed in China that did not require a scalpel (Quarini, 2005). Now, only 5.6% of men between the ages of 15-49 use sterilization as a form of contraception (CDC, 2022). Meanwhile, modern-day contraceptive methods include, but are not limited to, oral contraceptives (OCs) or “the pill”; long-acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs); barrier methods such as the male condom and diaphragms; spermicides that come in a variety of forms such as topical gels, creams, and
suppositories, but are recommended to be used in conjunction with other methods such as a condom; sterilization (i.e. hysterectomy, vasectomy, or “tied-tubes”); and other, less reliable methods such as natural family planning (i.e. tracking the menstruation cycle for fertility windows) and coitus interruptus--commonly referred to as withdrawal or the pull-out method. While there are contraceptive options for men to engage in, the vast majority of modern-day contraceptive methods are managed by women.

**Modern-Day Contraceptive Use and the Politics that Surrounds It**

The use of contraception in the 21st Century is widespread and popular in the U.S. As of 2022, women between the ages of 15 and 49 used sterilization (18.1%), “the pill” (14%), or LARCs/IUDs (10.4%) as their preferred method of contraception (CDC, 2022). The popularity of the withdrawal method is especially prominent in U.S. youth. According to the Centers for Disease Control and Prevention (CDC), female teenagers relied on condoms (97%), withdrawal (65%), and the pill (53%) as forms of contraception (Martinez & Abma, 2020). Specifically, the withdrawal method is notable in Latina youth—who make up 60% of the overall Latino population in the U.S.—due to a lack of information and cultural beliefs that prevent birth control use (Gilliam et al., 2002). The use of the withdrawal method is also noted as a last resort for women who are not satisfied with traditional contraceptive methods and feel there are no other options. Yet, despite the popularity and benefits of contraceptive use, access to such medical interventions is being threatened.

As of June 24, 2022, the US Supreme Court (SCOTUS) decision in Dobbs v. Jackson Women’s Health Organization overturned the landmark decision made in SCOTUS case, Roe v. Wade (Roe), that protected access to abortion. Roe, which has faced public praise, scrutiny, and much media attention, is a notorious SCOTUS case. Since the overturn, the number of states upholding partial or total abortion bans sat at 14 upholding total abortion bans, 27 based on
gestational duration, 7 at or before 18 weeks gestation, and 20 states with bans at some point after 20 weeks; making for a total of 41 states with partial or total abortion bans (Guttmacher Institute, 2024). This mounting attack on reproductive rights has resulted in both monumental support and objection from the public. These competing rhetorics are often defined as pro-life, those who believe abortion should be prohibited, and pro-choice, those who believe abortion should be accessible. Following the overturn of Roe, there was speculation the Supreme Court would target Griswold v. Connecticut (Griswold), which protects access to contraception and cites the Due Process Clause that was overturned in Roe.

The threat to access of preventative health measures such as contraception in a post-Roe world poses the risk of further health complications that would disproportionately affect those already in marginalized communities—such as low-income communities, women, people of color, etc. The politicization of reproductive healthcare warrants investigation into the origin of contraceptive social movements, and how they may affect the current public opinion and messages about contraception. Perhaps one of the most notable contraceptive spokespersons is Margaret Sanger, a co-founder of Planned Parenthood (PP). Sanger, an obstetrical nurse working in New York in the early twentieth century, “witnessed unsanitary living conditions, lack of knowledge in providing infants basic care, and even death as the result of self-induced abortions” (Bone, 2010, p. 17). Sanger has been famously quoted saying “No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother.” Sanger believed once a woman could derive just pleasure from sex, rather than procreation, she was free from compulsory, or an obligation to, motherhood. The current sociopolitical climate of the U.S. harbors outdated
perspectives on the use and general topic of reproductive healthcare for women such as contraception.

The proliferation of such pro-contraceptive rhetoric was strictly banned during Sanger’s time. The 1873 Comstock Act prohibited obscene information or materials to be spread via mail (McCammon, 2023), and “ultimately provided the means necessary to forbid public discussion on the topic of reproductive health” (Bone, 2010, p. 21). The Comstock Act has not been widely enforced since the 1930s and subsequent cases such as Griswold ruled the Comstock Act as unconstitutional. However, recent cases regarding Mifepristone access have asked the Supreme Court to revisit their interpretation of the Comstock Act (Felix et al., 2024). While restrictions on contraceptive campaigns have loosened since Sanger’s time, there is still little awareness of how these messages influence audience beliefs. This might raise the question of how these messages contribute to the current sociopolitical status of the U.S. and the concept of reproductive responsibility.

With the repeal of Roe v. and the current actions being taken at the state level across the country regarding reproductive rights and bodily autonomy, the purpose of this qualitative focus group study is to explore the effects of contraceptive messaging in young adult, mixed-gender audiences. For this study, the effects of contraceptive messaging will generally be defined as "audience beliefs, attitudes, and feelings in response to contraceptive messages.” The central question of this project is “what effects do contraceptive messages have on audiences?” Utilizing the transcripts from interviews held with 19–24-year-old students and alumni from a medium-sized Midwestern university, both thematic and discursive analyses will be used to better understand both the messaging and response to said messaging. In the following section, the
researcher will outline previous literature to understand this topic's current state before outlining the intended methodology.

Chapter II - Literature Review

This chapter will outline previous literature on the topic of contraception and related fields. By reviewing this literature, the researcher will present the necessary background to create a solid understanding of the phenomenon as well as help narrow the scope of the present study’s central research question and intended study design. First, the researcher will provide a recap on the history of contraception and rationale for the included literature, then analyze HIV/AIDS public health campaigns as they contain similar issues as contraceptive messaging, contraceptive messaging such as marketing campaigns, pharmaceutical marketing techniques, participant narratives of contraceptive use, and contraceptive use motivations and barriers to access.

The history of contraception is extensive, with writings dating back to Ancient Egypt and the early Greeks. Despite having a longstanding presence in early civilization and our society, there is an astonishing gap in the literature on contraceptive messaging within the field of communication. According to the National Center for Health Statistics, in 2017-2019, 65.3% of women between the ages of 15 and 49 used some form of contraception (Daniels & Abma, 2020). Meanwhile, as of 2015, 60% of unmarried men reported having used male contraception, and 45.2% specified using a male condom (Daniels & Abma, 2017). Contraceptive use is widespread as it is a crucial factor in reproductive healthcare and general well-being. Studies have identified a positive relationship between exposure to contraceptive advertisements and campaigns with increased contraceptive activity (Agha & Beaudoin, 2012; Agha & Rossem, 2002; Do et al., 2020; Sundstrom et al., 2016), though, rhetorical critics Medley-Rath and Simonds (2010) suggest the themes used in contraceptive advertisements perpetuate the notion
that women are the sole proprietors of reproductive responsibility. A review of existing literature suggests contraceptive messaging is effective, but individuals still face many obstacles regarding access to contraception and contraceptive information.

Understanding how contraceptive messages impact audience beliefs, such as reproductive responsibility, in the face of legislative restrictions on reproductive healthcare, allows us to identify ways in which contraceptive messaging may have a negative influence on audiences. While research has proven contraceptive campaigns are often successful in persuading audiences, there is little understanding of how these messages influence audience beliefs. Additionally, many of these studies were conducted outside of the U.S., where the resources and sociopolitical cultures are vastly different. In the next section, the researcher will review HIV/AIDS public health campaigns.

**HIV/AIDS Public Health Campaigns**

To understand how contraceptive campaigns affect audiences the researcher will look at public health campaigns (PHC). Notable PHCs relevant to this research are HIV/AIDS prevention campaigns that took off between the 1980s and early 2010s. HIV, having claimed an estimated 40 million lives worldwide, is recognized as a “major global public health issue” (WHO, 2023, para. 1). HIV can be spread through body fluids, such as during sexual intercourse, but individuals with HIV are not always contagious. One way to prevent HIV transmission is the use of female or male condoms, a behavior largely promoted in HIV/AIDS prevention campaigns. A divisive approach to HIV/AIDS PHCs, and other PHCs such as smoking cessation or cancer prevention, is the fear appeal.

Cho and Salmon (2007) conducted a study on the use of fear appeals in skin cancer messages and found that while high-threat appeals led to the intended effect of participants seeking preventative measures, they also led to unintended effects such as fatalistic and hopeless
thinking. These unintended effects are of large concern for PHCs, and many American experts oppose fear-appeals (Myrick, 1999), specifically for HIV/AIDS as the unintended effects lead to the stigmatization of those living with AIDS and sex-negative narratives. Kirby (2006) argues that PHCs that use a combination of both sex-positive messages and fear appeals perform the best in reducing a country's rate of HIV/AIDS. In the U.S., HIV is considered a concentrated epidemic that can be curtailed from evolving into a generalized epidemic through condom use, so by avoiding sex-negative narratives in HIV PHCs, you avoid cultural stigmatization and avoidance of discussing safe-sex practices (Kirby, 2006). Historically, women were overlooked in the HIV/AIDS conversation as gay men and drug users were the audience targeted–and demonized–but Myrick (1999) argues that “communication about HIV and women has often followed the same stigmatizing course first established with gay men” (p. 48). Further, Chong and Kvasny (2007) claim gender inequities in socio-economic status and patriarchal ideology in sexual practice are neglected issues of the feminization of HIV/AIDS.

In his study, Myrick (1999) conducted a textual analysis of the representation of women in a series of HIV prevention PSAs put out by the CDC in the mid to late 90s, following an increase in HIV infections in women. Myrick (1999) identified a few concerning implications of earlier campaigns: (1) the male narrator governed authority and knowledge on the subject, reinforcing the imbalance of power between men and women; (2) the narrator posed responsibility of risky behaviors on the characters in the PSAs which were primarily women; and (3) the female characters were depicted as caretakers and educators of the children and men. Although the use of the fear appeal and male narrator declined in campaigns over time, Myrick (1999) states
educators must recognize how basic textual elements like the use of narrators and representations of character can be used to empower populations by shifting the focus of such strategies to the position and perspective of those populations (p. 61).

A similar finding in Chong and Kvensky’s (2007) study of HIV/AIDS discourses was the cultural ideology of patriarchy that is realized largely by means of omitting or de-stressing the role that heterosexual men play in the HIV/AIDS epidemic. By identifying with this patriarchal ideology that positions care giving, abstinence, condom use, and faithfulness as primarily women’s issues while disseminating significantly less rhetoric to address the sexual practices of their male partners, the constructors and sponsors of the discourses maintain gendered power relations that disadvantage women (p. 60).

These findings resemble a similar theme in contraceptive discourse that women are sole proprietors of sexual/reproductive responsibility. The use of the fear appeal and other techniques as demonstrated in HIV/AIDS campaigns to target women and promote the use of condoms further resembles contraceptive advertisements that use gendered themes that disproportionately affect women’s issues. In the next section, the researcher will review the current literature on contraceptive messaging.

**Contraceptive Messaging**

This study will define contraceptive messaging as marketing advertisements or campaigns from for-profit entities such as pharmaceutical companies, as well as informational messaging from healthcare providers or nonprofit organizations such as PP. Planned Parenthood is a 501 nonprofit organization that specifically provides reproductive and sexual healthcare and education both in the United States and globally. Sitto and Lubinga (2021) found that “Contraceptive use for women has been propagated globally, not only as a means of human population planning but also based on the various benefits that they hold for women in particular
and society in general” (p. 99). The World Health Organization (WHO) recognizes contraception to reduce unsafe abortion and HIV transmissions, benefit girls’ education, and create opportunities for women to fully participate in society. The bulk of research on contraceptive messaging has been conducted outside of the U.S. This could be explained by a lack of similar resources in other countries, yet the recent SCOTUS decision to overturn Roe warrants further investigation into the topic. This section will outline previous findings on the impact of contraceptive campaigns on audiences and media coverage of contraceptives to understand the current state of this topic.

Previous findings suggest contraceptive advertisements and campaigns have a positive relationship with contraception adoption or increased conversations about contraception (Agha & Beaudoin, 2012; Agha & Rossem, 2002; Do et al., 2020; Sundstrom et al., 2016). Do et al. (2020), conducted a quantitative study analyzing the relationship between exposure to family planning (FP) media and impact on contraceptive use in young Nigerians. The researchers found half their sample (n=777), had conversations about FP whereas only a fourth were using contraception (Do et al., 2020). Notably, Do et al., (2020) found FP discussion and contraceptive use were higher for those who had viewed FP TV advertisements within 30 days of the survey. While this demonstrates exposure to contraceptive advertisements had a positive effect on discussions to use or adoption of contraception, it also suggests the relevance of the message may decrease as time progresses. From an advertising perspective, this suggests a necessity to increase audience exposure to messages by putting out more frequent advertisements. Ethics guides us to question what tactics advertisers are using to ensure brand recognition in audiences.

The efficacy of a contraception campaign can be demonstrated not only by a marked increase in contraceptive activity but also exposure rates of a campaign. Agha and Rossem
(2002) conducted an exit survey in Tanzania to determine whether a mass media campaign influenced men’s and women’s intentions to use a female condom. While mass medium campaigns did not impact motivations to use female condoms nearly as much as peer educators or providers, the campaigns had “a substantial impact at the population level because of their considerably greater reach” (p. 1). In a later study, Agha and Beaudoin (2012) surveyed 1,606 men married to women between the ages of 15 and 49 and found awareness of the Touch brand condom campaign was associated with higher levels of belief in condom effectiveness, reduced embarrassment in purchasing and discussing condom use, increased discussion of FP, and increased use of condoms. Thus, demonstrating the reach of contraceptive messages, and the potential to impact beliefs and behaviors. Therefore, exposure to contraceptive campaigns affects audiences, though research has demonstrated that certain campaign mediums perform better than others.

For example, condom and contraceptive advertisements seem to perform better as social media campaigns. During the Zika outbreak in Puerto Rico in 2016-2017, Powell et al. (2022) analyzed a social media campaign that aimed to improve access to contraception. The researchers found Facebook reached the largest audience (Powell et al., 2022). What this study demonstrates is the influence contraceptive campaigns have on audience adoption, beliefs, and increased awareness of contraception, as well as the medium of a campaign influencing effectiveness. Xu et al. (2023) analyzed the reach of condom brands’ social media posts and found posts providing sexual health information, reproductive health, and sexual self-acceptance were positive predictors of likes on Instagram. The researchers note the use of social media to promote sexual health information reaches a large audience and should be utilized by condom brands (Xu et al., 2023). One might assume the demographic contraceptive advertisements target
are more active on social media because of their age. Generation Z, those between the ages of 11 and 26 in the year 2023 (Pew, 2019), are regarded as digital natives and spend the most time on social media (3hrs/day) than any other generation (Dixon, 2022). Millennials, those between the ages of 27 and 42 in 2023 (Pew, 2019), are the second most active generation on social media (2.25 hrs/day) (Dixon, 2022). Targeting these demographics on social media makes sense as women are more fertile in their 20s and 30s (ACOG, n.d.). Recognizing the most successful mediums of contraceptive campaigns and advertisements allows us to analyze the messages reaching the largest audience, and therefore having the largest effect on audiences.

The way the media cover contraception plays an important role in public opinion on social issues such as reproductive responsibility, which is a context linked with contraceptive use. In their content analysis of the top 25 consumer magazines in the U.S., Sundstrom et al. (2016) analyzed how the coverage of contraception might persuade women. This study is unique as it explores the coverage of contraception by print magazines, rather than studying contraceptive campaigns directly from a pharmaceutical company or nonprofit organization. The researchers also conducted focus groups and individual interviews with women between the ages of 19 and 22, for a total of 28 participants (Sundstrom et al., 2016). They found media coverage on IUDs was greater than that on the implant, but LARC methods were framed as more effective than traditional methods such as hormonal OCs as the pill (Sundstrom et al., 2016). The focus group elicited five themes in discussion about LARCs: (1) the importance of effectiveness; (2) the ick factor, or the rejection of the idea of having a foreign object in their bodies; (3) physician resistance; (4) the paradox of inertia where participants noted they were more comfortable continuing with their current form of contraception rather than switching to something else; and
(5) media representations of LARCs (Sundstrom et al., 2016). The researchers ultimately found:

almost half of participants (49%; n = 122) indicated that they gave some thought to using the IUD or implant, 40% (n = 99) discussed the IUD or implant with friends or family members, and 19% (n = 48) reported obtaining an IUD or implant (p. 56).

In summary, research has indicated exposure to contraceptive campaigns leads to increased contraceptive activity (Agha & Beaudoin, 2012; Agha & Rossem, 2002; Do et al., 2020; Sundstrom et al., 2016), and media coverage influences preference for the method of contraception (Sundstrom et al., 2016). Although there is evidence of success rates, there is still little understanding of how the messages affect audience beliefs and attitudes. In the next section, the researcher will review pharmaceutical marketing as well as concerns about this kind of messaging.

**Pharmaceutical Marketing Techniques**

A common tactic in pharmaceutical marketing is direct-to-consumer (DTC) advertising, which was approved for television advertising of prescription drugs by The Food and Drug Administration (FDA) in 1997. Since then, the pharmaceutical industry has spent an exorbitant amount of money on DTC advertising. “In 2012, the pharmaceutical industry spent more than $27 billion on drug promotion—more than $24 billion on marketing to physicians and over $3 billion on advertising to consumers” (Pew, 2013, para. 1). Which would roughly be equivalent to $36,729,897,122.75 in 2024, according to The U.S. Inflation Calculator (2024).

The FDA divides DTC advertisements into three categories: reminder advertisements (contain the name of the drug for brand recognition), help-seeking advertisements (contain information about a condition without mention of specific treatment), and product-claim advertisements (contains efficacy and safety information about the drug)—which are required by
the FDA to follow the fair balance requirement of presenting both risks and benefits (Gellad & Lyles, 2007). DTC advertisements must be reviewed for approval before airing, but Donohue et al. (2007) note the staffing of FDA DTC advertising reviewers may not reflect the number of advertisements being sent in for approval. As of 2004, only four employees were reviewing these advertisements despite the $4.2 billion spent on advertising from the pharmaceutical industry in the same year (Donohue et al., 2007).

Further, many researchers worry about the potential negative effects of DTC advertising of prescription drugs (Bell et al., 1999; Ledford, 2009; Medley-Rath & Simonds, 2010; Woods, 2013). Bell et al. (1999) found audiences harbored misconceptions about DTC advertising. In their survey, Bell et al. (1999) identified

Approximately 50% [of participants] thought that DTC advertisements had to be submitted to the government for prior approval, 43% thought that only “completely safe” prescription drugs could be advertised directly to the consumer, 21% believed that only “extremely effective” drugs could be so marketed, and 22% believed that advertising of prescription drugs with serious side effects had already been banned” (pp. 654-655).

Additionally, in their research, Ledford (2009) argued the distinction between informational and promotional material may be harder for consumers to distinguish online, and they may encounter confusing or overwhelming amounts of information. Ledford (2009) found that 40% of websites presented the effectiveness of contraceptives in pregnancy prevention, and all websites promoted benefits outside of effectiveness and FDA-required safety information. This means the trend of DTC contraceptive advertisements leaves room for misinformation or misinterpretation within audiences. This concern is further complicated by questionable marketing techniques used to sell the product. In a similar study, Medley-Rath and Simonds (2010) found contraceptive companies
marketed for more than pregnancy and STI prevention, such as emphasizing women’s choice and control in deciding to use contraception. Further, the researchers found contraceptive internet advertising used gendered stereotypes about sex (Medley-Rath & Simonds, 2010, p. 791). The researchers state

Though choice and control are common marketing messages on these websites, in reality women’s choices are constrained by their situations - their levels of access to information and to healthcare mediation required to obtain prescriptive methods. In contrast, men-controlled methods offer the advantages of being non-invasive, protecting against both STIs and pregnancy and are available over the counter (p. 791).

The inaccessibility of female contraception and healthcare information paired with the finding of gendered stereotypes within contraceptive advertisements emphasizes the importance of identifying how these messages impact audience beliefs.

Woods (2013) analyzed web-based pharmaceutical campaigns from 2006 to 2010 to identify how menstruation was rhetorically constructed as a choice. In their research, Woods (2013) argues the rhetoric of choice in these campaigns co-opts second and post-second wave feminism to “suggest that menstrual suppression is a path to individual empowerment” (p. 267). Further, Woods (2013) argues DTC campaigns target cisgender, white women, and largely ignore those who might find the most empowerment through menstrual suppression such as transmen, women in the military, and those hoping to avoid pregnancy. Woods (2013) states DTC advertisements are first and foremost concerned with selling a product, and they are operating within a long tradition of marketing discourses borrowed from social movement rhetorics. Yet insofar as choice and agency are fundamental to post-second-
wave feminisms, the rhetorical construction of choice surrounding menstrual suppression should be applauded for articulating and amplifying a choice where one did not seem to exist before (p. 279).

These studies demonstrate the current trend of women seeking contraception online (Booth et al, 2018) may lead to misinformed decisions, as DTC advertisements use marketing techniques that complicate the decision-making process. The themes used in DTC contraceptive advertisements are often gendered stereotypes and have co-opted the feminist rhetoric of choice despite the overmedicalization and gatekeeping of women’s access to reproductive healthcare. The use of gendered stereotypes in these advertisements may be a contributing factor in perceptions of reproductive responsibility in audiences. Nonprofit organizations such as the CDC, the World Health Organization (WHO), and PP approach the marketing of contraceptives from a different perspective. Since their goal is not to sell a product, exposure to nonprofit contraceptive messaging should elicit different responses in audiences than exposure to contraceptive advertisements or campaigns. However, there is little academic research or evidence to substantiate this claim. In the following section, the researcher will outline studies that focus on participants’ narratives of contraceptive use as well as exposure to contraceptive campaigns. This will help us understand how audiences are currently responding to contraceptive messages, as well as narrow the present study’s agenda.

Participant Narratives of Contraceptive Use

Like the studies on contraceptive campaigns, many of the studies conducted on experience and narratives of contraceptive use are being conducted outside of the U.S. For this reason, one cannot generalize findings but rather use them as starting points for future research. Sitto & Lubinga (2021) analyzed online narratives from South African women on Twitter about their experience and agency with contraception, specifically the Depo-Provera contraception
injection, which has been banned in most first and second-world countries. The themes identified within these narratives were: (1) uninformed decisions; (2) self-empowerment; (3) peer engagement; (4) disempowerment; (5) adverse campaigns; (6) alternative measures; (7) and information sharing/facts. The themes relevant to this study are one through five and seven. The recurring theme of contraceptive information seeking occurring outside of healthcare providers suggests traditional healthcare messaging may not be effective within audiences. The researchers argue the use of social media as a forum for discussing experiences with contraception may lead to clearer or more accurate testimonials as women are unlikely to discuss contraception outside of healthcare providers (Sitto & Lubinga, 2021).

Booth et al. (2018) found similar results in their qualitative focus group study with prenatal women (n=47) from outpatient clinics. This study aimed to understand preferences, perceptions, and attitudes related to contraceptive counseling and what kinds of contraceptive messages the participants wanted to receive. The researchers found women preferred to hear about contraception methods from online sources or friends and family first-person accounts; and not in the delivery room from their physicians (Booth et al., 2018). One may assume from their findings that the internet and personal testimonials are the preferred sources of information for many women seeking contraception.

Sundstrom et al. (2018), conducted a focus group study (n=47) with women exploring their perceptions of postpartum contraceptive choice in the context of locus of control and trust in physicians. Postpartum contraception is important to “ensure optimum birth spacing and to avoid health complications for mother and baby” (Sundstrom et al., 2018, p. 162). The researchers found participants chose IUDs and implants for their effectiveness, convenience, and low maintenance (Sundstrom et al., 2018). In a similar study, many of the female participants
preferred the IUD method of contraception (Sundstrom et al., 2016) for its effectiveness, but noted concerns about having a foreign object in their bodies. In their mixed methods study, Meier et al. (2021) examined women’s narratives and experiences with shared decision-making in contraceptive use. The themes identified within the interviews (n=38) were: (1) lack of patient-provider communication on contraceptive options and support; (2) the autonomy of the decision-making role; (3) lack of conversations with healthcare providers about the effectiveness and side effects of contraceptives; (4) additional context and reasons for taking contraception such as cost and motivation outside of pregnancy prevention; and (5) a contrasting dichotomy between empowerment and shame (Meier et al., 2021). Through the literature, there begins to be a pattern of women voicing discontent with the information provided to them by their physicians, as well as cultural influences helping women navigate their decision-making process. Further, general misconceptions about contraceptives suggest the current messaging tactics are posing more barriers to access than necessary. The next section will outline common motivations and barriers to contraceptive use.

**Contraceptive Use Motivations and Barriers to Access**

Contraception is used for a variety of reasons such as pregnancy prevention or family planning, sexually transmitted infection (STI) prevention or hygiene, menstruation suppression or menstruation side-effect management, etc. There are “various benefits that they [contraceptives] hold for women in particular and society in general” (Sitto & Lubinga, 2021, p. 99), such as creating opportunities for women to participate in society and the workplace. The CDC (2023) states condom use amid other methods such as abstinence, vaccines, and monogamy and limited sexual partners as ways to prevent STIs. While contraception is commonly used to prevent pregnancy and STIs, it should be noted these are not the sole motivations for contraceptive use. Moreover, access to condoms is widespread, but female methods of
contraception are not nearly as accessible and often require physician involvement. Additionally, as Cartwright et al. (2022) note, “many contraceptive methods are hormonal, and with the exception of vasectomy and male/external condoms, generally controlled by the female partner or partner with a uterus” (p. 69). The inequitable access to male versus female contraceptives strengthens the argument that contraceptive methods have been used to overmedicalize and control women’s bodies. Despite the potential for liberating women, the way contraception is framed still leans heavily into gendered stereotypes.

The various methods, side effects, and lifestyle preferences for various contraceptive methods require ample information before deciding. For those who make these choices, factors in the decision-making process include but are not limited to, convenience, fertility, effectiveness, breastfeeding, and side effects such as weight gain and alteration to menstruation. "Individuals choose contraceptives based on what is considered medically effective but also within a cultural context that reinforces the notion that women are responsible for reproduction and that their bodies are increasingly in need of medical control" (Medley-Rath & Simonds, 2010, p. 784). For many, the first step in getting information on healthcare options is going to a healthcare provider. While Sitto and Lubinga (2021) originally noted women often only disclose personal experiences with contraception to healthcare providers, they later revealed contradicting findings. Various studies have found women get most of their information about contraception from the internet or peers, rather than physicians (Booth et al., 2018; Meier et al., 2021; Sitto & Lubinga, 2021). The sharing of information online might subvert the former finding, as the internet offers a layer of anonymity and distance not afforded in face-to-face interactions.

With a growing distrust in physicians, and a social stigma surrounding the use of contraception, it makes sense that women are turning to the internet and close peers for
information. From a health communication standpoint, this poses questions about what information is available online and what sources these individuals are trusting. “Within health communication, policymakers, as well as campaign designers, need to have a holistic understanding of the factors which may influence women’s decisions to (dis)continue a contraceptive method” (Sitto & Lubinga, 2021, p. 96). In their study on internet marketing strategies, Ledford (2009) identified the language used scored an average of 10.8 on the Flesh Kincaid grade level, which exceeds the accepted standard of 7.0 to 8.0. This means a potential barrier to seeking contraception information online is the readability of the sites.

Additionally, despite their popularity, misconceptions about how LARCs and IUDs work may act as barriers to satisfactory experience with contraception. Some women prefer not to use contraception for reasons such as going against cultural or religious beliefs or concerns with the impact on “fertility and well-being of future children” (Sundstrom et al., 2018, p. 164). Sundstrom et al. (2018) identified a narrative of women “leaving it in the hands of God” in place of using contraception. This finding is supported by Fam et al. (2004) who, in their study, identified religiously devout respondents found advertisements for gender and sex-related products to be more offensive than less religious participants.

Overall, what the literature demonstrates is the use of advertising and messaging techniques in both PHC and pharmaceutical campaigns leads to the potential for misinformation and unintended effects on audiences (Bell et al., 1999; Myrick, 1999; Cho & Salmon; 2007; Sundstrom et al., 2016; Booth et al., 2018). Previous literature on the portrayal and representation of women in contraceptive advertisements suggests the use of stereotypical or gendered themes (Medley-Rath & Simonds, 2010; Woods, 2013; Cartwright et al., 2022) which
exacerbates the already skewed power structure between women and men in reproductive healthcare.

This chapter reviewed previous literature on the topic of contraception and related fields, such as HIV/AIDS public health campaigns, contraceptive messages, pharmaceutical marketing techniques, participant narratives of contraceptive use, and contraceptive use motivations and barriers to access. From the literature gathered, contraceptive campaigns have a positive impact on increased contraceptive activity (Agha & Beaudoin, 2012; Agha & Rossem, 2002; Do et al., 2020; Sundstrom et al., 2016), but the techniques, mediums, and themes used to deliver these messages may play a large role in the reception from audiences. Further, social implications such as gender inequity and reproductive responsibility may be influenced by or interfere with contraceptive messages.

**Theoretical Framework**

The theoretical framework for this study draws concepts from cultivation, social learning, and feminist theory. These theories helped structure the data analysis, using aspects such as first and second-order effects, imitation and identification, and intersectionality. By using the framework of established theories, new work can build on and expand previous work into other communication phenomena.

**Cultivation Theory**

Developed by Charles Gerbner in the 1970s, Cultivation analysis posits exposure to television over time creates a worldview or reality for viewers (Baran & Davis, 2014). Cultivation effects are categorized into first order, probability judgments about the world based on television content, and second order, beliefs and attitudes about the world after prolonged exposure to the content, based on probability judgments (Baran & Davis, 2014). Cultivation has since been criticized as heavy and light viewers’ perceptions of the world are “virtually
identical” (Campbell et al., 2020, p. 445), but cultivation analysis research has shifted in the past few decades. Now, it is often used to study the influence of media content, rather than the influence of the amount of television viewing. “One way of looking at new media is that to some extent they give each of us the power to shape the message system that cultivates our understanding of the social world” (Baran & Davis, 2014, p. 293). For this research, cultivation analysis helped us frame our understanding of RQ1, and if these beliefs resonate with the participants’ previous assumptions.

**Social Learning Theory/Social Cognitive Theory**

Social learning theory, pioneered by psychologists Neal Miller and John Dollard in 1941, developed from the concepts of imitation, the reproduction of observed behavior, and identification, a form of imitation that stems from a desire to be like an observed model (Baran & Davis, 2014). Initially, the researchers believed imitation reinforced behavior, and to account for mass media, the theory was developed into contemporary social cognitive theory (SCT). This theory argues that audiences “acquire symbolic representations of the behavior… [which] provide them with information on which to base their subsequent behavior” (Baran & Davis, 2014, p. 171). In application to contraceptive messages, the researcher will use SCT to frame responses to RQ1 and RQ3, in how exposure to various media messages affects their beliefs, attitudes, and trust in the source of information.

**Feminist Theory**

The broad, overarching goal of feminism is to end sexism perpetrated by the patriarchal systems which uphold it.

Sexism is a system; individuals’ behaviors are only one part of it. To change the system at the level of institutions and the broader culture requires feminist activists to directly
address the processes of hegemony that maintain the whole system (Kornfeld, 2021, p. 166).

Feminism, and feminist theory, have undergone many evolutions over the decades. The current era of feminism is post-Feminism, the fourth-wave era, which assumes the need for feminism has changed as the original goals set out by feminists in the 60s and 70s have been accomplished. “In other words, post-feminist popular culture is not a return to pre-feminist sensibility, rather it is a response to feminism” (Storey, 2021, pp. 174-175). This fourth wave of feminism, more nuanced than previous waves, is concerned with intersectionality, empowerment of women, and representation of the use of the media. Aspects of feminism were used in this research to address the representation of women in contraceptive messages and to frame responses to RQ2.

The purpose of this qualitative focus group study is to explore the effects of contraceptive messaging in young adult, mixed-gender audiences. At this stage in research, the effects of contraceptive messaging will generally be defined as audience beliefs, attitudes, and feelings in response to contraceptive messages. The central question of this study is what effects contraceptive messages have on audience beliefs and attitudes.

RQ1. How do contraceptive messages affect audience beliefs and attitudes?

RQ2. How do audiences perceive reproductive responsibility from these messages?

RQ3. What other sources do participants mention as notable influences on their beliefs and attitudes on contraception?

Chapter III - Methodology

In this chapter, the researcher will outline the theoretical framework, study design, sampling procedures, data collection procedures, data analysis procedures, and anticipated ethical concerns of this qualitative study. Previous literature has demonstrated a trend of
qualitative research in examining the impact of contraceptive campaigns on increased contraceptive activity (Agha & Beaudoin, 2012; Agha & Rossem, 2002; Do et al., 2020; Sundstrom et al., 2016). Due to the lack of studies on contraceptive messages’ effects on audience beliefs and attitudes, further research is necessary to understand how these messages affect audience formation and perception of social concepts such as reproductive responsibility.

A qualitative focus group approach was selected for this study because it allows for detail-rich data to surface through group discussion by “reporting how people talk about things, how they describe things, and how they see the world” (Creswell, 2016, p. 6). In the next section, the researcher will outline the study design.

**Study Design**

Qualitative research studies a small number of people to allow for deeper, in-depth analysis of details from participants (Creswell, 2016). For this study, there were two focus groups consisting of 4 participants “so that everybody gets ample opportunity to talk yet large enough to ensure some diversity of opinion among participants” (Baxter & Babbie, 2004, p. 340). Focus groups were selected as the data collection method because “groups of strangers are usually better for exploring issues of a public nature” (Lindlof & Taylor, 2011, p. 185). Because contraceptive messaging deals with social topics such as reproductive responsibility, group dialogue will allow for contrasting opinions to surface, as well as allow for mediation between members of the group.

The focus groups are categorized as: (1) individuals who identify as a woman, and (2) individuals who identify as a man. The reason the focus groups will be divided by gender identity is because mixed groups have “the potential for creating interactions of an argumentative type” or participants “may be more cautious in how they express themselves” to not offend
anyone (Lindlof & Taylor, 2011, p. 186). Separating by gender creates environments where individuals may feel more comfortable sharing their thoughts.

**Sampling Procedures**

As stated by Creswell (2016), qualitative research is successful when studying individuals from diverse cultures, socioeconomic levels, races, and gender identities. In this study, the researcher attempted to reach diverse groups of participants to help best illustrate the effects of contraceptive messages on a broad group. Participants were selected using a combination of convenience and snowball sampling. Calls for participants were posted in a public university’s common areas, dispersed through gender and sexuality resource centers on campus, and shared via social media platforms. These calls specified the nature of the study. An intake survey was used to identify participants’ demographic information such as age, race, ethnicity, sexual orientation, gender, and cultural and/or religious beliefs.

**Data Collection Procedures**

An interview protocol was devised, consisting of a general script explaining the study, alerting participants they can discontinue participation at any time, a disclaimer of maintaining courtesy and respect for other participants’ opinions, a list of group discussion and open-ended questions, and temperature checks. The setting of this research study was a Midwest university, and focus groups took place via Zoom. Each focus group was asked a series of open-ended questions to spark discussion. The focus groups were audio recorded using Zoom, and the audio files have been transcribed and stored on OneDrive for the duration of the study. The data was analyzed using an emergent themes approach. After transcribing the interview recordings, the researcher identified key themes in the discussion.
Data Analysis Procedures

The data analysis consisted of identifying emergent and recurring themes from participant narratives. Before conducting data analysis, the researcher watched the focus group recordings twice, then began coding using the basic seven steps of coding as cited in The Basics of Communication Research (Baxter & Babbie, 2004): (1) determining questions, (2) unitizing textual data, (3) developing coding categories, (4) plugging holes, (5) checking, (6) finding exemplars, and (7) integrating coding categories. This process allowed the researcher to identify the recurring and emergent themes. Because this type of research is relatively understudied, an open-ended data analysis is necessary to identify preliminary findings before future research can dive deeper into the phenomenon. Additionally, the researcher used a coding schema to protect participants’ identities. Each participant was given an identifying pseudonym using “M” for male and “F” for female, “P” for participant, and a corresponding number based on the completion date of the intake survey (i.e. “MP1” reads “male participant one”). This naming method was used to prevent potential reader bias with associated pseudonyms.

Ethical Concerns

Ethical concerns identified prior to conducting research consisted of adhering to and gaining approval from IRB and graduate studies, selecting an accessible site for interviews, and obtaining permission to conduct interviews there. Before conducting research, the researcher renewed their CITI program training and submitted the study proposal to the Institutional Review Board. As participants were sampled, the researcher created opportunities for participants to suggest locations they felt comfortable with. Ethical concerns associated with the collecting, analyzing, and reporting data processes included respecting cultural and religious beliefs of participants as well as being sensitive to potentially vulnerable demographics as this study calls for diversity in gender identity and sexual orientation within participants. In
anticipation of this concern, the researcher attended a gender and sexuality training course the
previous year to become more aware and sensitive to other gender identities and sexual
orientations.

Additionally, the researcher communicated the expectations of participants to remain
respectful of other participants, and that their participation was entirely voluntary, and they could
withdraw at any time. Furthermore, to prevent any issues of power dynamics, the researcher
acted as a facilitator of conversation. The goal of this was to maintain the participants' voices
throughout the focus groups with little influence from the researcher. The researcher built rapport
with participants to gain trust and comfort during the interviews and encouraged participants to
interact with one another as well.

Further considerations for reporting the data consist of misconstruing or misinterpreting
the meaning of statements or focus group discussions. If requested by participants, the final copy
of the research report will be provided for participants to view via a university database.
Chapter IV – Results

In this chapter, the researcher will provide an in-depth, thematic analysis of the focus group participants’ responses to the interview protocol. The central question of this research is what effects contraceptive messages have on audience beliefs and attitudes. The benefit of inductive data analysis is it allows for generalizing specific patterns and themes to a larger scope (Keyton, 2006). As a reminder, this study aimed to identify a baseline understanding of contraceptive messaging effects on a specific target audience. To verify the relevance and validity of the themes, a criterion of (1) recurrence, (2) repetition, and (3) forcefulness was used, as demonstrated by Keyton (2006), for a theme to be considered a finding for this study.

Demonstrative quotes from the participants will also be used to support this study’s findings and will be cited using the format (Participant Name, Timestamp). For example, (FP1, 00:00:00-00:01:00) would be used to indicate the timestamp from the transcript of female participant one’s quote. The researcher will begin by introducing the participants, followed by outlining the themes that emerged from the data per each research question (introduced in Chapter Two):

RQ1. How do contraceptive messages affect audience beliefs and attitudes?
RQ2. How do audiences perceive reproductive responsibility from these messages?
RQ3. What other sources do participants mention as notable influences on their beliefs and attitudes on contraception?

See Table 1.0 for Research Themes.
Introduction to Participants

The responses from two focus groups provide the basis for this study. Responses to an intake survey revealed four of the participants identified as female and four identified as male. Six of the participants identified as White, one identified as Black, and one as Asian. Participants’ ages ranged from 21 to 24 years with an average of 22.1 years. Five of the participants were working on their bachelor’s degrees, two participants held a bachelor’s degree, and one was working on their master’s degree. Only two of the participants identified as Catholic and all identified as heterosexual (i.e. “hetero”). To protect participants’ identities, each participant was given an identifying pseudonym using “M” for male and “F” for female, “P” for participant, and a corresponding number based on the completion date of the intake survey (i.e. “MP1” reads “male participant one”). This naming method was used to prevent reader bias with associated pseudonyms. See Table 2.0 for Participant Demographics.

Table 1

<table>
<thead>
<tr>
<th>RQs</th>
<th>Theme(s)</th>
<th>Subtheme(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQ1</td>
<td>Biased awareness of contraception</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confusion due to contradicting/misleading info.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aversion to hormonal contraceptives</td>
<td></td>
</tr>
<tr>
<td>RQ2</td>
<td>Women at the center</td>
<td>Contraception is a woman's choice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contraception is a woman's responsiblity</td>
</tr>
<tr>
<td>RQ3</td>
<td>Personal Testimonials</td>
<td>Social media</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blog forums</td>
</tr>
<tr>
<td></td>
<td>Nonprofit organizations</td>
<td></td>
</tr>
</tbody>
</table>

Introduction to Participants

The responses from two focus groups provide the basis for this study. Responses to an intake survey revealed four of the participants identified as female and four identified as male. Six of the participants identified as White, one identified as Black, and one as Asian. Participants’ ages ranged from 21 to 24 years with an average of 22.1 years. Five of the participants were working on their bachelor’s degrees, two participants held a bachelor’s degree, and one was working on their master’s degree. Only two of the participants identified as Catholic and all identified as heterosexual (i.e. “hetero”). To protect participants’ identities, each participant was given an identifying pseudonym using “M” for male and “F” for female, “P” for participant, and a corresponding number based on the completion date of the intake survey (i.e. “MP1” reads “male participant one”). This naming method was used to prevent reader bias with associated pseudonyms. See Table 2.0 for Participant Demographics.
Note. Abbreviations “hetero” stands for heterosexual, “BS” stands for Bachelor of Science, and “MS” stands for Master of Science.

**RQ1 How do contraceptive messages affect audience beliefs and attitudes?**

This research question attempted to address awareness, personal feelings and opinions, and perceived effectiveness of contraceptive messaging and contraceptives. Responses to interview questions addressing RQ1 yielded three themes in the data analysis. These themes consist of biased awareness of contraception, confusion due to contradicting/misleading information, and aversion to hormonal contraceptives. The following sections will outline each theme through discussion and participant quotes.

**Biased Awareness of Contraception**

To gain further insight into RQ1, the researcher began by addressing the participants’ perceived contraceptive awareness. When prompted to share awareness about contraceptives and contraceptive messaging, the male participants noted a lack of exposure and awareness to contraceptive messages, although, two male participants explicitly stated occasionally seeing condom advertisements.

### Table 2

*Participant Demographics*

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Education</th>
<th>Religion</th>
<th>Sexuality</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP1</td>
<td>21</td>
<td>Female</td>
<td>4th yr</td>
<td>Catholic</td>
<td>Hetero.</td>
<td>White</td>
</tr>
<tr>
<td>FP2</td>
<td>21</td>
<td>Female</td>
<td>4th yr</td>
<td>None</td>
<td>Hetero.</td>
<td>Black</td>
</tr>
<tr>
<td>FP3</td>
<td>24</td>
<td>Female</td>
<td>BS</td>
<td>Catholic</td>
<td>Hetero.</td>
<td>White</td>
</tr>
<tr>
<td>FP4</td>
<td>22</td>
<td>Female</td>
<td>BS</td>
<td>None</td>
<td>Hetero.</td>
<td>White</td>
</tr>
<tr>
<td>MP1</td>
<td>22</td>
<td>Male</td>
<td>4th yr</td>
<td>None</td>
<td>Hetero.</td>
<td>White</td>
</tr>
<tr>
<td>MP2</td>
<td>23</td>
<td>Male</td>
<td>3rd yr</td>
<td>None</td>
<td>Hetero.</td>
<td>Asian/British</td>
</tr>
<tr>
<td>MP3</td>
<td>21</td>
<td>Male</td>
<td>4th yr</td>
<td>None</td>
<td>Hetero.</td>
<td>White</td>
</tr>
<tr>
<td>MP4</td>
<td>23</td>
<td>Male</td>
<td>MS</td>
<td>None</td>
<td>Hetero.</td>
<td>White</td>
</tr>
</tbody>
</table>
MP2: I'm not on social media as much anymore, but when I do see that [messaging] it never feels like it's for me. I'm not sure why, but it always feels like it's geared toward women, and I'm sort of viewing that like I wasn't supposed to see it. I don't know why, but it just always feels like contraception material, if seen, which is infrequent, is not meant for me (00:42:47-00:44:06).

Similarly, when asked about awareness of contraceptive methods, the male participants disclosed limited awareness. “I feel like I've become more aware over the past couple of years. However, like through high school, I feel like the options that were laid out were very minimalistic, and I was not very aware back then” (MP1, 00:06:38-00:06:51). Though the participants indicated their awareness about contraceptive methods grew as they gained sexual partners, their perceived awareness of various contraceptive methods contrasted with the female participants. The consensus among the female participants was a larger perceived awareness of both contraceptives and contraceptive methods. "Yeah, I would say I'm fairly aware. I probably know what all of them are, but my insurance doesn't cover anything past pills” (FP4, 00:05:31-00:05:50).

Participants shared many contraceptive messages that presented contradicting and misleading information. Although they did not share explicit confusion regarding contraceptive messaging and information, they did share feelings of frustration with the amount of contradicting information. Additionally, across both focus groups, participants noted seeing fewer advertisements and nonprofit health campaigns, and more personal testimonials and political messages. Most of the female participants believed political messages had a stronger effect on less educated audiences. Further, they claimed their awareness of misleading
political—and even K-12 sexual education (Sex Ed) curricular messages—meant they were not easily influenced by such messaging. The next section will expand upon this finding.

**Confusion due to Contradicting/Misleading Information**

An enduring statement throughout the data collection was contradicting messaging on the purpose of sex, opinion on contraceptive use, portrayal of reproductive responsibility in popular media, as well as misleading contraceptive information. The institutions participants cited as producers of this content, although not necessarily influential, were political, religious, educational, news, and even entertainment media.

**Political Messaging.** As previously stated, both focus groups discussed political messaging as a negative and influential source of information but distinguished this messaging as having a stronger effect on others, demonstrating a third-person bias. The female participants seemed to believe they were unaffected by messaging from political figures that contradicted their previously held beliefs about contraception but did not discuss messaging from political figures that supported their beliefs.

**FP4:** I mean, while I don't agree with most of the political messaging that's happening, it is effective because it's becoming policy. So, they have some sort of sway... obviously they do, they’re politicians. But their framing of birth control clearly matters more than like healthcare professionals, because what they're saying is becoming law. It's [political figures] preying on the uneducated. And it's using scare tactics... So, when you have a huge population of people that don't know these things and you've sowed all this mistrust in healthcare professionals already...Who are they to turn to? It's just like the perfect environment for politicians to come forward and say whatever they want and scare you
however they want. Make the appeal that, like, these babies are dying. Like really getting your emotions, especially if you're super religious (00:53:17-00:55:05).

The participants identified these messages as polarizing, lacking a middle ground, and ultimately harmful to the public. While the participants did not demonstrate or indicate perceived influence from these messages, messages that contradicted their previously held beliefs seemed to further validate them, rather than challenge them. The use of scare tactics in contraceptive messaging from political figures and K-12 Sex Ed curriculum was a robust and lively conversation among participants. They animatedly cited anecdotal evidence demonstrating the proliferation of misleading information, particularly from educational institutions. Participants indicated these messages, too, did not have a lasting effect on their beliefs or attitudes regarding contraception. There was a similar pattern in participants discussing messages that condemned contraceptive use and sexual activity as messages they disagreed with and disapproved of, although they shared these anecdotes more readily than anecdotes about contraceptive messaging they agreed with. In the following section, the researcher will provide further evidence that demonstrates this finding.

**Vilification and Stigmatization.** A repeated comment throughout focus groups was the use of vilification and stigmatization in messages from news outlets and K-12 Sex Ed curriculum. Male and female participants both noted seeing messaging that equated the use of contraception to having an abortion. “Recently it has been like that Plan B is abortion...” (MP3, 00:25:38-00:26:23), and, regarding media messages – “...more like right-leaning, it’s always trying to say like... whatever birth control you’re using, like that is an abortion” (FP3. 00:45:43-00:46:07). MP4 and FP3—who attended Catholic school—identified a strong bias in their schools toward abstinence-based curriculum that broadly vilified the use of contraception,
specifically outside of marriage. Although, other participants noted abstinence-based Sex Ed despite being public schools.

**FP2:** I feel like my district approached... the ‘sex topic,’ kind of the same as they did with drugs. Like they would just be like, you smoke? You're gonna have... the hole in your throat... In eighth grade, they brought in a woman who had like, unprotected sex, and she like was blind, she couldn't walk, like she had these problems, and they were literally like, ‘this is what will happen if you have unprotected sex...’ I would have hated to have been that woman who... presented her life story to us, but like as a scare tactic (00:39:51-00:40:50)

This stigmatization of sexual activity was carried through in other participant anecdotes about their school districts. Participants from both focus groups held negative beliefs and attitudes toward abstinence-based and scare tactic messaging. They believed the use of these kinds of messages taught misleading or factually incorrect information. The researcher hypothesizes this may be the reason participants believe there is a general lack of awareness of how contraception works, and the likening of contraception to abortion. MP4 expands on this claim in the following quote

**MP4:** [We] did this sort of play one time where we had like a mock bed at the front of the room, and one person would sit in it, and then someone else would sit in it... Another person would sit on it and then say, ‘Okay, now the whole class has AIDS,’ even though there are only like six sexual events, because you've slept with everyone in the room... Now you have all their diseases. So, that was definitely talked about in a very ‘red scare’ kind of way (00:39:15-00:39:55).
Up until this point, the results have addressed memorable messages, but ones that were ineffective in influencing participants' beliefs and attitudes. Next, the researcher will share contraceptive messaging that was identified as influential on participants' beliefs, attitudes, and behavior.

**Aversion to Hormonal Contraceptives**

A response that was echoed repeatedly was an aversion and distrust of hormonal contraceptives. Messages, ranging from personal conversations with partners to word-of-mouth and personal testimonials on social media, demonstrated some effect on the participants’ preference for nonhormonal and natural contraceptive methods.

**MP4:** I guess [my] default would be... pull out method, natural family planning, condoms—I think not as natural but are less invasive and less biologically active. So, those would be my go-tos, but in my relationships those have not been the go-to throughout the relationship. It's more often pill or IUD, and that's not my choice and I don't impose anything, but I would never impose those because of the risks I think are associated with them. (00:17:59 - 00:18:54).

Natural family planning, the pull-out method, and condoms were the preferred methods of contraceptives among male participants. Meanwhile, most female participants did not disclose which methods they used but did voice hesitancy, and awareness of hesitancy, about hormonal contraceptives and their negative beliefs about the overprescription of hormonal birth control.

**FP4:** On social media... and maybe it's the side of TikTok I'm on, but I feel like people are really turning against at least like hormonal birth control or birth control in the pills. I feel like most of the time when I'm seeing people talk about it, it's always something
negative, and they're always framing it as like something that's poisonous for your body (00:13:41-00:14:06).

Personal testimonials and word-of-mouth messages appeared to have a large effect on participants’ beliefs and attitudes regarding the use of hormonal contraception. While the male participants noted a preference for nonhormonal options due to their belief it would not impact their partner as greatly, they did not mention or indicate concerns about the difference in the effectiveness of these methods. As for the female participants, while they also mentioned a concern for the side effects of hormonal contraception, interestingly, they mentioned concern about the overprescription and potential intentional negative framing of birth control. Female participants seemed to share a general hesitance toward multiple forms of contraception for various reasons, whereas male participants seemed confident in their preference for nonhormonal contraception—which may be less effective in both pregnancy and STI prevention.

**Summary of Findings for RQ1**

To answer RQ1. How do contraceptive messages affect audience beliefs and attitudes, three major themes were identified: biased awareness of contraception, confusion due to contradicting/misleading information, and aversion to hormonal contraceptives. Male and female participants demonstrated a different level of awareness of contraceptive methods and messaging, demonstrating a potential gender bias. Additionally, both male and female participants indicated distrust and confusion regarding political messaging, K-12 Sex Ed curriculum, and news messages about contraception. They all held negative connotations with “right-leaning” messages, which maintained their self-stated beliefs that contraception is a beneficial resource. Although, these messages which participants disagreed with were effective in creating permanence in the participants’ memory. Lastly, the participants’ preference for word
of mouth and personal testimonials messaging, as well as the identification of anti-hormonal messaging, seemed to play a role in their decision-making process. Ultimately, contraceptive messaging plays a role in audience beliefs and attitudes dependent upon the type of messaging, the persuasive tactics used, and the baseline awareness of contraceptive methods (i.e. the audience’s prior knowledge of the material).

RQ2. How do audiences perceive reproductive responsibility from these messages?

This research question addressed “reproductive responsibility” as the responsibility associated with reproduction and sexual activity, such as contraceptive use and the managing of reproductive health. As previous literature has identified gender biases in contraceptive advertisements (Medley-Rath & Simonds, 2010; Woods, 2013; Cartwright et al., 2022), this research question attempted to address the portrayal of reproductive responsibility in contraceptive messaging and how this content affects audiences. Scholars recognize the influence public opinion has on legislative change. With the mounting encroachment on reproductive rights by the government, the research questions attempted to understand how contraceptive messages affected audiences’ perceptions of reproductive responsibility; and in turn, if this may be a cause for the current state of reproductive healthcare legislation.

Responses to interview questions pertaining to reproductive responsibility almost all placed women at the center of the discussion, whether this was advocating for a woman’s autonomy in making her own decisions about contraception or the conversation about contraception being viewed as a woman’s responsibility to manage. Additional viewpoints were mentioned, such as religious institutions equating reproductive responsibility with abstinence, or nonprofit messaging framing reproductive responsibility as non-affiliated with gender. Although, these themes failed to meet all three criteria: (1) recurrence, (2) repetition, and (3) forcefulness.
For this reason, there is only one finding for this research question; but for the sake of future research, the researcher will provide preliminary findings on the additional, potential themes at the end of this section.

**Women at the Center**

**Contraception is a Woman’s Choice.** All participants shared the belief that contraception was a woman’s choice. “And it’s really whatever she says, she wants to do, that’s what we’re doing” (MP4, 00:54:32-00:55:07). Interestingly, in the male focus group, participants discussed giving women a choice in contraceptive method when in the primary context of their romantic relationships. This line of logic may indicate the lack of awareness of contraceptive methods in male audiences could lead to the inequitable level of responsibility that places the woman at the center of decision-making. As FP4 states, “It... creates a world where men have no reason to know anything about birth control or how women's bodies work... there's no reason for them to know anything. So, then it just... continues the misinformation” (01:04:16-01:04:50).

Participants indicated they believed women should have the autonomy to choose their contraceptive methods, but there still existed the potential for an unequal level of responsibility between men and women in making contraceptive decisions. This may be a situation of word versus action, in which audiences hold this belief of maintaining autonomy, but in action default to relegating responsibility to women again.

**Contraception is a Woman’s Responsibility.** Another reoccurring subtheme in participants’ responses to the framing of reproductive responsibility was contraception being a woman’s responsibility, not a man’s. Both male and female participants noted seeing this trend in contraceptive messaging despite disagreeing with it. “Even though it’s like all the pressure is on like the female... and like all the responsibility, politically, now, it’s like a lot of it’s coming
on each state where it’s like ‘Oh, it’s not your choice even though it’s all on you.’ Which just kind of sucks” (FP1, 01:03:50 – 01:04:03). MP4 offers additional insights when he states

**MP4:** I guess, kind of how I interpret it is that women are more responsible for this kind of stuff because there's more at stake... So, they need to be more vigilant for that reason. I don't think that's fair. I just think that's kind of how it worked itself out... it's more important for women to be aware of this stuff because they have more to lose (00:56:57-00:58:07).

The assumption commonly made in media messaging and coming out in legislature, as stated by the participants, is that contraception—and reproductive responsibility broadly—is a woman’s obligation to take care of. This disproportionate delegation of responsibility is problematic for many reasons. For example, the frequency of contraceptive messaging that men versus women see may contribute to this disproportion, thus exacerbating the imbalance of awareness and education on the topic—this is a finding the researcher will explore in the following section. To expand on MP4’s previous statement, the social implication that women have more to lose suggests that men are not responsible parties in procreation despite, as FP3 put it, “women...have...less chances of getting pregnant every month, and men could get someone pregnant like, every day (00:17:35-00:18:02). This issue, which has largely been framed as a woman’s issue, has precluded any participation or awareness in men, which has potentially exacerbated the situation. This finding suggests a need for better awareness and education in men on what may have once considered a woman’s only issue.

**Preliminary Findings**

As previously stated, the themes in this section failed to meet the criteria necessary to be considered a finding for this study. Although, since this is exploratory research, these findings
may be relevant if studied more closely. Participants noted two other themes in response to RQ2: (1) reproductive responsibility is being abstinent, and (2) reproductive responsibility is a mutual obligation, nonaffiliated with gender. Participants shared that their K-12 Sex Ed was mostly abstinence-based. The researcher hypothesizes participants may associate reproductive responsibility with being abstinent as this was the primary model of sexual practices in their youth. Further, that sex is addressed as only for procreation in youth. This finding may fall under the vilification and stigmatization of contraception but would require further research. The lack of sex-positivity in the widely proliferated contraceptive messages may be a cause for unequal reproductive responsibility among genders. In addition, a few participants shared their opinion that nonprofit messaging, such as Planned Parenthood, portrayed contraceptive use as a mutual responsibility, and did not associate it with one gender or the other. This finding, further explored in the next section, may explain why participants prefer messaging from nonprofit organizations as it is overall less biased.

**Summary of Findings for RQ2**

To elicit a definitive response to RQ2 how do audiences perceive reproductive responsibility from these messages, the researcher analyzed responses to interview questions about reproductive responsibility. Through analysis and the criteria established, only one dominant theme emerged. While the referenced contraceptive messaging contradicts, contraception as a choice or a responsibility, all participants claimed the dominant messages they saw centered women, not men. The researcher believes this means contraceptive messaging portraying reproductive responsibility may have limited effect on audiences' perception of reproductive responsibility once beliefs have already been established. In other words, the participants all held strong beliefs that reproductive responsibility should not be reliant on
gender, but rather a mutual and universal responsibility. This may explain the preliminary finding that participants preferred nonprofit messaging, which upheld the participants’ already established beliefs. Therefore, messaging that contradicted these beliefs proved to be unsuccessful in influencing the participants’ beliefs and attitudes. However, the male participants’ willingness to relinquish contraceptive decisions to romantic partners suggests an unintended transfer of responsibility.

RQ3. What sources do participants mention as notable influences on their beliefs and attitudes on contraception?

For this research question, the researcher wanted to address sources participants trusted and claimed influenced their beliefs and attitudes on contraception. Different from RQ1, this question addressed trusted sources and the information-seeking process in participants. When analyzing the focus group responses, two major themes were revealed: personal testimonials and nonprofit messaging. The following sections will provide support for these themes.

Personal Testimonials

Throughout the interview process, both focus groups mentioned a preference or indicated trust in personal testimonials of contraceptive methods. These testimonials ranged from peers to strangers online. Reliance on peers for personal testimonials was a trend that occurred more in the female focus group discussions. “I have relied a lot on word of mouth... I went on them [birth control pills] because someone I knew went on them... It’s because someone I know had a good experience with it” (FP4, 00:29:01-00:29:17). In contrast, male participants preferred the anonymity of blog forums opposed to peer discussion. “It is somewhat like taboo, like you can’t talk to friends... It’s just not something that we talk about” (MP3, 00:33:36-00:34:23). The following sections will provide anecdotes and demonstrative quotes of these subthemes.
Social Media. “I will go on TikTok, too. I feel like you get like real life experiences and information on there” (FP3, 00:28:34-00:28:44). Female participants noted a strong preference and likeliness to turn to social media, such as TikTok or Instagram, to find information on various contraceptive methods. Female participants claimed this as their preference because of the appeal of getting real-person experiences with various contraceptive methods. One participant mentioned the inclusion of adverse side effects in these testimonials was more straightforward and honest than the use of small text in advertisements. “Especially about like different pills, being like ‘Oh, I use this pill and I gained so much weight and it was horrible for me.’ Okay, yeah, I’m definitely not getting that pill” (FP1, 00:28:50-00:28:59). Not only do these sources influence the participants’ beliefs and attitudes, but they informed and guided their decision-making process in choosing a contraceptive method. This finding is especially relevant as healthcare providers were not mentioned as a trusted source of information regarding contraceptives. Multiple female participants emphasized their distrust of their healthcare providers when it came to contraception, specifically the push for prescribing birth control in the participants’ youth. This finding is interesting, particularly because participants noted their frustration with others’ trusting politicians over licensed and educated healthcare professionals. Participants seem to believe healthcare providers are better sources of information only in certain contexts.

Blog Forums. Male participants referenced experiencing social anxiety when seeking information or access to contraception. For this reason, they preferred to use anonymous blog forums, such as Reddit and Quora, to find personal testimonials on contraceptive methods.

MP1: To elaborate on the Reddit thing a little bit. It's a little more comfortable to talk to some stranger on the Internet, which is ironic. It becomes a little bit freeing when you
don't know who you're talking to about the subject, and you can ask those questions without fear of judgment. It just seems like a safe space, especially on like Reddit. (00:34:25-00:34:52).

This finding is particularly interesting as Reddit has a reputation for being a host of discriminatory and derogatory threads. The male preference for these forums over forums such as TikTok or Instagram indicates a difference in experience with the content on these platforms, which may influence how trustworthy individuals believe these platforms to be. The male preference for anonymity may suggest a larger perception of stigmatization, although male participants explicitly stated they used these forums when asking questions, whereas female participants noted the use of social media to find contraceptive information was not always intentional, but something their algorithm pushed. The desire for anonymity in seeking contraceptive information could be a finding for both male and female focus groups. Women stated a preference for and trust in nonprofit organizations as a source of information.

**Nonprofit Organizations**

Female participants forcibly noted Planned Parenthood as a trusted and utilized source of information and healthcare. “I think Planned Parenthood messaging is the most effective for me... You know, they have women's health first. It doesn't matter to them which one [contraceptive method] you choose, and they're gonna give you the positives and the negatives” (FP4, 00:50:32-00:51:11). A common thread through the female participants’ trusted sources was nonprofit entities. Whether this was an unknown TikTok user posting personal experiences with contraception, to nonprofit organizations centering just facts, participants recognized the limitations of messaging put out by for-profit entities. Nonprofit organizations were also believed to be the least likely to contain gender bias in their portrayal of reproductive
responsibility. Through both focus group interviews, male and female participants repeated their belief that Planned Parenthood places the onus of reproductive responsibility on everyone, regardless of gender. This more metered approach to reproductive responsibility was viewed positively by participants, perhaps further engraining their trust in this source. The participants’ awareness of the limitations of for-profit messaging, and preference for nonprofit messaging indicates advertisements are not a trusted source for either men or women. This finding, in addition to the indication that participants do not think they can trust their healthcare providers for information regarding contraception, forces patients to online sources. Which, as demonstrated in chapter two, are not always accessible to all educational levels.

**Summary of Findings for RQ3**

The researcher found two major themes from participant responses about trusted and influential contraceptive information sources. First, personal testimonials, such as peers, and strangers on social media or blog forums, were trustworthy and influential sources of beliefs, attitudes, and even behavior—which the researcher will address in chapter five. Second, nonprofit organizations are a trusted source due to their placement of women’s health at the forefront of the conversations, rather than driving sales. Ultimately, this indicates contraceptive messaging effects may vary based on more than just content, but the purpose of the organization putting out the message. This may also explain why female participants do not trust healthcare providers but does not explain the contradiction in response to participants’ lack of trust for themselves, and preference for healthcare providers as sources of information for others.

This chapter presented the research findings by analyzing data for emergent and reoccurring themes. To validate these themes, the researcher utilized a criterion of recurrence, repetition, and forcefulness in participant responses. Each research question elucidated individual
themes. For RQ1, the following themes were identified: biased awareness of contraception, confusion due to contradicting/misleading information, and aversion to hormonal contraceptives. RQ2 elicited just one theme, women at the center, with contraception is a woman’s choice and contraception is a woman’s responsibility as subthemes. Lastly, personal testimonials and nonprofit organizations were identified as themes for RQ3. The next chapter will discuss the implications of these findings, the limitations of the research, and areas for future research.
Chapter V – Discussion

The purpose of this exploratory, qualitative focus group study was to identify the effects of contraceptive messaging in young adult, mixed-gender audiences. In this chapter, the researcher will discuss the implications, limitations, and future directions for this research. The central question of this study was what effects contraceptive messages have on audiences. Threatened and waning access to various forms of reproductive healthcare led the researcher to the question of how these topics, such as contraception, are being framed and whether these messages affect audiences. Ultimately, this research found personal testimonials and nonprofit messaging have a positive influence on audience beliefs and attitudes, yet specific sources such as healthcare providers, politicians, and advertisements were not trusted sources within this participant pool. Future research is necessary to determine further the factors involved as messages from religious institutions, political figures, K-12 Sex Ed, healthcare providers, and news messaging were perceived as non-influential to participants’ beliefs and attitudes yet were still memorable and lasting messages.

Theoretical Implications

Participants demonstrated hesitation toward contraceptive messaging, specifically political messages, and messages that used scare tactics. The researcher posits this finding is consistent with the claim made in Cultivation theory (see Chapter 3) that exposure to messaging helps audiences create a sense of reality, as well as aligns with previous research findings regarding scare tactics used in PHCs (Myrick, 1999). The participants’ belief that contraceptive messaging was something to be wary of due to the use of scare tactics in religious and political messages suggests their first-order beliefs, as stated in Cultivation theory, are based on exposure to these types of messages during K-12 Sex Ed. Cultivation theory, used to analyze media content effects on audiences, oftentimes is used in application to entertainment media. This
research finding about K-12 Sex Ed messaging cultivating hesitation and skepticism in audiences rather than a perceived worldview could expand the application of the theory.

Although these messages did not seem to affect the participants’ opinions about contraception, there were indications that the anti-hormonal messaging paired with sex-negative approaches helped create skeptical audiences. Kirby’s (2006) findings suggest the use of scare tactics in tandem with sex-positive approaches was more successful in HIV/AIDS campaigns. This indicates the participants' hesitation to believe messages with scare tactics might be due to the inclusion of sex-negative narratives. The participants' belief that older generations and institutions are sex-negative may be a result of seeing many anti-contraceptive use messages in news and K-12 Sex Ed. The participants’ generally positive views of contraceptive use outside of marriage suggest a sex-positive narrative that contradicts the messages they mentioned as memorable. This finding does not align with the assumptions of Social Learning Theory (see Chapter 3), as Social Learning Theory posits audiences learn behavior through imitation and identification of observed behavior. Suggesting that audiences are not learning social behaviors from educational institutions or even advertisements and health campaigns, but rather other mediums and independent parties such as social media platforms and peers.

Participants attended high schools that prioritized abstinence-based Sex Ed and maintained general disdain for these messages and approach to contraception—or lack thereof. Suggesting they did not find symbolic meaning in these messages. Rather, the participants based their subsequent behavior on the information they sought out themselves, not the messages presented to them in an educational setting. The researcher hypothesizes the stigmatization of contraceptive use in religious and political messaging could dissuade audiences from aligning themselves with these messages, which reaffirms Kirby’s (2006) finding that suggested the use
of sex-positive narratives in influencing safe sex practices proved to be more effective in audiences. These findings also suggest the perceived trustworthiness of the source may have more predictive power of influence than the content of the messages.

As for contradicting information, the approach used in the participants’ Sex Ed curriculum (abstinence-based) may have exacerbated confusion regarding contraception as they were taught to avoid the need for contraception altogether. The preference for nonhormonal contraceptive methods may be a learned behavior from the influence of religious institutions. Still, the participants believed they were immune to these messages, demonstrating a third-person effect. This finding was not anticipated, and thus not reviewed in Chapter Two. The researcher will provide a concise explanation of the third-person effect in this chapter to facilitate the reader’s understanding of the significance of this finding.

The third-person effect, introduced by W. Phillips Davison in 1983, is broadly defined as a person exposed to persuasive messages overestimating the messages’ effects on others (Davison, 1983). This theory has roots in censorship and “the fear of heretical propaganda by religious leaders and the fear of dissent by political rulers” (Davison, 1983, p.2). This research’s findings align with the assumptions of the third-person effect as participants were hesitant to believe political or religious messages themselves, but suggested these same messages were effective in persuading other audiences. This conclusion reiterates that the trustworthiness and relatability of the source may play a larger role in audiences’ inclination to believe or be influenced by these messages than strictly the content.

Fourth-wave feminism recognizes the power of the media and representations of women (Storey, 2021). Feminism, which originally set out to end sexism and the patriarchal systems that upheld it (Kornfield, 2021), has evolved as various advancements and social changes have
manifested. Fourth-wave feminism thus recognizes the ever-changing goals of feminism as society changes, which is why the portrayal of women as the sole proprietors of reproductive responsibility in contraceptive advertisements suggests the need for assessment. Juxtaposing positions on a woman’s role in contraception may not be as separate as previously thought. This research identified two positions on reproductive responsibility, it is a woman’s choice, or it is a woman’s responsibility.

The portrayal of reproductive responsibility as a woman’s choice suggests more autonomy and agency in women—a foundational goal of feminism. Male participants said they preferred their partner to make contraceptive decisions in relationships. At the same time, this may appear to give women the autonomy to make their own choices regarding their body and contraceptive methods, but the total relinquishment of decision-making by men—in the name of feminism—still places more responsibility on a woman’s plate. Another prominent narrative in these messages is reproductive responsibility as a woman’s responsibility, not a man’s. As legislative changes—such as the overturn of Roe and the current 41 states enacting total and partial abortion bans (Guttmacher Institute, 2024)—continue to limit a woman’s ability to make these decisions, there are also financial barriers such as insurance coverage, awareness, and access to contraceptive information that may prevent a woman from making these decisions. The framing of reproductive responsibility as a woman’s obligation despite the aforementioned limitations demonstrates evident gender bias and inequitable portrayals of women in these messages. Using feminist theory to analyze male participants relinquishing contraceptive decision-making to female partners may suggest the messages the participants are seeing mimic the findings of Medley-Rath & Simonds’s (2010) study that identified the co-opting of feminist rhetoric in contraceptive advertisements. Thus, demonstrating a need for further investigation
into both kinds of messages participants noted seeing (i.e. contraception is a woman’s choice v. responsibility).

Participants stated seeing fewer contraceptive advertisements and public health campaigns, and more unaffiliated and nonprofessional sources sharing feelings, thoughts, opinions, and information on contraception. These sources, personal testimonials and nonprofit organizations, may be the more trusted and influential sources in audiences because they do not present information as a product, but rather as a necessity. This finding was evident in the data analysis and hypothesized in chapter two. The interesting conundrum this presents is that participants did not trust politicians because they were not qualified to speak on the matter of contraception. Instead, they trusted unknown strangers on social media and blog forums more than elected officials. These findings in part support Social Learning Theory—audiences selectively imitated and identified with sources, most likely based on which sources reaffirmed their pre-existing beliefs.

In Chapter Two, previous research identified women preferred contraceptive information from the internet or their peers over healthcare providers (Booth et al., 2018; Meier et al., 2021; Sitto & Lubinga, 2021). This was a supported finding of this research study as well. Additionally, in chapter two research indicated DTC advertising and marketing afford more opportunities for misinformation (Bell et al., 1999; Myrick, 1999; Cho & Salmon; 2007; Sundstrom et al., 2016; Booth et al., 2018), which may lead to unintended effects in audiences, such as a lack of trust. Notably, in this study participants noted credibility as an important factor about theoretical, outside audiences seeking information. Although, the participants themselves noted not trusting healthcare providers, politicians, or news messages due to a perception of bias in these messages. Therefore, credibility and largely trustworthiness to audiences varied. How
audiences decide to trust a source for contraceptive and reproductive healthcare information is a topic of future research as it does not follow previously established norms.

Lastly, barriers to access to contraception presented in chapter two included doctor appointments, insurance and limited methods covered by insurance, language used in contraceptive informational messages, and the educational level of audiences. What this study presents is a need for future research on the processes audiences go through when deciding whether a source is trustworthy, how educational level affects the interpretation of these messages, and the potential for uncertainty reduction strategies when previously held beliefs are challenged by these messages. Additional avenues for future research are expanded in the following sections.

**Practical Application**

This study’s findings suggest a few practical applications for industry, educational, and public health policy changes. From a marketing and advertising perspective, audiences demonstrate wariness to any contraceptive messaging, especially those that use scare tactics. Further, audiences are going to social media to find information about contraceptive methods. Marketing and advertising campaigns should address these audience preferences in their campaigns and strategies, such as more collaboration with public figures, social media-based campaigns, and the use of sex-positive, gender-neutral themes.

As for educational curriculum changes, participants shared the belief that their K-12 Sex Ed curriculum was misleading, non-educational, and biased. To prevent misinformed students, and ensure safe-sex practices, Sex Ed curriculum should take a less abstinence-based approach. Whether this means focusing on how to form healthy relationships or how to properly use contraceptives, it seems audiences may be more receptive to these approaches rather than
vilification and stigmatization of sexual activity. In addition, the separation of female and male students in Sex Ed seems to exacerbate the relegation of reproductive responsibility to women. Sex Ed curriculum should approach the use of contraception and a gender-neutral practice to ensure equal awareness and understanding of the methods available.

Lastly, public health policy should address the levels of intervention best adept to influencing audiences’ behaviors. This study suggests educational institutions proved to be the least successful in influencing and educating audiences, as well as news institutions and sources typically held as credible and trustworthy. To ensure sexual health interventions are gaining enough exposure and adequately informing the masses, public health should further investigate the levels these policies can infiltrate. For example, audiences are more likely to trust nonprofit messaging that use sex-positive, gender-neutral themes. Public health campaigns could consider the benefit of community partner collaboration, public figures such as micro-celebrities, or collegiate organizations to help spread campaign messages and develop better strategies.

Limitations

Limitations of this study include smaller focus group sizes than the ideal 6-8 participants, and a lack of diversity in gender identity, sexuality, political affiliations, and race/ethnicity in participants originally sought. Due to recruitment issues and a lack of interested parties, the researcher was only able to find five participants per focus group. Further, on the day of each focus group, there was one participant who did not show up. The limited number of participants per focus group, and the time restraints preventing the scheduling of additional focus groups mean the findings of this study should not be generalized to a larger population, although they provide insight into future studies that should be conducted on a larger scale. This area of research, already underexplored, has very little grasp on underrepresented demographics such as
the gender-expansive, Queer, or racially diverse populations. Additionally, a heavier emphasis should be placed on recruiting participants with diverse political affiliations and opinions to better represent the total population. The last note for future research into this or similar topics is to consider the benefit of participant reimbursement to entice and make up for the potentially uncomfortable or stigmatized topics of discussion.

**Future Research**

The findings of this study inform various future studies. First, researchers should continue to study contraceptive messaging effects in audiences on a larger scale, and account for marginalized and underrepresented populations. For example, looking at specific demographics such as LatinX youth’s awareness and perceptions of contraceptive information and how this affects their decision-making process for contraceptive methods, as referenced in chapter two (Gilliam et al., 2002). Second, these findings suggested audiences’ awareness of contraceptive messaging branched from interpersonal to institutional and community levels. The researcher foresees borrowing the ecological model of health from public health disciplines, to address the various stages of interventions, and at which levels the most influence or effect is seen, as certain determinants may be more successful in intervening in sexual health policy and education. This approach is especially relevant as K-12 Sex Ed was mentioned as a memorable and common perpetrator of misleading and confusing information regarding contraceptive use and reproductive health; although, the ecological model of health states intervention at multiple stages may be necessary to effect change in the individual and community. Additionally, to further expand on research questions two and three, future research should expand on the male participant’s co-opting of feminist rhetoric about agency and decisions, while still relegating reproductive responsibility to their partners, as well as examine how healthcare providers determine what information to share with patients in discussions about contraceptive methods.
and options. Lastly, future research should account for varying levels of education in the interpretation, perception, and information-seeking processes in contraceptive decisions.

This exploratory research study set out to understand contraceptive messaging’s effects on audience beliefs and perceptions. Through the examination of previous literature, the crafting of a mixed-methods study design, and the use of emergent and discursive data analysis, this study begins to build the foundation for reproductive healthcare communication research in a post-Roe world. While the results of this study do not point to a single conclusion, they do demonstrate the strong and polarizing influence these kinds of messages have on audiences as well as the necessity to continue this line of work in the field of communication.
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Appendix A

Call for Participants Flyer

Looking for men, women, and gender-expansive individuals between the ages of 19 and 25 to join a focus group study (1.5 hrs) exploring the effects of contraceptive messages on participant beliefs and perceptions. If interested or have further questions contact cecilyjones@unomaha.edu

This is a non-funded research study conducted in association with UNO’s School of Communication Graduate MA Communication Program. Participation is entirely voluntary and will not be monetarily compensated.
Appendix B

IRB Approval Letter

February 16, 2024

Cecily Jones, B.S.
School of Communication
UNO - VIA COURIER

IRB # 0080-24-EX

TITLE OF PROPOSAL: Exploring Contraceptive Messaging Effects in Young Adult Beliefs and Perceptions

Exempt under 45 CFR 46:104(d), category 2

The Office of Regulatory Affairs (ORA) has reviewed your application for Exempt Educational, Behavioral, and Social Science Research on the above-titled research project and has given approval. You are therefore authorized to begin the research.

It is understood this project will be conducted in full accordance with all applicable HRPP Policies. It is also understood that the ORA will be immediately notified of any proposed changes for your research project that
A. affect the risk-benefit relationship of the research
B. pose new risks which are greater than minimal
C. constitute a new risk to privacy or confidentiality
D. involve sensitive topics (including but not limited to personal aspects of the subject s behavior, life experiences or attitudes)
E. involve deception
F. target a vulnerable population
G. include prisoners or children
H. otherwise suggest loss of the exempt status of the research.

You are encouraged to contact the ORA to discuss whether changes to exempt research requires review by ORA.

Please be advised you will be asked to update the status of your research yearly by responding to an email from the Office of Regulatory Affairs. If you do not respond, your project will be considered completed.

Sincerely,

Signed on: 2024-02-16 10:11:08.357

Gail Kotulak, BS, CIP
IRB Analyst III
Appendix C

Intake Survey

Intake Survey

* Required

1. What is your name? *

2. What is your email? *

3. What are your preferred pronouns? (i.e. she/her, he/him, they/them, etc.) *

4. What is your gender identity? *
   - Woman
   - Man
   - Non-binary
   - Transgender Man
   - Transgender Woman
   - Prefer not to say

5. How old are you? *
   - 19 yrs
   - 20 yrs
   - 21 yrs
   - 22 yrs
   - 23 yrs
   - 24 yrs
   - 25 yrs
6. What year of college are you in? *
- first-year
- second-year
- third-year
- fourth-year
- fifth-year+

7. What is your race/ethnicity? *
- American Indian/Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or other Pacific Islander
- Other

8. Do you affiliate with or practice any religion? If so, what? If not, indicate "NA" *

9. Would you prefer to meet in-person, over Zoom, or no preference *
- in-person
- over Zoom
- no preference

10. Respond with dates and time of day that you would be most likely available for scheduling a focus group *

11. Which focus group would you prefer to participate in? *
- Focus group for male-identifying participants
- Focus group for female-identifying participants
- Focus group for mixed-gender and gender-expansive participants
Appendix D

Interview Protocol

<table>
<thead>
<tr>
<th>Date/time:</th>
<th>Focus Group:</th>
<th>Duration:</th>
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**Names of participants:***

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**Opening:**

Hello, my name is Cecily Jones, I appreciate your all being here today. I am a graduate student at the University of Nebraska Omaha working on my thesis. My research interest is in exploring the effects of contraceptive messages on audiences.

You were all invited to participate in this study as you meet the necessary criteria, in which you identify as a [man, woman, mixed-gender, nonbinary, etc.], are between the ages of 19-25.

This is all voluntary, you can withdraw from the study at any point. This is an open dialogue, so you’re all encouraged to share and converse with one another. I am here to ask questions, listen, and moderate discussion, but what matters is what you all have to say.

This discussion will be recorded for me to review and transcribe later, but it will be kept confidential. I will assign everyone a pseudonym to maintain anonymity, but for discussion feel free to use your actual names when addressing one another. Is everyone alright with me recording?

Are there any questions before we get started?

**Ice breaker:**

[Begin going around the circle and having participants introduce themselves and respond to this question: What is something you’ve always wanted to do? Encourage participants to interact and discuss to build comradery].

**Questions in order of discussion:** (semi-structured interview, discussion may prompt questions not listed)
1. How do you define “contraception”?
2. How aware are you of contraceptive use?
3. What are your thoughts on contraceptives and contraceptive use?
4. What contraceptive messages do you regularly see or come across? Please describe.
   a. Provide examples for participants (brands i.e. Trojan condoms, Durex condoms, Nexplanon implant, NuvaRing, Plan B One-Step, Lo Loestrin Fe birth control pill, etc.; nonprofits/gov. agencies i.e. Planned Parenthood, WHO, CDC, PHCs).
5. What is your general opinion, how do you feel about the contraceptive messages you’ve seen?
6. Where do you get, or where would you get, information for contraceptives?
7. What messages or themes do you identify most often in these media messages?
8. How are they effective would you rate contraceptive messages?
   a. How are they effective, or not effective?
9. Regarding (reproductive) responsibility, how do you think these messages portray the idea?

Questions mapped by research question:

**RQ1. How do contraceptive messages affect audience beliefs and attitudes?**

1. What is your awareness about contraception?
2. How do you feel about contraceptives and contraceptive use?
3. How effective would you rate contraceptive messages and in what ways?
4. What is your general opinion on contraceptive messages?

**RQ2. How do audiences perceive reproductive responsibility from these messages?**

5. What messages or themes do you identify most often in contraceptive messages?
6. How do you think these messages frame reproductive responsibility?

**RQ3. What sources do participants mention as notable influences on their beliefs and attitudes on contraception?**

7. Where do you get, or where would you get, information for contraceptives?
8. What contraceptive messages do you see? Please describe.
RQ1
How do contraceptive messages affect audience beliefs and attitudes

5. What is your awareness about contraception?
6. How do you feel about contraceptives and contraceptive use?
7. How effective would you rate contraceptive messages and in what ways?
8. What is your general opinion on contraceptive

RQ2
How do audiences perceive reproductive responsibility from these messages

3. What messages or themes do you identify most often in contraceptive messages?
4. How do you think these messages frame reproductive responsibility?

RQ3
What sources do participants mention as notable influences on their beliefs and attitudes on contraception

1. Where do you get, or where would you get, information for contraceptives?
2. What contraceptive messages do you see? Please describe.