

**NEWS NARRATIVES ABOUT THE HPV VACCINE FOR ADOLESCENT  
MALES**

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**Abstract**NEWS NARRATIVES ABOUT THE HPV VACCINE FOR ADOLESCENT  
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The goal of this research was to examine portrayals of gender roles and expectations related to the human papillomavirus (HPV) vaccine for men and boys in U.S. newspapers within the theoretical framework of feminist theory, feminist media theory, hegemonic masculinity, and heteronormativity. Since the HPV vaccine was approved for girls in women in 2006, research has been conducted examining media portrayals of the HPV vaccine for girls and women, but little has been written about how the news has treated the subject for men and boys. This research examined print newspaper articles between 2011, when the U.S. Advisory Council on Immunizations Practices (ACIP) first recommended the HPV vaccine for routine vaccination in boys and men ages 9 to 21 in addition to

women and girls 9 to 26, through to June 2016, after the ACIP expanded its recommendation to also include men ages 21 to 26, to examine how the news on the vaccine portrayed gender roles and expectations.

During this thematic textual analysis of 124 articles, several important themes were uncovered. Overall, boys and men are still treated as an afterthought to the discussion on HPV and the HPV vaccine, with much of the discussion still focused on cervical cancer. Other themes include an increased focus on oral cancer (12.9 percent of articles), acceptance of riskier sexual behavior for men (4 percent), vaccine mandate focused on civil liberties (4 percent), overlooking side effects of the HPV vaccine on men and boys (25.8 percent), and the idea that men should receive the HPV vaccine as a way to protect their female partners (3.2 percent). There also remains a heteronormative emphasis in the newspaper portrayals with only 4.8 percent of articles mentioning that men who have sex with men (MSM) are at significantly higher risk of developing some HPV-related cancers.

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## **Chapter 1**

### **Introduction**

The HPV controversy was not, therefore, a one-dimensional health debate, for it threaded many questions—family values, the role of government, the reliability of scientific evidence, the oversight of sexuality, global equity, and trust in drug companies—into a dense tangle of scientific claims and political assertions. At the center of the storm, were young girls, with intense anxieties swirling around them about their futures, their sexuality, their health, and the world of risks confronting them. In their shadow stood young boys, whose own potential susceptibility to HPV-linked penile, anal, and oral cancers was caught up in politics of sexuality rendered invisible in the marketing blitz and the ensuing public debate. (Wailoo, Livingston, Epstein & Aronowitz, 2010, p. xiii)

### **The Problem**

The human papillomavirus (HPV) is a sexually transmitted infection (STI) that can lead to several cancers in men and women (Markowitz, 2007). Over the course of a person's lifetime, public health experts forecast that 79 percent of individuals will be infected with HPV at some point (Grabel, Reutzel, Wang, et al., 2013). While the body can naturally fight and clear most HPV infections and their chief symptom—genital warts—some strains of the virus can linger and lead to cancers in both men and women, including throat cancer, anal cancer, and mouth cancer. These high-risk strains can also lead to cervical, vulvar, and vaginal cancers in women and penile cancer in men (Cutts, Franceschi, Goldie, et al., 2007). Researchers estimate that HPV is directly responsible for 100 percent of cervical cancers, 70 percent of vaginal cancers, 40 to 50

percent of penile cancers, 80 to 90 percent of anal cancers, and 35 percent of mouth cancers (Perez, Feroruk, Shapiro, & Rosberger, 2016). The U.S. Centers for Disease Control (CDC) says 33,000 new cases of cancer are diagnosed each year in parts of the body where HPV is often found and 26,900 of those incidences of cancer are directly caused by the human papillomavirus (CDC, 2014). About 60 percent of these HPV-related cancers are diagnosed in women, while 40 percent are in men (Agawu, Buttenheim, Taylor, et al., 2015).

A vaccine that can make the body immune to many of the high-risk strains of HPV that can lead to cancer was approved by the U.S. Food and Drug Administration (FDA) in 2006. Given in three doses over six months, this HPV vaccine is available to males and females ages 9 to 26. Public health experts believe that ages 11 and 12 are the ideal time to vaccinate in order to allow the body adequate time to build antibodies to prevent later HPV infection (Gerend, Weibly & Bland, 2009). The CDC recommends the HPV vaccine for all adolescent boys and girls, and the U.S. Health and Human Services “Healthy People 2020” campaign has a goal of 80 percent uptake of three doses of the HPV vaccine for both sexes by 2020. However, vaccine rates remain very low. In 2014, the year the most complete data is available, the CDC reported that only 38 percent of girls and 14 percent of boys receive all three doses of the HPV vaccine (CDC, 2015; Stokley, Jeyarajah, Yankey, et al., 2014).

There are many reasons why the vaccination rates are so low. To begin with, when the HPV vaccine was first made available in the United States in 2006, it was offered only to girls and women ages 9 to 26. It was not until 2009 that the U.S. Food and Drug Administration (FDA) approved the vaccine for males ages 9 to 26 and not until 2011 that the government began recommending the HPV vaccine as a routine vaccination for boys and men (Gerend, Madkins, Phillips & Mustanski, 2016). During this three-year period when the vaccine was only available

for girls and women, there were many news articles written about HPV and the vaccine, creating many gendered news stories about HPV, chiefly that the HPV vaccine is a “cervical cancer vaccine.” This angle implies that the virus is a problem only women (both straight women and lesbians) need to worry about, despite the fact that nearly 11,000 men each year are diagnosed with cancers related to HPV – cancers that could have been prevented had these males been vaccinated against the virus (CDC, 2014; Gollust, LoRusso, Nagler, & Fowler, 2015). Further, men who have ever had sex with men (MSM), either by choice or due to assault, are at much greater risk of contracting HPV and developing HPV-related cancers. By some estimates, MSM are 25 to 50 times more likely to develop anal cancer than men who have only ever had sex with women (Epstein, 2010; Aizpuru, 2015; Reiter, McRee, Katz & Paskett, 2015).

Many news articles have been written on the subject of the HPV vaccine since it was first approved in 2006 (Perez, Shapiro, Brown, et al., 2015). However, there has been little media research on how the news has portrayed the HPV vaccine for boys and men. Part of this is because the news coverage of the vaccine itself has been quite gendered, with most news on the HPV vaccine “focusing mainly, if not exclusively, on girls and women even when the science and public health recommendations had become more expansive” (Gollust, LoRusso, Nagler, & Fowler, 2015). The present research will look at U.S. print news coverage from January 2011 to June 2016 to examine the nature of the coverage. Specifically, this research wants to see how the news coverage explains the HPV vaccine for heterosexual males, how the news explains HPV for MSM, and if gender norms about men and women are reinforced in the news discourse, potentially creating obstacles to public health efforts focused on preventing some cancers in men.

## **About the HPV Vaccine in the United States**

The FDA first approved Gardasil, Merck's quadravalent vaccine, to prevent HPV strains 6, 11, 16, and 18 in June 2006. Shortly thereafter, the U.S. Advisory Council on Immunization Practices (ACIP), a group of medical and public health experts that make vaccine recommendations to the American public, began recommending the vaccine for females aged 11 and 12 (Wailoo, Livingston, Epstein & Aronowitz, 2010).

At the time of approval, the HPV vaccine was advertised for girls and women aged 9 to 26 as a vaccine to prevent cervical cancer (FDA, 2010). The year before FDA approval, Merck began a marketing campaign to educate the American public about the connection between HPV and cervical cancer (Davies & Burns, 2014). These advertisements aimed to explain to the public about "HPV, a ubiquitous, although not well-known, sexually transmitted infection, and cervical cancer, a well-known cancer" (Mamo & Epstein, 2016). During this period, Merck paid for print, online media, and television advertisements geared toward women to explain the link between HPV and cervical cancer. The following year, after FDA approval, Merck's campaign shifted to provide information on Gardasil and its benefits to protect girls and women against HPV (Davies & Burns, 2014).

In 2009, the FDA expanded its approval of Gardasil to include boys and men ages 9 to 26 as a way to prevent genital warts and oral and anal cancers. At that time, the U.S. ACIP did not recommend routine use of the HPV vaccine for males, rather issuing a "permissive" recommendation that the vaccine was available without saying the group recommended it (Lu, Williams, Li, et al., 2013). It was not until 2011 that the ACIP took a more formal stand to say that the vaccine should be routinely given to adolescent boys aged 11 and 12 years old, in addition to adolescent girls (FDA, 2010; Casciotti, Smith, Andon, et al., 2014). In 2014, the FDA

approved use of Gardasil 9 to prevent HPV strains 6, 11, 16, 18, 31, 33, 45, 52, and 59 for girls and women aged 9 to 26 and boys aged 9 to 15. The FDA approved Gardasil 9 for men up to age 26 in late 2015 (FDA, 2015).

It is worth mentioning that there is another HPV vaccine available called Cervarix. Manufactured by GlaxoSmithKline, Cervarix was approved by the FDA in 2009 (three years after Gardasil) and works to prevent HPV strains 16 and 18 (FDA, 2009; NCI, 2015). While these two strains are responsible for about 70 percent of cervical cancers, they are not the same strains that cause most HPV-related cancers in males, which is why Cervarix is currently not available for males. GlaxoSmithKline also stopped marketing Cervarix in the United States in 2016, essentially ceding the U.S. market of the vaccine to Merck (Mulcahy, 2016). Therefore, for this research, the phrase “HPV vaccine” will be referring to the original quadravalent Gardasil that prevents four strains of HPV and the new Gardasil 9.

Although the CDC, the ACIP, and the U.S. Health and Human Services all recommend the vaccine for both sexes ages 9 to 26, most adolescents are missing the opportunity to be vaccinated (CDC, 2015; Stokley, Jeyarajah, Yankey, et al., 2014). To this day, many parents of adolescent boys eligible for the vaccine simply do not realize that their sons are at risk of contracting HPV, developing HPV-related cancers later in life, or that their sons are eligible to receive the HPV vaccine (Newman, Logie, Doukas, & Asakura, 2013; Lu, Yankey, Jeyarajah, et al., 2015; Bhatta & Phillips, 2015). Further, most parents and young adult men do not realize that MSM are at significantly higher risk of developing HPV-related cancers than their heterosexual counterparts (Wheldon, Bui & Daley, 2013). This study will look at print news coverage of the HPV vaccine for males from January 2011, when the ACIP first recommended the quadravalent

Gardasil vaccine for males, through June 2016, shortly after late 2015 when the FDA approved Gardasil 9 for boys and men age 9 to 26.

### **Legislative Activity**

After the Gardasil vaccine was approved for girls and women in 2006, state legislators (with lobbying help from Merck) across the nation quickly went to work attempting to mandate that adolescent girls receive the vaccine (Wailoo, Livingston, Epstein, & Aronowitz, 2010). In 2007 alone, 24 states and the District of Columbia introduced legislation aimed at mandating that girls receive the vaccine as a requirement to attend school, just like other vaccines required at that age including those preventing tetanus, diphtheria, and pertussis (the Tdap vaccine) and the meningitis vaccine (Casciotti, Smith & Klassen, 2014; CDC, 2015). During this time, more than 40 state legislatures had discussions about requiring the HPV vaccine among adolescent girls, education linking the virus and the vaccine, and requirements of insurance coverage for the vaccine (Gollust, Attanasio, Dempsey, Benson & Fowler, 2013).

All the legislative activity led to news articles on the issue debating the HPV vaccine's benefits and possible concerns. As the debate began, politicians, health professionals, religious groups, women's health activists, and public health researchers all competed with each other to have their views represented to the public and in the news (Gollust, Dempsey, Lantz, Ubel, & Fowler, 2010; Gollust, Attanasio, Dempsey, Benson, & Fowler, 2013). The public discourse over the HPV vaccine also cropped up in the 2011 U.S. presidential campaign. Former Minnesota Congresswoman and Republican presidential candidate Michele Bachmann criticized fellow Republican candidate and former Texas Governor Rick Perry for his 2007 (later overturned) executive order mandating that sixth grade girls in Texas receive the HPV vaccine to enter public school (Chen, 2012). During the debate, Bachmann stated that, "children who have a negative



reaction to this potentially dangerous drug...They don't get a do over" (Zucker, Reiter, Mayer & Brewer, 2015, p. 784). The day after the televised debate where she made that controversial statement, Bachmann again spoke to the media against the HPV vaccine, saying in a televised interview, "I had a mother last night come up to me here in Tampa, Florida, after the debate. She told me that her little daughter took the vaccine, that injection, and she suffered mental retardation as a result. There are very dangerous consequences" (Krakow & Rogers, 2016, p. 4). Her statements were quickly denounced by public health experts saying her comments had no basis in scientific fact (Aizpuru, 2015).

Despite the legislative activity and news articles with advocates for and against the proposals, almost all the efforts to mandate vaccination in adolescents ultimately failed. To date, only three vaccine mandates still exist. The District of Columbia and Virginia currently require adolescent girls to receive the HPV vaccine to attend public school. In those areas, boys are not required to get the HPV vaccine, but school officials do recommend it. Rhode Island is the only state to mandate both sexes receive the vaccine to attend school. This law went into effect in August 2015 (Schwartz & Easterling, 2015).

Vaccinating adolescents against HPV has been proven to be effective in the short term at reducing HPV and genital warts and should prove in the long term to reduce HPV-related cancers that can take decades to develop (Aizpuru, 2015). In 2007, Australia became the first country to introduce free HPV vaccinations for girls ages 12 and 13, with catch-up vaccines available for women and girls ages 13 to 26 (Chow, Danielewski, Fehler, et al., 2015; Chow, Danielewski, Fehler, et al., 2015). This was expanded to boys ages 12 and 13 in 2013, with catch-up vaccines available to boys aged 14 and 15 (Chow, Danielewski, Fehler, et al., 2015). Within three years of the introduction of the HPV vaccine, the three-dose vaccination regimen

was able to mostly eradicate HPV types 6, 11, 16, and 18 (those covered by the quadravalent Gardasil vaccine) in Australia. It is expected that over time, Australia will see many fewer cervical, oral, and anal cancers as this population matures (Chow, Danielewski, Fehler, et al., 2015).

Now that the HPV vaccine has been proven to be effective at preventing cancers in males and females, cancer groups that usually do not concern themselves with teen vaccinations are banding together to push teen immunization against HPV, such as the American Society for Clinical Oncology (ASCO). ASCO is a professional society of more than 20,000 physicians who use chemotherapy to treat people with cancer, many of whom have cancers caused by HPV. Clinical oncologists do not typically treat adolescents for routine physicals, but they do see those patients many years later when they present with HPV-related cancers. These cancer doctors feel the vaccine is being underused and issued a statement to encourage pediatricians and family practice physicians to vaccinate more adolescents (Bailey et al., 2016, Tempero, 2016). Similarly, the American Cancer Society (ACS) came out in 2016 in support of the vaccine for all 11 and 12 year-old girls and boys (Saslow et al., 2016). This is relevant since the last ACS guideline on the HPV vaccine was in 2007 at which time it only recommended the vaccine for girls. In addition, all 69 of the designated U.S. National Cancer Institute cancer centers issued a joint statement in 2016 encouraging “all parents and guardians to have their sons and daughters complete the 3-dose HPV vaccine series before the 13<sup>th</sup> birthday, and complete the series as soon as possible in children ages 13-17” (Stallard, 2016). The cancer centers signing on to the joint statement included some of the most prestigious and well-respected in the nation, including M.D. Anderson Cancer Center in Houston, Memorial Sloan-Kettering in New York City, Mayo Clinic in Rochester, Minnesota, Johns Hopkins’ Sidney Kimmel Cancer Center in Baltimore, Stanford

Cancer Institute in Stanford, California, and Emory University's Winship Cancer Center in Atlanta, Georgia.

As these organizations position their member physicians and resources to further encourage adolescent HPV vaccination, it will be important for health campaign creators to look to previous research to see how the media has reported on the HPV vaccine. Much has already been written about the coverage for girls, but this research will examine news stories on the HPV vaccine for males to better inform future public health campaigns.

In the next chapter, the research will look at several theories, particularly feminist media theory, hegemonic masculinity, and heteronormativity, which will be used as a framework for the research in this thesis. Chapter 3 will review previous academic literature to examine what researchers have already identified about the media and the HPV vaccine for males. Chapter 4 will lay out the methodology to be used in this research and Chapter 5 is where the media narratives for the vaccine and males will be reported and explored. The final chapter will detail the conclusions to be made from this research, examine limitations of the study, and identify areas for future research.

## **Chapter 2**

### **Theoretical Framework**

This textual analysis will examine print newspaper articles to see if they portray the HPV vaccine for boys and men in a way that reinforces American gender norms, values, and stereotypes (Entman 1993; Scheufele & Tewksbury, 2007). Several studies have looked at how the media has portrayed the HPV vaccine, first for girls and women but few have looked at portrayals of boys and men. This research will examine representations in the American news of adolescent males through the lens of feminist theory, feminist media theory, and the concept of hegemonic masculinity – an offshoot of the theory of hegemony – to examine how the news portrayed gender roles and expectations in U.S. society in relation to the HPV vaccine (Carrigan, Connell, & Lee, 1985; Steeves, 1987; Urbanati, 1998; van Zoonen, 1994; Connell, 2002; Connell & Messerschmidt, 2005; Wedgwood, 2009). Within this theoretical framework, this research will also examine if journalists have framed U.S. society’s heteronormative belief (i.e., the idea exclusive heterosexuality is the only “normal” sexual orientation instead of being one of many possibilities) in the news stories reporting on the HPV vaccine for males, potentially excluding males who do not fit this model, including MSM, (Warner, 1991; Kitsinger, 2005, Jackson, 2006).

#### **Feminist Theory**

Feminist theorists note how gender norms assign certain stereotypical behaviors to men and women. Part of the ideology that shapes these beliefs is the idea that boys and men are raised to feel they have control over their own bodies with the right to make medical decisions based on their own individual beliefs and values instead of society’s public health needs. Conversely, girls

and women are told that society has the right to make demands over feminine health decisions (Mara, 2010). Women and girls learn early on that they must give up control of their bodies and “endure personal discomfort” in order to safely procreate the next generation (Mara, 2010). For example, the ongoing debate over birth control and abortion in the United States is an example of men in power, such as those in power through religious authority, political status, or status in the family, use their positions to make demands over what women can do with intimate parts of their bodies (Mara, 2010). This was also evidenced recently when researchers were testing a birth control for men that worked by injecting hormones into the muscle in order to reduce a man’s sperm count so that he was not able to impregnate his partner (Behre, Zitzman, Anderson, et al., 2016). The injections were successful in preventing pregnancies. However, the clinical trial had to be stopped earlier than expected because the male subjects in the study withdrew their participation after reporting side effects they found intolerable, such as mood swings, acne, and changes in libido – all side effects women typically experience with their hormonal birth control (Behre, Zitzman, Anderson, et al, 2016; Scutti, 2016).

It can be confusing for women to understand that men want to control the intimate parts of female bodies since women are stereotypically considered responsible for the health of the family, such as with prenatal testing of fetuses and their own cancer screening (Mishra & Graham, 2012). Society places restrictions on women to try and force them to avoid risky behavior, such as having sex with multiple partners, drinking alcohol while pregnant, or exposing their bodies to an STD that could cause harm now or in the future to fetus. Men, on the other hand, are expected to remain in the background as “parents, bystanders, protectors/supporters, gathers and guardians of fact, and deciders or enforcers” (Mishra & Graham, 2012). It is as if men are the ones who make the rules women have to live by and then

are able to sit back and judge women for how they live up to the standards men have set for them. These gender constructs and ideology set up a conflict with the HPV vaccine for parents—they want immunizations to prevent diseases (like measles and polio) that can physically damage their child, but they also want to protect their children from “moral danger,” such as anything that might endanger their child’s purity (e.g., a vaccine to fight an STD to which many parents naively believe their children will not be exposed) (Mishra & Graham, 2012).

### **Feminist Media Theory**

An important part of feminist media theory explains how gender and power in our culture come together in mass communication to reinforce common beliefs (Steeves, 1987; van Zoonen, 1994; Gallagher, 2003; Vliegheart & van Zoonen, 2011; Fortner & Forster, 2015). In 1994, van Zoonen wrote that the senders of most mass communication are “almost all (rich) men” who are incited to depict a capitalistic and patriarchal system as the most acceptable worldview while simultaneously working to convince those out of power, such as women and gay males, that the limitations in their lives are inevitable (p. 29). Van Zoonen and a colleague reaffirmed this power structure belief in 2011, explaining that journalists are not autonomous on how they report the news as their work is influenced by internal corporate news production routines that aim to maintain the “societal status quo” (Vleigenthart & van Zoonen, 2011). These scholars argue that what journalists write is inherently political rather than factual, in that it is the product of “professional and organizational processes in the newsroom, rather than traits or decisions of autonomous individuals” (Gallagher, 2003; Vleigenthart & van Zoonen, 2011).

Feminist media theory continues by saying that the media production is not just a reflection of society. Rather, published news articles are a complex process of negotiation that is ultimately a socially constructed discourse with the ability to “reflect and produce power” (van

Zoonen, 1994, p. 41). One of the most important points van Zoonen makes is that the relationship between gender and communication is ultimately a cultural construct; meaning, like most things in life, the relationship of women in the media is continually negotiated as our society evolves. “As such, media are part of feminism’s cultural and—albeit to a lesser extent—its material struggle” (Van Zoonen, 1994, p. 148).

### **Hegemonic Masculinity**

The United States is still predominately a male-dominated society with men largely in control of all the dominant institutions of capitalism in this country, including corporations and elected offices. A recent report showed that only 14.2 percent of the top five leadership positions such as chief financial officer (CFO) or chief operative officer (COO) are held by women at publicly traded companies listed on the Standard and Poor’s 500 stock exchange (Egan, 2015). At the very top, the chief executive officer (CEO) role, the numbers are even lower, with fewer than 5 percent of CEO positions being held by women (Egan, 2015). In the United States Congress, women fare somewhat better than in corporate America, with just 19.3 percent (84 of 435) representative positions and 20 percent (20 of 100) senate spots held by women (Bump, 2015). Although this is just a snapshot of the rest of the country, it shows that women are still left on the sidelines while men hold the power to make the important decisions related to finance and government (Connell, 2002).

Conventional wisdom says that by being dominant and in power, men cannot be marginalized (Cheng, 1999); however, even among men there is a hierarchy of power. This concept has been best defined as hegemonic masculinity, a concept most often associated with Australian sociologist R. W. Connell (Carrigan, Connell, & Lee, 1985; Connell, 2002; Connell & Messerschmidt, 2005; Wedgewood, 2009). Hegemonic masculinity is derived from the theory of

cultural hegemony often attributed to the Italian Marxist philosopher Antonio Gramsci (Urbanati, 1998). Gramsci theorized that the ruling class of a society uses its power to manipulate a society's culture so that the entire society—not just the ruling class, but all those individuals not in power—begins to feel that the beliefs of the ruling class are the cultural norm.

For example, in the late 1800s, the U.S. government began using the public school system to “Americanize” Native American children (Koppleman, 2011). During this period, many Native American children were forced to attend boarding school and be separated from their families in order to learn the values of the ruling party. These Native American students were taught to dress like white Americans and learn “to respect private property . . . to realize that the accumulation of personal wealth is a moral obligation” (Koppleman, p. 167). The concept of hegemony has been updated and applied in various contemporary forms to understand how those in power remain in power.

Within the context of hegemonic masculinity, there is a sliding scale of power among men as well, with groups such as MSM finding it more difficult to find their place in society. That means that MSM are often not represented (at least not openly) as leaders in institutions of power and authority in the U.S., such as in elected positions, as teachers and administrators in schools, as religious leaders, and as CEOs of large corporations. The most obvious form of this is the “circulation of models of admired masculine conduct, which may be exalted among churches, narrated by message media, celebrated by the state or embedded informally in local culture,” meaning that society emphasizes the idea of a strong, athletic, and authoritative heterosexual male figure to the exclusion of all other types of males, such as the computer programmer, the artist, or the musician (Connell, 2002). For example, Tom Brady, Super Bowl-winning quarterback for the New England Patriots, is the classic male example in the United



States, appearing on many television ads and revered by many in this country for his good looks, his athleticism, and his marriage to Giselle Bündchen, a Brazilian model. The adoration of this favored model of masculinity overlooks some of Brady's flaws that would have likely led to public condemnation among women or MSM, such as his breaking up with his pregnant girlfriend Bridget Moynihan to begin a relationship with Bündchen (Schnurr, 2016). Some of this is changing albeit slowly. *People* magazine each year publishes a list of "Sexiest Men Alive" and while most of the men are heterosexual, they do include more openly gay males than before. The most recent list for 2016 profiled 144 men and 7 of the men on the list (4.89 percent) were MSM, including entertainers Andy Cohen, Neil Patrick Harris, Ricky Martin and Luxemborg's Prime Minister Xavier Bettel (Hernandez, 2016).

Hegemonic masculinity has been studied extensively to understand the gender dynamics of specific sub-cultures, such as gender norms and hierarchies within the classroom and in criminology. It has also been used to explain some stereotypical male health issues, such as the idea of males need to be tough by "playing through" painful situations or expectation that men will engage in riskier sexual practices while women are expected to do the opposite and be chaste until marriage (Connell, 2005). Although these images represent only a small portion of the male population, they are the dominant messages that are often idealized in this country. This imagery leaves out males who do not fit this narrative, such as boys and MSM. MSM are particularly vulnerable to HPV-related illnesses; however, they have been largely kept out of the media discourse on the virus and the vaccine (Daling, Weiss, Hislop, et al., 1987; Cheng, 1999; Gates, 2011).

Earlier research has linked hegemonic masculinity to the HPV vaccine and the media. One study found that when the vaccine was first made available for males, the coverage tended

to focus on the importance of males getting the HPV vaccine to protect their female partners, reinforcing “hegemonic masculinity by upholding men as protectors while emphasizing women’s frailty” (Pisciotta, 2012). This also reinforced the idea that men are expected to be more powerful against the virus and less vulnerable to disease than women (Mara, 2010). The study found the early coverage focused on males as generally being unaffected by the HPV virus and that they needed to get the vaccine to protect females. This narrative notably left out MSM who are particularly vulnerable to HPV, but were left unaware of their vulnerability to the virus. The research here will look at newsprint examples of how the HPV vaccine has been discussed for boys and men keeping an eye on the hierarchy identified in hegemonic masculinity to see how different categories of men are represented.

### *Heteronormativity*

Another way hegemonic masculinity can be seen in society and mainstream media is through the concept of heteronormativity. Heteronormativity presumes that heterosexuality is the dominant and only preferred sexual orientation, therefore setting up that anything except exclusive man-woman sexual relations deviates from the norms of masculinity and gender roles (Warner, 1991; Kitzinger, 2005). This idea of heteronormativity has been explored by several scholars in relation to the HPV vaccine. Mishra and Graham in 2012 found that initial product marketing for the HPV vaccine focused almost exclusively on the vaccine’s ability to prevent cervical cancer, ignoring penile, anal, and oral cancers (Mishra & Graham, 2012). In *Three Shots at Prevention: The HPV Vaccine and the Politics of Medicine’s Simple Solution*, Steven Epstein writes in his chapter “The Great Undiscussable,” on MSM and the HPV vaccine, that despite evidence that gay males stand to benefit enormously from the HPV vaccine, America’s fear of discussing anything related to the anus has kept these men out of the dialogue: “anal cancer

remains relatively invisible in general, while the link to gay men remains undiscussable in broader public spheres” (Wailoo, Livingston, Epstein & Aronowitz, 2010, p. 81)

The research in the following chapters will use feminist theory, heteronormative assumptions, and hegemonic masculinity as a structure to examine the news coverage of HPV and the HPV vaccine, looking to see how the coverage frames the vaccine for heterosexual males, how the news frames the vaccine for MSM, and if American gender norms are reinforced in the news.

**Research question 1:** How do newspapers in the United States portray the HPV vaccine for heterosexual boys and men with regard to gender roles and expectations?

**Research question 2:** Does the news information on the HPV vaccine for boys and men reinforce heteronormative gender norms?

**Research question 3:** Does news information on the HPV vaccine for boys and men discuss MSM, and if so, how?

## **Chapter 3**

### **Literature Review**

#### **United States News Coverage**

There was little mention of HPV in the news before the HPV vaccine was first approved in 2006. Once HPV did start to appear in newspaper articles, the focus was almost always on its connection to women. Starting in 1995, a few journalists at the nation's top 10 newspapers by circulation and the three major television networks started reporting about HPV once it had been proven that HPV had been conclusively linked to cervical cancer (Anhang, Stryker, Wright, & Goldie, 2004). While newspaper articles and broadcast television stories published from 1995 to 2002 did talk about HPV, researchers found only 30 percent of the stories published accurately linked HPV to cervical cancer while another 30 percent mentioned wrong or uncertain information, such as an emphasis on condoms as a way to prevent HPV without mentioning that HPV can also be spread through oral to genital contact or even deep kissing (Stryker, Wright & Goldie, 2004).

Earlier research on the news coverage of the HPV vaccine for girls and women looked at newspaper articles from 2003 to 2005 and found that journalists typically framed the vaccine as a "cervical cancer vaccine" instead of an "STD vaccine" or a "genital warts vaccine" (Calloway et al, 2006). Similarly, a study of online news stories in 2006 found that 88 percent of articles labeled the vaccine as the "cervical cancer vaccine" while only 31 percent of articles called it an "STD" or "STI" vaccine and only 23 percent called it a genital warts vaccine (note that multiple responses were possible so the numbers added up to more than 100 percent) (Habel, Liddon & Stryker, 2009).

Starting in 2006 when the vaccine was approved by the FDA, news coverage in the United States began by being fairly neutral, meaning that the articles lacked rhetoric expressly encouraging or discouraging vaccination. Instead, the articles primarily focused on the fact that the vaccine had the potential to prevent cervical cancer. At that time, articles mostly left out information on how HPV itself is an STI, discussions of morality, or any debate about the overall value or harm of vaccines (Calloway, Jordensen, Saraiya, & Tsui, 2006; Abdelmutti & Hoffman-Goetz, 2009; Habel, Liddon, & Stryker, 2009; Kelly, Leader, Mittermaier, et al., 2009; Krieger & Sarge, 2013; Gollust, LoRusso, Nagler, & Fowler, 2015).

In the second phase of the news about the HPV vaccine, which started in late 2006 until 2008, the story shifted to be more political in nature. Rather than focusing on the vaccine as a prevention for cervical cancer, coverage began to explore the controversies surrounding the HPV vaccine, such as parental angst about a new vaccine mandate to attend public school, concerns about how safe a relatively new vaccine was over the long term for adolescents, worries about the motives of the vaccine manufacturers, concerns that giving adolescents a vaccine against an STI would be seen as endorsing sexual behavior, and worries that the vaccine would give adolescents a false sense of security against all STIs, not just HPV (Quintero Johnson, Sionean, & Scott, 2011; Casciotti, Smith, Tsui, & Klassen, 2014; Casciotti, Smith, & Klassen, 2014).

In one study examining news coverage from 2005 to 2009 in America's top 10 newspapers by circulation and three regional newspapers, the main coverage at the time looked at the connection between HPV, the vaccine, and cancer (Casciotti, Smith & Klassen, 2014). Digging a little deeper, they found 73 percent of those stories mentioned the ideal age of vaccination for girls, 63 percent discussed the specific strains of HPV prevented by the vaccine, 42 percent mentioned STIs in general, and 36 percent mentioned the cost of the vaccine

(Casciotti, Smith, & Klassen, 2014). In the same study, the authors found that articles published during this time period of 2005 to 2009 did discuss HPV vaccine eligibility outside of the adolescent female population. Forty-two percent mentioned that adult women were susceptible to HPV; however, only 20 percent of articles mentioned that males were also affected by the virus (Casciotti, Smith, & Klassen, 2014). This is to be expected since the FDA only approved the HPV vaccine for males in 2009 and the study looked at coverage from 2005 to 2009.

Another study looked at online news stories published in 2006 and found that 85 percent of articles about the vaccine during this time period were neutral (as defined by focusing just on the fact that the vaccine existed) or positive (as defined by suggesting getting the vaccine was a good idea) regarding the vaccine (Habel, Liddon, & Stryker, 2009). Negative headlines depicted dislike of the vaccine, such as “Shots for Girls Stir Early Sex Concerns” and “The Slut Shot.” Males were mentioned in 23 percent of the articles, most often only to point out that the vaccine had not yet been approved for boys or men.

The third phase of the news cycle began in 2009 when the HPV vaccine was first approved by the FDA for boys and men (Gollust, LoRusso, Nagler, & Fowler, 2015). This is the phase this research will examine, as there has been little research done on the media representation of the HPV vaccine for boys and men. Part of this is because the news articles about the HPV vaccine during this time period still overwhelmingly focused on girls and women and the connection to cervical cancer, even though the vaccine recommendations had formally extended to boys and men and research showed HPV was linked to even more cancers. One study looked at U.S.-based newspaper coverage of the HPV vaccine in 2011, the first year the vaccine was recommended for routine use in adolescent boys. It found that only 25 percent of the coverage during that year included any information on the vaccine for boys and men (Krakow &

Rogers, 2016). Part of the reason that information on the vaccine for boys and men was not mentioned more was because news coverage on the vaccine that year was largely dominated by Michele Bachmann and her criticisms of a Texas mandate for the vaccine for girls and her erroneous statement that the HPV vaccine can cause mental disabilities (Krakow & Rogers, 2016).

### **International News Coverage**

Excluding males from news coverage on the HPV vaccine is not limited to the United States. Canada has a similar history around the HPV vaccine, with the vaccine being approved for girls and women for years before it was made eligible for males. Adolescent females are all offered the vaccine through the state-run healthcare system and the vaccine is administered at school. However, while the Canadian National Advisory Committee on Immunization started recommending the HPV vaccine for boys and men ages 9 to 26 in 2012, currently only two of Canada's 13 provinces and territories pay for adolescent males to receive the vaccine as part of the national health care program (Eggerston, 2012; Perez, Fedoruk, Shapiro, & Rosberger, 2016). Parents of adolescent males outside these areas can opt to pay out of pocket about \$500 Canadian dollars (about \$375 U.S.) to have their sons vaccinated.

Parts of Canada are also looking to find a way to save money by only vaccinating males who are at particularly high risk of contracting HPV, such as MSM. However, there is concern that only offering the vaccine free to boys who come out as MSM to their parents and classmates (the HPV vaccine is provided at school) is too much to ask of males who may not be sure of their sexual orientation at that age (Shapiro, Perez, Guichon, & Rosberger, 2015). Other people argue that many males will not discover their sexual preferences until their 20s and 30s and the opportunity to reduce STI infection and prevent cancer will be lost because they weren't

vaccinated in their adolescence. Additionally, there is concern that forcing males to declare themselves MSM to their parents and/or classmates may lead to increased bullying of these sometimes vulnerable students.

Researchers looked at all Canadian newspaper articles on the HPV vaccine from 2012, when the vaccine was first recommended for males in Canada, to 2014. They found that while 93 percent of articles mentioned that females were eligible for the vaccine, only 49 said that males could also benefit from the vaccine. Based on this finding, it is not surprising that 85 percent of articles associated HPV with cervical cancer while only 59 percent associated it with other cancers, and 52 percent linked HPV to genital warts (Perez, Fedoruk, Shapiro, & Rosberger, 2016). In this nearly two-year time period, only 5 percent of articles on the vaccine in Canada mentioned moral concerns, such as worries the vaccine would encourage adolescents to engage in earlier or riskier sexual behavior. This led researchers to suggest that fears that the vaccine causes promiscuity may have faded.

In the United Kingdom, researchers took a slightly different approach, specifically looking at news coverage of HPV and oral cancers to see how often articles focused on the connection between the virus and head and neck cancers (Dodd, Marlow, Forster, & Waller, 2016). They examined 112 articles from 2002 to 2014 with the bulk of the articles published in June 2013 when American film actor Michael Douglas publicly discussed his diagnosis of mouth cancer and how the disease can be caused in heterosexual males by having oral sex with women. While some news reports praised the actor for raising awareness of the link between HPV and oral cancer, researchers found that many of the articles about the actor's diagnosis "missed an opportunity to educate the public as many articles did not discuss the signs and symptoms of oral cancer and what individuals should do if they find a symptom" (Dodd, Marlow, Foster, &



Waller, 2016, p. 8). Overall though, the researchers found that the articles studied linking HPV and oral cancer did often make a convincing case for giving the vaccine to males.

In Australia, researchers studied HPV vaccine mentions in newspapers from 2006 to 2009. Even though this was before widespread adoption of the HPV vaccine for boys and men, many of the articles discussed that a future direction for the vaccine would be males receiving the vaccine. Interestingly, several of the articles continued to call the vaccine “the cervical cancer vaccine” even when saying in the same sentence that it was available for males, such as “Cervical Jabs for the Boys” and “Boys Get Cervical Cancer Vaccine” (Robbins, Pang, & Leask, 2012). In addition, the articles found that when discussing anal cancers, the articles linked the disease exclusively to MSM, omitting that women and heterosexual men are also at risk of anal cancer: “Just as HPV causes cervical cancers in women, it is linked to anal cancer in gay men” (Robbins, Pang, & Leask, 2012).

Romania only has a population of 20 million people; however, more women are diagnosed with cervical cancer in Romania than any other European nation and cervical cancer is the leading cause of death among Romanian women aged 15 to 44 (28.6 cases out of 100,000 women) (Penta & Baban, 2014). By contrast, in the United States, the leading cause of death among women aged 15 to 34 is “unintentional injuries” and for women aged 35 to 45, the leading cause of death is all cancers combined (not just cervical cancer) (CDC, 2015). Lack of a sustainable cervical screening program in Romania is the main reason for incidence and mortality of cervical cancer and a reason why the HPV vaccine has such promise there. While the vaccine is provided free by government health services to eligible Romanian women, uptake is very low (likely due to vaccine program delivery design problems), leading researchers to conduct a content analysis of newspapers, magazines, videos, and information websites

published from 2007 to 2012 (Penta & Baban, 2014). Overall, results showed that 31 percent of the articles were neutral in tone while 24 percent were positive. However, 28 percent of articles were coded as being negative or extremely negative, focusing on themes such as the vaccine is untested or causes devastating side effects. Of 271 articles studied, only 14 percent discussed the feasibility of boys being vaccinated. It is also important to note that at the time males were not included in Romanian national HPV vaccination program (Penta & Baban, 2014).

### **Controversy in the News**

The relationship between gender and communication illustrates a cultural interaction, meaning news stories depict meanings and values that already exist in society. Those meanings are reinforced in the news, furthering existing stereotypes, power relations, and economic inequities (Van Zoonen, 1994, p. 148). Therefore, when the public debate over the HPV vaccine started in 2006 with FDA approval, it created many perceptions that exist today among individuals and are reinforced in the news, such as concerns about safety, distrust of vaccine makers, skepticism of the healthcare system, and fears that legislation would remove the parental role in making health choices for their children (Kelly, Leader, Mittermaier, Hornik, & Capella, 2009; Casciotti, Smith, Tsui, & Klassen, 2014).

One of the main concerns about the HPV vaccine was that giving pre-adolescent children the HPV vaccine would encourage them to start having sex earlier, lead to riskier sexual encounters, and that the vaccine itself would be viewed as societal approval of sex (Hilton, Hunt, & Langan, 2010; Valenti, 2010). This assertion has been disproven in several studies, however, the perception remains (Bednarczyk, 2015; Jena, Goldman, & Seabury, 2015; Madhivanan, Pierre-Victor, Mukherjee, et al, 2016). There is also the false perception that HPV is only associated with people who have many sexual partners, when in truth even sexual contact with

one person could expose an individual to the virus (Johnson, Sionean, & Scott, 2011; Schuler, Lees, Massie, & Coyne-Beasley, 2012; Krakow & Rogers, 2016).

By the time ACIP recommended the HPV vaccine for boys and men in 2011, in the public's collective mind, the virus HPV and the HPV vaccine were linked together as a female issue (Mara, 2010; Mishra & Graham, 2012; Gollust, LoRossu, Nagler, & Fowler, 2015).

Unfortunately, by starting with the benefits for women, the public now has difficulty separating HPV and the vaccine from the vigorous ongoing debates in this country about sex education and whether students should learn pregnancy and STI prevention, as opposed to being instructed only to abstain from sexual relations (Fisher & Ronald, 2010).

### **Males and the HPV Vaccine**

While the focus has been on girls and women to get the HPV vaccine, boys and men have been largely left out of the discourse, particularly MSM who are not protected by the herd immunity provided to heterosexual men when heterosexual women receive the vaccine (Epstein, 2010). This is partly because while HPV is responsible for about 5 percent of all cancers, it is responsible for causing nearly all cervical cancers, leading some men to fail to realize they are at risk (Alemany, Saunier, Alvarado-Cabrero, et al., 2015). HPV also is particularly devastating in males already dealing with the human immunodeficiency virus or HIV (Epstein, 2010).

When discussing MSM, it is important to realize that this is a larger population than the estimated 3.8 percent of the U.S. population who self-identify as gay, lesbian, bisexual, or transgender (LGBT) (Gates, 2011). The exact number of LGBT Americans is hard to pin down for many reasons. For example, some men may be married but quietly seeking sex with men outside their marriage. Some women may willingly experiment with other women in their youth before becoming exclusively heterosexual. In other cases, men and women are victims of sexual

assault from a member of their same sex (International HIV/AIDS Alliance, 2003). Thus, the Williams Institute of the University of California at Los Angeles estimates that 8.2 percent of the population has at one point had sex with a member of the same sex (Gates, 2011). The U.S. Census Bureau estimates the 2010 population at 309 million people and of those about 152 million (49.2 percent) are male (United States Census, 2010). Using Williams Institute estimates, there are roughly 25 million Americans who have ever had a homosexual experience, including 12.4 million males. In general, MSM have shown an interest and a willingness to be vaccinated against HPV although they often lack knowledge of the virus, do not have information on the HPV vaccine, and do not understand how vulnerable they are to HPV. One study found that 74 percent of MSM would be willing to be vaccinated against HPV compared to 37 percent of exclusively heterosexual males (Zimet & Rosenthal, 2010).

To this day, not enough primary care providers recommend the HPV vaccine for both sexes. These recommendations are even lower for their male patients, even though provider recommendation is a key influencer for why males agree to be vaccinated against HPV (Newman, Logie, Doukas, & Asakura, 2013; Gerend, Madkins, Phillips, & Mustanski, 2016). One study found that while 76 percent of physicians and nurse practitioners recommend the HPV vaccine for their adolescent female patients, they only recommended it 46 percent of the time for their adolescent male patients (McRee, Gilkey, & Dempsey, 2014). Even in males who disclose they are MSM to their physicians, their doctors still often fail to recommend the vaccine to them (Wheldon, Buhi, & Daley, 2012; Mehta, Sharma, & Lee, 2013; Moss, Reiter, & Brewer, 2015). Earlier public health campaigns targeting boys and men to receive the vaccine focused on the benefits for female partners when males received the vaccine. However, those messages typically did not resonate with parents and young adult men; instead these groups were more motivated by

a vaccine that would prevent males from developing genital warts, HPV, and HPV-related cancers (Liddon, Hood, Wynn, & Markowitz, 2010).

## **Chapter 4**

### **Methodology**

#### **Materials and Methods**

There have been many news articles written about the HPV vaccine since it was first approved in 2006. Research shows news sources are a valuable place for parents to learn about health information for their families, with 55 percent of parents saying that they first learned about the HPV vaccine from print media sources (Brodie, Hamel, Altman et al., 2003; Hughes, Cates, Liddon et al., 2009). However, there has been little media research on how the news has portrayed the HPV vaccine for boys and men. Part of this is because the news coverage of this vaccine itself has been quite gendered, with many news articles on the HPV vaccine still focusing disproportionately on girls and women even as the public health recommendations have expanded (Gollust, LoRusso, Nagler, & Fowler, 2015). The goal of the research here is to fill that gap by using textual analysis to specifically look at United States newspaper coverage of the HPV vaccine as it relates to boys and men.

Typing in the terms “HPV vaccine” and “male” into the Google News search function brings up more than 14,000 articles containing both those search phrases. However, further examination found duplicates of articles, articles published outside the United States, press releases, blog posts of press releases, and articles published in news outlets with a particular political agenda, such as Pink News covering LGBT issues in the United Kingdom. Therefore, to identify a large yet credible sample of news articles from newspapers around the United States that specifically discuss males with respect to the HPV vaccine, this research used the Lexis-Nexis Academic search engine accessed through the online library of the University of Texas at

Arlington. The Lexis-Nexis database has been used by other scholars studying media coverage of the HPV vaccine as it is a way to examine how topics are covered throughout the country in large media markets as well as less populous areas. Before the vaccine for HPV came on the market, reporters were beginning to write about HPV in context with cervical cancer screening. A study published in 2004 used Lexis-Nexis to perform a content analysis to see how the human papillomavirus was explained in print and on television between 1995 and 2002 (Anhang, Stryker, Wright & Goldie, 2004). Two years later, researchers from the Centers for Disease Control performed a content analysis looking at news coverage of the HPV vaccine (Calloway, Jorgensen, Saraiya & Tsui, 2006). Their chosen method to identify newspaper articles for examination was the Lexis-Nexis database. A 2011 study also used the Lexis-Nexis database as a means to researching newspaper representations of the HPV vaccine between 2006 and 2007 (Quintero Johnson, Sionean & Scott, 2011). Research published in 2014 on print news coverage of school-based HPV vaccine mandates published in 2014 used Lexis-Nexis to study regional newspaper coverage of proposals to require the vaccine between 2005 and 2009 (Casciotti, Smith, Andon, et al., 2014). That research is very similar to the research here as it similarly uses a qualitative thematic analysis to identify key messages and issues.

With an initial search of more than 350 news sources, 1,564 articles were found containing the key words “HPV,” “vaccine,” and “male” published in U.S.-based news organizations between January 2011 and June 2016. A hard copy of each article was then printed out, read and examined. This sample was then further reduced by discarding articles that did not contain a byline. Eliminating articles with no byline excluded press releases and wire reports to focus exclusively on articles written by individuals around the country to see how the issue was reported and constructed in regional as well as metropolitan local newspapers. A few articles

later in the process were reviewed and excluded once further review revealed that the article itself had nothing to do with the issue being studied. In other cases, a bylined article from a larger news organization like *The Washington Post* was later reprinted in a smaller, regional newspaper. For the purposes of this study, only the original article was included in the research. Similarly, there is a syndicated health column called “Ask Dr. K.” which is carried by several newspapers. These columns were labeled as an opinion piece as the author, Dr. Anthony Komaroff, is a physician affiliated with Harvard Medical School and not employed by the local newspapers. If the same syndicated column was published in several papers, only the first published instance was recorded for the research, resulting in a final sample of 176 articles.

News outlets included in this research include many of the nation’s top 25 daily newspapers, such as *USA Today* (total circulation 1.8 million), *The New York Times* (total circulation 1.6 million), *The Washington Post* (total circulation 462,000), *New York Daily News* (total circulation 530,000), *San Jose Mercury News* (total circulation 530,000), *Tampa Bay Tribune* (total circulation 313,000), *Minneapolis Star-Tribune* (total circulation 300,000), and *The Philadelphia Inquirer* (total circulation 296,000) (Edmonds, Guskin, Mitchell & Jurkowitz, 2013). Articles also came from many smaller newspapers, like the *Tahlequah Daily News*, a five-day-a-week paper for a town of 16,000 people located in between Tulsa, Oklahoma, and Fort Smith, Arkansas, with a paid daily circulation of 4,256 (5,222 on Sundays) (*Tahlequah Daily News*, 2016), and the *Herald-Times* of Bloomington, Indiana, population 82,000, with an average circulation of about 27,000 (Shurz Communications, 2016). The researcher chose this approach to allow for a robust cross-sample of news coverage from around the country to examine how the HPV vaccine for males has been reported in large metropolitan areas but also in smaller



jurisdictions (see Figure 1).

**Figure 1 – News Distribution**



The largest representation of articles came from the state of New York with 19 articles, followed by Florida with 18 articles. Connecticut, Kentucky, Michigan, Mississippi, North Carolina, North Dakota, and Wyoming each only had one article from that state. Eight articles were collected from *USA Today*, the only national newspaper in the sample. *USA Today* is the nation’s largest newspaper, with an average daily print circulation of more than 1.8 million and a digital circulation of more than 1.4 million (Malcolm, 2014).

January 1, 2011, was selected as a starting point as this was the year that the ACIP first recommended giving the HPV vaccine as a routine vaccination for boys and men. June 30, 2016, was selected as an end point to allow for six months of analysis following the December 2015 FDA announcement expanding its approval for the Gardasil 9 vaccine to boys and men aged 9 to 26 (up from age 21 previously). The articles were pulled from the Lexis-Nexis Academic Search Engine accessed via the University of Texas at Arlington online library on June 24, 2016. The research on the articles began in July 2016 and ended in November 2016.

The selected sample included 124 news articles and 52 opinion pieces. This research identifies opinion pieces as articles that do not claim journalistic objectivity. By that, it means the opinion piece reflects either the position of the paper’s editorial board or the opinion of the writer (*New York Times* Campus Weblines, 2001). This includes editorials published by the newspaper’s editorial board, commentary written by external experts, and letters to the editor. In the sample researched here, many of the external experts and the letters to the editor were written by local health experts, explaining their medical opinions on the HPV vaccine for males.

**Table 1 – Number of News Articles and Opinion Pieces in Sample**

<b>Year</b>	<b>Number of Articles</b>
2011	35
2012	17
2013	36
2014	31
2015	38
2016	19

## **Thematic Textual Analysis**

The researcher performed a thematic textual analysis on the 124 news articles, taking extensive notes and looking for recurring themes, common phrases, and dominant ideas to emerge from the text. This thematic textual analysis was based on qualitative research methods (Corbin & Strauss, 1990, p. 11-12). First, each article was read once to comprehend the story told. Each article was then read a second time so that specific themes could be highlighted and articles then grouped according to themes identified. The researcher then searched the text of the Microsoft Word file of the Lexis-Nexis articles to ensure that additional keywords related to specific themes were not overlooked. Each article related to the individual themes were then analyzed individually and then examined together as a group to look for commonalities between the texts. This meant that some articles were examined and analyzed several times when an article contained more than one emergent theme studied in this research. During this process, the researcher continued to review the stated research questions to ensure that the themes discussed were relevant to the current research.

This type of thematic textual analysis also used some elements of grounded theory as a guide to analyzing the words and phrases used in the 124 news articles (Glaser & Strauss 1967; Strauss & Corbin, 1990; Charmaz, 2014). Grounded theory is a type of research that works differently from other methods of analysis in that new theory is generated from existing information, in this case newspaper articles, as opposed to testing an existing theory against new data to show if the research proves or disproves a hypothesis (Birks & Mills, 2011). The research here also looked at the absence of information, such as how rare it is for articles to mention “the great undiscussable,” which is anal sex, a common way that HPV is spread between heterosexual and homosexual men and women (Epstein, 2010). The study compares themes found in the news

articles in the selected sample with previous textual analyses on the HPV vaccine for girls and women to see how newspapers portrayals of the HPV vaccine differed between the sexes with regard to gender roles and expectations. For example, this research examined whether themes found in news articles regarding the HPV vaccine for girls and women, such as concerns that giving adolescent females the vaccine would lead to increased promiscuity and riskier sexual behavior are discussed when the topic broadens to include the vaccine for boys and men.

## Chapter 5

### News Coverage and Analysis

#### Emergent Themes

Peer-reviewed scientific studies have shown that the HPV vaccine can help prevent cancer in men and women, but many parents are still hesitant to have their adolescent children vaccinated against the virus resulting in low vaccination rates. A large part of the problem is it takes decades between vaccination against the virus at ages 11 and 12 and diagnosis of an HPV-related cancer at age 48 on average, causing many parents not to fully understand the link between a tween-age vaccination and a cancer that may affect their children as mature adults (Cox, 2013). Another issue is that the vaccine was first approved and advertised in 2006 to girls and women as a way to prevent cervical cancer. And although the recommendations were broadened in 2011 to support the HPV vaccine for boys and men to prevent genital warts and additional cancers, such as oral and anal cancers, many people still do not realize the issues surrounding the virus and the vaccine are bigger than cervical cancer, and thus, consider it an issue restricted to women. As such, the vaccine with its connection to cervical cancer and transmission through sexual activity has caused it to be lumped in with other debates about young women and their sexuality, like concerns over whether sex education for adolescents will make them promiscuous, debates over the ethics of making birth control and abortion available to teens, and whether society even finds it acceptable for women to have sex outside of marriage.

The research here looked at newspaper articles between 2011 and 2016 to examine the coverage of the HPV vaccine as it relates to boys and men. The idea was to uncover how gender roles and expectations were portrayed in newsprint. Topics explored track with the three research

questions: RQ1: How do newspapers in the United States portray the HPV vaccine for heterosexual boys and men with regard to gender roles and expectations? RQ2: Does the news information on the HPV vaccine for boys and men reinforce heteronormative gender norms?, and RQ3: Does news information on the HPV vaccine for boys and men discuss MSM, and if so, how? The research here will track the three research questions and identify individual themes found related to each question.

**Table 2 – Emergent Themes Found in Articles**

<b>Theme</b>	<b>Total Number of Articles</b>	<b>Percentage</b>
Focus on Oral Cancer Found in Both Sexes	16/124	12.9%
Acceptance of Riskier Sex for Men	5/124	4.0%
Vaccine Mandate Focuses on Civil Liberties	5/124	4.0%
Male Side Effects Ignored	32/124	25.8%
Men Get HPV Vaccine to Protect Women	4/124	3.2%
MSM Mentioned	6/124	4.8%

*\*Note: Some articles included more than one theme*

**RQ1: How do newspapers portray the HPV vaccine for heterosexual boys and men with regard to gender roles and expectations?**

When analyzing research question one, five main themes emerged. The first theme was a focus on oral cancer which is found in both men and women – a shift from previous reporting that only focused on cervical cancer for women. A second theme to emerge was the idea of an overall acceptance of riskier sexual behavior in men compared to women. A third theme to emerge came from the debate in Rhode Island as government health officials worked to mandate the HPV vaccine in adolescent boys and girls. While earlier vaccine debates for girls focused on concerns the HPV vaccine would encourage riskier sexual behavior, concerns surrounding this mandate instead focused on civil liberties. A fourth theme to become apparent was that male side effects were largely ignored. Lastly, the fifth theme is the idea that men should receive the HPV vaccine as a way to protect women.

**Focus on Oral Cancer Found in Both Sexes**

Although HPV is still linked to cervical cancer in the minds of most Americans, starting in 2011, some reporters began to make the link between the HPV vaccine and its ability to prevent many oral cancers. This is relevant for this research because it marks a shift from previous reporting on the HPV vaccine as a way to prevent cervical cancer in women to the HPV vaccine as a way to prevent oral cancers that are found in both men and women. Men are especially vulnerable to oral cancers as two-thirds of the 48,450 diagnoses of oral cancer in the U.S. each year are found in men (Oral Cancer Foundation, n.d.). By comparison, about 13,000 cases of cervical cancer are diagnosed in U.S. women annually (American Cancer Society, 2016). A likely cause for the uptick in articles is research published in 2011 predicting that by 2020, more people would be diagnosed with HPV-related oropharyngeal cancers (cancers of the

mouth, base of tongue, tonsils and upper throat) than cervical cancers (Chaturvedi, et al, 2011; Oral Cancer Foundation, n.d.). Research published in the prestigious *Journal of Clinical Oncology* demonstrated that the number of oral cancers attributed to smoking cigarettes (called HPV-negative cancer) was on the decline while the number of cases of HPV-positive cancer was dramatically increasing, most likely due to oral sex (Chaturvedi, et al, 2011).

*The New York Times* was the first newspaper in the sample to pick up the oral cancer story, writing on October 4, 2011, about the *Journal of Clinical Oncology* study acknowledging a rise in oral cancer diagnoses due to HPV with more increases expected, “This is the first definitive evidence that these changes at the population level are indeed caused by HPV infection,” Dr. Maura L. Gillison, the senior author of the study and the chairwoman of cancer research at Ohio State University was quoted as saying (Grady, 2011). This was the first article in the sample that began to call the rise in these types of cancers an “epidemic” as the number of oral cancers caused by the virus rose from 0.8 cases per 100,000 people in 1988 to 2.6 cases per 100,000 in 2004 (Grady, 2011). Three articles would refer to the increase in oral cancers as an “epidemic,” including an article in *USA Today* with the headline “HPV-Related Cancers Are on the Increase; Report Suggests an ‘Epidemic’ That Includes a Rise in Oral Cancers,” (Szabo, 2013, Handleman, 2015).

**Table 3 – Number of Articles Containing the Term “Oral Cancer”**

<b>Year</b>	<b>Number</b>
2011	5
2012	1
2013	5



2014	1
2015	4
<b>Total during 2011-2016</b>	16 out of 124 news articles - 13%

Three weeks after this article was published, the ACIP expanded its recommendation of providing the HPV vaccine to girls to include also giving the HPV vaccine to boys to protect against anal and oral cancers (Casciotti, Smith, Andon, et al., 2014). *The New York Times* again pointed to the increasing link between oral cancer and HPV, “A growing body of evidence suggests HPV also causes throat cancers in men and women as a result of oral sex,” (Harrison, 2011). *The Blade* of Toledo, Ohio, wrote that HPV has been linked to an increase in oral cancer cases and that HPV-linked tumors now account for most cases of head and neck cancers (Mullen, 2011). The article interviewed a parent of two adult children who said she would have had her son and daughter vaccinated had the HPV vaccine existed when they were younger. Marilyn Newman of Sylvania, Ohio, told *The Blade*, “We get them vaccinated against other diseases, so why not cancer? They’re talking about sex education at a young age now, and if parents are OK with that, they should be talking about this. You never know what your kid is going to do,” (Mullen, 2011). Mrs. Newman’s mention of sex education implies that since children are taught about human sexuality while they are young, that parents should be accepting of the HPV vaccine. However, this statement is not accurate as half the sex education programs in the United States teach that abstinence is the only sure way to prevent pregnancy and STD transmission, thus perpetuating the message that abstaining from sex until marriage rather than preventative measures like condoms and the HPV vaccine is only way to safely have sexual relations (Aizpuru, 2016).

The angle about the rise in oral cancers also started to pick up on the fact that more men than women were being diagnosed with HPV-related oral cancers. This is an interesting shift as it moved the story away from HPV being a problem for women, but instead, the articles began to document that men were actually at greater risk of some HPV-related cancers. A 2012 article in the *The New York Times* lead with, “About one in 15 Americans is infected with oral human papillomavirus, a sexually transmitted virus that causes throat cancers, and the disease is especially common among men, new research shows,” (O’Connor, 2012). The article cited a recent study in the renowned *Journal of the American Medical Association* pointing out that men are three times as likely as women to become infected with oral HPV. The article does make the distinction that it is more common for individuals to have HPV on their genitals that can lead to cervical, penile, or anal cancers than HPV in their mouths that can lead to throat cancers, but that it is ultimately the same virus in different locations that leads to these cancers (O’Connor, 2012). The article talks about an increased number of sexual partners for males, but it doesn’t offer a judgment against them for it, “The men in the study tended to have higher numbers of sexual partners than the women, but statistical analyses showed that this accounted for 16 percent of the different in virus prevalence,” (O’Connor, 2012). While a higher number of sexual partners among the men contributed to them having higher rates of HPV, the number of partners was not enough to explain the differences in diagnoses between the genders. Unlike what was seen for women, the article offers no moral judgments against males for their sexual behavior that may have contributed to their risk of contracting HPV.

There was only one article on oral cancer in 2012, but then the story picked up steam again in 2013, hitting the peak of articles on oral cancer in the sample – five. One plausible reason for the increase was an effort from the California-based Oral Cancer Foundation to raise

awareness of oral cancers in both males and females, encourage mouth screenings by dentists and physicians, and promote the HPV vaccination in both boys and girls. Although the CDC maintained that “virginity and permanent sexual abstinence” are the only sure ways to keep from contracting HPV, Oral Cancer Foundation founder and HPV-positive oral cancer survivor Brian Hill spoke out against this idea maintaining it is unrealistic, “that’s not practical, and neither is discouraging oral sex, believed to be the primary way HPV 16 – the variation that causes oral cancer – gets into the mouth” (Olsen, 2013). Mr. Hill was interviewed later that month for a *San Jose Mercury News* story where he again spoke in support of the vaccine for boys and girls, “The very low rate at which boys are vaccinated is a result of the inability of manufacturers and doctors to speak openly and with factual evidence about oral cancer in a context that parents will understand,” (Blumgart, 2013).

The link between oral cancer and HPV continued to be mentioned in news articles over the next few years studied, but it was never the center of the story again. Rather, oral cancers became more matter of fact – a regular part of the information about the vaccine. For example, two articles in 2015 mentioned the connection between the HPV vaccine and oral cancers were in regard to the Rhode Island legislature’s decision to require both seventh grade boys and girls to receive the HPV vaccine to attend public school. Both articles were published in the *Providence Journal* by the same journalist and included the same exact line regarding oral cancers, “About half of HPV infections are high risk, meaning they can cause cervical, anal, and oral cancers, according to the CDC. While most infections won’t cause any symptoms and will go away on their own, some can persist and lead to cell changes that, if left untreated, can lead to cancer,” (Salit, 2015a; Salit, 2015b). The shift of the news articles to begin writing more about

oral cancer is important for how males are portrayed with regard to the HPV vaccine because the cancer is found in both genders instead of just women.

### **Acceptance of Riskier Sexual Behavior in Men**

In 2013, Academy Award-winning actor Michael Douglas revealed his throat cancer was caused by HPV that he believes he contracted performing oral sex on women. Douglas first revealed his diagnosis' link to HPV in a feature article in *The Guardian* when promoting his HBO movie on Liberace "Behind the Candleabra" (Brooks, 2013). Douglas disclosed his personal HPV link when the reporter asked if his throat cancer was a result of his earlier days when Douglas was known for drinking and smoking to excess, "No. Because, without wanting to get too specific, this particular cancer is caused by HPV, which actually comes about from cunnilingus," Douglas told the reporter (Brooks, 2013).

The *New York Times* had praise for Douglas' announcement, saying, "The actor Michael Douglas has done for throat cancer what Rock Hudson did for AIDS and Angelina Jolie did for prophylactic mastectomy. By asserting last week that his cancer was caused by a virus transmitted during oral sex, Mr. Douglas pushed the disease onto the front pages and made millions of Americans worry about it for the first time," (McNeil & O'Connor, 2013). *The New York Times* took the opportunity to raise awareness of oral cancer and HPV, explaining in the article that the typical victim of throat cancer is a "middle-aged, middle-class, married heterosexual white man who has had about six oral sex partners in his lifetime," (McNeil & O'Connor, 2013).

Although the article does not discuss morality specifically with regard to oral sex, by reporting on "six oral cancer partners" in the same sentence where they discuss how the cancer affects otherwise very average men (white, middle-aged, middle-class), the implication is that six

oral sex partners is an average and not an excessive number of partners. Later, the article talks about how doctors are seeing more oral cancers as Americans report having more oral sex with their partners, “Oral sex has become more common since the sexual revolution of the 1960s, but not astonishingly so. According to Debby Herbenick, a director of Indiana University’s Center for Sexual Health Promotion, the mean number of lifetime oral sex partners reported by American men 35 to 54 is six. Men 55 to 64 report five, and men 25 to 35 report four. Men over 65 and under 25 report three,” (McNeil & O’Connor, 2013). The article then quotes a viral cancer specialist at Baltimore’s prestigious Johns Hopkins Bloomberg School of Public Health saying such “modest changes” in the oral sex habits of males does not fully explain the significant rise of oral cancer among white males over age 45 (McNeil & O’Connor, 2013). Again, the article implies that it is acceptable for males to have more than one sexual partner in their lifetime.

The second article to write about Michael Douglas was from the *San Jose Mercury News*, a daily newspaper from San Jose, California, a city of about 1 million people located near San Francisco (San Jose, California, n.d.). This article used Douglas’ disclosure to write about the link between oral sex and cancer with the provocative headline, “Does Oral Sex Cause Throat Cancer?” (Yadegaran, 2013). The article explained Douglas’ recent assertion linking his cancer to HPV and oral sex as a way to lead in to a question and answer session with a local medical oncologist regarding oral cancer, HPV, and the vaccine. The article is very thorough in its discussion of HPV in relation to cancer, even discussing the “great undiscussable” of anal sex by saying that HPV can be transmitted through the mouth, genital, and anal areas (Epstein, 2010; Yadegaran, 2013). The article does mention that men are at greater risk of developing HPV-related cancers like oropharyngeal, penile, and anal cancers, saying “10 percent of men and

about 3 percent of women” with HPV strain type 16 go on to develop cancer (Yadegaran, 2013). This is a rare instance where the news makes a point to say men are more vulnerable to an HPV-linked cancer than women. The article, however, does go on to blame the victim to a certain extent. While any person can contract HPV from sexual activity with just one infected partner, the article says, “The most important thing you can do is be careful. The same way you would act to avoid contracting HIV. The more promiscuous you are, and the more partners you have, the more at risk you are” (Yadegaran, 2013). This statement reinforces the notion that those who engage in risky sexual behaviors are more likely than others to contract the virus and develop associated cancers.

Another actor affected by HPV-related cancer was Hollywood writer and director Bruce Paltrow. Although not as well-known as Michael Douglas, Paltrow had a very successful career as a television producer, best remembered for his hits “The White Shadow” and “St. Elsewhere” that ran in the 1980s (Handleman, 2015). Paltrow is also famous for being married to Blythe Danner, a popular actress over several decades, and being father to Academy Award-winning actress Gwyneth Paltrow. Blythe Danner was interviewed in 2015 by the *Sarasota Herald Tribune* newspaper included in the research sample about her film “I’ll See You in My Dreams” showcased at the 2015 Sarasota Film Festival. While speaking about her performance that April, Danner took the opportunity to mention that April was Oral Cancer Awareness Month, which was relevant since her husband died of oral cancer. “That’s what we lost Bruce to, and we’re urging people to get screenings against oral cancer. It’s not often found until the last stage, and we’re encouraging young people to be screened and for prepubescent boys and girls to get shots for the HPV vaccine. Because of oral sex, it’s really being transmitted to epidemic proportions,” (Handleman, 2015). While the focus of the article is on Danner’s movie instead of Paltrow’s

illness, there is no tone of judgment or mention of morality regarding Paltrow's cancer, where he contracted HPV, and whether Danner also had the virus.

While Michael Douglas received praise in New York City news for his disclosure of HPV, a local New York politician's own revelation of having contracted HPV was met with much less enthusiasm. In August 2014, New York City Councilwoman Melissa Mark-Viverito, representing the El Barrio/East Harlem and the South Bronx, went on Twitter to say she had been diagnosed with a type of "high-risk" form of HPV during a recent gynecologic exam and would be quickly undergoing a biopsy (New York City Council, n.d.). "Tuesday I'm here. To say I'm not wee bit worried = lie. 'High risk HPV' can POTENTIALLY but NOT definitively lead to cervical #cancer" (Stewart, 2014). Several people supported the Latina councilwoman's decision to come forward with the news, praising her for raising awareness of HPV. New York City Mayor Bill de Blasio spoke in support of Councilwoman Mark-Viverito, however, his comments were gendered, focusing only on the female aspects of HPV and on screening for women instead of prevention for both sexes, "She could have kept it to herself. No one would have blamed her. But she decided to use it as a teachable moment to encourage women to get the screening they need," (Stewart, 2014).

The article later mentioned that New York City had recently started an advertising campaign including subway advertisements aimed at getting parents to get their sons and daughters vaccinated against HPV. However, it would have been more effective for the city HPV vaccination campaign had Mayor De Blasio tailored his comments to fit the talking points of HPV vaccination rather than gynecologic screening. As it was, he missed an opportunity to use the councilwoman's diagnosis and revelation as way to explain that boys and girls would likely never have to be diagnosed with HPV if their parents had them vaccinated.

Fellow New York City newspaper *The New York Post* took a different angle when reporting on the same story. Instead of praise for raising awareness of the virus and vaccination, the *Post* lead with the phrase “Way Too Much Information!” (Palmeri & Fredericks, 2014). Mayor DeBlasio was also quoted again in support of the councilwoman, “Before this weekend, I had great respect for Melissa Mark-Viverito. My respect is even greater today,” (Palmeri & Fredericks, 2014). However, unnamed city sources criticized the councilwoman, claiming it was “a new level of false intimacy on Twitter” (Palmeri & Fredericks, 2014). Another unnamed source faulted her for revealing her HPV status before it was known if the virus had caused a “cancerous or pre-cancerous condition,” preferring instead she wait until she had a biopsy (Palmeri & Fredericks, 2014). Said an unnamed City Hall insider, “I don’t think brave is the right word for it” (Palmeri & Fredericks, 2014). Another anonymous source criticized her, minimizing her HPV status, “I thought she might wait until she gets her test results back and then sound the alarm. But screaming from the top of the mountain she has HPV is TMI [too much information],” (Palmeri & Fredericks, 2014).

### **HPV Vaccine Mandate Debate Focuses on Civil Liberties**

Starting in fall 2015, Rhode Island became the first state to require that all seventh graders – boys and girls – receive the HPV vaccine in order to attend public school (Borg, 2015). Washington, D.C., and Virginia have similar mandates, but they currently only require girls to be vaccinated (Schwartz & Easterling, 2015). Five articles out of the 124 article sample (4 percent) reported on the implementation of Rhode Island’s new law. While earlier articles on HPV vaccine mandates targeted at adolescent girls highlighted concerns of morality and purity, the theme pulled from these articles was a debate more focused on civil liberties for parents. Even before the mandate, Rhode Island – a small state of only 1,000 square miles and a population of



1 million people – boasted an impressive rate of immunization against HPV with 77 percent of girls and 69 percent of boys receiving at least one dose of the vaccination (Arditi, 2014, U.S. Census, 2015). However, the Rhode Island Department of Health decided in 2014 to incorporate the CDC vaccination guidelines, which included the HPV vaccine, into its immunizations regulations in the hopes of protecting even more children against the virus and related cancers (Borg, 2015).

Although parents can obtain a medical exemption from a physician or simply check a box on the school registration form requesting a religious exemption without providing any documentation, a small but vocal group in the state called Rhode Islanders Against Mandated HPV Vaccinations organized a protest and a petition against the new mandate, encouraging it to be repealed (Borg, 2015). Earlier research on the HPV vaccine for girls focused on morality concerns, but the articles in our sample barely mentioned anything related to fear the vaccine would encourage promiscuity or lead to riskier sexual behavior among teens (Casiotti, Smith, Tsui & Klassen, 2014). Instead, concerns from parents focused on issues that the vaccine was mandatory versus optional and worries that the vaccine itself is unsafe. “Our main concern is that this should not be a mandatory vaccine,” a grandmother told the *Providence Journal* (Borg, 2015).

The argument that the mandate was a violation of individual civil liberties did attract some attention from the American Civil Liberties Union (ACLU). The Rhode Island chapter of the ACLU spoke out against the mandate, ““The ACLU of Rhode Island recognized both the importance of the HPV vaccine for both boys and girls and the Department of Health’s interest in promoting this vaccination,’ the organization said in a statement. ‘However...exclusion from school is an extremely severe penalty that should be used only when truly necessary, and not as a

stick to promote more generalized public health goals,” (Salit, 2015a). Another group called the Center for Freedom and Prosperity that advocates for limited government also came out against the mandate (Higham, Swanson & Cenziper, 2016). Group CEO Michael Stenhouse told the *Providence Journal*, “We believe it’s an imposition on families when it’s a mandate. It falls under parental rights. It’s a private health issue between parents and kids” (Salit, 2015a).

Another argument that some opponents of the vaccine used against it was that since HPV can only be spread during intimate contact and thus is not contagious during a normal school setting, that it is outside of the bounds of the schools to require the vaccine since intimate contact required to spread HPV typically does not happen during school hours. “It’s not like the measles. It’s not an airborne disease where you’re going to catch it from another child,” (Borg, 2015.) The moral angle is somewhat implied here – that HPV is a sexually transmitted disease and therefore not something airborne that can be spread like chicken pox or measles – but there is nothing overt in these articles saying parents are opposed due to issues of promiscuity fears. However, Tricia Washburn, chief of the office of immunization for the Rhode Island Department of Health explained that the state already requires students to be immunized against Hepatitis B, which can also be spread through sexual contact (Salit, 2015).

### **Male Side Effects Ignored**

Weighing risk versus benefit is an important consideration for any medical intervention and vaccines are no different. Thirty-two articles in this sample – 26 percent – mentioned side effects or adverse reactions related to the HPV vaccine. The majority of articles mentioned the most normal side effects of any vaccine which are local reactions such as soreness from the injection or redness at the site of the shot (Llopis-Jepsen, 2016). However, a common side effect reported from the HPV vaccine is that adolescents often feel lightheaded following the vaccine

and some patients have fainted. According to Dr. Jonathan Pletcher of Children’s Hospital in Pittsburgh, Pennsylvania, some patients are prone to fainting after receiving a dose of the vaccine “particularly if they haven’t eaten or hydrated properly beforehand” (Weaver, 2011). Topeka, Kansas, pediatrician Dr. Dennis Cooley said fainting is a common side effect for any vaccine given to an adolescent. For that reason, many healthcare practitioners recommend patients wait about 15 minutes after receiving the injection to ensure “they don’t faint and injure themselves falling” (Cassidy, 2011). Another possible yet very rare side effect is anaphylaxis which is when the body has an allergic reaction to any antigen, however, doctors say that is very, very rare (Llopis-Jepsen, 2016).

**Table 3 – Number of News Articles Mentioning Side Effects**

<b>Year</b>	<b>Number of Articles</b>
2011	11
2012	5
2013	4
2014	6
2015	4
2016	2

Total	32 out of 124 – 26%
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While these side effects are mostly benign and go away quickly, several articles in the sample focused on allegations of extremely rare side effects, such as concerns that the vaccine causes intellectual disabilities, paralysis, or ovarian failure. Relevant for this research, in these cases, the victims were overwhelmingly female even though by 2011, the beginning of the articles in this sample, the vaccine had been available to boys and men for two years.

The most notable mention of devastating side effects related to the HPV vaccine came from Minnesota Congresswoman Michele Bachman when she was running to be the Republican nominee for president of the United States in 2011. She would eventually lose to former Massachusetts Governor Mitt Romney who would lose to incumbent Democratic President Barack Obama (CNN, 2012). During the primary, Representative Bachmann sought to distinguish herself from her rival, former Texas Governor Rick Perry, by attacking his unpopular mandate in 2007 that all sixth grade girls in the state receive the HPV vaccine (Chen, 2012). In challenging Governor Perry's executive order, Congresswoman Bachmann exaggerated the possible dangers of the HPV vaccine calling it a "potentially dangerous drug" (Zucker, Reiter, Mayer & Brewer, 2015). The following day, she went on the *Today* show, telling host Matt Lauer that a woman approached her after the debate,

She told me that her little daughter took that vaccine, that injection. And she suffered from mental retardation thereafter. The mother was crying when she came up to me last night. I didn't know who she was before the debate. This is the very real concern and people have to draw their own conclusions. (Hensley, 2011)

For this research project, Bachmann's comments are relevant in that they keep the focus of the vaccine and its side effects only on girls, thus preventing the HPV vaccine story from shifting to also include males.

Shortly after her comments, five newspapers published articles explaining how the medical community was upset with her remarks. The *Pittsburgh Post-Gazette* wrote an article with the headline, "Candidate's Comments about Vaccine Worry Doctors," the *Sunday News* of Lancaster, Pennsylvania, published a story with the headline "Playing Doctor; Candidate Bachmann's Comments on a Cancer Vaccine for Girls Upset Physicians," Florida's *Palm Beach Post* published the article "Vaccine Remark Worries Doctors," and *The New York Times* said "Remark on Vaccine Could Ripple for Years." (Carpenter, 2011; Cassidy, 2011; Grady, 2011; Isgar, 2011). All five of these articles featured medical professionals expressing concern that Representative Bachmann's comments would frighten parents away from a potentially lifesaving vaccine. While they all mention that boys can also receive the vaccine, it is always as an afterthought, keeping the media story focused on the vaccine and its impact on girls. The five articles also made a point that officials with American Academy of Pediatrics had issued a statement against her remarks, saying "There is absolutely no scientific validity to this statement. Since the vaccine has been introduced, more than 35 million doses have been administered and it has an excellent safety record," (Carpenter, 2011). The articles also interviewed medical professionals critical of Representative Bachmann's comments, saying she was setting back public health efforts to prevent cancer. Dr. Jonathan Pletcher of Children's Hospital of Pittsburgh, told the *Pittsburgh Post-Gazette*, "There is a debate to be had about the state mandating shots, but when you start distorting the facts about the safety or effectiveness of the shot, that in itself can be a public health issue," (Carpenter, 2011). "[What Bachmann said] was

absurd and did a disservice to the entire vaccine community,” Dr. Daniel Kraft of Palm Beach Pediatrics in Boynton Beach, Florida, told the *Palm Beach Post*. “These things always set you back about three years, which is exactly what we can’t afford,” Dr. Rodney E. Willoughby, a pediatrics professor at the Medical College of Wisconsin in Milwaukee and a spokesman for the American Academy of Pediatrics said to *The New York Times* (Grady, 2011).

Representative Bachmann’s comments did not disappear after the first news cycle. Rather, they lingered in articles for years, appearing in another 10 articles in the sample of 124 total articles, continuing the focus that the HPV vaccine and alleged side effects are restricted to women. The month following Representative Bachmann’s comments, the ACIP published its recommendation that the HPV vaccine should be provided to boys ages 9 to 21 in addition to girls ages 9 to 26 (FDA, 2010; Casciotti, Smith, Andon, et al., 2014). Four articles in our sample covered the ACIP’s announcement while also mentioning Representative Bachmann’s comments. Three of the articles included information on the controversy Governor Perry created when he mandated that Texas sixth graders receive the vaccine. Rehashing the earlier controversy with Governor Perry is interesting because it in many ways was irrelevant to the news of that day, which is that the ACIP had recommended the vaccine for boys. At the time, there was no talk of the vaccine mandates for boys like it was when the vaccine was first approved for girls.

Another instance of a newspaper focusing on side effects of the HPV vaccine on women was when several stories covered a lawsuit brought by two sisters in Wisconsin who filed in U.S. Federal Court in Washington, D.C., against the National Vaccine Injury Compensation Program. The two women argued that the HPV vaccine had caused both women to go into premature ovarian failure. These articles are relevant to this research in that while they briefly mention that

boys and men are eligible for the vaccine, they focus on a side effect that is exclusive to women – ovarian failure. The three articles were published the *Wisconsin State Journal*, daily circulation of about 83,000 with 118,000 on Sundays, in 2013, 2014 and 2016 and had an average of 616 words per article, with two of the three articles published on the front page (Brinkman, 2012). The articles appeared in the research here as they do mention that the HPV is available to males. However, the focus on female-specific side effects reinforces the notion that the vaccine is only for girls. Boys are merely mentioned as an afterthought to a discussion on female-specific side effects even though by the time the first article was written in 2013, the vaccine had been approved by the FDA for males since 2009.

The stories centered around Madelyne and Olivia Meylor, who were aged 20 and 19 respectively in 2013 while living at their parents' home in Mount Horeb, a town of 7,388 people located outside of Madison, Wisconsin (City Data, n.d.). Both women received the HPV vaccine at age 13 and both were later diagnosed with premature ovarian failure (Wahlberg, 2013). The three articles were very sympathetic to the Meylor sisters and included comments from their attorney, Mark Krueger. The first article quoted as an expert Dr. Yehuda Shoefield, an Israeli physician who planned to testify on behalf of the Meylors, saying that a substance contained in HPV vaccine triggered an autoimmune response in the Meylors that caused their ovaries to fail prematurely. Dr. Shoefield is a controversial figure in HPV research as he recently had his accepted article removed from the website of the prestigious journal *Vaccine* as the editors now say it has problems that warrant further peer reviewed (Paulus, 2016). The articles did not contain any direct quotes from any local physicians or national figures that have spoken on the record in favor of the HPV vaccine or to contradict any of the allegations of vaccine harm. Rather, the first article makes a point to say that while the CDC and the FDA both say the

vaccine is “safe,” the federal vaccine injury program has awarded payments for HPV vaccine in 68 cases for at least \$5.9 million (Wahlberg, 2013). The article did, however, include a statement from Merck, maker of Gardasil: “Merck has reviewed the post-licensure reports of POI [premature ovarian insufficiency] after administration of Gardasil and has concluded that the evidence does not support a causal relationship to the vaccine” (Wahlberg, 2013). Again, all the emphasis in this first article is on ovarian failure – there is no mention of side effects for males, reinforcing the idea that the vaccine and the side effects are exclusive to women.

The second article in 2014, nearly a year after the first article appeared, is much briefer than the first and serves to update the audience that no decision on the case has been issued. Mark Krueger, the Meylors’ attorney, is again interviewed. This time, the *Wisconsin State Journal* writes that Krueger has filed “about a dozen other cases and is reviewing another dozen claims of injuries from the HPV vaccine, most involving ovarian failure but some including paralysis, blindness, and death,” (Wahlberg, 2014). The second article also cites the vaccine injury program and its \$5.9 million in compensation. However, in the second article, the number of cases jumps from 68 cases to 71 cases without further explanation.

The third article in 2016 reports that a federal judge in Washington, D.C., has dismissed the claims of the Meylor sisters that the HPV vaccine caused their ovaries to fail prematurely (Wahlberg, 2016). The article continues to mention that \$5.9 million in payments have been made from the national vaccine injury compensation program in connection with the HPV vaccine. However, this time, the \$5.9 million is linked to 94 cases instead of the earlier claims of 68 and 71 (Wahlberg, 2013; Wahlberg, 2014; Wahlberg, 2016). The statements in support of the vaccine are brief and impersonal, simply saying, “The Centers for Disease Control and Prevention says the vaccines are safe.”



When Rhode Island moved to mandate the HPV vaccine in 2015, most of the coverage of the opposition was on parents upset that forcing their children to receive the vaccine in order to attend public school was a violation of their civil liberties (Salit, 2015a). However, a few articles included quotes from parents saying they felt the vaccine should not be mandatory because they felt it was unsafe. One woman was quoted saying she developed debilitating pain in her back and spine after receiving the vaccine (Borg, 2015). A mother explained that her daughter suffered mysterious seizures 10 days after receiving her first of the three vaccinations against HPV, another mother said the vaccine caused her daughter's paralysis, and a stepmother said her stepson temporarily lost vision in one eye after receiving a dose of the vaccine (Salit, 2015). The comment from the stepmother regarding her stepson is particularly notable because it is the only comment in the sample to mention a serious side effect affecting a man.

### **Men Should Receive HPV Vaccine to Protect Women**

Four news articles (3 percent) mentioned that giving the HPV vaccine to boys would ultimately be a way men can protect their female sexual partners, reinforcing the gender norm of men as protectors of women. As reported in the *St. Petersburg Times* in Florida, "immunizing boys would help protect the girls who become their sexual partners, especially since many parents have been reluctant to vaccinate their daughters" (L. Stein, 2011). This was in response to the news that the ACIP had now expanded its recommendation to include boys. Dr. Anne Schuchat with the Centers for Disease Control said she supported the ACIP recommendation saying its earlier statement of support fell short by not strongly advocating the vaccine for males, "It was sort of like a footnote," (L. Stein, 2011). In another instance, a Toledo, Ohio, pediatrician told *The Blade*, "Boys can transmit the infection to girls. By giving the injection to boys, we're indirectly protecting girls," (Mullen, 2011). The article went on to quote a mother of 10-year-old

twins who said she would “more than likely” have her twin daughter vaccinated against HPV. However, she wasn’t sure yet about vaccinating her son, “I’ll have to do some research and talk it over with my pediatrician,” she said. “I don’t know much about that one yet.” An article from an Owensboro, Kentucky, focusing on the HPV vaccine for women also encouraged men to get the vaccine, claiming it is important that males receive the vaccination as that they are “the spreaders” of the virus, (Suwanski, 2012). Said *The New York Times*: “Parents of boys face some uncomfortable realities whether to have their child vaccinated. The burden of disease in males results mostly from oral and anal sex, but vaccinating boys will also benefit female partners since cervical cancer in women results mostly from vaginal sex with infected males,” (Harris, 2011). It is a dangerous misconception to think men are simply able to share an STD. It ignores the fact that males having HPV can lead to dangerous cancers and genital warts in their bodies as well.

**RQ2: Does the news information on the HPV vaccine for boys and men reinforce heteronormative gender norms?**

Two main themes emerged while analyzing the sample with regard to research question two on heteronormative gender norms. The first was the idea that men have an obligation to receive the HPV vaccine as a way to protect their female partners. The second theme to emerge was the assumption that the spread of HPV through oral sex is through heterosexual sex. In both cases, these themes have a heteronormative assumption, ignoring other ways HPV can be spread.

**Men Protect Women Through HPV Vaccine**

As reported earlier, four news articles in this sample (3 percent) discussed the idea that men should receive the HPV vaccine as a way to protect their female partners. The *St. Petersburg Times* discussed that immunizing men would ultimately protect the women that become the partners (L. Stein, 2011). Similarly, *The Blade* in Ohio reported that the HPV

vaccine to boys was “indirectly protecting girls,” (Mullen, 2011). The *Messenger-Inquirer* in Kentucky quoted a local obstetrician, Dr. Maria Smith in Owensboro, Kentucky, who said she thinks it is important for males to receive the HPV vaccine to protect women as they are “the spreaders” of the virus (Suwanski, 2012).

The concept that men should receive the vaccine as a way to protect women is very heteronormative. It reinforces the idea that heterosexual sex is the only acceptable way to engage in sexual relationships and that everything else is considered deviant from the norm. This story frame marginalizes the idea that homosexual men and women can be at a higher risk of contracting the virus and developing later HPV-related cancers. It also ignores that men are also themselves at risk of developing problems from the virus, such as genital warts or oral, anal, or penile cancers.

### **Oral Cancer Articles Focused on Heterosexual Sex**

While some reporters are linking oral cancer in both men and women to HPV, the articles overwhelmingly focus on the heterosexual aspects of the virus, ignoring that it can also be spread during homosexual sex between gay males and lesbians. In the sample of 16 articles that reported on oral cancer in relation to HPV, five of the 16 explicitly discuss that the risks are not the same for heterosexual and homosexual activities, reinforcing the heteronormative gender norm that anything except heterosexual sex is deviant. The majority of the articles are simply silent on heterosexual versus homosexual sex. While they do mention that HPV can be spread during anal, oral, or vaginal sex, they lack information on how the virus is spread through gay or straight sex. Most instead refer to vague comments about the spread of the virus. “Changing sexual practices and reductions in smoking rates have led to a growing number of oral cancers in nonsmokers and men. HPV – the sources of almost all cervical cancers in women – has replaced tobacco as the

no. 1 cause of cancers of the mouth, base of tongue, tonsils, and upper throat, according to the California-based Oral Cancer Foundation,” (Olsen, 2013).

The absence of overt information on homosexual sex in relation to the spread of HPV is in some ways a positive occurrence. Rather than calling out gays and lesbians specifically, the articles are largely silent on the topic, allowing the facts of the disease transmission to speak for themselves. However, alternatively, ignoring information on gay versus straight transmission is also part of the problem as the risks are not the same for both as straight men are actually more at risk of developing oral HPV cancers than gay males (McNeil & O’Connor, 2013).

**RQ3: Does news information on the HPV vaccine for boys and men discuss MSM, and if so, how?**

When analyzing the sample with research question three in mind, the main theme to emerge was that men who have sex with men were largely ignored in newsprint.

**MSM Largely Ignored**

Historically, HPV and the HPV vaccine have been reported as a women’s health concern (Krakow & Rogers, 2016). In the sample studied here, nine of 124 (7 percent) articles reported on the issue containing the terms “gay,” “bisexual,” “MSM,” “men who have sex with men,” or “anal sex.” Even though anal sex is not exclusive to MSM, a few reporters wrote about it as if it is. Three of the articles were published on October 26, 2011, the day after the ACIP formally recommended that the HPV vaccine be given to adolescent males in addition to adolescent females. A total of six articles in the sample covered this announcement (4.8 percent of total), but only half mentioned that MSM were at greater risk of contracting the virus.

When seeking to understand how the news about the HPV vaccine for boys and men discuss MSM during the years analyzed, the overarching theme found was that this population

has been mostly ignored. A few articles did at least mention MSM, but the information is infrequent and often factually incorrect, routinely assuming that anal sex and HPV-related anal cancers are reserved for MSM, when in fact more women are diagnosed with anal cancer than men (American Cancer Society, 2016). By choosing to ignore this story angle, reporters reinforced the heteronormative idea that only heterosexual sex is worth talking about. A *The New York Times* article in the sample from 2011 is a good example of the confusion about HPV for MSM: “The vaccine has been controversial because the disease it prevents results from sexual activity, and that controversy is likely to intensify with the committee’s latest recommendation since many of the cancers in men result from homosexual sex,” (Harris, 2011). This statement is somewhat misleading. While it is true that anal cancers typically arise from HPV likely contracted during anal sex, anal cancer is actually more prevalent among women who contracted the virus through heterosexual anal sex with men (American Cancer Society, 2016). Also, oral sex is more often diagnosed in heterosexual men versus homosexual men (McNeil & O’Connor, 2013). *The New York Times* article also mentions that males are likely to contract HPV through either oral or anal sex (it does not specify if the oral sex is with men or women). Said *The New York Times* article: “Parents of boys face some uncomfortable realities whether to have their child vaccinated. The burden of disease in males results mostly from oral and anal sex,” (Harris, 2011). This article is one of the few in the sample to address any “uncomfortable realities” such as discussing sex with adolescent males. It would seem that generally discussing sex with boys is easier than discussing sex with girls. However, the idea from the article is that discussing gay sex with male children makes parents very uncomfortable.

The *St. Petersburg Times* also chose the angle that it would be difficult for parents to talk to their sons about the HPV vaccine because of the gay connotation. These articles imply that

discussing sex with a young male itself is not particularly awkward, but that having to discuss the gay angle would be particularly difficult. “It’s already controversial because many parents do not feel their young children need protection against sexually transmitted diseases. And it could be an even more delicate issue for parents of boys, since many of the HPV-related cancers in men result from gay sex,” (L. Stein, 2011). The *Washington Post* in their coverage of the ACIP recommendation also mentioned that MSM were at greater risk, but it offered little commentary, just facts: “Vaccinating boys and men would also help prevent the spread of the virus to sexual partners. Gay men, particularly those infected with the AIDS virus, are especially at risk” (R. Stein, 2011).

An interesting angle to the debate about giving boys the vaccine has been the cost to the healthcare system. In theory, if all females are protected against HPV through the vaccine, then heterosexual males would benefit from the herd immunity and only MSM would need protection against the virus. However, some have questioned the ethics of a policy to only vaccinate MSM, saying that vaccinating pre-teen males could force some boys to disclose their sexuality before they were ready. *The New York Times* briefly acknowledged this debate writing, “Vaccinating homosexual boys would be far more cost effective than vaccinating all boys, since the burden of disease is far higher in homosexuals. ‘But it’s not necessarily effective or perhaps even appropriate to be making those decisions at the 11- to 12-year-old age,’ said Kristen R. Ehreshmann of the Minnesota Department of Health and a committee member” for the ACIP,” (Harris, 2011).

Aside from the coverage of the ACIP announcement, the mentions of MSM in the news during our sample did not follow any specific events. Rather each of the six additional articles all reported on the HPV vaccine in slightly different ways. The *San Jose Mercury News* had a

lengthy article at 2,065 words that started with January being Cervical Cancer Awareness month as a lead in to focus about how males are susceptible to HPV, too (Blumgart, 2013). The article was largely focused on how all males need the HPV vaccine to protect themselves against oral cancer; however, it did mention MSM briefly saying, “anal HPV-related cancers (which particularly afflict men who have sex with men) are becoming more common,” (Blumgart, 2013). *The New York Times* wrote an article in 2013 mostly focused mostly on oral cancer and its link to the strain of HPV 16 in males and females. However, it did mention MSM only to say that they are less likely to get HPV through oral sex with other men than heterosexual men are to contract HPV from oral sex with women, “And straight men are more likely to get the cancer than gay men. One theory is that there may be more HPV in vaginal fluid than on the penis,” said Dr. Lori J. Wirth, a head and neck cancer specialist at Massachusetts General Hospital in Boston, (McNeil & O’Connor, 2013). This theory of there being more HPV present in vaginal fluid did not appear in other articles, but it did, graphically, make the point that straight men are more at risk of HPV-related cancers than gay males. This point also leads to the idea that lesbians would be at greater risk than straight women of contracting HPV through oral sex with other women. However, lesbians were not mentioned in any of the articles in the studied sample.

The *Bangor Daily News* of Maine had a general article on HPV prevention for all teenagers (Farwell, 2013). The article had some interesting points not seen in other articles, such as saying the HPV vaccination rates in the U.S. lag behind many other countries, including the war-torn African nation of Rwanda (Farwell, 2013). The article said that the vaccine was first recommended for girls and now for boys, “The recommendation is similar for boys, ‘silent carriers’ who can develop penile, anal, and other cancers from HPV,” (Farwell, 2013). This is a misstatement in that both men and women can be “silent carriers,” meaning their bodies harbor

the HPV infection but shows no outward signs, such as genital warts. Instead, it reinforces the gender norm that women are somehow passive recipients of HPV (Pisciotta, 2012). The article continues, “The vaccine is also recommended for gay and bisexual men and men with compromised immune systems through age 26, if they did not get fully vaccinated when they were younger,” (Farwell, 2013). This phrase treats MSM as an afterthought to the discussion of the HPV vaccine for heterosexual males, which is already secondary to discussion of the vaccine for females.



## Chapter 6

### Discussion, Limitations, Areas for Future Research, Conclusion and Recommendations

#### Discussion

The goal of this research was to examine print newspapers between 2011, when the ACIP first recommended the HPV vaccine for routine vaccination in boys and men ages 9 to 21 in addition to women and girls ages 9 to 26, through to June 2016, shortly after the ACIP expanded its recommendation to also include men ages 21 to 26 to examine how the news portrayed heterosexual males and MSM with regard to gender roles and expectations. Several important themes were uncovered in this analysis that may help public health researchers and health care providers better talk to reporters, patients, and parents about the HPV vaccine. Overall, the articles show that men, even heterosexual men, are still an afterthought to the discussion of HPV and the HPV vaccine for women while MSM are largely ignored entirely. Lesbians did not even make it into the discussion at all. Every article in the sample of 124 articles contained some level of information about the HPV vaccine for boys and men. However, MSM were only mentioned in 4.8 percent of those articles.

The articles show that reporters are still not making the connection that the human papillomavirus women contract that can lead to genital warts and cervical cancer is the same virus that can cause oral, genital, and anal cancers in both men and women. Many reporters are still writing a lot about cervical cancer, sometimes using the hook of Cervical Cancer Awareness Month, but very few are finding similar opportunities to raise awareness of oral or anal cancers. While six articles in the sample were dedicated to January being Cervical Cancer Awareness Month, only one article even mentioned that April is Oral Cancer Awareness Month (Oral Cancer Foundation, n.d.). That article was actually an interview with actress Blythe Danner at a

film festival who used the interview as an opportunity to mention her family's initiative to raise awareness of oral cancer and prevention since her husband Bruce Paltrow died of oral cancer. This is a missed opportunity for public health officials as there are significantly more oral cancers related to HPV diagnosed each year than cervical cancers (48,500 cases of oral cancer compared to 13,000 cases of cervical cancer) (Oral Cancer Foundation, n.d., American Cancer Society, 2016).

There remains a double-standard about sex for men and women as evidenced by the news articles. Many of the earlier arguments against the HPV vaccine for girls was about concerns that it would encourage girls to engage in sex: "It simply positions their sexuality as 'good' – worth talking about, protecting, and valuing – and women's sexuality, adult sexuality, as bad and wrong (Valenti, 2010, p. 72). As Jessica Valenti pointed out in her book *He's a Stud, She's a Slut and 49 Other Double Standards Every Woman Should Know*, "Despite the ubiquity of 'slut', where you won't hear it is in relation to men. Men can't be sluts. Sure, someone will occasionally call a guy 'a dog', but men simply aren't judged like women when it comes to sexuality. (And if they are, they're judged in a positive way!) Men who have a lot of sexual partners are studs, Casanovas, pimps, and players" (Valenti, 2008, p. 15). While one article in *The New York Times* very matter-of-factly and without judgment said that the average throat cancer patient is a "middle-aged, middle-class, married heterosexual white man who has had about six oral sex partners in his lifetime," no articles in our sample discussed an average number of partners for women (McNeil & O'Connor, 2013). Similarly, another article in *The New York Times* casually mentions that "men in the study tended to have higher numbers of sexual partners than the women," However, unlike what was seen for women regarding earlier HPV vaccine research, there were no moral concerns regarding males and their possible sexual

behavior. There were also no quotes from local Congressmen, conservative leaders and antifeminist organizations like was reported in regard to the vaccine for females (Valenti, 2010, p. 71.)

When actor Michael Douglas explained that his diagnosis of HPV-linked oral cancer was likely caused by having oral sex with women, he was praised for his honesty and ability to raise awareness. However, when New York City Councilwoman Melissa Mark-Viverito revealed she had been diagnosed with a strain of HPV that often leads to cancer, she was publicly criticized for revealing she had a sexually transmitted disease. While it is true that HPV itself is very common with an estimated 79 percent of individuals contracting HPV at some point of their lifetime, Councilwoman Mark-Viverito said that in her case, she had a “high risk” strain, meaning the type of HPV she had contracted was more likely to lead to cancer than other strains (Grabiell, Reutzel, Wang, et al., 2013; Palmeri & Fredericks, 2014). The article also made a point to say that the councilwoman was not married. Her marital status was not relevant to the article and by publishing her unmarried status, the article pointed out that she most likely contracted the virus by having sexual relations outside of marriage (it makes no mention of a previous marriage or if she is gay or straight). While Michael Douglas and Bruce Paltrow were both married at the time of their diagnoses, articles on those men did not mention whether their wives also had HPV or if they contracted the virus from their wives or other lovers (male or female). Thus while Douglas was praised for his HPV status revelation and no judgment made about his possible promiscuity (he has also been famously married and divorced before his current marriage to fellow famous actor Catherine Zeta-Jones), the negativity in the *New York Post* article on Councilwoman Mark-Viverito carried the implication that she has bad judgment by revealing a

diagnosis that some say should be kept private and one she likely contracted outside of marriage (*Huffington Post*, 2013).

The treatment Councilwoman Mark-Viverito received compared to Michael Douglas is an example of what feminist theorists note when pointing to gender norms. While men are raised to feel they have control over their bodies and the choice to make decisions about them, however risky, women are taught early on that they need to avoid behavior that can lead to harm of themselves or a potential fetus (Mara, 2010; Mishra & Graham, 2012). Douglas made riskier choices as a younger man when he experimented with sex, tobacco, and alcohol, leading to his cancer as an older adult. But instead of being chastised for his past behavior, he was praised for being so honest today. However, when Councilwoman Mark-Viverito explained her health problem, she was criticized. This is also a good example of what feminist media theorists point out when explaining how power and gender come together in mass communication to reinforce common beliefs (Steeves, 1987; van Zoonen, 1994; Gallagher, 2003; Vliegenhart & van Zoonen, 2011; Fortner & Foster, 2015). In this case, our society still believes it is acceptable for men to have multiple sexual partners, but women are not afforded the same opportunity. So while Douglas was heralded as a champion for raising awareness of HPV-linked oral cancer, Councilwoman Mark-Viverito was treated like a deviant and accused of releasing personal information just for the sake of garnering attention.

In both articles regarding Councilwoman Mark-Viverito, the newspapers missed an opportunity to educate the public on HPV, its transmission and the vaccine. Similar to Michael Douglas, the articles largely failed to talk about the transmission of HPV, how to tell if you have it, how to prevent it, or how to look for HPV-related cancers (Dodd, Marlow, Forster & Waller, 2016). *The New York Times* article on Councilwoman Mark-Viverito merely said HPV was “the

most common sexually transmitted infection and one that is linked to cervical cancer,” (Stewart 2014). The *New York Post* did a much better job, correctly reporting that HPV is spread through oral, anal, or vaginal sex (Palmeri & Fredericks, 2014).

One of the main arguments against the HPV vaccine for girls and women has been that the virus can only be contracted through sexual activity and giving females the vaccine implies we as a society think any partner other than her husband is acceptable for women. A study published in 2010 looked at newsprint media representations between 2005 and 2008 of the HPV vaccine program for cervical cancer in the United Kingdom and found that while the media did shed light on HPV and how the vaccine can prevent cervical cancer, researchers said there was a “tendency in all articles to focus on the promiscuity in relation to the behaviors of young women but not men,” (Hilton, Hunt, Langan, Bedford & Petticrew, 2010). Similarly, in the sample studied here, concerns of promiscuity in males “caused” by the HPV vaccine were absent. This was particularly evident when Rhode Island mandated that all seventh grade students – boys and girls – be vaccinated against HPV to attend school. News coverage of the mandate were different from the earlier fights against the mandate for females. Earlier research on the HPV vaccine for girls found that in 2006 and 2007, 30 percent of newspapers mentioned morality concerns, but the articles in our sample barely mentioned anything related to fears the vaccine would encourage promiscuity or lead to riskier sexual behavior among teens (Casiotti, Smith, Tsui & Klassen, 2014). Instead of morality, the concerns reported were about vaccine safety and civil liberties instead of fear of promiscuity. Because the vaccine was not recommended to both sexes at the same time, it is difficult to know if the addition of boys to the mandate tempered this moral concern or if the research articles proving the increased promiscuity claims are baseless caused it to disappear during the latest mandate debate.

Vaccine safety continues to be an issue for people contemplating the HPV for themselves or a child – male or female. Articles continue to publicize dire warnings against the vaccine from individuals claiming they or a loved one were irreparably harmed by it. While most physicians and government health officials do not believe there is a connection between reports of paralysis and ovarian failure due to the vaccine, the reports can be alarming and the lack of mandates may cause some parents to forgo a potentially lifesaving vaccine out of fear (Markowitz, 2014). Congresswoman Michele Bachmann added to these safety concerns by spreading the rumor that the HPV inoculation can cause “mental retardation.”

The articles on the sisters in Wisconsin similarly reinforced the notion that the HPV vaccine is primarily for females. While each of the three articles on the sisters in Wisconsin mentioned that health officials do recommend the vaccine for boys and girls ages 11 and 12, none of them say much more about males. One article did say the CDC and FDA recommend the vaccine because it “can help prevent many of the 18,000 cancers in women and 8,000 cancers in males caused by HPV each year,” however, the 2014 and 2016 articles do not say this (Wahlberg, 2013). The articles instead exclusively focus on a female-specific side effect – premature ovarian failure. The articles do not say if the lawyer bringing the case also had male clients in addition to his well-known female ones, but the tone of the article implies that the major side effects from the vaccine are restricted to women, thus perpetuating the misunderstanding that the HPV vaccine is primarily for women, and by extension, the major side effects are also limited to women. As is similar to other anti-vaccine movements, the parents making the decisions typically have never seen a person after undergoing surgery, radiation, and/or chemotherapy to eradicate a cancer that could have been avoided by a vaccine. While some side effects reported are gender specific (men don’t have ovaries to fail), the coverage

tends to reinforce the heteronormative assumption that men are stronger therefore better equipped to handle adverse health. These findings again reinforce feminist and heteronormative theories about gender norms and expectations.

This heteronormative assumption is also evident in the false idea that men can be “silent carriers” or “spreaders” of HPV (Suwanksi, 2012; Farwell, 2013). These statements allege that someone can be a carrier of HPV without having any outward symptoms, such as genital warts. However, it is a misnomer that women are somehow just “passive recipients” of the virus (Pisciotta, 2012). In truth, both men and women are capable of showing outward signs of HPV infection, such as having visible genital warts, or showing no symptoms at all while the virus persists in the mucous membranes (CDC, 2012). Several articles perpetuated the false notion that males are silent carriers of HPV, meaning they are capable of transmitting the disease without symptoms in a way that females are not (Farwell, 2013). The idea of men being carriers of the virus also reinforces the idea that men are a threat to women’s health. Conversely, it also says that men have a responsibility and an obligation to get the HPV vaccine as a way to protect women.

There are a few things interesting about the sentiment that giving the HPV vaccine to boys is an indirect way to protect women. First, it has a heteronormative assumption that the future partners of boys will ultimately, forever and always be women when in reality many males have sex with other men. Secondly, it reinforces the patriarchal (traditional) idea that males have an obligation to protect females from sexual risks (Mara, 2010; Wilson, Dalberth & Koo, 2010). These statements also avoid any mention or concern about the number of partners the men may ultimately have and any judgments about it. The implication is that it is somehow expected that boys will be exposed to the virus and the vaccine will help them avoid problems, as opposed to

for girls when there was more concern that corrupting a girl's morality was more of a problem than her being exposed to a cancer causing virus.

There remains a heteronormative overtone in most articles that almost always assumes HPV is spread during heterosexual sex, ignoring the MSM population entirely. This also demonstrates the concept of hegemonic masculinity where the problems of the dominant group – heterosexual men – are presented yet the needs of the subgroup of MSM are rarely discussed (Connell, 2002). While statistically speaking, there are more individuals engaging in heterosexual sex than homosexual sex, it continues to marginalize MSM who are not protected by the herd immunity provided when only women receive the HPV vaccine. Some reporters do mention that HPV can be spread through anal sex, but the reporting is sometimes incomplete or inaccurate in that it generally assumes anal sex is exclusively for MSM, failing to make the connection that more women are diagnosed annually with anal cancer due to having anal sex with men. While men in general are an afterthought to the discussion of the HPV vaccine, MSM are simply ignored altogether. Homosexual women are also at risk of contracting HPV from each other, especially since vaccination rates among women remain low, but this topic was not mentioned at all in these articles.

Research shows that men who have sex with men (MSM) have a lot to gain from receiving the HPV vaccine as they are at much higher risk of contracting the virus and developing later anal cancers than their counterparts who are exclusively heterosexual (Wailoo, Livingston, Epstein & Aronowitz, 2010). Anal cancer itself is a rare cancer; only 5,160 women and 2,920 men are diagnosed each year and researchers say that 80 to 90 percent of these cancers are caused by the HPV virus (American Cancer Society, 2016; Perez, Feroruk, Shapiro, & Rosberger, 2016). That said, by some estimates, the rate of anal cancer among MSM rivals the



rate of cervical cancer in the United States seen in women before the Pap smear was introduced as routine screening in the 1960s; however, no such screening exists for males for anal HPV (Fisher & Ronald, 2010). Some researchers claim that MSM are 25 to 50 times more likely to develop anal carcinoma than exclusively heterosexual males (Epstein, 2010; Aizpuru, 2015; Reiter, McRee, Katz & Paskett, 2015). As such, the estimated 12.4 million American males who have ever had sex with another man are at significantly higher risk of contracting HPV and developing later related cancers yet their story is rarely reported in newspapers (International HIV/AIDS Alliance, 2003; United States Census, 2010; Gates, 2011).

An interesting angle to the debate about giving boys the vaccine has been the cost to the healthcare system. In theory, if all females are protected against HPV through the vaccine, then heterosexual males would benefit from the herd immunity and only MSM would need protection against the virus. Countries with national or centralized healthcare like Canada have explored the idea of only vaccinating MSM instead of all males as a way to save money (Shapiro, Perez, Guichon, & Rosberger, 2015). However, some have questioned the ethics of a policy to only vaccinate MSM, saying that vaccinating pre-teen males could force some boys to disclose their sexuality before they were ready. There is also the possibility that MSM would not be fully aware of their sexual identity until they were older than 26 and ineligible to receive the vaccine. MSM also may contract HPV from a partner, male or female, before deciding he is MSM and missed the window for vaccination entirely (Shapiro, Perez, Guichon, & Rosberger, 2015). *The New York Times* briefly acknowledged this debate writing, “Vaccinating homosexual boys would be far more cost effective than vaccinating all boys, since the burden of disease is far higher in homosexuals. ‘But it’s not necessarily effective or perhaps even appropriate to be making those

decisions at the 11- to 12-year-old age,' said Kristen R. Ehreshmann of the Minnesota Department of Health and a committee member" for the ACIP, (Harris, 2011).

There is some good news for public health officials uncovered in this research. More reporters are writing about oral sex and the connection of HPV to head and neck cancers. While this still dwarfs in the comparison to the mentions of women and cervical cancer, there appears to be a slow tide turning. Journalists still appear hesitant to write anything about anal sex and MSM, but they are at least talking about oral sex and head and neck cancers. This is important as some estimates say that by the year 2020, more HPV-related oral cancers will be diagnosed in men and women than cervical cancers in women (Grady, 2011). Keep in mind that the figures for women diagnosed with cervical cancer also does not take into account women who in 20 or 30 years will never develop cervical cancer because they received the HPV vaccine as an adolescent. As of now, editors and reporters are not making an effort to cover oral cancer awareness month with the same gusto that they do cervical cancer. This is an area where the public health experts could work with the news to improve reporting.

### **Limitations of Research**

One limitation to this research is that it only used newspaper articles identified through the Lexis-Nexis news database. Use of Lexis-Nexis is ideal for this type of research as it allows an overview of how the topic was presented around the nation as opposed to just in the nation's most populous cities or newspaper with the healthiest reporting budget. However, using this approach did mean that some key newspapers are not included. For example, while the *Dallas Morning News* was not included in the news sample retrieved from Lexis-Nexis, the research did include representation from smaller Texas newspapers, such as the *Austin American-Statesman* and the *El Paso Times*.

Also, the science around the diagnoses and prevention of HPV and related cancers continues to evolve. The research cutoff date was June 30, 2016, in order to allow a six-month period after the ACIP expanded its recommendation for boys to include males up to age 26. However, newspapers continue to cover new developments for the virus and the vaccine, which is both a limitation as well as an area for future research.

### **Areas for Future Research**

Another area for future research would be to further study the rollout of the Rhode Island mandate that boys and girls receive the HPV vaccine in seventh grade. Only five articles in the sample looked at this event and they were all from one source, the *Providence Journal*. It would be interesting to look at a wider sample of articles from the region, including online news and television coverage, and compare it to earlier studies on vaccine mandates in other states to see if they were similar. That research could look at the school mandate over time to see if perhaps the initial furor has died down and other states could consider vaccine mandates again.

Another potential area of research would be to look at the news after the Hepatitis B vaccine was first encouraged to adolescents to look for similarities to the HPV controversies of today. Hepatitis B was initially stigmatized as a “dirty vaccine” since it could be spread through used needles and also sexual activity, causing concern when it was first offered to adolescent boys and girls (Harshman, 2011, Reagan-Steiner, et al., 2016). However, once the vaccine was offered to infants instead of tweens, the concerns all but disappeared. Comparing the initial media activity around the Hepatitis B vaccine to the media activity around the HPV vaccine would be interesting.

Some regions of the world are considering offering the HPV vaccine only for MSM. These are often regions with government-run health care where the country aims to save money

by only providing the \$375 vaccine to girls, which leaves MSM unprotected so they are hoping to fill that gap of vaccine coverage. However, as MSM is a marginalized group in today's heteronormative culture, it would be interesting to see the news articles in these countries to see the debate, possibly looking to see if HPV gets labeled as a "gay" disease, similar to HIV. It would also be interesting to look at the awareness of HPV and the vaccine in the LGBT community to see what efforts have been made to encourage MSM to receive the vaccine in lieu of mandates by looking in specific LGBT publications.

In 2015 and 2016, several cancer organizations came out with statements encouraging the HPV vaccine (Saslow et al., 2016; Stallard, 2016). This is unusual as oncologists typically do not get involved in preventative health of teenagers, instead seeing patients after diagnosis of cancer. However, several oncology organizations felt that primary care doctors and pediatricians were not doing enough to recommend the HPV vaccine, perhaps because those physicians do not typically see the patients once they are suffering due to cancer or its treatments. Now that the cancer groups are involved, it would be interesting to see if the media coverage around HPV and the vaccine has changed to focus more on cancer prevention than STD transmission.

Actress Farrah Fawcett died of anal cancer in 2009, which we know now is almost certainly linked to HPV. However, there is little mention of her in the discussions about HPV and how her death could likely have been prevented through the vaccine. Her journey through treatment was chronicled in a documentary and she was very open about her diagnosis yet anal cancer remains a taboo subject. It would be interesting to research the reporting on anal cancer over the past 20 years to see if her diagnosis and death led to more awareness of the illness.

## Conclusion

The goal of this research was to examine portrayals of gender roles and expectations related to the HPV vaccine for men and boys. Overall, boys and men are still treated as an afterthought to the discussion on HPV and the HPV vaccine. Reporters are still overwhelmingly focused on cervical cancer and the vaccine's impact on girls and women, even though the recommendations have been broadened since 2009 to include boys and men. That said, some reporters are widening the story to also cover oral cancer. This is important as many more Americans are diagnosed with HPV-related oral cancer than cervical cancer and public health officials expect this to rise, with some even calling it an "epidemic" (Grady, 2011; American Cancer Society 2016). Much of the angst in the story has shifted from concerns over morality to concerns of safety with unproven allegations of potentially devastating side effects, such as intellectual disabilities and ovarian failure. The concerns expressed are still overwhelmingly gendered as most of the victims profiled are women even though the vaccine has been offered to men and boys long enough that if there is a connection, we would be seeing male victims as well. There also remains a heteronormative assumption in the dialogue that while women may suffer, men are expected to be tougher and just handle the side effects. Some journalists even go so far as to portray the vaccine as a way men can protect women. This is an element highlighted through feminist media theory that notes how the news is reflecting the traditional cultural idea that men need to protect women, ignoring the fact that men are just as vulnerable to HPV-related cancers as women. Feminist theory also critiques normative expectations placed on men and women. This is evident here as reporters present a double-standard of praising a man for his disclosure of HPV-linked cancer while criticizing a woman for her own HPV revelation. Further, while men are an afterthought to the discussion, men who have sex with men (MSM) are almost

ignored entirely even though research shows they are at higher risk than heterosexual men of contracting the virus and developing later cancers, reflecting hegemonic masculinity that marginalizes the needs of sub-groups of men who do not fit the mandate of “admired masculine conduct” (Connell, 2002).

### **Recommendations for Public Health Campaigns**

This research provides some ideas for public health advisors and healthcare providers hoping to educate the public on the HPV vaccine for boys and men in order to raise vaccination rates. Overall, it seems moral concerns regarding the vaccine have waned although more parents now are worried about side effects from the vaccine. Campaigns to talk to the public about the HPV vaccine would do well to reinforce the point that in controlled trials, patients treated with the HPV vaccine and patients who received a placebo injection reported the same side effects such as swelling, muscle pain, fainting and/or fatigue (Markowitz, 2014). However, while that information is true, focusing instead on the fact that to date more than 90 million doses of the vaccine have been safely administered may be more comforting to parents (CDC, 2016). The information is all available on the CDC websites so providers could easily include links for additional information on side effects.

Another recommendation would be to focus on oral cancer instead of cervical cancer. Oral cancer is not only found in both sexes, but it also has a higher incidence rate (48,500 cases diagnosed per year versus 13,000 cases of cervical cancer diagnoses) (Oral Cancer Foundation, n.d., American Cancer Society, 2016). Many reporters are still covering cervical health awareness, which encourages pap screening in addition to the HPV vaccine. Public health campaigners would do well to instead focus on raising awareness of oral health awareness as it is not only a larger population but it is also a disease found in both men and women.

Spokespeople should take opportunities to pivot from talking about cervical and oral cancer screening to instead focusing on cancer prevention. The HPV vaccine has provided a powerful new weapon in the fight against cancer, yet many people are not availing themselves of it yet. When public health experts and physicians are asked for comments on stories for cancer screening, that would be a good opportunity to educate reporters on cancer prevention instead of cancer diagnosis.

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## Appendix: News Articles and Opinion Pieces

Title	Type	Author	Author Affiliation	Newspaper	City	State	Date
STD shot for boys may help teen girls	Article	Deie de Brito	Monterey County Herald	Monterey County Herald	Monterey County	California	8/11/2011
Dr. Neville Golden and Dr. Sophia Yen: Parents can save children's lives	Opinion	Neville Golden and Sophia Golden	is chief of division	San Jose Mercury News	San Jose	California	12/4/2011
Vaccine a small price to pay to be cancer-free	Letters	Linda Sousa	Hollister	San Jose Mercury News	San Jose	California	12/8/2011
Boys should get HPV vaccine too, study says	Article	Jake Blumgart	Slate	San Jose Mercury News	San Jose	California	1/28/2013
SB county urges updates to vaccinations	Article	Lynnea Lombardo	Daily Press-Victorville	Daily Press-Victorville	Victorville	California	2/13/2013
Ask Dr. K: HPV shot advised for boys, girls	Syndicated column	Anthony Komaroff	Physician and professor at	Monterey County Herald	Monterey County	California	5/1/2013
2 doses of HPV vaccine may be enough	Article	Landon Hall	Orange County Register	Orange County Register	Orange County	California	5/2/2013
Donation to fund HPV vaccines for youth	Article	Rachel Cook	The Bakersfield Californian	The Bakersfield Californian	Bakersfield	California	5/15/2013
Does oral sex cause throat cancer?	Article	Jessica Yadegaran	San Jose Mercury News	San Jose Mercury News	San Jose	California	6/4/2013
January is cervical health awareness month	Opinion	Uma Bingham	Nurse Practitioner, Eureka	Eureka Times Standard	Eureka	California	1/3/2014
San Bernadino County health officials urge vaccination for preteens	Article	Jim Steinberg	Inland Valley Daily Bulletin	Inland Valley Daily Bulletin	Ontario	California	2/11/2015
HPV and your teen	Article	Greg Hardesty	Orange County Register	Orange County Register	Orange County	California	2/6/2016
Editorial: Wise HPV vaccine	Opinion	The Day, New London, Conn	The Day	The Day	New London	Connecticut	10/27/2011
Vaccine remark worries doctors	Article	Sonja Isger	Palm Beach Post	Palm Beach Post	Palm Beach	Florida	9/22/2011
HPV vaccine for boys urged by CDC panel	Article	Letitia Stein	Times Staff Writer	St. Petersburg Times	St. Petersburg	Florida	10/26/2011
In women's health week, time to take stock	Opinion	Sam Christian	Florida Times-Union	Florida Times-Union	Jacksonville	Florida	5/15/2013
Protect kids from HPV	Letters	Steve Bender	Orange City, Florida	News-Journal	Daytona Beach	Florida	7/30/2013
HPV vaccine's use against cancer touted; awareness campaign aims	Article	Jerome R. Stockfisch	The Tampa Tribune	The Tampa Tribune	Tampa	Florida	7/1/2014
Florida can do better on HPV vaccinations	Opinion	Times Editorial	Tampa Bay Times	Tampa Bay Times	Tampa	Florida	7/10/2014
Florida can do better on HPV vaccinations	Letters	Ellen M. Daley, Ph.D.	USF College of Public Health	Tampa Bay Times	Tampa	Florida	7/13/2014
Group aims to boost HPV vaccination rate	Article	Jodie Tillman	Tampa Bay Times	Tampa Bay Times	Tampa	Florida	8/13/2014
Experts urge HPV vaccine for teens, plan outreach; Florida ranks near	Article	Jerome R. Stockfisch	The Tampa Tribune	The Tampa Tribune	Tampa	Florida	8/13/2014
Health director, lawmaker encourage HPV vaccination; rampant virus	Article	Kate Bradshaw	The Tampa Tribune	The Tampa Tribune	Tampa	Florida	9/5/2014
Please don't let your child become my patient'	Opinion	Patricia Judson	Department of Women's C	The Tampa Tribune	Tampa	Florida	11/14/2014
Goal is to improve HPV vaccine rates	Article	Jodie Tillman	Times Staff Writer	Tampa Bay Times	Tampa	Florida	1/16/2015
Study finds fracking may be harmful to humans	Syndicated column	Mehmet Oz and Mike Roiz	Dr. Oz Show and Cleveland	The Tampa Tribune	Tampa	Florida	1/17/2015
HPV vaccinations lag in Florida; Misconceptions, fear, keep kids from	Article	Jose Patino Girona	Tampa Tribune Staff	The Tampa Tribune	Tampa	Florida	1/25/2015
Danner the face of changing film demographics	Article	Jay Handelman	Sarasota Herald Tribune	Sarasota Herald Tribune	Sarasota	Florida	4/18/2015
Passing on cancer defense	Article	Maggie Clark	Sarasota Herald Tribune	Sarasota Herald Tribune	Sarasota	Florida	5/22/2015
Groups renew push for teens' HPV shots	Article	Kathleen McGrory	Times Staff Writer	Tampa Bay Times	Tampa	Florida	1/16/2016
Timely campaign for HPV vaccine	Opinion	Tampa Bay Times	Tampa Bay Times	Tampa Bay Times	Tampa	Florida	1/25/2016
Positive results for HPV vaccine	Letters	Ellen M. Daley, Ph.D.	USF College of Public Health	Tampa Bay Times	Tampa	Florida	3/8/2016
Rick Perry's bad medicine	Opinion	Michelle Malkin	The Augusta Chronicle	The Augusta Chronicle	Augusta	Georgia	8/19/2011
Adults need vaccines too	Article	Joe Gaines	The Brunswick News	The Brunswick News	Brunswick	Georgia	9/7/2011
Stopping viruses in their tracks	Article	Sarah Lundgren	The Brunswick News	The Brunswick News	Brunswick	Georgia	8/14/2012
Millions of women fail to get screenings, vaccine, report says; 4,000	Article	Tom Corwin	The Augusta Chronicle	The Augusta Chronicle	Augusta	Georgia	11/6/2014
The lovable King Perry asserts his conservatism	Opinion	Richard Cohen	Chicago Daily Herald	Chicago Daily Herald	Chicago	Illinois	9/28/2011
HPV vaccine provide protection for males, too	Opinion	Helen Minciotti	Mother of five and pediatric	Chicago Daily Herald	Chicago	Illinois	6/4/2012
HPV the lead cause of oral cancers	Article	Dean Olsen	The State Journal-Register	The State Journal-Register	Springfield	Illinois	1/6/2013
HPV shot now pushed for males, females	Article	Paul Wiech	The Pantagraph	The Pantagraph	Bloomington	Indiana	11/18/2011
How does the HPV vaccine work?	Article	Dann Denny	Herald-Times	Herald-Times	Bloomington	Indiana	1/10/2012
Fighting cancer's spread	Article	Ken de la Bastide	Kokomo Tribune	Kokomo Tribune	Kokomo	Indiana	2/20/2012
January is cervical health awareness month	Article	Rob Cox	Greensburg Daily News	Greensburg Daily News	Greensburg	Indiana	1/18/2013
Initiative pushes for increased HPV vaccinations	Article	Vanessa Renderman	The Times	The Times	Munster	Indiana	6/21/2014
Setting goals in fighting cancer	Opinion	Patrick J. Loehrer	Director of Indiana University	South Bend Tribune	South Bend	Indiana	3/12/2015
Many Hoosier youth not getting HPV vaccinations	Article	Lauren Slavin	Herald-Times	Herald-Times	Bloomington	Indiana	8/3/2015
Local legislative review focuses on minority health issues	Article	Carson Gerber	Kokomo Tribune	Kokomo Tribune	Kokomo	Indiana	11/11/2015
Vaccine	Letter	Lisa K. Robertson	Executive Director, Indiana	South Bend Tribune	South Bend	Indiana	12/29/2015
Let's all talk about cancer	Opinion	Kokomo Tribune Editorial	Kokomo Tribune Editorial	Kokomo Tribune	Kokomo	Indiana	5/19/2016
Useful vaccines	Opinion	The Hays Daily News	The Hays Daily News	The Hays Daily News	Hays	Kansas	5/6/2015
Kansas tied for lowest rate of teen HPV vaccination	Article	Megan Hart	Topeka Capital-Journal	Topeka Capital-Journal	Topeka	Kansas	8/3/2015
As U.S. makes progress against HPV, local pediatrician recommends v	Article	Celia Llopis-Jepsen	Topeka Capital-Journal	Topeka Capital-Journal	Topeka	Kansas	3/20/2016

Campaign advocates HPV vaccine	Article	Rich Suwanski	Messenger-Inquirer	Messenger-Inquirer	Owensboro	Kentucky	1/7/2012
Maine parents urged to vaccinate teens against cancer-causing HPV	Article	Jackie Farwell	Bangor Daily News Staff	Bangor Daily News	Bangor	Maine	6/24/2013
Maine vaccinates more kids for this STD than the national average, I	Article	Pattie Reaves	Bangor Daily News Staff	Bangor Daily News	Bangor	Maine	8/6/2015
There's a shot that prevents cancer. No one wants it	Article	Jon Kelvey	Carroll County Times	Carroll County Times	Westminster	Maryland	9/14/2014
Screenings can save lives	Article	Jon Kelvey	Carroll County Times	Carroll County Times	Westminster	Maryland	1/25/2015
Md. Cancer centers join push for use of HPV vaccine	Article	Andrea K. McDaniel	The Baltimore Sun	The Baltimore Sun	Baltimore	Maryland	1/28/2016
HPV vaccine needs wider use	Opinion	Kingston (NY) Daily Freeman	Kingston (NY) Daily Freeman	Sentinel & Enterprise	Fitchburg	Massachusetts	7/1/2013
Ask your doctor about HPV vaccines	Letters	Charmy Patel, RN	U-Mass Lowell Nurse Practitioner	Sentinel & Enterprise	Fitchburg	Massachusetts	3/7/2016
Ask Dr. K: Vaccine is valuable for boys and girls	Syndicated column	Dr. Komaroff	Physician and professor at The Berkshire Eagle		Pittsfield	Massachusetts	5/27/2016
Cervical cancer death rate declining	Article	Danielle Woodward	The Record-Eagle	The Record-Eagle	Traverse City	Michigan	1/12/2016
Vaccination rates up for Minnesota teens	Article	Christopher Snowbeck	St. Paul Pioneer Press	St. Paul Pioneer Press	St. Paul	Minnesota	8/25/2011
Gerson on HPV debate	Letters	Gregory Stricherz	Minneapolis	Star Tribune	Minneapolis	Minnesota	8/25/2011
Health notes: 11 defibrillators will be donated by HeartBeat	Article	John Lundy	Duluth News Tribune	Duluth News Tribune	Duluth	Minnesota	8/2/2012
Doctors: Too few get HPV vaccine	Article	Jeremy Olson	Star Tribune	Star Tribune	Minneapolis	Minnesota	3/18/2013
Facts take worry out of the HPV vaccine decision	Article	Gail Rosenblum	Star Tribune	Star Tribune	Minneapolis	Minnesota	3/24/2013
HPV vaccine	Letters	Karen Ernst	St. Paul	Star Tribune	Minneapolis	Minnesota	3/26/2013
HPV vaccine	Letters	Pam McAlister	St. Paul	Star Tribune	Minneapolis	Minnesota	3/26/2013
Taking a shot at the vaccine question	Article	Carol Memmott	Star Tribune	Star Tribune	Minneapolis	Minnesota	9/28/2014
Tweens, teen should get vaccines too	Article	Michaela Morris	Northwest Mississippi Daily	Northwest Mississippi Daily	Tupelo	Mississippi	5/18/2012
Health officials, school nurses urge vaccinations, They recommend r	Article	Michele Munz	St. Louis Post-Dispatch	St. Louis Post-Dispatch	St. Louis	Missouri	8/16/2012
More girls should be getting HPV vaccine; fighting cancer- Vaccine is	Opinion	L. Stewart Massad	Professor of obstetrics and gynecology	St. Louis Post-Dispatch	St. Louis	Missouri	6/27/2013
St. Louis Post-Dispatch	Opinion	Tony Messenger	Columnist, St. Louis Post-Dispatch	St. Louis Post-Dispatch	St. Louis	Missouri	9/27/2015
Increase mouth and throat cancer awareness in Missouri	Opinion	Dr. Nosayaba Osazuwa-Pe	St. Louis University - dentist	St. Louis Post-Dispatch	St. Louis	Missouri	10/21/2015
New Mexico was above the national average last in giving HPV vaccine	Article	Matlin Smith	Las Cruces Sun-News	Las Cruces Sun-News	Las Cruces	New Mexico	8/13/2014
Start young with cancer prevention	Opinion	David Morgan	New Mexico Department of Health	Las Cruces Sun-News	Las Cruces	New Mexico	1/20/2016
Remark on vaccine could ripple for years	Article	Denise Grady	The New York Times	The New York Times	New York City	New York	9/20/2011
Study cites increase in cancers from HPV	Article	Denise Grady	The New York Times	The New York Times	New York City	New York	10/11/2011
Panel Endorses HPV vaccine for boys of 11	Article	Gardiner Harris	The New York Times	The New York Times	New York City	New York	10/26/2011
Vital signs risks: Oral HPV affects 7 percent of Americans	Article	Anahad O'Connor	The New York Times	The New York Times	New York City	New York	1/31/2012
Boy, we need it, Getting sons sex virus jab stirs angst	Article	Heidi Evans	New York Daily News	New York Daily News	New York City	New York	3/6/2012
Study on HPV vaccination may ease parents' concerns	Article	Anahad O'Connor	The New York Times	The New York Times	New York City	New York	10/15/2012
HPV vaccines for boys	Letters	Eric Genden, MD	New York City	The New York Times	New York	New York	4/2/2013
Oral cancer sneaks up	Article	Donald G. McNeil and Anahad O'Connor	The New York Times	The New York Times	New York	New York	6/11/2013
HPV vaccine not reaching enough girls, CDC says	Article	Sabrina Tavernise	The New York Times	The New York Times	New York	New York	6/26/2013
Up close and too person Viv's STD tweet made some cringe	Article	Tara Palmeri and Bob Fred	The New York Post	The New York Post	New York	New York	8/17/2014
Council speaker, on Twitter, says she has infection linked to cervical cancer	Article	Nikita Stewart	The New York Times	The New York Times	New York	New York	8/19/2014
Let's not talk about sex	Opinion	Paul A. Offit	Profess of pediatrics in the New York Times	The New York Times	New York	New York	8/20/2014
The city council speaker's honesty	Opinion	NYT Editorial Board	NYT Editorial Board	The New York Times	New York	New York	8/21/2014
Four steps to prevent, control cancer	Syndicated column	Mehmet Oz and Mike Roiz	Dr. Oz Show and Cleveland.com	The Buffalo News	Buffalo	New York	2/14/2015
Working to boost rates of HPV vaccinations; Misplaces fears tied to HPV	Article	Henry L. Davis	Buffalo News Medical Reporter	The Buffalo News	Buffalo	New York	2/23/2015
These screenings and vaccines are easy, relatively painless ways to fight HPV	Health column	Scott Scanlon	Refresh Editor, Buffalo News	The Buffalo News	Buffalo	New York	4/11/2015
Vaccine has reduced HPV in teenage girls by almost two-thirds, study says	Article	Jan Hoffman	The New York Times	The New York Times	New York	New York	2/22/2016
A vote for women's health	Opinion	Nicholas Kristof	The New York Times Op-Ed Columnist	The New York Times	New York	New York	4/28/2016
Vaccinations against HPV lag in children, report says	Article	Denise Grady	The New York Times	The New York Times	New York	New York	2/11/2014
UNC Lineberger urges more HPV vaccination	Opinion	UNC Lineberger Center	UNC Linberger Center	The Herald-Sun	Durham	North Carolina	2/2/2016
HPV vaccine for boys, too	Syndicated column	Dr. Komaroff	Physician and professor at UNC	Bismarck Tribune	Bismarck	North Dakota	5/30/2016
Gardasil helps prevent cancer caused by HPV	Article	Roneisha Mullen	The Blade	The Blade	Toledo	Ohio	11/14/2011
Democrats object to DeWine letter	Article	Jim Provance	The Blade	The Blade	Toledo	Ohio	4/3/2013
HPV vaccination rates far from goal; 53.8 percent of teen girls have been vaccinated	Article	Yasmeen Abutaleb	Dayon Daily News	Dayon Daily News	Dayton	Ohio	7/30/2013
Immunizations take forefront for students	Article	Teddy Snell	Tahlequah Daily Press	Tahlequah Daily Press	Tahlequah	Oklahoma	8/5/2011
State vaccination rate remains below nation's	Article	Sonya Colberg	The Oklahoman	The Oklahoman	Oklahoma City	Oklahoma	8/26/2011
State begins studies on HPV, meningitis	Article	Sonya Colberg	The Oklahoman	The Oklahoman	Oklahoma City	Oklahoma	12/3/2011
Researchers examine reasons for many teens' shots are skipped; He	Article	Carrie Coppernoll and Jacy	The Daily Oklahoman	The Daily Oklahoman	Oklahoma City	Oklahoma	3/20/2013

Oklahoma doctor featured in documentary that examines science b Article	Article	Jaclyn Cosgrove	The Daily Oklahoman	The Daily Oklahoman	Oklahoma City	Oklahoma	9/8/2014
Driving to deliver: Hospitals are quite a distance for some Oklahomæ Article	Article	Jaclyn Cosgrove	Staff Writer, The Daily Okl	The Daily Oklahoman	Oklahoma City	Oklahoma	7/12/2015
Get the HPV vaccine	Opinion	Ankur Rughani, MD	Opinion	The Daily Oklahoman	Oklahoma City	Oklahoma	7/15/2015
Candidate's comments about vaccine worry doctors	Article	Mackenzie Carpenter	Pittsburgh Post-Gazette	Pittsburgh Post-Gazette	Pittsburgh	Pennsylvania	9/16/2011
Playing Doctor: Candidate Bachmann's comments on a cancer vaccii Article	Article	Suzanne Cassidy	Sunday News	Sunday News	Lancaster	Pennsylvania	9/18/2011
Local health experts laud papillomavirus vaccine for boys	Article	Rachel Weaver	Pittsburgh Tribune Review	Pittsburgh Tribune Review	Pittsburgh	Pennsylvania	10/26/2011
York doctors please with HPV vaccine recommendation for boys	Article	Tom Joyce	York Daily Record	York Daily Record	York	Pennsylvania	10/29/2011
More boys in Erie region join girls in getting HPV vaccine	Article	David Bruce	Erie Times-News	Erie Times-News	Erie	Pennsylvania	11/30/2011
HPV vaccination being given to boys more frequently	Article	David Bruce	Erie Times-News	Pittsburgh Post-Gazette	Pittsburgh	Pennsylvania	1/1/2012
Pediatricians recommend HPV vaccine for boys, too	Article	Sally Kalson	Pittsburgh Post-Gazette	Pittsburgh Post-Gazette	Pittsburgh	Pennsylvania	2/1/2012
HPV vaccine recommended for both boys and girls	Syndicated column	Anthony Komaroff	Physician and professor at	Pittsburgh Post-Gazette	Pittsburgh	Pennsylvania	5/1/2013
HPV vaccine effective but grossy underutilized	Article	Monica Disare	Pittsburgh Post-Gazette	Pittsburgh Post-Gazette	Pittsburgh	Pennsylvania	8/5/2013
Spotlight put on HPV vaccine for kids	Article	Bill Zlatos	Pittsburgh Tribune-Review	Pittsburgh Tribune-Review	Pittsburgh	Pennsylvania	2/7/2014
Health care groups work to boost HPV awareness	Article	Lauren Lindstromg	Pittsburgh Post-Gazette	Pittsburgh Post-Gazette	Pittsburgh	Pennsylvania	2/8/2014
HPV vaccine debate: Two sides; some parents reluctant to get child Article	Article	Ryan Mellon	Intelligencer Journal/New	Intelligencer Journal/New	Lancaster	Pennsylvania	6/9/2014
Check up: the challenge of getting girls the HPV vaccine	Article	Marie McCullough	The Philadelphia Inquirer	The Philadelphia Inquirer	Philadelphia	Pennsylvania	10/26/2014
Getting the message out on HPV vaccinations	Article	Amaka Uchegbu	Pittsburgh Post-Gazette	Pittsburgh Post-Gazette	Pittsburgh	Pennsylvania	7/21/2015
Pitt cancer experts call for increased HPV vaccines	Article	Ben Schmitt	Pittsburgh Tribune-Review	Pittsburgh Tribune-Review	Pittsburgh	Pennsylvania	2/2/2016
RI to mandate HPV vaccine for 7th graders; state will allow exempti Article	Article	Linda Borg	The Providence Journal	The Providence Journal	Providence	Rhode Island	7/29/2015
RI holds top youth rate of HPV vaccinations	Article	Richard Salit	The Providence Journal	The Providence Journal	Providence	Rhode Island	8/3/2015
Vaccine for preteens	Opinion	The Providence Journal	The Providence Journal	The Providence Journal	Providence	Rhode Island	8/13/2015
Critics present case against HPV	Article	Richard Salit	The Providence Journal	The Providence Journal	Providence	Rhode Island	8/18/2015
Group attacks HPV vaccination program	Opinion	Mark Reynolds	The Providence Journal	The Providence Journal	Providence	Rhode Island	8/23/2015
Health: RI vaccination rates among highest in U.S.	Article	Lynn Arditi	Journal Staff Writer	The Providence Journal	Providence	Rhode Island	9/17/2015
HPV vaccination rates "extremely encouraging"; first year vaccine is Article	Article	Richard Salit	The Providence Journal	The Providence Journal	Providence	Rhode Island	11/20/2015
Socorro students seek to educate community, get word out about H Article	Article	Aileen B. Flores	El Paso Times	El Paso Times	El Paso	Texas	1/18/2011
HPV vaccine	Letters	Miquel Villalobos Jr.	Austin	Austin-American Statesma	Austin	Texas	11/1/2011
Rate of new HIV cases here worries officials	Article	Mary Ann Roser	Austin-American Statesma	Austin-American Statesma	Austin	Texas	10/27/2013
El Paso leading the way in teen HPV vaccinations	Article	Luis Carlos Lopez	El Paso Times	El Paso Times	El Paso	Texas	8/8/2015
1 shot not enough: Utah nurses urge 4 vaccines for teens	Article	Heather May	The Salt Lake Tribune	The Salt Lake Tribune	Salt Lake City	Utah	9/5/2012
Use of HPV vaccine for youths in Utah is low	Article	Kirsten Stewart	The Salt Lake Tribune	The Salt Lake Tribune	Salt Lake City	Utah	10/8/2013
Utah health official bans Gardasil, stirring controversy	Article	Kirsten Stewart	The Salt Lake Tribune	The Salt Lake Tribune	Salt Lake City	Utah	12/6/2013
Editorial: Denying HPV vaccine is irresponsible	Opinion	Salt Lake Tribune Editorial	Salt Lake Tribune Editorial	The Salt Lake Tribune	Salt Lake City	Utah	12/10/2013
Save lives by getting children the HPV vaccine	Opinion	Jennifer Trausch-van Horn	Medical Director Planned I	Salt Lake Tribune	Salt Lake City	Utah	7/25/2015
HPV vaccination rates increase in Utah	Article	Daphne Chen	Deseret Morning News	Deseret Morning News	Salt Lake City	Utah	8/1/2015
Article	Article	Kristin Moulton	The Salt Lake Tribune	Salt Lake Tribune	Salt Lake City	Utah	8/1/2015
10 years later, HPV vaccine still a tough sell across Utah	Article	Daphne Chen	Deseret Morning News	Deseret Morning News	Salt Lake City	Utah	1/16/2016
Awareness raised about new standards set for women's health	Opinion	Raine Kane	Certified nurse midwife wi	Brattleboro Reformer	Brattleboro	Vermont	8/10/2012
Death rates from cancer still inching down	Article	Lauren Neergaard	Brattleboro Reformer	Brattleboro Reformer	Brattleboro	Vermont	1/8/2013
Many girls in state get cervical cancer shot	Article	Marissa Harshman	Columbian staff writer	The Columbian	Vancouver	Washington	9/17/2011
Separate lifesaving HPV vaccine from politics	Opinion	Spokesman Review Editori	Spokesman Review Editori	Spokesman Review	Spokane	Washington	6/21/2013
Gardasil urged for boys: New strategy against HPV is to vaccinate bc Article	Article	Deia de Brito	McClatchy	Spokesman Review	Spokane	Washington	8/16/2011
More Washington boys are getting vaccinated against HPV	Article	Marissa Harshman	Healthbeat Blog by Maris	The Columbian	Vancouver	Washington	8/3/2015
Perry reverses stance on HPV vaccine	Article	Dan Eggen	The Washington Post	The Washington Post	Washington	Washington, D	8/17/2011
The wrong prescription	Opinion	Washington Post Editorial	The Washington Post	The Washington Post	Washington	Washington, D	9/14/2011
Routine HPV vaccination recommended for boys	Article	Rob Stein	The Washington Post	The Washington Post	Washington	Washington, D	10/26/2011
Let's start the bidding at ...	Opinion	Dana Millbank	The Washington Post	The Washington Post	Washington	Washington, D	12/14/2011
Preventable tragedies'	Opinion	Washington Post Editorial	Washington Post Editorial	The Washington Post	Washington	Washington, D	7/6/2013
Ribals for 2 Virginia offices engage in spirited debate	Article	Fredrick Kunkleland and IV	The Washington Post	The Washington Post	Washington	Washington, D	10/3/2013
Three shots that could stop cancer	Opinion	Meredith Wadman	Eric and Wendy Schmidt Fi	The Washington Post	Washington	Washington, D	8/22/2014
Patents with vaccination doubts face backlash	Article	Steve Hendrix	Washington Post	Washington Post	Washington	Washington, D	2/4/2015
Fewer teens having sex, research shows	Article	Danielle Paquette	Washington Post	Washington Post	Washington	Washington, D	7/23/2015
Immunizations play important role for all ages	Article	Nathan Jeffers	Point Pleasant Register	Point Pleasant Register	Point Pleasant	West Virginia	8/2/2012

Students urged to get shots; health groups encourage both mandates	Article	Samuel Speciale	Charleston Daily Mail	Charleston Daily Mail	Charleston	West Virginia	7/7/2014
Bush rallies for women's health in Africa in rare D.C. appearance	Article	Lesley Clark	Charleston Gazette	Charleston Gazette	Charleston	West Virginia	7/7/2014
Doctors urged to recommend HPV vaccine to patients	Article	David Gutman	Charleston Gazette	Charleston Gazette	Charleston	West Virginia	7/25/2014
A vaccine could stop cancer; preventing HPV may protect against cervical cancer	Opinion	Meredith Wadman	Eric and Wendy Schmidt Foundation	Charleston Daily Mail	Charleston	West Virginia	8/26/2014
Back-to-school list must include vaccines	Article	Jessica Farrish	The Register Herald	The Register-Herald	Beckley	West Virginia	8/1/2015
Mount Horeb sisters' injury claim heads to federal court; Madelyne	Article	David Wahlberg	Wisconsin State Journal	Wisconsin State Journal	Madison	Wisconsin	11/7/2013
Sisters await ruling on vaccine; catching up - whatever happened to	Article	David Wahlberg	Wisconsin State Journal	Wisconsin State Journal	Madison	Wisconsin	10/20/2014
Coulee Region Coalition campaign urges HPV vaccinations for kids	Article	Mike Tighe	La Crosse Tribune	La Crosse Tribune	La Crosse	Wisconsin	1/15/2015
Judge dismisses sisters' vaccine cases: ruling says anti-HPV shot did	Article	David Wahlberg	Wisconsin State Journal	Wisconsin State Journal	Madison	Wisconsin	5/19/2016
Wyoming cancer plan calls for higher cig tax	Article	Becky Orr	Wyoming Tribune-Eagle	Wyoming Tribune-Eagle	Cheyenne	Wyoming	3/1/2016
Sure, you get your toddler vaccinated -- but what about your teenager?	Article	Liz Szabo	USA Today	USA Today			8/9/2011
CDC panel advises boys to get HPV shots, too; Vaccine would join childhood	Article	Liz Szabo	USA Today	USA Today			10/26/2011
Medical studies bear fruit	Article	Liz Szabo and Elizabeth Weise	USA Today	USA Today			12/29/2011
Oral HPV spreads mostly through sex; Study: three times as many men	Article	Liz Szabo	USA Today	USA Today			1/27/2012
HPV-related cancers are on the increase; Report suggests an 'epidemic'	Article	Liz Szabo	USA Today	USA Today			1/8/2013
Vaccine cuts HPV in girls by 56%; CDC: More teens need to be inoculated	Article	Elizabeth Weise	USA Today	USA Today			6/20/2013
Report: More kids need HPV shots	Article	Liz Szabo	USA Today	USA Today	National		2/10/2014
Calm down, you won't catch Ebola	Article	Liz Szabo	USA Today	USA Today	National		10/3/2014