This research investigated the role of reporter gender in reporting about sensitive gender-specific cancers. On ABC, CBS, and NBC national newscasts from 1972 through 1995, male reporters presented 75 percent of all gender-specific cancer stories, delivered more stories over time, and delivered 96 percent of male-cancer stories and 72 percent of female-cancer stories. Female reporters delivered fewer female-cancer stories over time and never broke the sensitivity barrier regarding male-specific cancers. Male reporters delivered cancer as a science story, focused on treatment and therapy, and mentioned more medical research, journals, and organizations. Female reporters were more likely to report on health policy or famous women with cancer.

Gender-Specific Cancers, Gender-Specific Reporters?

Twenty-Four Years of Network TV Coverage

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It is a fairly typical newsroom practice, at both the local and national level, for a reporter of color to report what is considered a "minority" story or to have a woman report on a topic considered sensitive or specific to females. This matching of reporter characteristics with story type seems to contradict the fact that journalism education and professionalism consider reporters' skills highly transferable and reporters' objectivity equal, regardless of the story topic.

This study investigated the role of gender in reporting a health topic considered highly sensitive and difficult for people to talk about: gender-specific cancers (Freimuth et al. 1984) or cancers of the breast, cervix, ovary, uterus, prostate, and testicle. We were interested in whether news about these

Authors' Note: This research was supported by grants from the American Cancer Society and from Biostatistics Shared Resources of the Huntsman Cancer Institute (Grant No. 5P30 CA42014), University of Utah, Salt Lake City. Address correspondence to Julia B. Corbett, Assistant Professor, Department of Communication, LNCO 2400, University of Utah, Salt Lake City, UT 84112; phone: 801-581-4557; fax: 801-585-6255; e-mail: julia.corbett@m.cc.utah.edu.

Science Communication, Vol. 20 No. 4, June 1999 395-408

cancers would be covered by reporters according to gender lines, as well as whether male and female reporters would deliver stories using similar foci and similar news sources. The 24-year study period also allowed us to investigate whether gendered reporting changed over time.

Literature

TV News and Reporter Gender

Scholars have long criticized news coverage for tending to ignore or underrepresent women (Signorielli 1985), blacks (Gans 1979), and other minorities (Shoemaker and Reese 1991). In response, television newsrooms have sought over the decades to increase the numbers of female and minority reporters on their staffs, presumably to better represent and report about the communities they serve.

Media scholars have debated whether the increasing numbers of women and minorities within the ranks of mass media professionals would contribute to any significant changes in media content and practice. Weaver and Wilhoit (1986), citing organizational routines and constraints, predicted that changes would be minor. Other researchers, however, have noted influences both in the type of news sources used by reporters of a particular gender or ethnicity as well as in the overall tenor and news topics covered. For example, Gans (1979) found that quoted newsmakers reflected the gender and ethnicity of the journalists themselves or, as he concluded, tended to reflect a white, male social order. Ziegler and White (1990) found that white males accounted for almost 76 percent of newsmakers in a 1987 survey and 66 percent in a 1989 survey; females, both white and nonwhite, accounted for only 12 percent. Farley (1978) found female magazine publishers to be more favorable in their coverage of the Equal Rights Amendment than were male magazine publishers. Other scholars have argued that it is important to hire Hispanics to report on the Hispanic community (Greenberg et al. 1983).

Shoemaker and Reese (1991) maintained that the characteristics of the reporter did have an impact on how stories were covered. They went so far as to hypothesize that:

> People who are similar to a journalist will be covered differently from people who are dissimilar. The demographic characteristics of the communicator may affect the content he or she produces, especially when communicating about others within the demographic group. Women write about women differently than men do. Hispanics cover the Hispanic community differently than Anglos do. (p. 220)

Although there has been little definitive research testing this hypothesis, a few studies have investigated whether female and male reporters are assigned to cover different types of stories. Smith, Fredin, and Nardone (1989) found little difference in story assignment, except that females were more likely to cover education. Soderlund, Surlin, and Romanov (1989) found that women reporters covered fewer international, political, legal, and economic stories and generally covered more feature news than hard news. Ziegler and White (1990) reported that a higher number of health and science stories were done by men, although health and science stories accounted for a higher total percentage of females' stories than of males' stories.

Women have consistently made up only a small percentage of television reporters, despite the fact that the Federal Communications Commission added women to its list of minorities on its equal employment guidelines in 1971. Weaver and Wilhoit (1986) reported that between 1971 and 1982, women in local television news tripled to 33 percent of all personnel. But deregulation in the 1980s and increased competition halted the trend (Smith, Fredin, and Nardone 1989), weakening enforcement of Equal Employment Opportunity Commission rules (Thompson 1988). The percentage of female reporters in U.S. local television news remained at 32 percent by the late 1980s (Stone 1988); however, the percentage of female reporters in local news in Canada was only 21 percent (Soderlund, Surlin, and Romanov 1989).

The percentage of women reporters at the national level is even lower. Ziegler and White (1990) found that only about 12 percent of network correspondents were female, while Fung (1988) reported 18 percent. In addition, Flander (1985) found that female correspondents were much less likely to receive airtime during evening newscasts than were male correspondents.

The Medical Community and Gender

The U.S. medical community is a large and powerful social institution that although independent, has numerous interdependencies with government, insurance companies, and private businesses, such as pharmaceutical companies (Gandy 1982). The gender and ethnic composition of U.S. medicine has been changing dramatically—females now make up almost half of all U.S. medical students (Mann 1995)—but white males continue to dominate the field, particularly at the upper ranks.

In an article in *Science*, Mann (1995) detailed the growing activism surrounding women's health issues beginning in the 1970s, with controversies regarding birth control pills and estrogen. Some credit this activism with bringing medical community dollars and research to women's health issues.

For many years, women were not included in major clinical trials on heart disease, cholesterol, and smoking. In 1987, only 13.5 percent of the total research budget of the National Institutes of Health was spent on diseases unique to women; Mann points out, however, that only 6.5 percent of that budget was spent on diseases unique to men.

A needed boost for women's health care and for health communicators came in the 1970s, with the public announcements by several prominent women about their breast cancer (National Cancer Institute 1988). In September 1974, Betty Ford, wife of President Ford, underwent a mastectomy; a few weeks later, Happy Rockefeller, wife of vice presidential nominee Nelson Rockefeller, had a mastectomy, followed by a mastectomy of the other breast in November of that year. Calls to cancer hotlines mushroomed, and thousands of women sought mammograms. Although these two announcements received the greatest media attention and coincided with a rise in reports of breast cancer (National Cancer Institute 1996), Ford and Rockefeller were not the first prominent women to make public acknowledgments. In October 1971, Senator Birch Bayh's wife, Marvella, was diagnosed with breast cancer; she died from the disease in 1978. And in November 1972, Shirley Temple Black, child actress and later a political figure, told the public she had breast cancer. In the following 20 years, over a dozen prominent women talked about their breast cancer, including Supreme Court Justice Sandra Day O'Connor, First Lady Nancy Reagan, writer Erma Bombeck, actresses Jill Eikenberry and Ann Jillian, singer Olivia Newton John, and journalist Linda Ellerbee (Corbett and Mori 1999b).

Media coverage of women's health issues has increased in the past 20 years, but some researchers have found that the coverage does not necessarily represent the women affected. Powers (1997) found that in media coverage of breast implants, the views of the manufacturers were more prevalent than the views of implant recipients. Andsager and Smiley (1997) reported that the medical community frame regarding breast implants was more prevalent than the frame of women protesting the implants. They also found that perceived level of expertise of sources was related to the frequency and centrality of whose frames were most prominent in the coverage.

A similar public "coming out" occurred in the late 1980s regarding prominent men and their prostate cancer. In 1987, the media reported that Supreme Court justices Harry Blackmun and William Brennan and CIA Director William Casey had prostate cancer. Soon after came announcements by Senators Alan Cranston (1990) and Bob Dole (1991), musician Frank Zappa (1991), French President Francois Mitterand (1992), and actor Bill Bixby (1993). Zappa died in 1993, and Mitterand died in 1996, both from the disease. Announcements by these men coincided with an important medical development, the introduction of a blood test for an antigen associated with prostate cancer.

Today, there is significantly less hesitancy to openly discuss most of the gender-specific cancers, with the exception of testicular cancer (although since this research was conducted, figure skater Scott Hamilton has spoken openly with the media about his testicular cancer). The celebrities with these diseases—and the American public's fascination with celebrities—have established perhaps permanently breast and prostate cancer as topics of discussion by individuals, the medical community, and the media. However, as Freimuth et al. (1984) noted a full decade after Ford's and Rockefeller's announcements, there remains reticence in reporting on certain diseases and kinds of cancer.

Based on the literature regarding newsroom practices concerning reporter characteristics and the reporting of sensitive topics, three questions guided this research. First, do more males than females report on all gender-specific cancers? Because health and science typically are perceived as hard news and because male reporters dominate national television news reporting, men may dominate gender-specific cancer reporting as well. Or do female reporters predominate in the coverage of gender-specific cancers because the bulk of that media coverage concerns breast cancer, a topic to which they might be considered more sensitive?

Second, does the gender of the reporter affect which gender-specific cancers a reporter covers, and has this changed over time? More women may have reported on breast cancer initially, but both men and women may have covered it as people became more accustomed to the issue. Because of the male-dominated nature of both the medical profession and television reporting, as well as the sensitive nature of these cancers, male reporters might cover exclusively male-specific cancers.

Third, do male reporters deliver stories that are similar to or different from stories delivered by female reporters? That is, as Shoemaker and Reese (1991) hypothesized, do women write about women differently than do men? For example, do male and female reporters present stories with different foci or use different types of news sources?

Methods

These data were collected as part of a larger study concerning print and broadcast coverage of gender-specific cancers in the United States and Great Britain from 1960 through 1995 (see Corbett and Mori 1997, 1999b). The starting point of this particular research was 1972, the year that abstracts of

network television newscasts became available from the Vanderbilt Television Archives. In each annual index, all references to gender-specific cancers and all "see also" references were checked. The total number of stories on ABC, CBS, and NBC news from 1972 through 1995 was 461, of which 195 were delivered solely by the anchor in the studio and 264 were delivered by a reporter. The two stories about both male and female cancers were omitted.

Vanderbilt archive abstracts provide a detailed written summary of each story, as well as other valuable information, such as the network, date, time of airing, and length of each story. If the story was presented by a reporter (and not just read by the anchor in the studio), the abstract also provided the name of the reporter (from which the sex of the reporter was determined in all but five cases). Abstracts also listed the names and titles of news sources that appeared on camera, from which affiliations (such as cancer patient or medical personnel) were coded. Additional information coded from each abstract included mention of celebrities, story focus, and mention of a research study, journal article, or medical organization.

The two coders were a graduate research assistant and the first author. Test coding to refine the codebook was done using 25 media story abstracts not included in the study (such as stories on CNN); all coding disagreements were discussed thoroughly and the codebook revised. A second test coding with 25 more story abstracts (also outside the study sample) resulted only in additional examples in the codebook but no substantive revisions. Intercoder reliability then was established on a third independent sample of 108 stories from the studied media (both print and broadcast) but during years before and after the study period. Reliability corrected for chance agreement (commonly referred to as Scott's pi, see Scott 1955) ranged from 84 percent to 99 percent, with an overall agreement of 96 percent for all categories.

Results

Table 1 presents descriptive information about all the gender-specific cancer stories on network television news from 1972 through 1995, including stories reported by anchors and by reporters. Two-thirds of all gender-specific stories concerned breast cancer, and about 88 percent were about female-specific cancers. When the time period was divided into three equal segments of eight years each (rather than into decades), the number of prostate cancer stories showed a steady increase, while breast cancer stories declined from 1980 through 1987 and increased dramatically from 1988 through 1995.

TABLE 1
All Network TV Stories: Cancer Site by Time Period

	Cancer Site																	
	Breast		*Cervix*		*Ovary*		*Uterus*		*Female, Other*		*Prostate*		*Testicle*		*Total*	
Time Period	F	R (%)	F	R (%)	F	R (%)	F	R (%)	F	R (%)	F	R (%)	F	R (%)	F	R (%)	F	R (%)
1972-1979	78	66.67	4	3.42	0		13	11.11	20	17.09	1	0.85	1	0.85	117	25.49		
1980-1987	52	66.67	3	3.85	3	3.85	0		7	8.97	13	16.67	0		78	16.99		
1988-1995	180	68.18	13	4.92	16	6.06	0		16	6.06	39	14.77	0		264	57.52		
Total	310	67.54	20	4.36	19	4.14	13	2.83	43	9.37	53	11.55	1	0.22	459[a]	100		

NOTE: Missing $N = 2$ (stories about both male and female cancer). Fisher's Exact Test FI(X) = 75.74, p value calculated using a hypergeometric distribution, $p < .001$.
a. Includes stories reported by anchor in studio as well as by male and female reporters.

TABLE 2
Gender of Network TV Reporter by Stories by Cancer Site

	Type of Reporter								
	Female Reporter			*Male Reporter*			*Total*		
Cancer Sites	F	R (%)	C (%)	F	R (%)	C (%)	F	R (%)	C (%)
Female cancer sites	66	25.00	98.51	172	65.15	87.31	238	90.15	
Male cancer sites	1	0.38	1.49	25	9.47	12.69	26	9.85	
Total	67	25.38		197	74.62		264	100	

Chi-square = 7.06. $p = .008$.

Stories increased significantly in length over the time periods. Of the three networks, ABC aired 148 stories, CBS aired 136, and NBC aired 175. There were no significant differences by network for cancer site, decade, gender of reporter, or sources used. Stories about famous people with cancer were a significant component of the overall television coverage, comprising 25 percent of all breast cancer stories and 34 percent of prostate cancer stories.

Concerning the first research question, gender-specific cancer stories were much more likely to be delivered by male reporters (75 percent) than by female reporters (25 percent) (see Table 2). The percentage of stories reported by females, however, is higher than the percentage of female correspondents employed by network television news (but is lower than that of female reporters on local television news).

Regarding the second research question, the gender of the reporter was significantly related to which gender-specific cancers they reported. As Table 2 shows, when female reporters delivered gender-specific cancer stories, the stories were almost always about female cancer (almost 99 percent), but male reporters delivered both male cancer stories (13 percent) and female cancer stories (87 percent). (It is interesting to note that the percentages of male- and female-cancer stories presented solely by the anchors, who were exclusively male, were about the same as the percentages delivered by male reporters.)

Poisson regression (McCullagh and Nelder 1989) was used to analyze the effects of the three eight-year time intervals (1972-1979, 1980-1987, 1988-1995) and gender of the reporter on the number of stories between 1972 and 1995. The results showed a significant interaction between the gender of the reporter and the time intervals ($p = .0013$). Although the male and female reporters covered a similar number of stories during 1972 through 1979 and

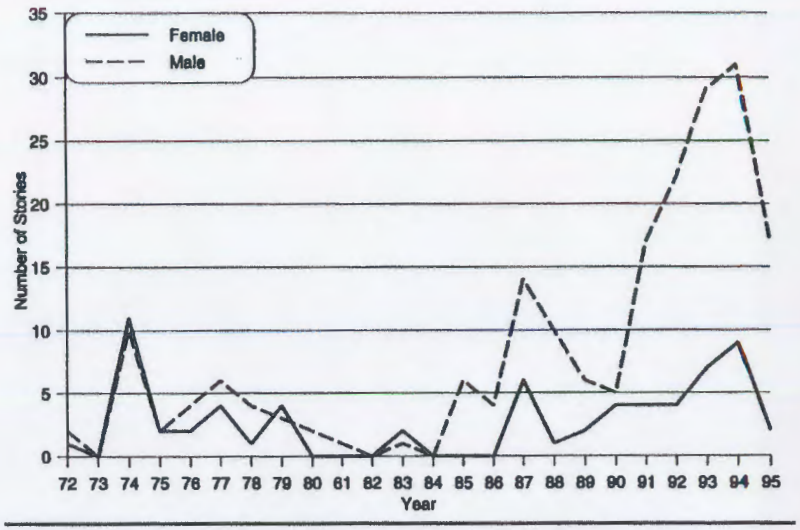

Figure 1: Number of Stories by Year and Gender of the Reporter

1980 through 1987, there was a significant increase in the number of stories covered by male reporters during the period 1988 through 1995, but no such corresponding increase for female reporters (see Figure 1).

To answer the third research question—do male reporters deliver the same type of stories as female reporters—we compared story length, story focus, news source affiliation, and mention of medical community resources. There was no significant difference in story length between male- and female-reported stories. Story foci were similar but showed some differences as well (see Table 3). For example, male reporters' stories focused more often on cancer treatment, and females' stories focused more often on famous females and research fraud.

Male and female reporters did not differ significantly in their use of news sources (see Table 4). However, male and female reporters relied much differently on resources of the medical community. Specifically, male reporters, significantly more often than female reporters, mentioned medical research studies (Chi-square = 8.41, $p = .004$), medical journal articles (Chi-square = 7.01, $p = .008$), and medical organizations (Chi-square = 4.69, $p = .03$).

TABLE 3
Gender of Network TV Reporter by Story Focus

	Type of Reporter					
	Female Reporter		*Male Reporter*		*Total*	
Focus of Story	F	C (%)	F	C (%)	F	C (%)
Causes of cancer	17	25.37	54	27.41	137	30.04
Screening, diagnosis	9	13.43	32	16.24	65	14.25
Therapy, treatment	7	10.45	51	25.89	78	17.11
Stories, people with cancer	3	4.48	7	3.55	14	3.07
Famous people with cancer	15	22.39	23	11.68	91	19.96
General stories, other	6	8.96	16	8.12	36	7.89
Fraud regarding research	10	14.93	14	7.11	35	7.68
Total	67		197		264	

Chi-square = 13.26. $p = .039$.

Discussion

The practice of television reporters of a certain gender or ethnicity delivering stories about which they might be considered more sensitive is a fairly common industry practice that remains largely uninvestigated in communication research. This study attempted to examine a small piece of this issue: network television reporting of gender-specific cancers over a 24-year span. Overall, male reporters faced fewer gender-based sensitivity barriers in reporting these cancers: they reported 75 percent of all gender-specific cancer stories, they reported increasing numbers of stories over time, and they delivered not only 96 percent of male-specific cancer stories but also 72 percent of female-specific cancer stories. Meanwhile, female reporters lost ground to male reporters over time in covering female cancer stories and never broke the sensitivity barrier to report on male-specific cancers.

The celebrities who went public with their breast cancer (and a decade later, celebrities who spoke about their prostate cancer) were significantly correlated with a dramatic increase in print and television coverage of these diseases (Corbett and Mori 1999b). In television coverage alone, one-fourth of all breast cancer stories and one-third of all prostate stories concerned famous people and their cancer. The significant increases in coverage that accompanied these announcements provide a unique setting in which to study reporting by different genders and to ascertain whether reporting about these diseases became less gender-specific over time as the public became more accustomed and less sensitive to them.

TABLE 4
News Sources Used by Female and Male Reporters

	Type of Reporter					
	Female Reporter		*Male Reporter*		*Total*	
News Source	F	C (%)	F	C (%)	F	C (%)
Cancer patient	46	23.71	115	21.82	161	22.33
Medical personnel (hospital, universities, researchers)	75	38.66	231	43.83	306	42.44
Government, including NCI	21	10.82	68	12.90	89	12.34
Nonprofit (medical and nonmedical)	10	5.15	43	8.16	53	7.35
Private business	9	4.64	21	3.98	30	4.16
Elected official	22	11.34	27	5.12	49	6.80
Other	11	5.67	22	4.17	33	4.58
Total	194 in 67 stories (2.90 per story)		527 in 197 stories (2.68 per story)		721	

Chi-square = 12.26. $p = .056$.

In the 1970s, gender sensitivity may have been at work; women reported more female-specific cancer stories than did men. Over time, however, male reporters covered more female-specific cancer stories, perhaps because the public became more accustomed to the topic. The high degree of public activism surrounding breast cancer research and funding also may have familiarized the American public with its discussion. Female reporters may have been shut out of reporting on prostate cancer because, despite the decade that passed since the prominent men's announcements, that issue has not reached the same degree of comfort with the public.

However, given news practices of having a Mexican American reporter cover a controversial immigration story or an African American reporter cover a racial incident, why don't women report more often about women and breast cancer that only they face?[1] If, as Shoemaker and Reese (1991) hypothesized, "women write about women differently than men do" (p. 220), it stands to reason that a breast cancer story by a female reporter might speak to women in quite a different—and perhaps more meaningful—way.

The obvious limitations of this study prevent us from drawing that conclusion here. Because this study used television abstracts, we did not closely examine texts or accompanying visuals. Further research is greatly needed into differences in television story constructions, not only according to gender of the reporter but also by ethnic background. In addition, greater understanding also could be gained by systematic investigation of the process of

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