

## All Postfeminist Women Do: Women's Sexual and Reproductive Health in Television Comedy

*Elizabeth Arveda Kissling*

The recent spate of North American television comedies by and about young women, including *Girls* (2012–present), *The Mindy Project* (2012–present), *2 Broke Girls* (2011–present), *New Girl* (2011–present), *Don't Trust the B— in Apartment 23* (2012–13), *Whitney* (2011–13), *Up All Night* (2011–12), and *Suburgatory* (2011–14), frequently address sexuality and intimacy. Much digital ink has been spilled over the treatment of gender, class, and racial diversity in these shows. Without diminishing the importance of those critiques – for example, Carroll's (2012, 2014) commentary on the whiteness of *Girls* and how white privilege contributed to its and Lena Dunham's success, and numerous criticisms of rape jokes and racism on *2 Broke Girls* (Goodman, 2011; Lyons, 2012) – this chapter will focus on the portrayal of women's sexual and reproductive health with particular emphasis on *Girls*, *The Mindy Project*, and *2 Broke Girls*.

US audiences generally reject explicit or heavy-handed entertainment-education but research suggests television can indeed change awareness,

---

E.A. Kissling (✉)

Department of Women's Studies and Communication, Eastern Washington  
University, Washington, USA

e-mail: ekissling@ewu.edu

© The Author(s) 2017

M. Nash, I. Whelehan (eds.), *Reading Lena Dunham's Girls*,

DOI 10.1007/978-3-319-52971-4\_15

209

attitudes, and behaviour of viewers about health-related issues (Moyer-Gusé & Nabi, 2011). For example, teen viewers of *Friends* (1994–2004) surveyed by telephone during the show’s heyday recalled learning about the effectiveness and failure rate of condoms from a recent episode (Collins et al., 2003). Research by Moyer-Gusé et al., (2011) indicates that when viewers identify with characters, narrative influence is stronger. Pariera et al., (2014) cite multiple studies indicating that television is a crucial source of health information for many viewers, and more than half of viewers believe health information from prime-time television to be accurate.

These successful shows by young women showrunners are loved for the way they tell stories of young women’s daily lives, including details of bad dates, good friends, boring jobs, and the minutiae of everyday life, including women’s reproductive and sexual health: pregnancy scares, premenstrual syndrome (PMS), sexually transmitted infection (STI) tests, and more. Young women who write about these shows find the characters ‘relatable’ (Azad, 2012), and ‘relatable’ is the first word I hear from students when these shows are discussed in my Women’s and Gender Studies and media courses. In media effects scholarship, involvement with characters is an important feature of entertainment-education theory (Moyer-Gusé, 2008; Moyer-Gusé et al., 2011).

My interest in these shows is somewhere between the positions of casual fan and gender and media scholar. Motivated by the frequent occurrence of sexual and reproductive health issues in these shows, I began to collect examples. I started to see ways that in addition to providing factual information about women’s sexual and reproductive health, these women characters interpellate viewers to identify with a postfeminist, neoliberal subjectivity I had documented in previous studies of media texts dealing with women’s reproductive health, specifically advertisements and online discussions of birth control and menstruation (Kissling, 2013, 2014).

These shows are seldom explicitly feminist in the way of 1970s US television comedy starring women in lead roles, such as *The Mary Tyler Moore Show* (1970–77), *Maude* (1972–78), *Rhoda* (1974–78), or their 1980s descendants like *Murphy Brown* (1988–98) and *Designing Women* (1986–93). These earlier shows were intentionally developed to reach female audiences ‘experiencing changes in their economic and familial status with stories infused with consciousness-raising perspectives and lifestyle politics’ (Lotz, 2001, p. 107). Contemporary shows are more

aligned with the critical analyses of postfeminist programming of the late 1990s (McRobbie, 2008) where the young female audiences are interpellated as independent, decision-making, sexual subjects, already liberated women, in contrast to erstwhile portrayals of women as up-and-coming, struggling in the workplace but 'feisty' (no one powerful is ever described as feisty).

Postfeminist programming began to appear more frequently on US television in the late 1990s with such shows as *Ally McBeal* (1997–2002), *Sex and the City* (1998–2004), and *Desperate Housewives* (2004–12). McRobbie defines postfeminism 'as an active process by which feminist gains of the 1970s and 80s come to be undermined' (2004, p. 255) while appearing to engage feminism, especially through tropes of freedom and choice. The postfeminist *sensibility* of these texts – to borrow Gill's (2007) useful framing – is further characterised by the treatment of femininity as a bodily property, a shift from sexual objectification of women to representations of women as sexual subjects with desires of their own, an emphasis on individualism and choice, the need for constant self-monitoring and surveillance, a focus on consumption and commodities, and a reassertion of the importance of sexual difference. Postfeminist texts thus repudiate feminism and present women's achievements as well as their failures as products of individual effort rather than collective action or structural impediments, making it well aligned with neoliberal values of a consumer capitalist society.

Like other contemporary postfeminist media, these shows provide a vehicle for constructing an ideal neoliberal, feminine subjectivity (Gill 2008b; Kissling, 2013, 2014):

Indeed, despite a much-touted emphasis on women's freedom to do whatever they desire, popular women's genres feature 'free' women who invariably end up making the same choice prescribed by normative culture, willingly desiring the same normative heterosexual relationships and the same sexy, eroticised and fashionably adorned female bodily charm that always has been promoted by patriarchy and capitalism. (Chen, 2013, p. 444)

As lead characters in these programmes, the women of these shows exemplify this sensibility. All are single women actively seeking and regularly engaging in heterosexual relationships with men. This search is frequently presented as a source of humour and dramatic tension, as

oppositional gender roles are core features of the postfeminist sensibility, coupled with a constant need for self-improvement (and the accompanying self-monitoring), usually framed as conducted ‘for myself’ or perhaps for professional success (rather than for male approval).

While some of the programmes feature close female friendships as central to women’s lives, none claims any solidarity or political identification with feminist causes. These characters are televisual descendants of Mary Tyler Moore and Murphy Brown, independent women living many tenets of gender equality. While Mary’s sexual autonomy was implied, theirs is explicit. Murphy Brown never discussed gynaecological concerns with workmates.

This chapter focuses on three shows currently broadcasting: *Girls*, *The Mindy Project*, and *2 Broke Girls*. All three have women stars in their 20s and 30s as well as women showrunners, and in two cases – *Girls* and *The Mindy Project* — the showrunners also write, play the lead characters, and frequently direct episodes. Both Lena Dunham and Mindy Kaling, the respective creators and showrunners of these shows, have received kudos and condemnation for their supposedly unconventional (by Hollywood standards) appearance, which I suspect is another feature of their relatability, but space prevents detailed examination.

I examine selections from these programmes with a critical, feminist lens, drawing upon Stuart Hall’s (1967) model of cultural analysis in three interconnected phases: (1) close, textual analysis of cultural material; (2) consideration of the effects of the cultural material on the society; and (3) placement of the material in its specific social and cultural contexts to produce an interpretation of cultural meaning and significance. Following Gill (2008a, p. 41), this is a material-semiotic analysis ‘that understands representations as not merely representing the world, but as constitutive and generative’ (see also Tuana, 1996).

*2 Broke Girls*, created in 2011 by stand-up comic Whitney Cummings and Michael Patrick King, is centred on the odd-couple friendship of two women in their early 20s. One is a recent Wharton graduate who is newly broke due to her wealthy father’s imprisonment for a Bernie Madoff-like Ponzi scheme. The other woman was raised in poverty by a neglectful single mother. The twosome, played by Beth Behr and Kat Demmings, work as waitresses in a shabby diner in the Williamsburg neighbourhood of Brooklyn. They also share an apartment and adventures in dating while struggling to save money and open their own cupcake business. Despite

their poverty and personal histories, Caroline and Max remain convinced that hard work and determination (combined with Max's homemade cupcakes and Caroline's shrewd financial expertise and business acumen) will lead them to financial independence and success.

*The Mindy Project* is named for the show's creator and star, Mindy Kaling, the first Southeast Asian person to headline a US television show, and the only lead character in the genre who is not white. Kaling has starred since 2012 as an obstetrician/gynaecologist in a group practice with three white men. The show focuses more on her dating life than her professional life, although several co-workers are her friends and in the second season she dates another doctor in her practice. Her character is a skilled and successful practitioner, but her personal life is a mess, and the prime source of comedic energy in the show. She has trouble sustaining relationships with men, and despite Kaling's petite stature, there are recurring jokes about her weight and overeating. She does not have close female friends.

*Girls* also stars its creator and is the only one of these shows that appears on premium cable; the others are all on network television. As discussed in several other chapters in this book, this provides opportunities for more explicit language and sex scenes than appear in the other programmes, which the show has become known for. Dunham's Hannah Horvath is the central character among four post-university friends trying to establish careers and relationships in New York. They struggle to find professional employment and pay the bills in the Greenpoint neighbourhood of Brooklyn, but the show focuses on their relationships with men and each other.

### ALL ADVENTUROUS WOMEN DO

Matters of women's reproductive and sexual health appeared in the storylines of *Girls* right from the start. In the pilot, Jessa returns to New York after a long absence, and among the first revelations to her friends about her world travels is her unintended pregnancy. Much of Episode 2 ('Vagina panic') takes place in the women's health clinic where Marnie has scheduled an abortion for Jessa and an STI test for Hannah, at their respective requests. Even though she has insisted on condom use in her burgeoning relationship with Adam, news of Jessa's pregnancy seems to have made Hannah anxious about 'things that get up around the side of condoms' – at least that's what viewers are meant to infer from her Google searches.

While Jessa misses her abortion appointment, much to Marnie's frustration, Hannah nervously babbles through her exam and Pap smear. Though she has no reason to think she's been exposed, she fears she may have contracted HIV. When she receives the phone call informing her of an HPV+ diagnosis in the following episode, she is both relieved and nonplussed, telling Adam, 'That was my gynaecologist. She was calling with some news about my vagina'. Both admit to knowing little about HPV, but when Hannah suggests that Adam may have given her the virus, he immediately and somewhat angrily assures her that's not possible, because he's been tested: 'My best dyke friend works for a dick doctor, and I don't have that shit'. He demands an apology (Season 1, Episode 3, 'All adventurous women do').

Hannah and Adam are typical of their demographic in their anxiety and misunderstanding of the Human Papilloma Virus. HPV is believed to be the most common STI in the USA (Daley et al., 2010; Garend & Magloire, 2008; Sandfort & Pleasant, 2009). Survey research shows that young people often have little to no awareness of their risk of contracting HPV, or how common it is, or the virus' role in cervical cancer (Garend & Magloire, 2008; Sandfort & Pleasant, 2009).<sup>1</sup> Women are more likely than men to have at least minimal awareness, but even women who have received the HPV vaccine do not accurately perceive the risk of acquiring and spreading the virus (Licht et al., 2010). Cervical cancer rarely develops from HPV, but the virus is the cause of nearly 100 per cent of cases, provoking great anxiety in young women when they are provided with basic information about HPV (Sandfort & Pleasant, 2009). Emotional responses to receiving an HPV+ diagnosis among respondents in one study included stigma, fear, self-blame, powerlessness, and anger. HPV+ women have also described feelings of being dirty and fear of partner responses (Daley et al., 2010). In this and the following episode, Hannah displays many of these behaviours and emotions.

Convinced that Adam did not give her the virus, Hannah seeks out her only other recent sexual partner, her college boyfriend Elijah. She swallows her sadness and anger, and finally tells him the reason for their meeting:

*Hannah:* And also, I wanna let you know that the reason I brought you here was not to discuss our past relationship, but to discuss the fact that I have an STD and I'm pretty fucking sure you gave it to me.

- Elijah:* Why would you think that?
- Hannah:* Because I've been having protected sex with my current boyfriend and also he doesn't have HPV.
- Elijah:* HPV?
- Hannah:* He was tested and he doesn't have it.
- Elijah:* Oh, your boyfriend was tested for HPV?
- Hannah:* Yes.
- Elijah:* Well, that's absurd.
- Hannah:* And why is that absurd?
- Elijah:* Because there is no test for men. There is no way a man can be tested for HPV and your boyfriend would know that, had he even taken an intro level human sexuality workshop. (Season 1, Episode 3, 'All adventurous women do')

Elijah is correct: While men can get and spread HPV as easily as women can, there is no US Food and Drug Administration-approved test for men, and men rarely have health problems related to HPV (Centres for Disease Control [CDC], 2012; 2014). There isn't a direct test for women, either, but women may discover they have HPV when they have abnormal Pap test results or genital warts (CDC, 2014). Hannah has an appointment for the following week 'to have her cervix scraped' and she is comforted by Jessa's casually tossed off phrase, 'all adventurous women do', about the fact that she herself has 'several strains' of HPV.

This does not mean all adventurous women have STIs, of course, but that adventurous, risk-taking women have a past, including a sexual history that is part of their current selves and shapes their present identity. This attitude, among other elements, makes young women find the show so 'relatable.' The phrase 'all adventurous women do' has become something of a totem to fans of the show, prompting at least one to have it etched as a tattoo, in Lena Dunham's own handwriting (Dries, 2013), and there are numerous online sources for t-shirts bearing the phrase, emblematic of the neoliberal, postfeminist discourse of choice, agency, and sexual self-determination that characterizes *Girls'* representations of young, white, heterosexual femininity.

Although less serious in tone than *Girls*, *2 Broke Girls* also shines in its portrayal of young women's sexuality and female friendship. As an odd couple, Caroline and Max represent a familiar television trope. The two friends talk openly about sex, without shame. Sometimes, this prompts the need for frank talk about sexual health. In Season 2, Caroline finds herself with an uncomfortable rash in an uncomfortable place, not coincidentally

after a booty call with her ex-boyfriend Andy. As many people do, she turns to Dr Google in search of the cause of her symptoms. As she and Max peruse websites, Caroline determines that a rash isn't so bad. Further study indicates that a rash could be herpes, and Max offers to look, as Caroline can't bend over far enough to see it:

*Max:* Just let me see it.

*Caroline:* Max, I could not continue to live here if you ever saw it.

*Max:* Well, then definitely let me see it.

*Max:* It's okay, I have one too, except mine has a 'Welcome' mat.

*Caroline:* I know, I'll just take a picture of it. (Season 2, Episode 21, 'And the worst selfie ever')

With this, Caroline squats behind the sofa and takes a picture of her crotch with her phone. Max agrees it does not look good, and Caroline insists 'on the record' that her vulva is normally 'quite pretty'. She then decides her best course of action is a visit to the free clinic.

This scene, and most of this episode, shows an intimacy between two women friends dealing with a quotidian health issue in an almost-realistic and humorous way, a contrast to topics used so often for dramatic effect in more soapy televisual fare, such as pregnancy scares (which are not nearly as frequent as soap operas and teen dramas might lead one to believe). Caroline has an unfamiliar itch in a place one can't confide to just anyone and seeks help from her more experienced best girlfriend. Max is such a good friend, she offers to examine the parts of Caroline's body she can't see herself, and cracks jokes about her own sexuality while doing so. Caroline's assertion that her vulva is normally 'quite pretty' marks a departure from common attitudes if one considers the rising frequency of labiaplasty procedures in the USA (more than 5,000 were recorded by the American College of Aesthetic Plastic Surgeons in 2013, compared to 2140 in 2010 (American Society for Aesthetic Plastic Surgery, 2013; O'Regan, 2013)). Neither woman expresses any shame about being sexually active; instead, they are fully formed instantiations of postfeminism's 'new femininity', as sexual subjects in their own right, free to follow their own desires, only (apparently) coincidentally making the same heteronormative sexual and fashion choices promoted by neoliberal, patriarchal capitalism.

Fortunately for our destitute heroines, Caroline's diagnosis is dermatitis – a rash caused by an allergic reaction to soap or laundry detergent. Not so

fortunately for viewers, although the brochure Max read at the clinic accurately claimed one of every six people in the USA has herpes, the show's representation of testing for the virus was misleading. Nurse Shirley correctly explained to Caroline that the test for HSV-2 is a specific blood test, but neglected to mention that the antibodies would not be present in her bloodstream until three to six weeks after exposure ('Getting tested for herpes', 2010).

### JUST A CONCERNED ADULT WOMAN

Viewers can expect Dr Mindy Lahiri, an obstetrician-gynaecologist, to be knowledgeable about women's sexual and reproductive health, and *The Mindy Project* provides frequent opportunities for her to display that expertise. In Season 1, Mindy has an unexpected opportunity to lecture several high school students at once. Mindy's 15-year-old neighbour, Sophia, is a friend and a patient and has asked her to prescribe birth control. Despite her openness about sexuality and her attitudes about sexual freedom for herself, Mindy is protective of Sophia and dismissive of the idea that she could need birth control already. Eventually she relents and shows up at Sophia's school, catching Sophia at volleyball practice, and distributes condoms to Sophia and her teammates, warning them of the dangers of herpes and other STIs. When the coach intervenes and the camera cuts to a close-up of a school safety officer putting Mindy's wrists in plastic handcuffs, she says, 'This feels excessive, and I bet if I were a white male, you wouldn't . . . okay, well, maybe you would.' (Episode 7, 'Teen patient')

This scene, clocking in at just barely over two minutes, warns students (and viewers) about an incurable STI, the importance of condoms for STI protection as well as pregnancy prevention, and the shared (or is it female?) responsibility for carrying condoms. It tries to grapple with the question of sexual maturity, but recognises that adults can't stop 'crazy bangable' teens from having sex with each other. It also pokes gentle fun at identity politics, a subject of postfeminist silence, noting one area where white, male privilege would not be a get-out-of-trouble-free card.

For a gynaecologist, Dr Lahiri is surprisingly uncomfortable with the idea of teen sex, at least for this patient. She insists on meeting Sophia's boyfriend, Henry, before issuing a prescription for contraception. Mindy deems Henry lacking in maturity and ambition and again refuses to write a prescription. This frustrates Sophia, who demands a reciprocal right to interrogate Mindy's boyfriend, as well as a right to her own sexual

subjectivity. Mindy has an epiphany and recognises Sophia's right to make her own (postfeminist) decisions, but the episode ends with Sophia and Henry jointly deciding to postpone sex. This reads as a deliberate educational message for young viewers.

After Mindy recognises Sophia's autonomy, she continues to give advice about birth control to young women in the second season. Her college-aged patient Jenny seeks advice about the pill: 'I heard that birth control makes you fat and cranky.' Mindy replies, 'So does pregnancy'. She is later visited by the young woman's father, who objects to his daughter's pill use. Mindy defends the young woman's prescription and her privacy: 'it was her choice, because she's an adult' (Season 2, Episode 20, 'An officer and a gynaecologist'). Their conversation continues in the street outside the practice, and the father, also a police officer, seems to know he is in the wrong and redirects his frustration by issuing Mindy a ticket for 'public female hysteria', an archaic law he tells her is still on the books. Mindy is outraged, and proclaims to bystanders that she has been unfairly ticketed 'for walking while being a person of color'.

Again, Dr Lahiri provides her patients and viewers with information about birth control, and lampshades<sup>2</sup> the accusations that her character is racist. Many feminist viewers, especially women of colour, have criticised how Kaling has dealt with race on the show (e.g. Khan, 2015), citing the Mindy character's preference for dating exclusively white men, black stereotypes in the portrayal of the nurse Tamra, and attitudes displayed by Mindy and other characters. It's as if Mindy Lahiri is meant to live in a world in which no one is racialised, except when Mindy Kaling and her writing team find racialised identities to be a source of easy humour.

## VAGINA PANIC

*Girls* is the only one of these shows that represents abortion, and it manages to do so without shaming or killing off women who have abortions. Sisson and Kimport's 2014 census of the representation of abortion stories in film and television found that 15.6% of cinematic and televisual abortion plotlines ended in the woman's death, with 9% attributed directly to the abortion, a figure that bears no relation to reality as the mortality risk from legal abortion today is effectively zero (Pazol et al., 2015).

As noted earlier, when Jessa discovers she is pregnant, Marnie arranges for an abortion for her at the same time Hannah is tested for STIs. But

while Hannah nervously rambles about her fear of HIV/AIDS during her exam, Jessa is a no-show. She's picked up a stranger in a bar, and as they grope one another in a public restroom, Jessa discovers that she is no longer pregnant. It's not quite clear if the audience is meant to interpret this as a miscarriage or a late period, but *Girls* is off the hook for the time being, in terms of telling an abortion story.

In Season 4 *Girls* finds a chance to tell an abortion story again as a newly introduced minor character, Mimi-Rose, reveals to her boyfriend Adam (now Hannah's ex) that she can't go running with him because she had an abortion the day before. She calmly elaborates, '[A]nd I can't take a bath or use a tampon or have intercourse for like a week'. Adam throws a tantrum, in keeping with his man-child persona, but this is a remarkable exception to how abortion and women who choose to terminate pregnancy are typically portrayed in television. Mimi-Rose is calm and composed, offering no tears, regret, or justification. When Adam demands to know if it was a boy or girl, Mimi-Rose refuses to engage in emotional warfare and says, 'It was a ball of cells. It was smaller than a seed pearl. It didn't have a penis or a vagina' (Season 4, Episode 6, 'Close up'). Confused and angry, Adam continues yelling, 'I don't understand how you could do something like that without talking to me first ... It's, that's, evil!' Mimi-Rose looks at him and nods twice, before responding, 'You're right. You don't understand'. While one reading of this scene is to label Mimi-Rose as postfeminist for her independence, failure to consult with Adam about her decision, and seemingly casual, consumer attitude toward abortion, in the US political climate where legal abortion is continually restricted and threatened, this portrayal of a woman refusing to be shamed for choosing abortion also reads as powerfully feminist.

## CONCLUSIONS

Sometimes, medical accuracy is sacrificed for brevity or humour, as in the case with herpes testing in *2 Broke Girls*, but the inclusion of examples of female characters addressing sexual and reproductive health concerns in television comedy may have constructive effects, in addition to being 'relatable'. Fewer than half of US states require sex education in public schools (Guttmacher Institute, 2014). Thus, television characters getting tested for HPV and herpes and accessing contraception and abortion serves as a source of basic health information for a largely uninformed

audience. The portrayal of these issues as unexceptional events reduces the shame, fear, and stigma that frequently accompany these topics and other aspects of sexual health. Even when the medical information is incomplete, audiences may still derive these benefits. They may be inspired to seek additional information from other sources.

The postfeminist sensibility of this genre of television for women and its neoliberal values remain in place and the reification of gender difference and importance of individualism places responsibility for birth control and for STI awareness, testing, and treatment on the shoulders of young women. These independent, postfeminist, heterosexual women of television comedy, like their viewers, live in a neoliberal, sexualised world, where sexual autonomy means also being responsible for not-so-independent (heterosexual) men who can't be relied upon to carry and use condoms or to know they may be carriers of HPV even if they can't be tested. This likely increases 'relatability' of the characters, making them easier for young women to identify with and making it possible for these programmes to work as entertainment-education about sex and reproductive health *and* about gender politics. Moyer-Gusé (2008) posits that greater identification with characters and greater narrative involvement, combined with less explicitly persuasive messages, are likely to produce more effective intentional educational effects. I suggest that unintentional educational effects are equally likely and these shows are reproducing cultural memes and ideals. Postfeminist television may be making up for inadequate sex education, but postfeminism is no substitute for real feminist politics and gender equality.

**Acknowledgements** The author wishes to thank Patty Chantrill, Imelda Whelehan, Meredith Nash, and Lyn Millett for valuable feedback on previous drafts of this chapter.

## NOTES

1. In a recent screening of clips from this episode in my Gender and Media class, I discovered that this is true of students at my university. Many did not know what the cervix is, which led to an impromptu sex education lecture.
2. Lampshade hanging refers to the common television, film, and theatre trope of making explicit reference to audience's willing suspension of disbelief. It lets the viewer know that the author knows there is an unrealistic gap in plot development or that they're in on the joke (Lampshade hanging, [n.d.](#)).

## REFERENCES

- American Society for Aesthetic Plastic Surgery. (2013). Cosmetic surgery national data bank statistics. Retrieved from [http://www.surgery.org/sites/default/files/Stats2013\\_4.pdf](http://www.surgery.org/sites/default/files/Stats2013_4.pdf).
- Azad, S. (2012, April 28). *Girls* on HBO: Finally a realistic show for women about sex, STDs, and body image. *Arts.Mic*. Retrieved from <http://mic.com/articles/7625/girls-on-hbo-finally-a-realistic-show-for-women-about-sex-stds-and-body-image>.
- Carroll, R. (2012, April 20) White girls, big city: What HBO's new show misses. *The Daily Beast*. Retrieved from <http://www.thedailybeast.com/articles/2012/04/20/white-girls-big-city-what-hbo-s-new-show-misses.html>.
- Carroll, R. (2014, October 24). Lena Dunham's race problem. *Gawker*. Retrieved from <http://gawker.com/lena-dunhams-race-problem-1649933383>.
- Centers for Disease Control and Prevention. (2012, February 23). HPV and men - Fact sheet. Retrieved from <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>.
- Centers for Disease Control and Prevention. (2014, March 20). Genital HPV infection – Fact sheet. Retrieved from <http://www.cdc.gov/std/hpv/stdfact-hpv.htm>.
- Chen, E. (2013). Neoliberalism and popular women's culture: Rethinking choice, freedom and agency. *European Journal of Cultural Studies*, 16, 440–452.
- Collins, R.L., Elliott, M.N., Berry, S.H., Kanouse, D.E., & Hunter, S.B. (2003). Entertainment television as a healthy sex educator: The impact of condom-efficacy information in an episode of *Friends*. *Pediatrics*, 112(5), 1115–1121.
- Daley, E., Ellen, M., Perrin, K., McDermott, R.J., Vamos, C.A., Rayko, H.L., McFarlane, M. (2010). The psychosocial burden of HPV: A mixed-method study of knowledge, attitudes and behaviors among HPV+ women. *Journal of Health Psychology*, 15, 279–290.
- Dries, K. (2013, June 10). Lena Dunham helps fan get an 'all adventurous women do' tattoo. *Jezebel*. Retrieved from <http://jezebel.com/lena-dunham-helps-fan-get-an-all-adventurous-women-do-512263853>.
- Garend, M., & Magloire, Z.F. (2008). Awareness, knowledge, and beliefs about human papillomavirus in a racially diverse sample of young adults. *Journal of Adolescent Health*, 42, 237–242.
- Getting tested for herpes. (2010, August 27). *New York Times*. Retrieved from <http://consults.blogs.nytimes.com/2010/08/27/getting-tested-for-herpes>.
- Gill, R. (2007). Postfeminist media culture: Elements of a sensibility. *European Journal of Cultural Studies*, 10, 147–166.
- Gill, R. (2008a). Empowerment/sexism: Figuring female sexual agency in contemporary advertising. *Feminism & Psychology*, 18, 35–60.
- Gill, R. (2008b). Culture and subjectivity in neoliberal and postfeminist times. *Subjectivity*, 25, 432–445.

- Goodman, T. (2011, October 24). The sorry state of *2 Broke Girls*: Racism and lame sex jokes. *The Hollywood Reporter*. Retrieved from <http://www.hollywoodreporter.com/bastard-machine/sorry-state-2-broke-girls-252579>.
- Guttmacher Institute. (2014). *State policies in brief: Sex and HIV education*. Washington, DC: Guttmacher Institute.
- Hall, S. (1967). Cultural analysis. *Cambridge Review*, 89, 154–157.
- Khan, N. (2015, February 23). Nope, you really can't say that: My love/hate relationship with *The Mindy Project*. *Media Diversified*. Retrieved from [https://mediadiversified.org/2015/02/23/nope-you-really-cant-say-that-my-lovehate-relationship-with-the-mindy-project/#\\_ftnref2](https://mediadiversified.org/2015/02/23/nope-you-really-cant-say-that-my-lovehate-relationship-with-the-mindy-project/#_ftnref2).
- Kissling, E.A. (2013). Pills, periods, and postfeminism: The new politics of marketing birth control. *Feminist Media Studies*, 13, 490–504.
- Kissling, E.A. (2014). What does not kill you makes you stronger: Young women's online conversations about quitting the pill. In M. Nash (Ed.), *Reframing reproduction: Conceiving gendered experiences* (pp. 236–250). Basingstoke: Palgrave Macmillan.
- Licht, A.S., Murphy, J.M., Hyland, A.J., Fix, B.V., Hawk, L.W., & Mahoney, M.C. (2010). Is use of the human papillomavirus vaccine among female college students related to human papillomavirus knowledge and risk perception? *Sexually Transmitted Infections*, 86, 74–78.
- Lotz, A. (2001). Postfeminist television criticism: Rehabilitating critical terms and identifying postfeminist attributes. *Feminist Media Studies*, 1(1), 105–121.
- Lyons, M. (2012, January 20). The sitcom season in rape jokes. *Vulture*. Retrieved from <http://www.vulture.com/2012/01/rape-jokes-sitcoms-broke-girls.html>.
- McRobbie, A. (2004). Post-feminism and popular culture. *Feminist Media Studies*, 4(3), 255–264.
- McRobbie, A. (2008) Young women and consumer culture. *Cultural Studies*, 22, 531–550.
- Moyer-Gusé, E. (2008). Toward a theory of entertainment persuasion: Explaining the persuasive effects of entertainment-education messages. *Communication Theory*, 18, 407–425.
- Moyer-Gusé, E., & Nabi, R.L. (2011). Comparing the effects of entertainment and educational television programming on risky sexual behavior. *Health Communication*, 26, 416–426.
- Moyer-Gusé, E., Chung, A.H., & Jain, P. (2011). Identification with characters and discussion of taboo topics after exposure to an entertainment narrative about sexual health. *Journal of Communication*, 6, 387–406.
- O'Regan, K. (2013, January 26). Labiaplasty, part I. *Guernica*. Retrieved from <http://www.guernicamag.com/daily/kirsten-oregan-labiaplasty-part-i/>.
- Pariera, K.L., Hether, H.J., Murphy, S.T., de Castro Buffington, S., & Baezconde-Garbanati, L. (2014). Portrayals of reproductive and sexual health on prime-time television. *Health Communication*, 29, 698–706.

- Pazol, K., Creanga, A. A., & Jamieson, D.J. (2015). Abortion surveillance - United States, 2012. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6410a1.htm>.
- Sandfort, J.R., & Pleasant, A. (2009). Knowledge, attitudes, and informational behaviors of college students in regard to the human papillomavirus. *Journal Of American College Health*, 58, 141–149.
- Tuana, N. (1996). Fleshing gender, sexing the body: Refiguring the sex/gender distinction. *The Southern Journal of Philosophy*, 35, 53–71.
- TV Tropes. (n.d.). Lampshade Hanging. Retrieved from <http://tvtropes.org/pmwiki/pmwiki.php/Main/LampshadeHanging>.

**Elizabeth Arveda Kissling** is a Professor of Women's Studies and of Communication at Eastern Washington University in the US, with research interests in women's health, sexuality, and feminism. She is especially interested in how these issues are represented in mass media and the relationship between media and subjectivity. Kissling is the author of *Capitalizing on the Curse: The Business of Menstruation* (2006, Lynne Rienner Publishers), and numerous scholarly articles. Her most recent work has focused on examination of postfeminism in media representations of women's reproductive health. More information about her research and other projects can be found at [drkissling.com](http://drkissling.com).