



## The representation of health care services in Mexican television: potential consequences for health subjectivities

La representación de servicios de salud en la televisión mexicana: potenciales consecuencias en las subjetividades en salud

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**ABSTRACT** The objective of this paper is to analyze the representation of health services in Mexican television, considering that television plays an important role in the production and reproduction of the social meanings of health. A descriptive study analyzed the contents of 672 hours of continuous television (media flows) broadcast in Mexico in 2011, examining advertising, television shows and newscasts. The analysis of all these messages shows that the representation of private care services predominates. When public care services are mentioned, the communication is mainly regarding the *Seguro Popular de Salud* [Popular Health Insurance, for those with low incomes], while the social security model of care is underrepresented. We therefore conclude that television favors the two first models of health care. This kind of representation could hold potential consequences for health subjectivities.

**KEY WORDS** Communications Media; Television; Health Care (Public Health), Advertisements; Mexico.

**RESUMEN** El objetivo de este trabajo es analizar la representación de los servicios de salud en la televisión mexicana, considerando su participación en la producción y reproducción de significados sociales sobre salud. Se realizó un estudio descriptivo que analizó los contenidos de 672 horas de televisión continuas (flujos mediáticos) en México, emitidas en el año 2011, y revisó publicidad, programas de televisión y noticiarios. Como resultado del análisis del conjunto de mensajes se observó que en los contenidos se representan principalmente servicios privados de salud; cuando aparecen servicios públicos, predomina la comunicación sobre el Seguro Popular de Salud; y el modelo de servicios menos representado es el de la seguridad social. Se concluye que la televisión favorece a los dos primeros tipos de servicios de salud y diluye la importancia de la seguridad social. Este tipo de representaciones de los servicios tiene potenciales consecuencias en las subjetividades en salud.

**PALABRAS CLAVES** Medios de Comunicación; Televisión; Atención a la Salud; Anuncios; México.

## INTRODUCTION

This work analyzes the representation of health services in Mexican television. It proposes that the representation of health services in television impacts both the collective concept of health and care and the perception of the options the Mexican society has to address and deal with health issues.

The aim of this work is to compare the visibility of three different health care models: social security, *Seguro Popular de Salud* (SPS) [Popular Health Insurance] and private health care services. In Mexico, since the creation in 1943 of the Mexican Social Security Institute, the social security institutions have been the main health care model in terms of the services and extensive coverage provided. However, after the first and second generation of reforms to the health care system, the social security model of care has been weakened and undermined both financially and with regard to other types of resources<sup>(1,2)</sup>; public efforts have been aimed at promoting affiliation to the SPS, an insurance model based on payment capacity that includes a subsidy for individuals with the very low incomes. Although private health care systems serve a minority of the population through individual health insurance or as an employment benefit – between 2.8% and 5.9% of the population<sup>(2)</sup> – they provide health care services funded by public resources, through the SPS and, after the different amendments to the Social Security Act,<sup>(3)</sup> also through social security entities.

Within this context, what is the representation of health care services in media contents? In this work we postulate that the scant representation of public health care services and the reduced visibility of social security in television may be understood as part of the strategies that intend to undermine their importance as health care models in Mexico.

## Social construction of health and communication

The health-disease-care process (HDCP) is socially and historically constructed. During the 20<sup>th</sup> century, the concept of health went from being understood simply as the absence of disease in individuals to later as a complex and wider concept related to the full exercise of economic, social and cultural rights of people and communities and thus, to the responsibility of the States as guarantors of their citizens' health. Health and disease are not only scientific but also political definitions<sup>(4)</sup> that depend on the social and political context; that is, what is understood as health-disease-care in a specific time period is mediated by power relationships. Therefore, HDCP is related to the correlation of the forces and powers that participate in its definition. In this sense, it could be argued that certain discourses and conceptions of health define the type of organized social response to HDCP care.

Communications, discourses and representations have an impact on what is understood and accepted as health in a specific time period, that is, they participate in the symbolic dimension, which can be understood as an exercise of power. Briggs<sup>(5)</sup> has pointed out that *communicability in health* or *biocommunicability* implies mechanisms that construct and naturalize ideologies and practices, which are currently neoliberal. He argues that the model behind health practices is reproduced in the entirety of health communications, especially verticality and the establishment of hierarchies. Therefore, the author highlights the fact that, in turn, communicability creates power relationships as well as inequities, since it proposes social hierarchies and places individuals and populations in differentiated positions. Therefore, he suggests conceptualizing communications as “hegemonic communicability models,” following Menendez' approach regarding the hegemonic medical model.<sup>(6)</sup> From this perspective, communications take place within a framework of hegemonic production and reproduction, which constructs specific

views on health overall, on health concerns and on the definition of healthcare responses.

Thus, communications function as ideological systems that signify and resignify health-related aspects. Several authors concur regarding this function of communications, for example, when communications restrict the impact of social inequities affecting health to an issue related to bad individual choices<sup>(5,7,8)</sup>; when they individualize responsibility for health and, rather than promoting health, they punish differences<sup>(9)</sup>; or when they discuss acceptable or unacceptable behaviors in society.<sup>(9,10)</sup> Furthermore, communications have diverse ethical implications concerning health, such as misinformation, promotion of products or treatments lacking scientific validation or misrepresenting medical authority, promotion of health as a commodity and not as a social right, the violation of privacy and intimacy,<sup>(11,12)</sup> among others.

If we consider that the object of health disciplines consists of “the problems, representations and action strategies arising during the course of social reproduction,”<sup>(13 p.23)</sup> understanding how the concept of health is constructed in society includes focusing on communications media, given the growing importance of technologies and mass communications media in everyday life.<sup>(14,15)</sup>

### Television, subjectivities and health

There is wide consensus regarding the idea that mass communications media participate in symbolic construction, production and reproduction as well as cultural and ideological transmission. As social structures, they provide frameworks for the socialization of social meanings, as well as cognitive frames and contexts for the perception of social reality.<sup>(16)</sup> Moreover, they produce “the reality effect”<sup>(16)</sup> by creating a media vision of what they describe, which is oriented by specific perspectives of reality.

Although media effects are not direct and verifiable in individual behaviors in terms of stimulus-response,<sup>(17,18)</sup> and several mediations are involved in communication

processes,<sup>(19)</sup> the privileged position of media is acknowledged in society in the creation of meanings to influence the public agenda and to define explanations and perspectives on the events.<sup>(17)</sup> Communicating health information through television places the issuers or producers of communications in a dominant position to impose their cultural and symbolic productions. This means that they participate with greater influence in the reproduction of social relationships of domination because they occupy the space of legitimacy.<sup>(20)</sup> Although the media are not omnipotent and do not produce what exists, they occupy the best possible social position to transmit meanings, and from that position they exert dominance.

While studying the reception of media, Orozco<sup>(21)</sup> argues that audiences are made and not born; they are subjects “that are gradually constituted”<sup>(20)</sup> and, although they are not passive receptors, they have specific references for the construction of collective subjectivities. For example, the media play a decisive role in the processes that involve gaining public consent<sup>(22)</sup> and assigning an important position to social issues as part of public issues.

The media also play a key role in the health care field. Most people in countries with strong media penetration obtain a significant share of the health information available from the mass media.<sup>(14)</sup> Studies conducted in North America and Europe point out the fact that for each person obtaining health information from health providers, two get it from the radio and 15 from television.<sup>(23)</sup> In Mexico, children over the age of 12 devote 59% of their free time to mass media consumption,<sup>(24)</sup> mainly television. In the year 2009, 95.1% of households had a television set.<sup>(25)</sup>

Due to its great influence in Mexico and Latin America, television is part of the mechanisms of social reproduction, that is, of those mechanisms that ensure the reproduction of existing structural and symbolic social relationships. Mass communications are currently a condition for the very existence of symbolic power. And health, as part of those communications, is a territory under dispute.

## Neoliberal reforms to the health care system and media communication

The transformations in Latin American healthcare systems, starting with the reforms of the structural adjustment period and the significant cuts to public spending/expenditure in social services,<sup>(26)</sup> brought about important changes in the social conception of health. Berlinguer<sup>(27)</sup> states that the reforms meant abandoning the health goals of previous decades and Laurell<sup>(28)</sup> refers to this moment as the transitional period in which health became a commodity rather than a social right:

...the neoliberal era had started, a school of thought that analyzed health care as a source of economic investment, criticized public health as an obstacle that hindered private initiative, disregarded the value of common goods, and passed the control board from the WHO to other international agencies: the World Bank, the International Monetary Fund and the World Trade Organization. After the 1980s, the goal of universal health care practically vanished from the political horizon. The idea that it could become a development goal, a multiplier of human resources and a priority of public policies was replaced almost everywhere by the opinion that universal public health care systems were a burden on the State finances and an obstacle to wealth creation.<sup>(28 p.8)</sup>

Mexico was no exception, and the reforms partly managed to dismantle the social security system, which since then has been considered in the mass media discourse as an economic burden on the State. However, in the years when the reforms started, it was not possible to fully undermine the social security system, as Tamez and Eibenschutz stated<sup>(1)</sup>; during the 1980s the *Instituto Mexicano de Seguro Social* (IMSS) [Mexican Social Security Institute] was the most powerful health care and social security organization in Mexico: it provided health insurance coverage to about 50%

of the population. By 1990, 56.7% of the population was receiving social security coverage, while 43.3% was not covered by health insurance<sup>(29)</sup> and received health care services from institutions within the Secretariat of Health.

In contrast to Chile and Colombia, where mandatory health care insurances operate as funding mechanisms for paying the costs of the health services offered by both public and private providers, Mexico supports a health care system that, despite being characterized by segmentation and fragmentation, includes mandatory and public occupational social security.<sup>(2)</sup> However, in 2004, the SPS a basic healthcare package with voluntary affiliation for the population not covered by social security, that is, not included in formal occupational schemes, was created. The SPS was initially introduced into the public healthcare infrastructure of the Secretariat of Health, thus becoming one of the largest reforms to the public sector, which had traditionally provided care to those not eligible for social security.

The SPS is a universal health insurance plan that provides coverage for "basic health interventions to all the Mexican population in response to priority needs."<sup>(30 p.332)</sup> It is financed by contributions from federal and state governments as well as from affiliates' premiums, starting from certain socioeconomic levels, and excluding from payment the four deciles with the lowest income in the country. The healthcare package offered by the SPS is not as good as those offered by the social security scheme and excludes coverage for several high-cost diseases.<sup>(2)</sup> As a health care model it has no better health indicators than the IMSS.<sup>(2,31)</sup> Moreover, it represents a significant change from the concept of solidarity in health, intergenerational social security and State support, towards an individual insurance scheme.

In the year 2011, the population covered by social security accounted for 45.5% of the total, while uninsured individuals represented 54.5%,<sup>(29)</sup> which illustrates the precarization of employment (less access to formal employment) and the strategy of the Mexican

government to replace social security by a basic health care scheme providing much more limited coverage.

Along with the introduction of reforms to the healthcare systems in Latin America, which caused great crisis in social security in the continent, the media gained preponderance and became key actors in the process first known as transnationalization and then as globalization.<sup>(32)</sup> During the lost decade of 1980, the communication industry was one of the few that could develop and flourish in Latin America. Martín-Barbero highlights the fact, that, particularly, the media experienced such growth by following the flow of the market, with little government participation and intervention: “in fact, by undermining the sense and potential of that intervention; that is leaving no real floor for the public sphere and public service, and increasing monopolistic concentrations.”<sup>(32 p.176)</sup> From the supremacy of transnational powers, we can speak of the “hegemony of a rationality that desocializes the State and legitimizes the dissolution of the public sphere.”<sup>(32 p.177)</sup> Thus, the State, originally the guarantor of collective political rights, becomes a guarantor of private interests. In this sense, the communications constitute structuring mechanisms that directly participate in redefining and remodeling the State, encouraging it to detach itself from its public functions.

It is possible to observe how these mechanisms operate in the case of health care in the contents of the Mexican television, in order to propose and highlight specific health care models. Since the reforms seek greater participation of the private sector and a reduction of the State in the provision of health care services by maintaining the SPS scheme only for those individuals who cannot afford to pay private services, the media contents constitute a correlate of these goals, with social discourses that may have an effect on collective subjectivities. The analysis of these contents is, therefore, the first step to understand them.

## METHODOLOGY: ANALYSIS OF MEDIA FLOW CONTENTS

Content analysis, a classical technique that analyzes mass communication products,<sup>(33,34)</sup> may be understood, in an analytical sense, as a process of deconstruction and subsequent reconstruction: in order to access the totality it is necessary to separate its parts and to select a form of reconstructing them in such a way that light may be shed on their relationships and dimensions as a whole.

Based on these considerations, content analysis was designed using the concept of *media flows*,<sup>(35)</sup> which seeks to recover the totality and complexity of television contents. Media flows are the entirety of broadcast messages on television, given the fact that television broadcasts are uninterrupted and interrelated. Broadcast contents on television may be addressed as a whole with ontologically different levels or “strata”<sup>(13)</sup> operating in conjunction. In this sense, they consist of their parts but are greater than the sum of those parts: they involve their articulation and relationships. The term *media flows* seeks to represent TV broadcasts as a complex, multidimensional and interrelated totality, an endless flow of media communication that is inter-articulated with itself and its audiences.

The data matrix for content analysis was constructed according to Krippendorf,<sup>(36)</sup> who proposes the design of sampling units (periods and channels), recording units and context units; he highlights the relationship that exists among these units and the different possibilities of analysis that they imply. The proposal of relating the units coincides with the concept of media communication as complex interrelated flows targeting specific audiences.

The sampling units constitute the corpus of the research: two periods of one week each were selected, fourteen days of continuous TV broadcasts (672 hours) on each of the channels holding the largest audience share in Mexico (Channel 2, *Canal de las Estrellas* or Channel of the Stars, of Televisa;

and Channel 13, Azteca13, of TV Azteca). These two channels have national coverage and the largest audiences in Mexico,<sup>(37)</sup> they have particular impact on the Mexican culture (they are the main sources of popularly consumed soap operas) and exercise the greatest control on public interest information. The fourteen days under revision correspond to two different weeks: from October 3 to October 9 and from November 21 to November 27, 2011. The selection of weeks was randomized within a specific three-month period in 2011 (September, October and November). The three-month period was defined according to the feasibility to obtain the complete TV broadcasts, since they were the months closest to the initial date of the analysis. The field work and the content revision were carried out during 12 months, in the year 2012.

The recording units are minimal units of analysis, the most reducible segment of codifiable content.<sup>(34)</sup> Three major categories were defined according to the diversity of media contents:

- a. Advertising messages, mainly dealing with the health care market but including official advertising of public institutions. A total of 1759 different advertising messages that were repeated 21,258 times were identified.
- b) TV show episodes representing the world of entertainment and cultural consumption. A total of 399 TV show episodes were classified.
- c) Newscasts, which constitute the representation of public health problems. A total of 4719 news pieces from 62 newscast episodes were classified.

Table 1 includes the description of the analyzed contents. Since the media flow is continuous, it was necessary to know not only the kind of messages broadcast but how often they were repeated. Therefore, particularly in the case of newscasts and advertising, all the units were counted individually, and every repetition was considered an individual event. The results shown are

calculated over the total number of events: 4719 news pieces, 399 TV show episodes and 21,258 advertisements.

The criteria used to classify the contents related to health were defined on the basis of the presence of media representation (verbal, textual or figurative) regarding what Juan Samaja<sup>(13)</sup> calls the "semantic field" of health: the practices and knowledge related to health, which have been historically introduced to "preserve the health of healthy individuals" and "to cure and recover the health of diseased individuals."<sup>(13)</sup> The author classifies the core concepts of the health sciences into four categories: "i) Health (normality), ii) Disease (pathology), iii) Cure (therapeutics) and iv) Preservation (prevention)."<sup>(13)</sup> These same categories were used to classify health communications, that is, everything dealing with or representing health, disease, therapeutics and prevention.

## RESULTS

### Healthcare models in television

In television, health is mainly represented in advertising and is particularly portrayed as a consumer product. Figure 1 highlights the little interest in health issues shown in the newscasts (Figure 1).

Table 1. Description of the contents analyzed from two Mexican TV channels with national coverage (Channel 2 and Channel 13). Weeks of October 3-9 and November 21-27, 2011.

Type of contents	Number
Hours of TV programming	672
TV show episodes	399
Newscasts	62
News pieces	4,719
Advertising	21,258

Source: Own elaboration

### Healthcare services

Healthcare services were neither mentioned nor represented in most television contents related to health issues during the analyzed period. Particularly, little information was provided in this regard in advertising (Table 2). Healthcare services are only represented in 27.7% of the advertisements and mostly focus on products promoting good health or treating diseases, in the case of commercial advertising (drugs, supplements, food, cosmetics); and in the importance of individual action and responsibility, in the case of public sector advertising (healthy lifestyles and to a lesser extent, educational health communications). That is, the communications seek to present solutions to recover or preserve health and just a few of these solutions, to be taken at the individual level, are related to using health care services.

TV show episodes exhibit the highest representation of health care services (67.6%): hospitals or doctors in the primary level of care, which are mainly private services. Contrary to advertising, the TV programming

Table 2. Contents according to representation of healthcare services, in two Mexican TV channels with national coverage (Channel 2 and Channel 13). Weeks of October 3-9 and November 21-27, 2011.

Contents	Represents healthcare contents	
	Yes (%)	No (%)
Advertising	27.7	72.3
TV shows	67.6	32.4
Newscasts	45.0	55.0

Source: Own elaboration

features conflicts related to health, whose outcomes may be positive (recovery) or negative (disease, confinement or death) and constructs moralistic narratives that show what must and must not be done to preserve or recover health. The TV programming is a type of content that is under the control of television broadcasting companies and the two channels that were studied produce

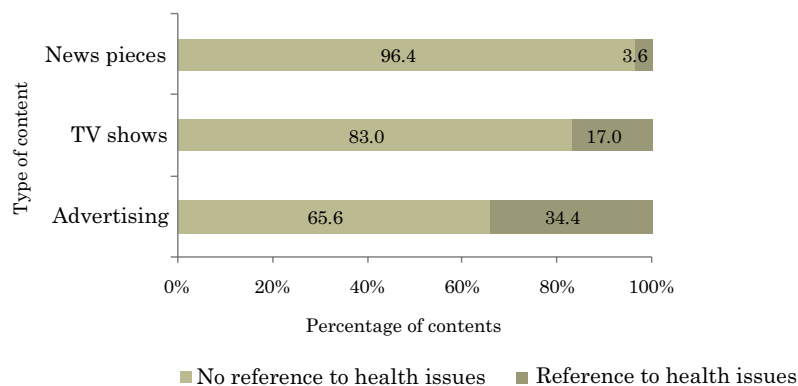


Figure 1. Percentage of contents referring to health, according to type of content, in two Mexican channels with national coverage (Channel 2 and Channel 13). Weeks of October 3-9 and November 21-27, 2011.

Source: Own elaboration.

Note: Advertising (n = 21,258); TV shows (n = 399); news pieces (n = 4,719)

their own programs, actively participating in the dissemination of their visions of reality.

Lastly, the health care services are mentioned or represented in almost half of the news about health; however, 45% is a very small figure that corresponds to only 76 news pieces. In the analyzed period, the newscasts show great achievements (new hospitals, new infrastructure, successful transplants) or address the issue of damages to human health. That is, they just show the progress or setbacks in health care and, in this sense, they describe the current state of affairs.

Although the representation of health care services is not consistent in the three types of contents analyzed here, it is in fact consistent in terms of the characterization of these services. Private health care systems are the most represented, especially in TV shows and advertising (Figure 2).

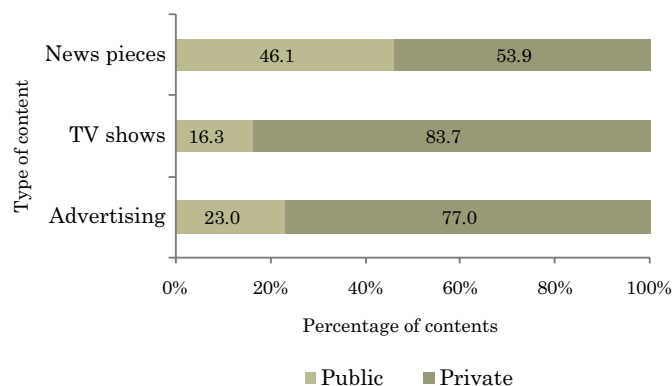
In the case of advertising, this can be explained because the bulk of healthcare communication is business-oriented. Of the 7,319 advertisements representing or selling health, only 9.7% (708) accounts for institutions of the public sector; however health care services are promoted in less than half of these messages (44.5%). The representation of

private care services predominates in the TV shows: 83.0% of the episodes show private care services, mainly represented by hospital and medical consultations. When public services are represented in the programming, they refer to the SPS.

### Private health care services

In commercial advertising, private health care services are mainly represented to support the effectiveness of the products in the health care market: physicians who recommend and endorse certain medicines, food-stuffs, hygiene products or cosmetics, either in hospitals, operating rooms or consulting rooms. Less than 5% of the messages are direct-to-consumer advertising of insurance companies and private healthcare providers; however, as a subsector they are represented in the advertising of other products.

The target of health contents in TV programming, particularly soap operas and morning shows, is the female audience. Different characters receive medical care, often in hospitals, and most of the episodes feature the moment when they pay the



**Figure 2.** Percentage distribution of public or private health care services, according to type of TV content in two Mexican channels with national coverage (Channel 2 and Channel 13). Weeks of October 3-9 and November 21-27, 2011.

Source: Own elaboration.

Note: Advertising (n = 2,024); TV shows (n = 46); news pieces (n = 76).



medical bill for the services that were provided. A recurrent story describing the situation of health care services is that of low-income children, suffering from a serious health condition such as cancer, an accident or needing a transplant, who are unable to afford the treatments, until they can finally do so thanks to acts of charity either from another character, generally belonging to a higher social class, who bears the costs involved, or from a private health care institution. The message emerging from these episodes is the concern regarding the *cost of the treatments* and the difficulties in paying for them, in scenarios in which there is neither a public health care system nor social security institutions covering the health needs of citizens. When there is no problem involved in affording the costs, the use of the private sub-sector is not questioned.

In the newscasts – the content which least addresses health problems – the representation of private health care services also predominates, although to a lesser extent. However, the line of demarcation between the public and the private spheres is much more complex for the audiences. For example, the opening of a Teleton Center for Child Rehabilitation [*Centro de Rehabilitación Infantil Teletón*] (CRIT) by a private health care institution for the care of children with disabilities received wide coverage during the period (14% of health care news). The former president of Mexico and the then Mayor of Mexico City were present for the opening event. The presence and support of these two government officials established a link with the public sphere, even though the centers of the Teleton Foundation are private health care services. In this case, the public support of private services is communicating the decision of the public sector to allow the private sector to publicly assume the treatment of disabled patients. Moreover, the news support private institutions providing health care services, which take advantage of the newscasts to present advertorials promoting products and services.

## Popular Health Insurance

It has been mentioned that the SPS is the most represented public service in television, since the aim is to universalize a public health care model offering a minimum amount of services.<sup>(2)</sup> Although the official advertising promotes two types of healthcare services, the SPS and the IMSS, the messages regarding the former more than triple the number of messages regarding the latter: 21.2% (152 messages) as opposed to 6.5% (46 messages). Concepts such as “the health of the Mexican people,” “right to health” and “access to health care services” are only mentioned in the SPS messages.

The SPS is also represented in the TV programming, although it is only mentioned in three TV show episodes (4.4% of the total), a soap opera, a financial show and a music show. In the former and the latter, the central message is to promote affiliation. In the financial show, the SPS is mentioned as part of a discussion on successful government programs.

The episode of the soap opera *Lo que callamos las mujeres* (21/11/2011, Azteca 13, evening time slot), which promoted the SPS, described the case of a “catastrophic illness,” that is, a severe and expensive disease – in this case leukemia – which affected two children belonging to the lower middle class. One of the families was affiliated with the SPS and received care and treatment for their son while the other, who was not affiliated, had to use private health care services; since they could not afford to pay the costs, they had no access to the treatment that would save their daughter, who would certainly die if left untreated. This episode aims to highlight the fact that if middle or low-income families are not affiliated with the SPS, they will be unable to afford the costs of this type of illness. It focuses on *treatment costs* and represents the SPS as *the only option* for people without economic resources to afford private health care services to access health care. The episode ends with family affiliation and as a result, the girl’s complete recovery.

The SPS is mentioned in the newscasts as part of a promotion campaign of the state of Puebla, in which the state governor announced the achievement of universal coverage. It is surprising that no criticism or claims are made about inefficiencies or other problems; only positive communications about the SPS are mentioned. Although the SPS is a type of public health insurance, it seems to be shielded from the usual media criticism of government policies.

### Social security

The concept of “social security” is not included in any of the advertisements broadcast by the public sector, despite the mandatory character of social security in formal employment and considering that at least 45% of the population is affiliated with the IMSS. Social security is not even mentioned in the official advertising of the IMSS, the contents of which focus on the communication of achievements (successful transplants, equipment upgrades, commitment to quality care), but emphasize neither its public character nor the fact that social security is a right of the Mexican workers.

Social security institutions in Mexico are not mentioned in entertainment programs or in health news. Therefore, it can be assumed that the concept of “social security” is never mentioned in public health communications during the analyzed period.

### CONCLUSIONS

The results of this research made it possible to observe some important regularities in the analyzed TV contents. The first is that in the contents promoting solutions (advertising), health care services are not central with respect to the products of the health market. The second regularity is that private health services are the most represented in the two TV channels analyzed, except when the shows try to promote affiliation with the SPS,

which appears as the only option available for those who cannot afford to pay for these services. The third is that social security is not represented as such, and only the IMSS is mentioned, with very little airtime. This was seen in both weeks analyzed, which despite not being consecutive nor within the same month, yielded similar results, indicating a regular content pattern.

The two TV channels analyzed highlight the existence of the health care market, which offers products and services with a diverse range of prices, in which health care services are not central, considering that they are not products. Moreover, emphasis is placed on the fact that there are problems in accessing health care when people cannot afford to pay for care and treatments (impossibility of accessing a transplant or a treatment), erasing the relationships that exist between health and society, living conditions, and the social determination of health. The solution is the SPS: the messages regarding this insurance – both in advertising and in the TV programming – consistently communicate that, thanks to this coverage scheme, the insured families will no longer have economic problems in accessing health care. Overall, the absence of references to social security and the overrepresentation of messages referring to the SPS lead to representing financing as the key problem of the health care services, which define the health care problems of the population as an issue related to the economic capacity of those who need health care.

This definition of public health issues related to health care is certainly poor and limited; however, it clearly communicates that health is an individual issue that each person should solve depending on his/her payment capacity. And for those not having such capacity, the State provides a solution: the SPS. This means that a collective vision of health needs is not advocated; all the problems are restricted to the possibility of paying the services in a market, which, from the start, does not and will never suit all pocketbooks.

That the conception of social security is excluded from the public space of the

media allows one to think that there exists a relationship between the constant measures seeking to completely dismantle this type of institutions, to integrate them into schemes of service subrogation to private providers<sup>(3)</sup> and the provision of basic health care packages, and the mass diffusion of media discourses representing the interests of the World Bank,<sup>(38)</sup> but also those of the Mexican State, which has fully adhered to its recommendations. Only in this way can it be understood that all public communication efforts concerning health are focused on the SPS, when in fact, it has been singled out as a program that accentuates social health inequities rather than correcting them<sup>(1,2,30)</sup> and that as a consequence of the neoliberal reforms, implies a step backwards in the rights gained by workers during the 20th century.<sup>(26)</sup>

From a human rights perspective, silencing this notion of a social security system based on solidarity is particularly deleterious, because it separates health care from workers' rights, fading out the State's responsibility to guarantee the right to provide health more amply. A contradiction may be observed between the Mexican reality and its representation in soap operas and fiction TV programs, since they fail to show that the IMSS is still an institution of great relevance in Mexico and that the workers of the formal private sector must be affiliated with this Institute according to law. However, the role of television probably consists of preparing the ground for future changes in the provision of health care services in Mexico, for which it is necessary to conquer its symbolic dimension. If this has not been achieved through the

criticism of the public sector, because there is still great social resistance to losing social security rights, it is worth thinking that a way of accomplishing this goal is by assigning priority to certain visions of health care models. Therefore, this analysis highlights the fact that the representation of health care services in television may be considered a form of communication holding potential consequences for the subjectivities of their audiences.

Perhaps even more than any other mass media, television constructs opinions and ideologies. Therefore, questions arise both over the effects of the exclusion of social security from health messages in Mexico, as well as with respect to the public health agenda, in a time characterized by the privatization of the public sphere and the permanent attempt to open up health care markets and to replace public health care models based on solidarity, such as the IMSS, with basic insurance schemes including packages of limited services. Questions have also been raised regarding the little mention made of public health care services, particularly as solutions or points of orientation, as opposed to a much higher representation of private health services. Bearing in mind the power relationships behind the production of messages and contents in Mexican television, there is concern that, in the future, there might be greater scarcity of contents regarding public health care services, unless they are about the SPS; that the exclusion of social security will be maintained and that there will be a much more open promotion of the private subsector. And that is certainly bad news for health in Mexico.

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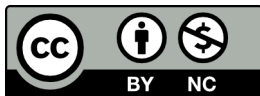
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