

Reinforcing Gender Stereotypes: A Critical Discourse Analysis of Health-Related PSAs in Hong Kong

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Abstract

Many scholars have investigated the effectiveness of health-related messages in public service announcements (PSAs). However, limited studies have executed macro-level analyses on the embedded ideologies in the health-related PSAs that might profoundly shape individuals' perception and behavior. In light of an ongoing transition of gender roles in society, this study examines the health-related PSAs in Hong Kong to provide insight into the portrayals of females and males and how these portrayals reflect gender ideologies. Critical discourse analysis is adopted as the theoretical framework to scrutinize both audio and visual elements from 67 PSAs. By employing discourse and content analysis, results of this study show how gender stereotypes are reinforced, which reflect a depiction of patriarchal values and behaviors. This study suggests that there is a masked patriarchal ideology beneath the discourse of public interest, albeit nuanced by a rising concern for increased gender equality.

Keywords: gender, stereotypes, public service announcements, critical discourse analysis, health

Introduction

Health communication is a growing field of study due to its high impact on the general public. Among the wide range of health communication, health-related public service announcements (PSAs) catch scholars' attention. Most of their works focus on evaluating the effectiveness of the PSAs (Kang, Cappella, & Fishbein, 2009; Keys, Morant, & Stroman, 2009; Shen, 2011) and identifying their framing strategies (Abrams, 2013; Baek, Shen, & Reid, 2013; Lang, Schwartz, Lee, & Angelini, 2007; Shen, Lee, Sipes, & Hu, 2012). However, macro-level analysis of obscured ideologies in the health-related PSAs has been very limited. Such inattention could profoundly and subtly affect individuals' social perception and behavior. Using critical discourse analysis, 67 health-related PSAs were reviewed in this study. This research investigates gender ideologies by providing insight on the portrayals of females and males in health-related PSAs in Hong Kong and how these portrayals reflect gender ideologies.

Literature Review

From social learning perspective, gender development involves the interactions of numerous social factors, including all individuals and social encounters. According to Erving Goffman (1976), a sociologist who has contributed enormously to the study of social interaction, gender role is a socially-shared concept. This concept is developed within individuals as a result of socialization and is correlated with biological sex (Goffman, 1976). These conventionalized portrayals of females and males are natural due to their repetitive representation in media and social interactions. Because of such exposure, individual gendered behaviors of females and males are consciously and unconsciously created, influenced and reinforced by interaction with such socialization agents as parents, peers, teachers, colleagues, or, as is the focus of this study, the mass media. Inevitably, people encounter countless messages from various media every day.

Though its exposure to such an extensive amount of media content in a society that might influence individuals' perception of gender appropriate roles, advertising works as a socialization agent that contributes to the development and perpetuation of gender stereotypes (Eisend, 2010; Schroeder & Zwick, 2004). It plays a significant role in mirroring current societal trends (Eisend, 2010), and its content is adopted by individuals to learn about normative expectations and to derive a sense of self (Jagger, 2001; Tomlinson, 1990). Thus, since the 1970s, a continuous scholarly interest has persisted in the study of gender portrayals in advertising.

The study of media portrayal of gender roles was first introduced by Courtney and Lockeretz (1971) in advertising. Results suggested that gender role stereotyping was widely used in advertisements. In most advertisements in Europe and America, the majority of advertisement actors are men (Furnham, Mak, & Tanidjojo, 2000). There were more men than women in advertisements (e.g., Furnham & Bitar, 1993; Furnham & Mak, 1999; Furnham, Mak, & Tanidjojo, 2000), and male voices were much more common than female voices (Gilly, 1988). Men were frequently featured as central figures (e.g., Furnham, Mak, & Tanidjojo, 2000; McArthur & Resko, 1975), and women were usually depicted as younger than men (e.g., Cheng, 1997; Kim & Lowry, 2005; Gilly, 1988). Female characters depicted were less likely than the males to be knowledgeable or to possess expertise (e.g., Furnham & Mak, 1999; McArthur & Resko, 1975; Siu & Au, 1997). They were more likely to be portrayed in non-working roles (e.g. Cheng, 1997; Kim & Lowry, 2005). Consistently, women were more likely portrayed in dependent roles, such as housewives, mothers, or even sex objects in media (e.g., Courtney & Lockeretz, 1971; Furnham & Li, 2008; Furnham & Mak, 1999; Gilly, 1988; Siu & Au, 1997; Zhang, Srisupandit, & Cartwright, 2009). They were frequently associated with social approval or traditional female products, such as home and body products (e.g., Furnham & Mak, 1999; Furnham, Mak, & Tanidjojo, 2000). In contrast, males were steadily portrayed in authoritative roles; such as breadwinners, managers, or professionals with masculine traits (e.g. strength, toughness, and unemotional) (Carter & Steiner, 2004; Good & Sherrod, 2001; Ickes, 1993).

As shown, an extensive amount of gender portrayal research has been conducted over the last thirty years in the United States and Europe. Comparatively, not much has been conducted in the Asia Pacific region. Previous studies showed that gender stereotyping exists in places around the world; yet it is differently presented in the media. Female stereotypes are steeped in Asian culture. Its media contents portray more gender stereotypes in its advertisement compared to European media content (Ahlstrand, 2007; Neto & Pinto, 1998; Zhang, Srisupandit, & Cartwright, 2009). For instance, Japanese females were more often shown in performing such tasks as cooking, cleaning and doing household chores than were American females (Sengupta, 1995). Compared to Chinese women, American women experienced more equality and less discrimination. Media in Asia tended to show more stereotypes than Western media. Researchers believed that the difference is mainly due to the influence of Buddhism, Confucianism and the long-standing traditional biased attitudes toward gender role and human relation in Asian societies (Hofstede, 1997, 2010; Kluckhohn & Strodtbeck, 1961; Zhang, Srisupandit, & Cartwright, 2009; Zhao, 1997). Hong Kong is a patriarchal Chinese society influenced by traditional Confucian values. Even though rapid transition of gender roles can be observed of late in terms of education levels, labor markets, management ranks and pay equity, women's identity in Asia is stigmatized as deformed and dependent upon the male identity (Fung, 2000). According to the Equal Opportunity Commission in Hong Kong (2008), the objectification of women in media is common, which leads to distorted aesthetic standards of low self-esteem and dissatisfaction with appearance (Equal Opportunity Commission, 2008). The results of a study by Fung in 2002 showed that Hong Kong women's identity is constructed and reinforced through magazine consumption. In a gender role comparison study of 14 countries by Furnham and Mak (1999), results showed that there were significant gender differences in advertisements in Hong Kong. Women are still predominately portrayed as more dependent, less authoritative, less professional and less opinionated than males in advertisements. Siu and Au (1997) also suggested that women are always depicted as housewives, mothers or sex objects in Hong Kong television commercials. They were usually shown as product users, while males are shown in roles of authority. Furnham and Mak (1999) made similar findings.

In view that only a few prior studies have discussed the gender representations and explored the gender ideologies that are embedded in the PSAs, and most of them employed gender-biased commercial ads as their primary research data, the present study focuses on investigating the gender neutral media content to unmask the gender ideologies beneath the discourse of public interest, albeit nuanced by a rising concern for increased gender equality.

Only health-related PSAs are included in this current study for three reasons. First, identifying message strategies in health-related advertisements has been the subject of increased research attention (e.g., Chong & Kvasny, 2005; Maibach & Parrott, 1995; Slater, 1999; Stephenson, 2002). The government of Hong Kong Special Administrative Region (HKSAR) has been actively promoting health-related messages in the last decade, in particular after the outbreak of SARS in 2003. Second, instead of analyzing commercial advertisements, health-related PSAs were chosen in this study, because they appear to be more gender neutral compared to other product and service advertisements, such as those dedicated to the sale of beer or cars, which show men as the primary targets (Furnham & Li, 2008). Biased gender representations in PSAs, therefore, should be minimal. Third, PSAs are government-funded public service advertisements or announcements that contain useful information for the general public. They frequently air in the two free-to-air television networks (9 channels) in Hong Kong all year round.

Methodology

This study adopts a qualitative research approach as it allows a better and more in-depth understanding of the collected data. A qualitative research approach is preferred in this study since there is a major criticism of quantitative research in the evaluation of gender roles. The research approach consisted of the use of critical discourse analysis (CDA). According to van Dijk (2001), CDA is “a type of discourse analytical research that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context” (p.352). Since CDA focuses on “how language produces and reproduces domination and abuse of power, engendering injustice and inequality” (van Dijk, 2001, p. 96), it parallels with the goal of this study; i.e. to examine the representations of females and males in the health-related PSAs in Hong Kong and to investigate the ideological effects produced by the PSAs’ portrayal of gender. CDA helps to provide in-depth reasoning about the social interaction of the produced and the hidden ideologies that are waiting to be exposed.

In accordance with the purpose of this study, the following research questions serve as the guidelines for analyzing the PSAs:

RQ1: How are females and males represented in the health-related PSAs in Hong Kong?

RQ2: How do the health-related PSAs reinforce or contradict the prevailing conceptions of gender in Hong Kong society?

To answer these questions, a discourse analysis is employed in this study. Discourse analysis has been widely used within cultural studies to uncover the encoded meanings in written, spoken, or signed language (Brown & Yule, 1998). It allows the researchers to gather information about how human beings make sense of the world, how members of a society or a subculture make sense of themselves and others, and how people fit into the context in which they live. This is especially suitable in the analysis of the PSAs, because discourse analysis seeks to get beneath of the surface at the denotative meanings and to examine more implicit, connotative, and symbolic meanings through the researchers’ interpretations.

As a prominent qualitative research method, this study also incorporated content analysis as a quantitative research method to compensate for the weaknesses of following only a qualitative paradigm. Content analysis is a social science research method to summarize any form of content by counting various aspects of the content. Including this method can provide factual, reliable data. It also allows the researchers to distance themselves from their personal interpretation in order to maximize the objectivity of this study.

Data collection

Data was collected from the HKSAR government official website (www.gov.hk). Under the HK government’s classification, a total of 75 health-related PSAs are found. After careful consideration, both researchers agreed to include only 67 PSAs in this study out of the 75 available PSAs (Appendix 1). Eight PSAs were discounted from the data set due to an unknown technical problem. Specifically, both researchers were unable to load the two PSAs online. One mentions a hand, foot and mouth disease, and the other talks about the prevention of Dengue Fever from the government’s website. In addition, one of the researchers was unable to load another six PSAs. Thus, this study intentionally eliminated the health-related PSAs that one or both of the researchers did not watch.

This study is not verifying and/or falsifying theory; the researchers are simply mapping different types of representations seen in the health-related PSAs in HK concerning gender portrayals in relation to the images and utterances presented in the collected data.

The data is gathered by watching the PSAs and taking notes of what is shown and spoken in the PSAs that are related to gender representations. Analysis began with both researchers executing open coding and writing analytical memos about the visual and verbal elements that reflect gender representations in each PSA. However, to make the analysis simpler, more consistent, and more organized to complete, both researchers analyzed only the images portrayed and the utterances made by the central figures in the collected PSAs. Similar to prior studies, central figures in this study were analyzed only if a person played a central role vocally, visually or both (Furnham, Mak, & Tanidjojo, 2000). After both researchers analyzed and described the central figures found in the PSAs, the analysis was followed by comparing responses and discovering elements that reflect stereotypical gender representations in the data (i.e. selective coding). To avoid biased interpretation and a limited amount of response, instead of using the developed pre-existing conceptualizations or coding categories, the researchers identified the core and related categorizes from the analytical memos and reached a consensus on elements that assisted in reaching the objective of this study.

By looking at the discursive aspect in the collected PSAs, both researchers agreed that three elements were prominently related to gender discourse: (a) voice-over; (b) credibility basis (Furnham & Bitar, 1993) of the verbal discourse; and (c) content of the verbal discourse. Under the (a) voice-over category, the researchers identified which gender had more voice-overs in the collected data. Under the (b) credibility basis category, the central figures' utterances were analyzed and classified either as (i) general public for those who were portrayed as primarily a receiver of the intended health-related message being advertised or (ii) authority for those who were depicted as a source of credible information concerning the intended health-related message. For the (c) content of the verbal discourses category, the researchers identified the discourses spoken in the PSAs that were influenced by gender-laden conceptions. Specifically, when discussing the results of the gender-laden verbal content of the central figures, the study will use a detailed description to describe the relevant dialogue to maintain an understanding of the scenes and to show the gender discourse.

In addition, this study looks at the images in the collected PSAs. Three different elements showed significant gender different portrayals. These three elements were (a) role, (b) location, and (c) engaging activity. Under the category of (a) role, the central figures were categorized according to the everyday role in which they were cast. Examples of roles coded included doctor, student, housewife, parent, etc. As for the (b) location, the central figures were categorized according to the location in which they were depicted. Examples of the locations coded were school, office, home, etc. For the category of (c) behavior or activity, the central figures were classified according to the behavior or activity in which they are were engaged. Examples of behavior or activity included playing basketball, cooking, reading newspapers, eating, etc.

Findings

The multidisciplinary research approach of this study allows investigation of audio and visual elements concerning the way that the Hong Kong Government constructs the intended health-related messages. This section will first describe the findings regarding the discursive elements, i.e. the utterances, followed by analyzing the visual elements, i.e. the images, employed in the PSAs.

Audio Element (utterances)

Three specific discursive elements from the discourses prominently reflect the gender ideology promoted in Hong Kong society by various representations of gender roles; these include: a) the use of voice-over, b) the credibility basis of the verbal discourse and c) the content of the verbal discourse.

a) The Use of Voice-Over

By doing a simple content analysis on the use of voice-over in the 67 health-related PSAs in Hong Kong, a total of 36 PSAs use voice-over. Among the 36 PSAs, female was less frequently being voice-overs (13, 36.11%); while male voice-overs comprised a larger proportion (21, 58.33%). Only two (5.56%) of the PSAs have a chorus voice-over (i.e. "Don't use medicinal products from dubious sources" and "Keeping a normal body weight" PSA). The chorus voice-overs were in all cases one man and one woman. Since chorus voice-overs have got a female and a male voice-over, this category is not included in this part of the analysis.

Profoundly, the results show that males do voice-over for a variety of health topics, while female voice-overs can be found only in limited health-themed PSAs. Male voice-overs in the PSAs mention different health messages that are related to diseases, including background information and preventive measures; health-related policies, such as promoting an elderly health care voucher scheme, a food safety ordinance, a smoking-ban in the open-air and in covered public transport interchanges, the imposition of a fixed penalty on smoking offences, and a nutrition labeling scheme; healthy living advice, including promoting regular exercise, dental health, and normal body weight; and environmental hygiene, such as keeping a clean home, eliminating rodents, preventing air-conditioners from dripping, and the like. In contrast, females function as a voice-over in only a few health themes, which include those PSAs that are related to eating habits, such as promoting the idea of eating fruits and vegetables, keeping a healthy diet, preparing healthy meal, and the like; and breastfeeding, promoting breastfeeding as the first step to lifelong health.

b) The Credibility Basis of the Verbal Discourse

In the 67 health-related PSAs, 257 central figures were identified by both researchers for further analysis. By listening to the central figures' utterances, the majority of these figures take the role of the general public (159, 61.87%), while 98 central figures (38.13%) are identified as an authority.

From the results, females and males have an almost equal opportunity to be a layperson in the society, such as, for example, an advice receiver or an individual with misconceptions, although females were slightly more likely to be portrayed (81, 50.94%) than were males (78, 49.06%).

Among the 98 identified authority figures, 57.14% were male (n=56) and 42.86% were female (n=42). These results show that a male was more likely to portray an authority (i.e. the one who disseminates the professional and suggested information or advice) than a female. For example, in the "Don't use medicinal products from dubious sources" PSA, the chorus voice-over that represents the authority was a male. The male voice-over says: "The drugs come from unknown sources. They can cause serious health consequences or even death! It's always better to seek professional advice." In contrast, the female voice-over in this PSA suggests the wrong advice. For example, when a girl asks, "Can I be slimmer", the female voice-over replies, "Absolutely! Just take this [the medicinal product]... you'll be slimmer in no time!" When a male figure asks, "I'm not as virile as before... What can I do?", the female voice-over, once again, encourages the wrong action by saying: "Just take these [the medicinal products], they'll do wonders!" Similarly, in "Keeping a normal body weight" PSA, the male voice-over is again chosen to be the authority, not the female voice-over. For instance, the female voice-over in this PSA comments to other female figures in the PSA: "You look slim and gorgeous... Have you put on weight recently... You're too fat now". The male voice-over then offers advice: "Does it really matter what other people think of your body shape... A balanced diet and regular exercise are the golden rules to achieve a normal body weight."

When the researchers facilitated an in-depth investigation of this result, among the 61 PSAs with authority figures, only 29.51% of the PSAs portrayed females as the only authority (n=18); e.g. "Living a healthy lifestyle starts with YOU"; "Make better choices, use nutrition labels"; "Nutrition labeling 1+7"; "5 keys to food safety"; "Safety tips on consuming shellfish", etc. In contrast, 44.26% of the PSAs depicted males as the only authority (n=27); e.g. "Slash the screen time – get active"; "Proper use of contact lenses"; "Protect yourself with a condom"; "Gum health"; "Prevent avian flu", etc. Although the remaining PSAs (16, 26.23%) had a female as an authority, they were accompanied by one or more males; e.g. "Elderly health care voucher scheme"; "Healthy rewards make healthy kids start smart with health"; "Safe use of antibiotics"; "Support organ donation"; "Prevent tuberculosis", etc.

c) The Content of The Verbal Discourse

Through discourse analysis, both researchers found utterances representing females and males as possessing stereotypic gendered attributes. Some PSAs imply that males are concerned for their accomplishments. For example, in the "Don't use medicinal products from dubious sources" PSA, the male central figure said: "I'm not as virile as before... What can I do?" This relates to male sexual accomplishment. Similarly, in the "Anti-mosquito measures (general public)" PSA, the male central figure, rather than the female, is designated as the one who solves the mosquito problem. In the PSA, after the investigation, the male central figure says: "Ah ha! I've figured it out! The answer is here!"

In contrast, females are always concerned about their physical attributes (e.g. body shape, appearance) in the health-related PSAs.

Specifically, in the “Healthy rewards make healthy kids start smart with health” PSA, a female central figure portrays a mother who tries to stop her child from overeating by saying: “Eating too much will make her fat!” Similarly, in the “Don’t use medicinal products from dubious sources” PSA, a female dressed as a princess is concerned about her figure. She says: “Can I be slimmer?” In the “Prevent air-conditioners from dripping” PSA, the female voice-over is preoccupied with physical attributes and says; “It messed up my make-up.”

The collected PSAs also indicate that males are more sensible and competent. First, males in the PSAs usually make the final decision and judgment. For example, in the PSA entitled “A clean home is a healthy home”, the father confirms the mother’s reminder by saying: “That’s right. It’s important to maintain personal hygiene and to keep your living spaces clean.” Similarly, in the “Prevention of Noroviral Gastroenteritis” PSA, the father verifies his daughter’s comment by saying: “That’s right! Always wash your hands after going to the toilet, or if you come into contact with vomitus or bodily wastes.” And in the “Prevent air-conditioners from dripping” PSA, the husband decided and advised his wife to “get a qualified technician to check and maintain [the air-conditioners] regularly.” Second, males are also correct misbeliefs, such as in the “Safe use of antibiotics” PSA, in which the male doctor corrects the mother’s misconception about using antibiotics. Third, males also offer reminders or advice in the PSAs from time to time. For example, in the “Prevent heat stroke” PSA, the male central figure offers his advice by saying: “When working outdoors, wear light-colored, loose clothing and a wide-brimmed hat.” In the “Prevention of animal rabies” PSA, the male voice-over warns the public: “Don’t smuggle dogs into Hong Kong... Do not buy pets from hawkers... Don’t feed stray dogs.”

In contrast, in the data, the health-related PSAs always portray females as ignorant and nosy by showing them asking questions, such as in the “Safe use of antibiotics” PSA, in which the mother in the PSA keeps questioning her doctor; seeking advice, such as in the “Follow three rules to eliminate rodents” PSA, in which the female host seeks the male expert’s advice: “Rodents thrive in a dirty environment. Let’s ask an expert how to get rid of them.”; and criticizing others, such as in the “Keeping a normal body weight” PSA, in which the female voice-over criticized: “You’re too thin now! You’re too fat now!”. Although, in some cases, females also offer reminders and advice as the males in the PSAs do, the frequency is rather low.

Visual Element (images)

Words play a central role in how human beings behave and think; yet images convey a great deal of information all-at-once, as a gestalt or a whole chunk of message. This study reveals that three main elements showed gender stereotypical representations in the health-related PSAs. These three elements are: a) role, b) location, and c) engaging activity.

a) Role

Of the 67 PSAs, 37 different depicted roles were identified among the 257 central figures. By looking at these 37 distinctive roles, unlike females, no males were portrayed as dependent. Females were always described as needing to be protected and relying on males. In contrast, males had the role of protector in the PSAs. For example, males always make the final decision, offer advice and reminders, solve problems and lecture their spouses to protect them from wrongdoing or misconceptions, etc. Thus, the females in the PSAs are always the receiver of the males’ protection.

Females were more likely to be portrayed as assistants, who provide support or help to others, or as caretakers, who take care of others, especially children, or even their homes. On the other hand, males were more likely to be depicted as professional (e.g. detective, expert, veterinarian, optometrist, etc.) or an authority (e.g. father, king, boss, etc.).

Besides, the results show that females were portrayed more frequently as risk-takers than males, and the risks that the females took were greater than males. For example, females were portrayed as drug-taker, a club girl, a smoker and a smuggler, while males were depicted as couch potato or a smoker.

In addition to pursuing careers, males were portrayed with occupational diversity. For example, males were portrayed as a seller in the market place, a construction worker, a waiter, a driver, a security guard, a businessman, and a medical professional, etc. However, females were usually depicted as an office lady, a nurse, or a teacher or simply as a housewife or a mother. By comparison, male roles were more technically oriented and more strength-demanding; while female roles were domestically oriented and caretaking-driven.

Although females were presented as an inspector, a role with authority, and a doctor, a professional role, such instances were very limited.

b) Location

From the data, males were depicted outside, while females were mainly portrayed in closed spaces. For example, the PSAs show males outside of commercial buildings, a construction site, a public area or a park. In contrast, females were portrayed in the kitchen, a market place, a supermarket, a school, a dining room, a baby's room, a classroom, or boutiques.

c) Engaging Activity

Likewise, the health-related PSAs transmit conventional ideas about what kinds of activities are appropriate for females and males. Both researchers identified from the PSAs that taking care of children, doing housework, doing grocery shopping, preparing food and cooking are habitual activities of females. These activities are repetitively shown in the various PSAs. Males are shown in the PSAs playing computer or TV games, watching TV, expecting food and relaxing in the living room.

In addition to engaging habitual activities, females and males in the PSAs are designed to participate in certain stereotypically gendered leisure activities. For example, the boy in one of the PSAs was depicted as learning to play the piano, while the girl was learning ballet. Males swim, play basketball, soccer, table tennis and badminton; while females do aerobics, dance, play hula hoop and volleyball. Note that only one gender is shown in the PSAs engaging in these; none of the PSAs show both genders participating in the same activity at the same time. Thus, a clear separation is shown, and these PSAs assume conventional and stereotypical female and male interests.

Discussion

The overall results of this study make it possible to conclude that the patriarchal values and behaviors in health-related PSAs of Hong Kong reinforce the predominant patriarchal ideology in Hong Kong society despite the limited instances of gender representation that are trying to balance gender inequality. The main conclusion to be drawn from the findings of this study is that gender stereotypes are reinforced by the government-funded PSAs by adopting a distorted depiction of male-dominated society, which does not echo the transforming trend in gender roles in Hong Kong. Notwithstanding the importance of the effectiveness of the health-related PSAs' strategies, both audio and visual elements employed in the PSAs that reflect the gender representations are problematic and stereotypic. The results of this study clearly indicate the existence of such stereotypic gender portrayals in several noteworthy respects.

The first of these, under the audio element, is the use of voice-over. Results show that male voice-overs comprised a larger proportion than female voice-overs. This result is consistent with prior studies, which showed that males often dominate as voice-overs (Ahlstrand, 2007; Bretl & Cantor, 1988; Furnham, Babitzkow, & Ugucioni, 1999; Furnham, Mak, & Tanidjojo, 2000; Furnham & Voli, 1989; Gilly, 1988; Manstead & McCulloch, 1981; Mazzella, Durkin, Cerini, & Buralli, 1992; Neto & Pinto, 1998). Marecek, Piliavin, Fitzsimmons, Krogh, Leader, and Trudell (1978) noted that a voice-over "typically imparts information to the viewers and, by implication, holds the role of expert" (p. 161). Thus, the distribution of female and male voice-overs in the Hong Kong health-related PSAs subtly implies that males are the experts, professionals, and/or authority, who are more persuasive than females in disseminating health messages for public interest.

Males not only outnumber females in voice-over in the health-related PSAs, but they also do voice-over for a variety of health topics, while females only do voice-over for limited health themes. Although there is no clear pattern with regard to the type of health-related PSAs that the Hong Kong government designated to male voice-over, female voice-overs are used to represent certain health behaviors or advice that are appropriate for or held by only females. Since, traditionally, females are always expected to be responsible for preparing food and meals, cooking, and taking care of others, especially children, the PSAs that are concerned with these themes incorporate female voice-overs instead of male voice-overs.

Second, by scrutinizing the utterances of the central figures in the health-related PSAs, this study has disclosed that males are frequently portrayed as the authorities on the health message being advertised. Within the PSAs, the study found that males are given the role of making a decision or rendering a judgment; they provide healthy advice; and they offer professional information via their utterances.

In contrast, females are depicted as the health message receivers. Since there is limited study of the gender role in PSAs, this result also corresponds with prior studies of gender representation in TV commercials. For example, McArthur and Resko's (1975) study found that males were typically an authority or expert on the advertising product or service, while females were almost always a product or service user or consumer.

Of course, females were presented as an authority in certain PSAs, in which they possessed a kind of expertise. However, females were more restrained when they were depicted as an authority in the PSAs. For instance, female central figures were typically an authority in the PSAs that advertised healthy diets and meals. Similarly, grocery shopping, preparing food and cooking were feminine habitual activities in health-related PSAs in which the Hong Kong government incorporated females as the authority. In addition, females acted as an authority in a limited theme of PSA, and female authority figures were often accompanied by one or more male authority figures. In such arrangements, the females were portrayed as less knowledgeable than the males, and the portrayal further implied that females are often dependent, unable to do things on their own, and need males to complete tasks.

Third, by scrutinizing the utterances of the central figures in the health-related PSAs, this study found that males were portrayed with a focus on their accomplishments, and females were portrayed with a focus on their physical attributes. Implicitly, the health-related PSAs transmitted conventional ideas about which males and females are usually preoccupied. From the utterances of the PSAs, females were preoccupied with their body shape, weight, physical appearance, etc. This media content strongly constructs a defined perfect standard to which females ought to aspire, which adds pressure upon females regarding their physical attributes while changing individual attitudes and behavior with regard to sculpturing and shaping a media-defined "perfect" appearance (Equal Opportunities Commission, 2009). Thus, the PSAs reinforce the prevailing, yet unhealthy, relationship between females and physical attributes via the normative stereotypical discourse that designates females as highly concerned about their physical appearance.

Under the visual elements, this study also found multiple aspects that reflect stereotypical gender representations. First, in general, the males in the PSAs always took up the roles of protector and hero (e.g. being a professional, an expert, an authority); while the females were the protected (e.g. parent, spouse, and homemaker). In another words, the females were dependent. Similar are the findings of Bretl and Cantor (1988), Furnham, Mal, & Tanidjojo (2000), Manstead and McCulloch (1981), Mazzella et al. (1992), and McArthur and Resko (1975), whose studies showed that females were more likely to have a dependent role in TV commercials, while males were more often depicted in autonomous roles. Although females in the PSAs were portrayed as dependent, care-taking is their major responsibility, a view that reinforces traditional gender ideologies in Hong Kong. The female characters in the PSAs spend time with a child or attending to his or her needs. Considering the representation of females and males in the PSAs, both genders in Hong Kong society are still expected to take up the cultural norms of gender roles prescribed for females and males.

Based on the roles portrayed by the genders in the health-related PSAs, this study revealed that the content tacitly condones gender stratification in economic activity. That is, the gender portrayals in the PSAs represent certain jobs as only appropriate for, or held by, females or males. This reinforces gender-based assumptiona in society. Although the male characters in the PSAs were related to a variety of occupations, such as blue-collar occupations (e.g. construction workers, drivers) and white-collar occupations (e.g. managers, professionals), no males were portrayed working in pink-collar careers, such as a teacher, nurse, or domestic helper. Vice versa, the females in the PSAs were prominently presented with such pink-collar occupations and in only a few instances were portrayed in white-collar careers (e.g. office lady). No females were depicted as working in blue-collar careers. This finding implies that females are comparatively weaker and not being able to manage manual tasks. Although some female characters in the PSAs stepped outside of their traditional roles and were portrayed as career women, many of the females were still portrayed as a housewife or a mother. Presenting a female as a housewife or a mother actually rejects the other possible roles and insists on the projection of the traditional female role imprisoned in the domestic sphere. This result showed the persistence of traditional beliefs concerning a female's domestic position in contrast to all of the progressive changes in Hong Kong society.

Intriguingly, this current study found that the female characters were relatively more likely than male characters to commit high-risk behavior in the Hong Kong health-related PSAs. For instance, the females in the PSAs were depicted as a drug-taker, a smuggler, and a clubbing girl, while the males were a "couch potato" and a smoker.

When comparing these roles between females and males, the female characters are associated with higher risk consequences in that, for example, being a drug-taker poses a greater risk of serious health problems and being a clubbing girl might involve exposure to sexual-transmitted diseases.

On the other hand, the characterization of a male character as a “couch potato” might risk excessive weight gain, although it could also lead to more long-term serious health problems, such as heart disease, diabetes, etc.

Conclusion

This study has not claimed generalization, but its aim is an in-depth analysis of cultural phenomena. It is observed from this study that the Hong Kong health-related PSAs reinforce the traditional and conventional gender ideologies by constructing female and male identities via various audio and visual elements. More importantly, these government-funded PSAs not only fail to eliminate the distinction between the genders within the dominant discourse of patriarchal culture in Hong Kong by allocating specific tasks and certain behaviors to feminine or masculine nature, they reinforce this distinction. Thus, these PSAs indirectly raise values that reinforce the traditional system of gender roles and the patriarchal ideologies in Hong Kong despite pressures for pursuing gender equality.

Although the use of gender stereotypes has decreased as stated in a prior study, traditional and transitional gender identities coexist in Hong Kong. According to the study on public perception of the portrayal of the female gender in the Hong Kong media executed by the Equal Opportunities Commission (EOC) (2009), females in Hong Kong today have “higher social status than the past and have more respect due to their multi-function roles, career achievement, independent financial status, education qualification, capability, as well as tough and aggressive character.” (p. 7) However, this study shows a gap between the perceived female images in media content, specifically in the gender-free health-related PSAs, and reality. Supporting the repeated claims from the prior study that gender-stereotyped portrayal in TV commercials still exists, the present study has shown that such gender representation is also applied in the PSAs.

In conclusion, gender stereotypes can play a crucial role in guiding and shaping attitude and behavior through an available bias. It is also important to note that biased media content leads many individuals to make inferences, because they are based on widely held stereotypes. Such stereotypical representations will encourage individuals to internalize the socially constructed image of femininity and masculinity presented in media content, thus helping to define femininity and masculinity, as well as acceptable gender roles. Hong Kong has opened up the opportunities for females to participate in different arenas, as the result of which the female voice in different discourses has become louder. Females now have a visible presence in the public sphere as businesswomen, politicians, police officers, professors, technicians, etc. Despite all of these gender role transformations in Hong Kong society, the government-funded health-related PSAs mainly represent traditional gender roles of females and males. Apparently, there are contradictions of gender identity between PSAs and society. This study suggests that the media, PSAs in particular, should present the real gender status and roles and should balance the representation of females and males along with an evolution of gender roles in the society in the future. Social marketers and policy makers should encourage non-gender biased messages in public announcement promoting gender equality. Advertisers should likewise discount the overuse of male-dominance to conform to social reality.

Appendix 1**The list of 67 studied Health-related PSAs in Hong Kong**

1	Anti-mosquito measures (property management companies)
2	Don't use medicinal products from dubious sources
3	Elderly health care voucher scheme
4	Keep food at safe temperature – Get the temperature right
5	Stay active, exercise for half an hour daily
6	Slash the screen time – Get active
7	Keep a healthy weight
8	Central obesity
9	Proper use of contact lenses
10	Healthy rewards make healthy kids smart with health
11	Living a healthy lifestyle starts with YOU
12	Commencement of food safety ordinance
13	Protect yourself with condom
14	Enjoy a smoke-free environment
15	Make better choice use nutrition labels
16	Safe use of antibiotics
17	Smoking-ban in open-air public transport interchanges
18	Turn and look for healthier food choices
19	Rehab needs neighbourhood support
20	Gum health
21	Regular participation in physical activity
22	Nutrition labeling scheme is now in effect
23	Nutrition labeling (1+7)
24	Clean tips for school children
25	Smoking ban in covered public transport interchanges
26	Fixed penalty on smoking offences
27	Prevent air-conditioners from dripping
28	Prevention of Noroviral Gastroenteritis
29	Smoking cessation – elderly smokers
30	Smoking cessation – female smokers
31	Care about your child's mental health (Boy)
32	Care about your child's mental health (Girl)
33	Support organ donation
34	Follow three rules to eliminate rodents
35	Love your teeth start flossing
36	Don't bring in raw meat, poultry or game
37	5 keys to food safety
38	Safety tips on consuming shellfish
39	"Eat smart" dishes
40	"Eat smart" restaurants
41	Thank you for supporting a smoke-free environment
42	Guard against infections always wash your hands
43	Smoke-free parks
44	Prevent heat stroke
45	Anti-mosquito measures (General public)
46	Smoke-free beaches
47	Enjoy fruit daily
48	Prevention of animal rabies

49	Prevent tuberculosis
50	Handle vegetables properly
51	Exercise more
52	Healthy lunch
53	Healthy snacks
54	A clean home is a healthy home
55	Keep water in your drainage traps
56	Prevent Avian Flu (Healthy lifestyle)
57	Prevent Avian Flu (Personal hygiene)
58	Prevent Streptococcus suis infection
59	Breastfeeding: The first step to lifelong health
60	Enjoy fruits and vegetables everyday (3)
61	Enjoy fruits and vegetables everyday (2)
62	Enjoy fruits and vegetables everyday (1)
63	Keeping a normal body weight
64	Prevention of Japanese Encephalitis
65	Prevent Avian Influenza (Good hygiene)
66	Prevent Avian Influenza (Don't touch live poultry)
67	Influenza Vaccination Subsidy Scheme 2012/13

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