

## RESEARCH ARTICLE

# Emergent gender myths: A social semiotic analysis of visual images in health communication for development

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### ABSTRACT

**Background:** Visual images are used to communicate health effectively, yet visual gender representation in the context of health is not well established as most studies focused on effectiveness, awareness, adoption, or behavior change.

**Objectives:** This study explored emerging gender myths in visual images used to communicate reproductive health, maternal health, family and nutrition, breastfeeding, and childcare with the premise that visuals may shape notions of gender roles and identities.

**Methodology:** Selected images from flipcharts produced by development communication practitioners were analyzed using Kress and Van Leeuwen's social semiotics (2006). Interpretive visual analysis was used to analyze visual impacts (denotation) and cultural meanings (connotation) by Barthes' Order of Signification, and gender roles and identity naturalized by the images.

**Results:** Images for health communication used more women as subjects relative to the topics that are primarily women's concern. The subject's gaze were indirect offered as items of information, showing a relation of symbolic equality, and implying that health topics are part of the social discourse. Visual impacts and cultural meanings of images uncovered myths that embody the roles, and identities, and social expectations of men and women in health. Emerging gender myths have to do with anatomy, mainly as basis for the role, identity, and expectations, especially of women as main actors in health.

**Conclusion:** This study reveals that gender roles and identities portrayed in health are still universal and are not historically and culturally contingent.

**Keywords:** *visual health communication, Barthes' mythology, social semiotic analysis, gender role and identity*

## Introduction

Visual images representing gender have direct and straightforward meanings that shape notions of gender roles and identities. Guided by Kress and Van Leeuwen's Social Semiotic Analysis (2006) and Barthes' Order of Signification (Chandler, 2007), this study explored emerging ideologies through gender myths in visual images in health communication [1,2]. Selected images were described in terms of the subject's gaze, framing and social distance, and angles. Interpretive visual analysis was employed to analyze the visual impact and cultural significance of the images, as well as to identify gender myths in the process.

Gender and development (GAD) is a development perspective and process that is participatory and empowering, equitable, sustainable, free from violence, respectful of human rights, and supportive of self-determination and

actualization of human potentials (UP Gender Guidelines, 2017) [3]. With calls for GAD research, this study focused on visual gender representations produced by the College of Development Communication in the past three decades. Studies in health communication have been on effectiveness evaluation, awareness, and media preferences in adoption or behavior change. Communication practitioners have yet to examine gender representations in the context of health communication.

One major issue in recent years is health and gender and intermix. Gender refers to the socially constructed differences between men and women. A conception or belief about gender, specifically, the roles and responsibilities of men and women, are created in the families, societies, and cultures. This also includes the expectations held about the

characteristics, aptitudes, and likely behaviors (femininity and masculinity) (UNESCO, 2003) [4].

In health-related visual images, portrayals show distinct patterns, observed to have more women than men. Further, women's bodies are portrayed with potential for intimate contact with other bodies as both seducers and nurturers (Petersen & Lupton, 1996) [5]. Men's bodies are homogenized, often portrayed as masculine and a perfect visual complement to a healthy body (Rubio-Hernandez, 2010) [6]. Gendered bodies are based on the reproductive anatomy and functions in the context of cultural expectations, and gender identity is the internal sense of one's own gender as male, female, or something else (APA, 2015) [7].

Visual representations of men and women reveal denotative and connotative meanings, which produce dominant ideologies of gender or gender myths. Denotation (visual impact) describes the definitional, literal, obvious, or commonsense meaning of a sign, while connotation (cultural meaning) is socio-cultural and personal associations (Chandler, 2007) [2].

Naturalized gender refers to ways of fortifying various social, cultural, political, or economic conventions by presenting them as part of the natural order (Daston, 1992) [8]. Repeated exposure to visual communication materials, specifically, in health, may shape or reshaped notions of gender as dominant ideologies emerge. The power of visuals can communicate development for social change or create awareness, educate, or influence behavior change. In a highly visual world, it is high time that visuals used for communication be critiqued using critical and feminist views.

## Methodology

Digital and print copies of flipcharts with 130 images were purposively selected considering the researcher's cultural beliefs and political interests in relation to gender and visual representations. Selection was based on the health communication projects by the College of Development Communication faculty and research staff with topics: reproductive health; breastfeeding; and childcare.

Visual analysis using Kress and Van Leeuwen's approach (2006) was used to describe the subject's gaze, framing and social distance, and angles [1]. Repetitive images relating to reproductive and family health and women's and men's presence in health were noted.

Interpretive visual analysis using Barthes' Order of Signification (Figure 1) was conducted to analyze visual

impacts (denotation) and cultural meanings (connotation). Connotation was a second 'order of signification', which uses the denotative sign (signifier and signified) as its signifier and attaches to it an additional signified [2,6]. Emerging themes relating to gender were drawn from the connotative meanings or myths seen as dominant gender ideologies.

## Results and Discussion

### *Social semiotic analysis: subject's gaze, framing and social distance, and angles*

Images as semiotic resources relating to gaze, social distance, and horizontal and vertical angles are the means to communicate image-maker and image-viewer relations based on Kress and Van Leeuwen's social semiotic approach to visual analysis (2006) [1]. It suggests the attitude that viewers take, which also relates with to gender roles and identity.

A majority of the images (102 out of 130) showed indirect gaze or offer. The subjects were "offered" as items of information, objects of contemplation, impersonally, as they were specimens in a display case. Images with male and female subjects not looking at the camera while doing housework, implying that the viewer is simply an observer of these actions. This is not the case of 'demand' images where the subject has 'eye contact' with its viewer and which represented that participants symbolically interacts with the viewer and has have imaginary relation with them (Kress & Van Leeuwen, 2006) [1].

Many medium shot images (46 out of 130) of reproductive health, childcare, and breastfeeding with 'far personal distance' suggest that viewers identify with the subject, though, not as 'intimate' as feeling like the subject is represented is like a friend or neighbor. It indicates that reproductive health is a serious matter and is part of social discourse. Framing and social distance was were based on Kress and Van Leeuwen's size of frame (2006), adopted from Hall's social distance (1966) [1,9]. Social distances are translated to the image by choices in size of frame from 'very close shot' to 'very long shot' (Torres, 2015) [10].

A majority of images with a horizontal angle had oblique points of view (88 out of 130) of the subject, implying that most health topics were considered private and very personal; hence, subjects should be viewed only from the sidelines. Oblique angle signifies detachment of the viewers with

intimate scenarios. Also, the frontal view was common among reproductive body parts. From the viewer's point of view, there was involvement with the subject/participant (Kress & Van Leeuwen, 2006) [1], as in the horizontal dimension, the frontal angle increased audience identification and involvement with represented participants who reduce sexual risk (Jewitt & Oyama, 2007) [11].

A majority of images (113 out of 130) showed the subject at eye-level, meaning there was a relation of symbolic equality. Frontal images of the man and woman's reproductive system showed illustrations of the male and female genitalia, which were shown either front or side view at eye-level. This was to clearly describe the parts and discuss how the two differed in terms of physical form and function. Eye-level means that there is a relation of symbolic equality between the subject in the image and its viewers (Kress & Van Leeuwen, 2006) [1].

#### *Visual impacts and cultural meanings of images*

Visual impacts and cultural meanings revealed six myths that embody the roles and identities of men and women in health. Four of these myths pertained to the woman or mother as the main actor in health as a nurturer and provider to her family and children; keeper of her household and the 'multitasker'; and the one responsible for her own health. The other two myths were of the man or father as physically strong and the 'hero'.

The mother as the nurturer and provider was revealed from the images of mother and child, and breastfeeding which denotings a mother who feeds and takes care of her children (Figure 2). It connotes the love and sacrifice of a mother to her children and family. To breastfeed and provide food and tender loving care is considered a woman's maternal agency. The maternalist breast-feeding advocacy reinforces gender stereotypes in arguing that caring is part of women's "nature" (Lee, 2013) [12]. A mother's love is often associated with comfort and relief, as mothers "kiss the pain away," and perform touch therapy to on babies. This relates with to classic experiments by Harry Harlow in the 1960s revealing the importance of maternal contact (Association for Psychological Science, 2018), and reinforced by parenting and motherhood literatures spotlighting how powerful a mother's love is as described in *The Power of Mother Love* (Hunter, 1999) [13,14].

On the other hand, the absence of the father in childcare is imposed by how health policies and health programs are designed and implemented. It was pointed out that primary

care is upheld for mother- and- child and very rarely, if at all, for father- and- child. This is also backed up by studies that if maternal care is addressed together with newborn care, then the chance for the baby's survival looks brighter (Garcia *et al.*, 2015) [15].

The myth of a woman as someone who can multitask was signified by the images of housework denoting that the woman is in-charge of the laundry and household chores, while also taking care of the children. It connotes a mother's role and sacrifices for her family. With major roles as wife and mother, she is expected to keep the house and at the same time, take care of her husband and children. This means that a woman can multitask and play multiple roles.

The myth of a woman's failure is as shameful was revealed from silhouette images denoting a woman in the "dark" because of her failure she failed to prevent unplanned pregnancy and postpartum depression after childbirth (Figure 3). It connotes shame for a woman to fail especially in taking care of herself. In a society where people consider virginity as something valuable, as it is linked to a woman's worth and to the avoidance of marital conflict (Manalastas & David, 2018), teenage pregnancy can be devastating. There is a social stigma among women who get pregnant out of wedlock (Natividad, 2013) [16,17]. Further, as represented using a silhouette image, post partum depression is not openly discussed. Often, the misconception of mental illness is something that "runs in the family." Thus, the stigma associated with "*sira ulo*" or "*topak*" [insane or crazy] includes suggests that the the family as the family has a history of mental illness, is one factor that may contribute to the mental problem (Post, *et al.*, 2018) [18].

The myth of menopause as aging gracefully was signified by the images of elderly women denoting that whether alone or with her peers, she is smiling, looking happy, and contented (Figure 4). It connotes that women are 'aging gracefully,' not depicting the real experiences of aging women. Menopause marks the end of a woman's menstrual cycle. It is a natural part of life;-- a biological process that happens in the late 40s or early 50s. Hot flashes caused by hormonal changes in the woman's body, isare the most commonly experienced symptom, although it varies in frequency and intensity (Kirk, n.d.) [19]. For women, menopause is also the end of their productive and reproductive stages. This may create feelings of inadequacy or dis-ability, as they 'suffer' the symptoms of the bodily/hormonal changes. In some cases, women in their menopausal stage feel depressed and withdrawn (Freeman, 2015) [20].

The myth of the man being physically strong was signified from by the images of a man and housework denoting a man doing repairs in the house, car, and appliances. It connotes a handyman who is physically strong and hardworking. Carpentry and mechanic and appliance repairs are tasks that are male-oriented according to what has been imposed by society. In the Philippines, early studies found that the husband's duties at home are minimal, and they do only do tasks that require physical strength such as repairs and those that relate to their breadwinner role (Guerrero, 1965) [21].

The myth of the father being the hero was signified by the images denoting a man or father who spends time with his wife and children (Figure 5). It connotes that a 'man's paternal agency' is not only to earn a living but also to entertain his children at home while the mother is busy with house chores. Further, the man depicted as a farmer about to go to the field represents a hardworking, industrious man who brings home the bacon. Regarded as the "*haligi ng tahanan*" [pillar of the house], the father, is like a hero, who is selfless, physically strong, and can provide for his family.

#### *Emerging gender myths*

Taking into account the visual impact and cultural meanings in relation to gender roles, and expectations, three emerging gender myths were identified: (1) biology is destiny; (2) men are stronger than women,; and; (3) health is a woman's concern.

The roles of men and women in health, have a biological basis. 'Biology is destiny' emerged as the roles were found to be assigned based on anatomy. In health communication, there are only two categories based on sex: male and female. Each category comes with a number of roles expected: --of a man to be the husband, father, and provider, and of a woman to be a wife, mother, and caregiver.

The male and female as portrayed in the images, are physically different. Health communication tackles the reproductive system under the reproductive health topic, of which a big chunk of the topic is family planning. This involves images of the male and female reproductive organs with illustrated parts, both external and internal, showing a big difference in their appearance.

Men and women's differences in physical strength wherein 'men are stronger than women' emerged in the

images that depicted the man's role as the breadwinner of the family, capable of hard labor or physical work. On the other hand, the woman's role is primarily to take care of her children, clean the house and backyard, and do the laundry. As told in the Filipino folktale entitled "*Si Malakas at si Maganda*" ["The Strong and the Beautiful"] the man and woman were named according to their attributes as 'strong' and 'beautiful', respectively.

The idea that women are the 'physically' weaker sex holds true in the portrayal of men and women in health as being weak and is associated with gentleness. In terms of bodily contact, it is quite a common experience that a mother's touch, for example, is soft and tender than a father's or a man's. The mere association of weakness with gentleness, softness, or tenderness makes the difference as to how women, especially mothers, are perceived. In the context of health, where mothers play an active role, being weak could also mean being 'motherly'. Hence, this could be the reason why women are perceived to be better caregivers than men. In one study, female respondents were more likely to focus on women's reproductive and caring roles, while male respondents were more likely to focus on how men were disadvantaged by their 'provider' role (Emslie & Hunt, 2008) [22].

The myth that 'health is a woman's concern' emerged from the images that represented more women than men in health topics that concern women such as pre-natal care, intra- and postpartum care, breastfeeding, childcare, and reproductive health (menstrual cycle and menopause). In the narrative of health, the women's role had been imposed through generations. Elder women in the family often imposed on reproduction or bearing children among the younger generation. In biological terms, women of childbearing age are said to feel the biological urge to settle (get married) and have children.

In terms of development concerns, women and children are amongst the poor and marginalized based on the maternal and child deaths due to pregnancy and childbirth-related complications (UNICEF, 2017) [23]. The Department of Health, through its National Safe Motherhood Program, had began begun prioritizing women and children. Health programs especially focused on prenatal, intrapartum, and post-natal care were established. Best practices in these areas were promoted globally to address the issue of mortality and morbidity. Despite programs and efforts in maternal and child health, traditional childbirth and delivery practices in the provinces remain the same,



especially in far-flung, rural communities where doctors specializing on in obstetrics are not accessible. If not the midwife, the hilot or komadrona [acting midwife], is the most reliable person in childbirth. In the 2000 Maternal and Child Health Survey (MCHS), a hilot or traditional birth attendant is still consulted for pre-natal care; and rural women consulted nurses/midwives more than doctors for pre-natal check-ups (PSA, 2001) [24].

Up to the later stages of life, women must deal with menopause as one major health concern. Hormonal changes during menopause affect a woman's way of thinking and struggles not only with physical changes, but also with erratic mental and emotional states.

Aside from the hormonal changes, menopause signals the end of a woman's productivity. A woman's productivity is often equated to her reproductive stage (Whiteley, *et al.* 2013) [25].

Women who became mothers, and had managed to balance motherhood with their careers, are praised. Women who dedicated their lives to their families, and their children regard these as their greatest achievement. Yet, when menopause comes, everything changes.

Physically, elder women tend to slow down physically and mentally. In most workplaces, young employees, in their 20s and early 30s exhibit more enthusiasm and energy towards work. For some women in their mid-30s who decide to have children, their productivity plummets down to a lag phase. The M-curve representing a women's productivity (JILPT, 2013) may not be true for all, but for the most part, it represents how women must bear with the changes in both their personal lives and careers [26].

Culturally and contextually, the myth of women being more concerned with health is because she is mainly responsible not only for her own health but also for the health of her children's and family's. From the onset of menstruation, to pre-natal, intra- and postpartum, in childcare, and up until the end of their reproductive years or menopause, women carry a huge burden to meet the expectations of their roles and identities.

### *Conclusion, implications, and recommendations*

Images used to communicate health were found to portray traditional and stereotypical roles and identities of men and women. Emerging gender myths in the images of health created gender ideologies consistent with the

Filipino culture and tradition. With the emergence of gender myths, understanding of gender roles and identity towards gender equality, especially in the context of health has a long way to go. Gender can be fully understood within a complex and specific local context of health. Gender is a social identity that needs to be contextualized based on the social construction of gender, and context is very important in determining how health is communicated.

Based on the findings, actions are recommended in developing communication approaches and improving visual communication in the context of gender and development.

Visual health communication may have reshaped notions of gender, but without a clear framework for gender-sensitive communication design, other voices may have been "drowned" by dominant voices in the context of health, gender, and development. Hence, gender-sensitive guidelines for producing health publications should be developed. The guidelines will be useful for development communication practitioners and health professionals alike. It can help with the development and production of gender-sensitive communication materials directed to health clients and the broader community.

In relation to the health communication approach where flipcharts and other visual materials are commonly used, health communication tends to be 'universal.' In other words, one set of materials was presumed to be useful for all audiences regardless of context. Findings showed that there are multiple realities in gender representations and cultural practices in the country. Hence, there is a need to develop health communication materials for health programs and campaigns within a particular region or country context.

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