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Gender Disparities in Male-Inclusive English and Spanish HPV Discourse

A thesis submitted in partial satisfaction of the requirements for the degree of
Master of Arts in Applied Linguistics

by

Leopoldo Castillo

2013

ABSTRACT OF THE THESIS

Gender Disparities in Male-Inclusive English and Spanish HPV Discourse

By

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Master of Arts in Applied Linguistics

University of California, Los Angeles, 2013

Professor Katrina Daly Thompson, Chair

This thesis analyzes English and Spanish language materials about human papillomavirus (HPV) that includes males in its discussions. The primary method of investigation involves critical discourse analysis (CDA) of documents created and disseminated on-line by the Centers for Disease Control and Prevention (CDC). How is language used to define and frame gender and gender norms? Findings demonstrate that most HPV information relevant to men and boys continues to support the idea that social health issues are the responsibility of women, thus undermining the social responsibility of boys and men and reinforcing existing gendered disparities in society. An analysis of HPV documents produced by the CDC reveals gender disparities that result from particular ways in which language is used. Understanding the manner in which CDC uses language helps us to identify gender norms and biases that ultimately sustain gender disparities.

The thesis of Leopoldo Castillo is approved.

Paul Kroskrity

John Schumann

Katrina Daly Thompson, Chair

University of California, Los Angeles

2013

DEDICATION

“A mi papá y mi mamá; a mis hermanas y hermanos, mis cuñadas y cuñados por su gran amor incondicional. Con mucho amor, este esfuerzo es para ustedes.”

2013
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1. INTRODUCTION

The Centers for Disease Control (CDC) have power to influence people's understandings and views of the Human Papillomavirus (HPV). When the CDC disseminates HPV information, it constructs and reflects social norms surrounding gender. The use of gendered language results in the continuation of social disparities between men and women. Thus, investigating and understanding the linguistic components of HPV discourse sheds important light on the treatment of gender.

The main goal of this thesis is to understand the emergence of gender disparities within male-inclusive HPV discourse. My analysis of HPV material reveals that the CDC uses biased linguistic practices that sustain social biases and stereotypes. HPV material surrounding boys and men uses language that constructs environments that are more socially beneficial for males than for females. In order to understand how this gender discrepancy comes about, it is important to comparatively address how women and girls are presented in HPV discourse. I achieve this goal by analyzing the attribution of agency through the use of 1st and 2nd person pronouns, as well as the lexical choices the CDC makes in depicting and framing males and females. The lexical choices identified in the analysis reflect categories the CDC deems important to include in HPV discussions surrounding males and females; identifying the categories the CDC prioritizes in HPV discussions gives us a better understanding of the social norms it draws on and reinforces.

In this thesis, I also include comparable HPV material in Spanish for two reasons – first because, after English, Spanish is the second most widely used language in the U.S., and second because analyzing comparable Spanish language material gives us an added critical perspective that assists in confirming findings gained in the analysis of English language material.

2. BACKGROUND

Before discussing the HPV material I analyzed, it is helpful to present basic information about HPV and how it affects men and women. It is also important to understand recent historical moments that point to social challenges involving gender treatment in HPV discussions; this is to reaffirm that HPV is also a social issue that concerns men and boys. Most often than not, as my thesis research demonstrates, the manner in which HPV has been presented to the public has been detrimental to women and girls.

2.1. Human Papillomavirus (HPV)

The CDC recognizes HPV as the most common sexually transmitted infection in the United States and declares that approximately 20 million people are currently infected. The National Cancer Institute has identified more than 100 HPVs; of these, 40 sexually transmitted types that have been recognized. Furthermore, at least nine cancer-causing types infecting the genital, anal and throat areas have been identified. HPV has been confirmed to cause cervical cancer and is implicated in about 70% of such cases worldwide. The CDC indicates that about 12,000 women in the U.S. a year are diagnosed with cervical cancer and almost 4,000 die of it.¹

¹ Sexually Transmitted Diseases – HPV Vaccine Monitoring

<http://www.cdc.gov/std/hpv/monitoring-rpt.htm>

CDC fact sheet; <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>

HPV and Cancer – fact sheet; <http://www.cancer.gov/cancertopics/factsheet/Risk/HPV>

<http://www.cdc.gov/std/hpv/monitoring-rpt.htm>

CDC fact sheet; <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>

HPV and Cancer – fact sheet; <http://www.cancer.gov/cancertopics/factsheet/Risk/HPV>

The American Cancer Society recognizes up the nine types: 16, 18, 31, 35, 39, 45, 51, 52, and 58 as cancer causing. Retrieved on April 7, 2012 from:

In contrast to women, fewer than 2,000 men a year develop HPV-related cancers. This major difference in cases related to the sexes was the initial reason that the CDC and the media framed HPV as a women's issue. Besides the low-risk HPV types that cause genital warts, the CDC now also recognize a direct link between sexually transmitted HPV high-risk types and throat, penile and anal cancers in men. Scientific research reveals that anal cancer caused by HPVs is more prevalent in men than it is in women (V. Colon-Lopez, A. P. Ortiz & J. Palefsky, 2010). Supporting research also points to the fact that amongst men, HPV-related anal and throat cancer has been found to be more prevalent within the gay and bisexual population and represents a greater concern for men who have sex with men (MSM) than for those men who have sex only with women (MSW) (A. McRee et al., 2010; P. L. Reiter et al., 2010). Compared to women, far fewer men develop HPV-related cancers due the fact that the male anatomy contains much less mucosal surface.² Even though HPV is much less threatening to men compared to women it still involves and affects them personally and socially.

2.2. HPV and Gender Disparity

When the HPV vaccine, Gardasil, first received government approval in the United States in 2006, it was presented as a cancer-preventive vaccine for girls and women. Introducing the vaccine mainly for girls and women reflected the pervasive emphasis on female sexuality in

<http://www.cancer.org/Cancer/CancerCauses/OtherCarcinogens/InfectiousAgents/HPV/HumanPapillomaVirusandHPVVaccinesFAQ/index>

Information from FDA and CDC on Gardasil and its Safety (Archived)

<http://www.cdc.gov/vaccinesafety/Vaccines/HPV/HPVArchived.html>

FDA Licensure of Bivalent Human Papillomavirus Vaccine (HPV2, Cervarix) for Use in Females and Updated HPV Vaccination Recommendations from the Advisory Committee on Immunization Practices (ACIP); <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a4.htm>

² "Mucosal" refers to the mucous, moist surface layers lining the organs and bodily cavities that open to the outside, such as that found the vagina, anus, and throat cavities.

HPV discussions. In 2009, amidst social confusion and distrust, the government approved the vaccine for boys and men but only as a preventive measure against genital warts; it was not until October of 2011 that the CDC officially recommended the vaccine as an option to protect boys and young men against HPV-related cancers. Since the government initially presented the use of the HPV vaccine for men and boys only as wart-preventive (not as a serious vaccine to prevent cancer as it had done so for women and girls), the challenge now is to persuade the public that this is also a preventive vaccine for boys and young men involving more serious health issues.

The summary of the HPV vaccine history presented above reflects the pervasive gender differences that have generally underpinned HPV public discourse. The manner in which society has been disseminating HPV information to the public calls attention to very important discursive and social issues. Thus, this research takes a critical approach in analyzing HPV discourse produced by the CDC in order to unveil the social dynamics surrounding gender. Ultimately, a critical analysis of HPV discourse reveals how the CDC frames gender roles and gender norms.

3. LITERATURE REVIEW

Recent research surrounding HPV has tackled the topics of gender and discourse analysis but has avoided investigating gender discrepancies in discourse. Social researchers point out that most available HPV discourse continues to place emphasis on women and girls and treats HPV as a women's issue. Existing literature confirms that most available HPV discourse has shied away from including men and boys in social analysis and discussions. The contribution of this thesis to HPV discourse research is an analysis of gender disparities by exploring how such

discourse frames men and boys. To do this, I compare and analyze linguistic elements that reveal differences in treatment between women and men in HPV discourse.

3.1. Applying Linguistics to HPV Discourse

To guide my analysis in revealing gender discrepancies, I use Laura Ahearn's work regarding the attribution of agency through the use of the 1st and 2nd persons and Barbara Johnstone's work regarding "framing." Laura Ahearn's perspective on functional linguistics with reference to the concepts of power, agency, and personal pronouns explains how the 1st and 2nd person pronouns reveal a direct attribution of agency and empowerment. Ahearn defines agency as "the socio-culturally mediated capacity to act" (2001, pg. 112). This capacity to act becomes the focus for an array of contributing attributes such as individualism, personhood, freewill, intention, and resistance that are reflected in social acts, including language and grammar. Thus, the question of agency may be posed in ways that explore options besides that which infers autonomous subject or the authorial subject; in this way agency is viewed as constituted by the norms, practices, institutions, and discourses through which they are accessible (Ahearn, 2001). Ahearn maintains that discussions of agency and language must consider grammatical categories that are relatively inaccessible to the average speaker's consciousness. My analysis reveals how these linguistic elements relate to attributions of agency in the HPV discourse material collected.

In order to understand how agency reveals gender biases, I turn to Barbara Johnstone's (2008) definition of "framing." Framing, as Johnstone sees it, involves the attribution of "voice", also defined as "role" that is adopted by or assigned to individuals. In the process of framing individuals, people become associated with particular roles or voices, and thus framed or

placed in situations where their individuality and actions are negotiated into social roles. This social placement is reflected in the choices of words that reveal characteristics of the social world as it is happening in the present even when speaking of past experiences (Johnstone, 2008). Johnstone's and Ahearn's work helps in the investigation of gender discrepancies because it allows us to determine to whom HPV discourse attributes agency and power.

3.2. HPV as a Gendered Issue

There is a body of research that indexes socially biased HPV discourse and language use. Until recently, HPV discourse revolved around dissemination of HPV information and marketing of HPV vaccination primarily to women and girls. Prominent scholars in social research noted this prevalent favoritism in media and research towards a female-centered HPV discourse (M. Mara, 2010; V. Colon-Lopez, A. P. Ortiz & J. Palefsky, 2010) even though HPV infections are highly prevalent in sexually active men who are seldom involved in HPV education and prevention (A. P. Ortiz & J. Palefsky, 2010; S. L. Marhefka et al., 2011). For example, Fowler et al. (2011) studied HPV discourse by analyzing related articles in 101 local U.S. newspapers. Findings revealed a strong preference to link the HPV issue to women and girls by stressing vaccination and social surveillance over females' bodies and sexual practices (E. F. Fowler et al., 2011; L. S. Downs Jr. et al., 2010). Furthermore, as noted in social anthropology research on women's sexuality, this accepted social norm is supported by undisputable medical institutionalized beliefs on sexuality that underscore a social responsibility of women and girls regarding HPV issues (F. Angulo-Olaiz, 2009). The social inclination to link HPVs specifically to women and girls, the medical preference to impose surveillance on women's bodies and

sexuality, and the clear HPV marketing to women and girls prompted scholars to declare that HPV has been framed as a gendered women's issue within available discourse (S. Vogels, 2009; J. Smarrt Gullion, 2011; C. A. Bigman et al., 2010).

3.3. The Inclusion of Males in HPV Discourse

Following the government's first recommendation of the HPV vaccine for men and boys in 2009, social analysts of HPV-related studies noticed an urgent interest amongst HPV researchers to fill research gaps surrounding HPV male-related topics (A. McRee et al., 2010, N. Liddon et al., 2010; P.L. Reiter et al., 2011). Prior to this date, not enough HPV data relative to men or boys had been collected. Zimet and Rosenthal (2010) conducted social research about the HPV studies conducted prior to 2009, and they also confirmed that such discourse had failed to consider and address men and boys in the process. Zimet and Rosenthal concluded that this male exclusion in HPV discussions was the cause of men's lack of understanding and knowledge about HPVs and a compromised belief system surrounding male health including prevention, treatment, cancer and vaccination. On-going social research showed that a new wave of HPV research was marked by a discourse inclusive of men and boys, progressively demonstrating that HPV was also indeed a male issue (E. M. Daley et al. 2011).

Within the literature reviewed, some uses discourse analysis to examine HPV issues surrounding men and boys, such as HPV-related cancers, beliefs about HPVs, vaccination, and male sexual behaviors. For example, A. McRee et al. (2010) analyze the language used to frame HPV and HPV vaccine, explaining the way text manipulation affects men's decision to either get vaccinated or not. They note that men are more open to accept the vaccine when it is framed as

cancer-preventive as opposed to wart-preventive. This finding speaks of social norms and beliefs surrounding gender roles that lead to attributing less seriousness to HPVs in men and confirming social biases toward treating HPV as a women's issue. Another study addresses language use in HPV vaccine framing for males. The study examined vaccine acceptability rates in males when the vaccine was framed as cancer-preventive versus warts-preventive (A. McRee et al., 2010). This study revealed that men were generally poorly informed in HPV-related matters, and as a result the lack of knowledge became a barrier to accessing HPV preventive measures.

3.4. HPV and Male Sexuality

There is a substantial body of research that analyzes male gender and male sexuality issues concerning HPVs. When the topic of male gender and sexual orientation was analyzed in male-inclusive HPV discourse, scholars confirmed that there was a greater lack of HPV knowledge and understanding amongst MSW than in their MSM, gay, and bisexual counterparts (M. A. Gerend & J. Barley, 2008; P. L. Reiter, N. Brewer & J. Smith, 2010). The researchers noted that this discrepancy was the result of not informing MSW (men who have sex with women) of the indirect health benefits that prevention and vaccination has for their female partners. The researchers concluded that this particular lack of HPV knowledge amongst MSW has resulted in maintaining the status quo of men, overall, of being unwilling to get vaccinated or to take HPV more seriously.

Mostly recently, after the passing of HPV vaccination for men and boys, the inclusion of men and boys in HPV discourse introduced an emphasis of sexual orientation and gender identity. Scholars in medical and social research have an interest in understanding the dynamics

that sexual orientation and gender play in HPV transmission amongst males (D. Simatherai et al., 2009; P. L. Reiter, N. Brewer & J. Smith, 2010; P. L. Reiter et al., 2010; N.T. Brewer et al., 2010). A focus on sexual orientation and gender identity is not observed in female-centered HPV discourse. However, HPV discourse continues to be steered in a manner that reflects social favoritism towards heterosexual males.

Other medical and social research on HPVs also reflects an interest in understanding the dynamics that sexual orientation and gender play. Such work considers not only gay, bisexual men, and MSM (men who have sex with men regardless of whether or not they identify as gay or bisexual), but also heterosexual men in analyzing language use. This body of research is particularly important to my thesis because it discusses HPV discourse inclusive of male gender and sexual orientation as it analyzes vaccine framing (A. McRee et al., 2010; D. Simatherai et al., 2009; N. Liddon et al., 2009). Qualitative findings reveal how males' beliefs and attitudes about HPV are constructed due to available HPV discourse and personal understanding of male sexuality. Such work reveals males and HPVs as a challenging discourse topic to research and understand; it involves dynamic social norms and identities that include heterosexual, MSW, MSM, gay and bisexual men – all being important factors the CDC considers in assessing and managing HPVs.

4. METHODOLOGY

I take a critical discourse analysis approach (CDA) guided by Pennycook (2010) and Fairclough's views (2010) on language and power in order to reveal how the CDC frames gender and gender roles in HPV discourse and how this framing approach reinforces existing gender

norms and stereotypes. This multidisciplinary method examines linguistic elements and dynamics that support social norms surrounding gender. I also appeal to Kroskrity's (2000) understanding of ideologies to assist in identifying social norms embedded in social structures.

4.1. Material for Analysis

I begin by analyzing HPV discourse material taken from CDC public documents disseminated in English, the primary language of use in the U.S.; I also examine Spanish language material considering the importance it holds as a language of information dissemination. According to the 2007 American Community Survey conducted by the U.S. Census Bureau,³ Spanish is identified as the second language most widely spoken in the United States, with roughly 26 million English-Spanish bilinguals represented.

The documents I analyze reflect HPV information that the CDC considers important to translate into Spanish. This material includes facts sheets, information pages, Q & A fact documents, as well as public announcements. The material retrieved on-line includes CDC documents containing basic, yet important, HPV information surrounding definitions and explanation regarding HPV diseases; such information speaks about HPV risks, HPV preventions, and HPV vaccination for males and females. In total, I retrieved a total of 17 documents to use for the analysis of this thesis; of these, four were male-centered, four were female-centered, and nine addressed the general public in the discussions. Spanish versions of each document, or near-equivalents, were also analyzed.⁴

³ <http://www.census.gov/prod/2010pubs/acs-12.pdf>

⁴ All the documents were retrieved between February 2012 and April 2012 from the CDC's English and Spanish public websites: <http://www.cdc.gov/> and <http://www.cdc.gov/spanish>

4.2. Scope of Research

In this thesis, I unveil information about gender discrepancies surrounding prevalent HPV issues in CDC documents – such as sexual orientation and social norms based on sex and gender. I identify linguistic elements that emphasize gender inequalities by addressing HPV discourse that is inclusive of boys and men and comparing it to similar discussions centered on women and girls. The core of my analysis and discussion revolves around three research questions that investigate how language is used to depict men and women, and how such language reflects social norms and stereotypes. The three research questions are:

1. How is language used to frame gender, and what are the social biases created or reflected?
2. What are the thematic issues presented within the HPV discourse analyzed?
3. Does the language used by the CDC emphasize or challenge gender norms and stereotypes?

How is language used to frame gender, and what are the social biases created or reflected? The aim of the first research question is to analyze how language is used to describe males and females and how this reflects existing social norms attributed to either gender. Learning about how the CDC attributes agency to males and females reveals how it prioritizes HPV issues for females and males. Addressing this question involves the analysis of the manipulation of language and the attribution of agency to gender through the association of 1st and 2nd persons and related pronouns; the question is analyzed in three sections.

In the first section, my work analyzes how the 1st and 2nd persons are used in *Q & A document header questions* because these questions are indicative of issues the CDC considers important. The second section involves analyzing how 2nd person pronouns frame gender and agency, given the grammatical position the 2nd person takes in the sentences retrieved *from the discussion parts following each header question* of the Q & A document. The third section investigates five gender disparities by analyzing the lexical choices the CDC makes in identifying and labeling males and females; this section involves the analysis of the Q & A document mentioned above, plus three additional HPV documents: one document regarding basic information on HPV infection addressing the general public, one handout regarding basic information on HPV prevention addressing the general public, and one document addressing HPV vaccine information to the general public. The findings and discussions regarding the first research question are key in developing the analyses later addressed in the second and third research questions.

What are the thematic issues presented within the HPV discourse analyzed? The goal of the second research question is to unveil important thematic issues that are addressed and incorporated within the CDC's HPV discourse. Four thematic issues are revealed and presented in four sections. The materials analyzed in answering the first research question are also used in the analysis of this second question; English and Spanish versions of each document were analyzed.⁵ The thematic issues identified include:

⁵ HPV Vaccine Information For Young Women -Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-young-women.htm>; Información para las mujeres jóvenes sobre la vacuna contra el VPH - Hoja informativa: <http://www.cdc.gov/std/spanish/stdfact-hpv-vaccine-young-women-s.htm> HPV and Men - Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>; El VPH y los hombres - Hoja informativa: <http://www.cdc.gov/std/spanish/STDFact-HPV-and-men-s.htm>; Genital HPV Infection - Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv.htm>; Infección genital por VPH - Hoja informativa: <http://www.cdc.gov/std/spanish/stdfact-hpv-s.htm>; Protect yourself, protect your partner –

1. HPV discourse as male-inclusive
2. HPV vaccine and HPV testing as an option for males
3. HPV vaccination as a female-inclined rhetoric
4. HPV and the sexualizing of women and girls

Does the language used by the CDC emphasize or challenge gender norms and stereotypes? Three ideology-based social constructs that promote gender norms and stereotypes are identified in HPV discourse favoring the male population; each one is addressed and discussed in separate sections. These three social constructs within HPV discourse include:

1. Males' disassociation from socio-sexual awareness and responsibility
2. Girls and women and HPV socio-sexual responsibility
3. A social construct favoring the heterosexual male

5. TERMS AND CONCEPTS

To engage in a critical analysis of the HPV discourse as a source of gender disparities requires understanding key terms and concepts that aid in pointing out social biases. The following terms and related concepts help in analyzing and explaining particular linguistic functions and social norms embedded in HPV material.

genital HPV: http://www.cdc.gov/std/hpv/the-facts/HPV_English_2011_508.pdf, the facts; Protejase y proteja a su pareja – VPH genital, la realidad: <http://www.cdc.gov/std/hpv/the-facts/vph-la-realidad.pdf>; American Cancer Society HPV frequently asked questions: <http://www.cancer.org/cancer/cancercauses/othercarcinogens/infectiousagents/hpv/humanpapillomavirusandhpvaccinesfaq/index>; American Cancer Society VPH preguntas frecuentes: <http://www.cancer.org/espanol/cancer/queesloquecausaelcancer/infeccionesycancer/fragmentado/virus-del-papiloma-humano-vph-cancer-y-la-vacuna-contr-el-vph-preguntas-frecuentes-what-is-hpv>

5.1. CDA And Problematization

Critical discourse analysis (CDA) assists in pointing out biases. Fairclough (2010) defines CDA as a critique, a problematization of social class, social power, and struggle, with the intention to create awareness and to promote options for social change. Pennycook (2010) takes a similar perspective on CDA by describing it as a form of analysis of discourse through a multidisciplinary approach aimed specifically at pointing out social wrongs. Based on this understanding of CDA's problematizing assumptions, practices, and unquestioned ideas, this thesis explores HPV discourse in order to identify, understand, and explain embedded gender disparities.

5.2. Framing

The concept of "framing" is important for this thesis because it helps us in understanding how the CDC manipulates language as it presents HPV discussions. For example when the CDC associates one gender with specific pronoun use, the priority given to females over males regarding HPV social health issues is revealed. Barbara Johnstone's definition of "framing" involves the attribution of "voice" or "role" that is adopted by, or assigned to individuals. Thus, in the CDC's process of framing individuals (i.e. girls, boys, women or men), particular gendered categories people become associated with particular roles or voices, and thus framed or placed in situations where their individuality and actions are negotiated into social roles; this is reflected in the choices of words that reveal characteristics of the social world as it is happening in the present while speaking of past experiences (Johnstone, 2008).

5.3. Discourse

Johnstone (2008) presents a definition of “discourse” commonly understood by discourse analysts, whereby “discourse” represents instances of communicative action in the medium of language, acknowledging other forms of media besides language. Johnstone reminds us that discourse analysis considers the dynamics that takes place with the knowledge distributed and its repercussions it has on society. Fairclough (2010) elaborates by declaring that while discourse is language use, it is also the result of social practices that point to experiences from particular perspectives; Kroskrity (2000) also shares this idea of discourse stemming from social experiences which involve more than what is simply said or written. Kroskrity’s definition incorporates the role that social norms play in the creation of discourse. Kroskrity’s perspective includes norms that set the social limits of what is allowed and the social dynamics of discourse production and reception as defining constituents within institutional constructs.

5.4. Gender and Sex

My analysis examines gender and social norms about males in contrast to females. To avoid ambiguity and to achieve more focused discussions, clarifications regarding the definitions of the terms *sex* and *gender* must be made. “Sex” specifically refers to the biological and physical characteristics making up a person female or male at birth; whereas “gender” points to the behaviors associated with members of a specific sex in a social context. “Gender,” as reflected in socially accepted norms and practices, is defined as the sex-role identity that envelops particular socially validated, accepted, or recognized characteristics that emphasize

differences between males and females and their ascribed social roles; for example females in most cultures are primarily assigned child-rearing roles (Adegbite, 2009).

5.5. Ideology-based Social Norms

Fairclough refers to an ideology as a set of ideas, values, and beliefs that explain systems of legal hierarchies and power relations engaged in the preservation of group identities (2010). This definition has basis in a political and Marxist perspective that accounts for hegemony, so it takes into consideration the power and social values that affect the acceptance of ideologies. Ideologies also have power in shaping the perceptions of who we are and our relationships with others; these perceptions consist of various dimensions that converge within cultural systems of ideas expressed through norms. Thus, as Kroskrity (2000) puts it, ideologies reflect norms as social practices and language use, which may be directly tied to peoples' interest based on morals and social politics.

Kroskrity's interpretation (2000) stems from a language ideology perspective that recognizes non-hegemonic ideologies embedded in language, socio-cultural practices, and views. Non-hegemonic ideologies simply refer to non-dominant ideologies, or ideologies that do not have power or authority over the majority and do not hold particular value within the dominant group – they only hold power amongst selected groups that are not dominating in society.

The CDC discourse reflects hegemonic ideologies – for example, ideologies stemming from a heteronormative perspective, as well as non-hegemonic gender ideologies that reflect socio-cultural practices embedded in its HPV discourse. Examples of non-hegemonic gender-related ideologies include homosexual and bisexual social norms and values. Thus, hegemonic

ideologies reflect dominant socio-cultural perspectives, norms and values.

6. ANALYSIS AND DISCUSSION

I now turn to address the research questions I formulated in order to investigate how language is used to depict men and women, and how such language reflects social dynamics involved in emphasizing social norms leading to a biased treatment of gender.

6.1. Framing Gender in HPV Discourse

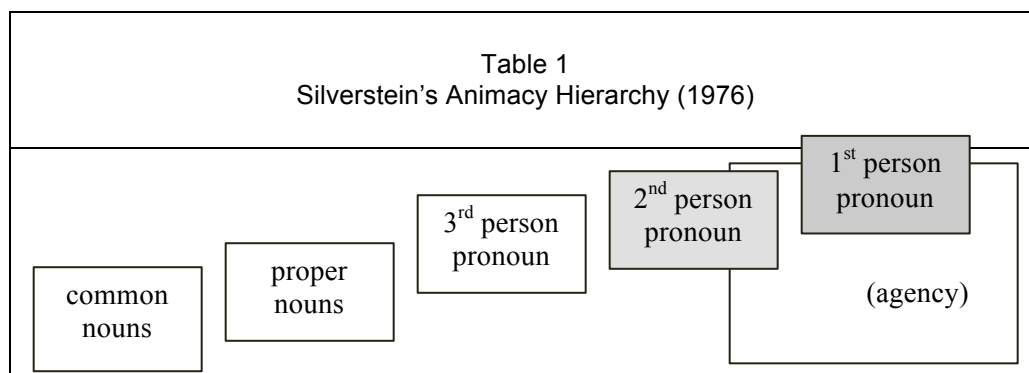
I begin by addressing my first research question: “How is language used to frame gender, and what are the social biases being reflected?” I find that there is disparity in gender treatment reflected in a biased attribution of agency through the CDC’s use of 1st and 2nd persons, and in lexical choices the CDC makes in identifying and labeling genders.

6.1. 1st Person and Agency in *Q & A document header questions*

I first examine the language used to formulate the *Q & A header questions* because these questions represent topics of important issues the CDC discusses when addressing the public. Thus, in searching for gender discrepancy, I analyze how agency is attributed to gender at these discussion entry points. The major finding identified in this section is that CDC language utilizes the 1st and 2nd person and the related pronouns to attribute agency. The question becomes, to whom is the CDC attributing this agency, and what does this reveal about society?

As Ahearn (2001) points out, from a functional linguistic perspective, the use of 1st and 2nd person voices, and their respective pronouns, reveals much about agency. Building on Silverstein (1976), Ahearn demonstrates agency as being constituted by the norms, practices, institutions, and discourses through which they are accessible.

Silverstein’s animacy hierarchy is a model that states that in all languages, the nouns to the right of the spectrum (pronouns) have a higher likelihood to serve as the “agents of function”, while the items at the left end of the spectrum are more likely to serve as “objects of function.” Ultimately this explanatory view connotes the attribution of agency and empowerment since it indicates that the 1st person (speaker) thinks in terms of doing things to others to a much greater extent than thinking in terms of things or actions being done to her/him. In the speaker’s view of the world, the 1st person is the quintessential agent. Ahearn adds this concept presented in Table 1 below in support of her explanation on how some pronouns are more saliently linked to a more active role regarding agency.



As Table 1 indicates the presence or lack of certain pronoun voices, in particular those related to 1st and 2nd persons, signify either empowerment or disempowerment. The 3rd person and its related pronoun use is not a main focus in this part of the analysis because the 3rd person and its related pronouns are representative of absent participants who are not directly engaged in

interactions, thus lacking salient agency. Ahearn reminds us that the 1st and 2nd person and related pronouns ultimately reveal the following universal grammatical principals that underlie all languages (2001):

1. The person most saliently linked to agency and linguistic interaction is the speaker, “I” (1st person)
2. The second person most saliently linked to agency is the addressee, “you” (2nd person)

My analysis of the CDC’s use of language to formulate the *Q & A header questions* focusing on gender and agency reveals the use of a gender-biased language promoting agency and empowerment favoring males. When comparing the female-centered Q & A documents to the male-centered Q & A documents, it was found that the 1st person/pronoun is used more readily in the male-centered ones; similar results were found in the corresponding Spanish language documents I analyzed.

The male-centered Q & A document is comprised by a total of 13 *header questions*. The document frames six of these header questions (the same ones in both languages) using the 1st person pronoun. By comparison, the female-centered Q & A document has 14 *header questions* (also in both languages). These header questions lead to HPV discussion that address similar issues presented in the female-centered and male-centered document. However, in the female-centered document, only one *Q & A header question* is framed using the 1st person pronoun, compared to six questions in the male-centered version. The examples in Table 2 below demonstrate the biased language used by the CDC favoring agency to males.

Adhering to Silverstein’s model and Ahearn’s explanation regarding pronouns and

agency supports that the CDC favors attributing agency to males; this attribution of agency signals empowerment with capacity to be directly involved in discussions. In contrast, the lack of 1st and 2nd personal pronouns when relating to women-centered documents analyzed, or rather using the 3rd person in its place, signal a weaker link to agency attribution to females.

Silverstein’s model reminds us that in comparison to 1st and 2nd person, the use of 3rd person signals disempowerment. This lack of attributing agency to women is shown by the fact that the CDC uses the 1st person pronoun in only one out of the 14 *Q & A header questions* of its female-centered document – this example is presented as (1) in Table 2 below.

<p>Table 2 Sentences linking gender to agency in header questions through 1st person pronouns. 1st person referents are shown in bold type. CDC Spanish language documents produced similar findings.</p>
<p>Only one sentence found in the FEMALE-centered document:</p> <ol style="list-style-type: none"> 1. How can I get help paying for HPV vaccine?
<p>Six sentences found in the MALE-centered document:</p> <ol style="list-style-type: none"> 2. Are there ways to lower my chances of getting HPV? 3. I heard about a new HPV vaccine – can it help me? 4. I just found out that my partner has HPV... What does it mean for my health? 5. I just found out that my partner has HPV... What does it mean for our relationship? 6. I just found out I have genital warts... What does it mean for me and my partner? 7. Where can I get more information?

The analysis of CDC’s discourse guided by Ahearn and Silverstein’s interpretation of personal pronouns and their relation to agency results in a number of claims. By using the 1st person pronoun in *only one* out of the 14 *Q & A header questions* of the female-centered document, the CDC is rarely attributing agency to women. This framing language signifies less attribution of agency to females than it does to males. When compared to men in the male-centered *Q & A header questions* observations, female-centered documents frame women in a

position that disempowers them from actively engaging in HPV discussions. By comparison, examples (2) - (7) demonstrate the array of issues and topics of discussion that males are empowered to actively engage in surrounding HPV. These topics embedded in Q & A header questions of the male-centered document include such topics as HPV prevention, vaccine effectiveness, the option to protect the self and partner while in a relationship, and the option to seek further HPV information.

Interestingly, the only time that females are given agency is to engage them in the act of getting information to “seek help” to pay for the HPV vaccine. This perspective supports the gender-biased ideological perspective that Sarah Kiaer recognize as “the discursive construction of maternity in society” (as cited in Talbot 2010, p.129), the socio-ideological approach embedded in health practices that disempower and patronize women and girls while claiming to protect their health and bodies in concern for motherhood in society.

6.1. 2nd person and Agency in HPV Discussions

The analysis for this second section revealed similar findings regarding gender and agency. For this section, all sentences following the HPV discussion of each the Q & A header question that utilized the 2nd person were retrieved; first person pronouns are not used. I analyzed both the Spanish and English versions of the female-centered and male-centered Q & A documents. I also refer to Silverstein’s animacy hierarchy (Table 1, page 18) to support my claims regarding attribution of agency to 2nd person.

Silverstein’s animacy hierarchy (1976) shows that, semantically, there are different levels of agency within a sentence, understood as 2nd person proximity to (or distance from) agency.

Recognizing that different person pronouns are linked to agency differently helps in identifying how the CDC attributes agency to males and females. According to Sliverstein, the use of the 2nd person signals the attribution of agency; thus the more the 2nd person surfaces in relation to a given gender indicates that that gender is depicted as more directly engaged in HPV discussions; in the case of CDC discourse, such attribution of agency is directed much more towards males than females.

The use of the 2nd person was identified in 18 sentences in the male-centered document in the sentences following the HPV discussion of each Q & A header question; by contrast, it was identified much less in the female-centered version: only four sentences were found altogether. This gender framing assisted by the use of the 2nd person favors the attribution of agency to males. The examples below reveal this biased language that empowers males while disempowering females; Spanish language analysis produced similar findings.

Table 3 2 nd person pronoun in discussions following each header question of Q & A documents ⁶
<p>Section A</p> <p>Male-centered document. A total of 18 sentences were retrieved; only eight examples are presented.</p> <ol style="list-style-type: none"> 1. If you think you may have genital warts, you should see a health care provider. 2. You may want to consider talking to your doctor about being vaccinated against HPV if you are 26 or younger. 3. If your partner has genital warts, you should avoid considering having sex until the warts are gone or removed. 4. There is no way to know if your partner gave you HPV, or if you gave HPV to your partner. 5. HPV should not be seen as a sign that you or your partner is having sex outside of your

⁶ HPV and Men - Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>
 El VPH y los hombres - Hoja informativa: <http://www.cdc.gov/std/spanish/STDFact-HPV-and-men-s.htm>
 Información para las mujeres jóvenes sobre la vacuna contra el VPH - Hoja informativa: <http://www.cdc.gov/std/spanish/stdfact-hpv-vaccine-young-women-s.htm>
 HPV Vaccine Information For Young Women -Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-young-women.htm>

<p>relationship.</p> <ol style="list-style-type: none"> 6. Because genital warts may be easily passed on to sex partners, you should inform them about having genital warts and avoid sexual activity until the warts are gone or removed. 7. You and your partner may benefit from getting screened for other STD's. 8. If used with every sex act, male latex condoms may lower your chances of passing genital warts.
<p>Section B</p> <p>Female-centered document. Only a total of four sentences were observed.</p> <ol style="list-style-type: none"> 1. Call the pregnancy registry. 2. Most health insurance plans cover the cost of vaccines, but you may want to check with your insurance provider before going to the doctor 3. If you don't have insurance, or if it does not cover vaccines, the Vaccines for Children (VFC) program may be able to help. 4. These tests can be used with the Pap test to help your doctor determine next steps in cervical cancer screening.

Table 3 above gives examples of retrieved sentences incorporating 2nd person pronouns. In (1), (2) and (7) of Section A, we have examples of language framing that gives males more personal room to engage in a variety of topics of discussions, and more options to decide for themselves about steps to take. These sentences demonstrate language that favors the acknowledgement of males by attributing agency to them, thereby engaging them more directly in discussions surrounding sexual health issues such as self-examination, HPV prevention, vaccination issues, health care provider and doctor roles, and relationship concerns. Related documents almost completely deny agency to females and in doing so, distance females from directly engaging in similar HPV discussions that males are given agency to do so. Ironically, it is likely that females are more knowledgeable regarding HPV than males are because females are encouraged to visit health professionals more often than males and at a much younger age.⁷

Section B of Table 3 shows the CDC's restrictive use of 2nd person in only four sentences in relation to women, and by doing so creates a language that frames gender very differently if we are to compare it to the way the 2nd person is used in relation to males and females. Whereas the CDC's use of the 2nd person pronoun favors males by encouraging them to access

⁷ The National Women's Health Week 2012: <http://www.cdc.gov/Features/NWHW/index.html>

information surrounding a variety of HPV topics, the CDC limits the use of the 2nd person pronoun as a way to address women as patients and as subjects in need. The biased language limits the engagement of women to seeking help regarding HPV vaccine payments for themselves or for their children and reflects institutionalized social norms within the medical field that persists in patronizing and disempowering women.

The use of the command as seen in sentence (1) of Section B above shows how “Call” is *instructing* women to perform an action. Further, the use of the direct object pronoun as seen in (2) shows how the phrase “you may want to” is suggesting or leading women to do something, but liberty to act is limited to vaccine payment issues. The use of the possessive pronouns arises in (3) and (4). We see, “if you don’t have insurance” in (3) is a subtle way to direct women how to proceed regarding cost of HPV vaccination. Sentence 4 uses the phrase “to help your doctor determine” indicates that someone else other than the woman herself is assigned has the agency to determine what to do next.

Another important finding is that in female-centered discussions the use of the 3rd person or passive voice is the primary linguistic form utilized, while the use of 2nd and 1st person is almost non-existent. By not addressing women directly and emphasizing the use of the 3rd person, the CDC frames women in a manner that distances them from agency. Grammatically, 3rd person and related pronouns as explained by Ahearn and in Silverstein’s animacy hierarchy model, deemphasizes agency. The use of the 3rd person and the passive voice were used similarly in both the Spanish and English language in the female-centered documents analyzed.

As we have seen, females are not referenced with the same frequency that males are regarding the 2nd person. Analysis of the sentences in Section B of Table 3 above reveal that when agency is being attributed to females, it is used to present them as agents who comply with

certain steps and social expectations such as getting Pap test, getting HPV vaccination, and caring for HPV-related costs and health issues. Women's agency is framed in such a way so the CDC assigns females certain responsibilities by steering them towards those stereotypical concerns our society is very familiar with, such as responsibility and surveillance regarding women's sexual health and reproductive issues – Pap smears,⁸ pregnancy concerns, and managing children's wellbeing. This bias disempowers females by supporting a social ideology of paternalism that pressure females in ways that, generally speaking, males are not being pressured. Issues such as their children's vaccination, and pregnancy care, are issues that males are very capable of participating in, but may not because these duties do not comply with social norms surrounding males.

6.1. Lexical Choices and Gender Disparities

In this section, I analyze the lexical choices linked to gender referencing within HPV discourse in order to reveal disparities. The lexical choices I identify index four primary categories that the CDC considers important when discussing HPVs; these categories speak about socialized gender roles as well as gender disparities. I discuss four main categories surrounding gender disparities embedded in the CDC's use of language as revealed through lexical choice examination; the four categories are:

1. Sex and Gender Labels
2. Sexual orientation

⁸ CDC stresses Pap tests through out the HPV discourse, framing Pap smear testing not as a choice, but frames it almost as a social responsibility for females. Since sexual health does extend from the personal to the social areas, this makes socio-sexual health everyone's responsibility, with males and females being aware about what their sexual partners' sexual issues are. When addressing males about HPV issues, the CDC does not raise awareness – it does not even mention Pap smear testing.

3. Gender and Health
4. Gender and Age

I analyzed Ten HPV documents,⁹ including English and Spanish materials, in order to identify the lexical choices the CDC makes when referring to gender and sex. The documents include male-centered material, female-centered material, and material that addresses the general public. Below I present my findings gathered from the English language documents, but the results of Spanish language material revealed similar findings. My examination of gender disparities within CDC's lexical choices begins by examining overlexicalization or overwording, comparatively between males and females.

The concept of *overlexicalization* explains how biased language leads to discrepancies. *Overlexicalization* as defined by Roger Fowler (1991), refers to the availability of many words to describe one thing or idea; many times this practice indicates the prominence of an idea, or interests held by a particular community. To elaborate, Fairclough, on the other hand prefers to use the term *over-wording*. Over-wording as defined by Fairclough is “an unusually high degree of wording” (1989, p. 115). This practice is achieved by using language

⁹ HPV Vaccine Information For Young Women -Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-young-women.htm>; Información para las mujeres jóvenes sobre lavacuna contra el VPH - Hoja informativa; <http://www.cdc.gov/std/spanish/stdfact-hpv-vaccine-young-women-s.htm> HPV and Men - Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>; El VPH y los hombres - Hoja informativa: <http://www.cdc.gov/std/spanish/STDFact-HPV-and-men-s.htm>; Genital HPV Infection - Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv.htm>; Infección genital por VPH - Hoja informativa: <http://www.cdc.gov/std/spanish/stdfact-hpv-s.htm>; Protect yourself, protect your partner – genital HPV: http://www.cdc.gov/std/hpv/the-facts/HPV_English_2011_508.pdf, the facts; Protejase y proteja a su pareja – VPH genital, la realidad: <http://www.cdc.gov/std/hpv/the-facts/vph-la-realidad.pdf>; American Cancer Society HPV frequently asked questions: <http://www.cancer.org/cancer/cancercauses/othercarcinogens/infectiousagents/hpv/humanpapillomavirusandhpv vaccinesfaq/index>; American Cancer Society VPH preguntas frecuentes: <http://www.cancer.org/espanol/cancer/queesloquecausaelcancer/infeccionesycancer/fragmentado/virus-del-papiloma-humano-vph-cancer-y-la-vacuna-contra-el-vph-preguntas-frecuentes-what-is-hpv>

that stresses words that are similar in meaning, resulting in a sense of focused preoccupation with a particular issue or reality which is indicative of an ideological struggle (Fairclough, 1989).

In continuation, I present and discuss observations surrounding the four categories involving gender-biased language reflecting the CDC's concerns. Table 4 through Table 8 help to explain the categories of concern. The boxed number within the male and female lexical choices cell indicates the lexical choices as *types* (descriptors, labels, or lexical choices), not *tokens* (total number of occurrences, or frequency) that I found in the analyzed documents, and I believe reveal gender disparities within each particular category.

6.1. Lexical Choice Category: Sex and Gender Labels

Regarding the category *sex and gender labels*, there were six lexical choices made by the CDC when referencing females. Comparatively, as Table 4 below demonstrates, the CDC refers to the male sex with half the number of types of lexical choices as it does for the female sex.

Table 4 CDC Lexical Choices Spanish language documents produced similar findings		
MALES - Lexical Choices	Category	FEMALES- Lexical Choices
Boys, men, males <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">3</div>	Sex and Gender Labels (as types)	Girls, women, females, mother, daughter, granddaughter <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">6</div>

The CDC refers to the female sex in six ways: girls, women, females, mothers, daughters and granddaughters. In addition, the lexical choices for the female sex include kin-related terminology in both languages, such as *hija* 'daughter', and *mujeres embarazadas* 'pregnant

women’ – lexical choices with which the CDC indexes motherhood in various ways. The CDC does not use such kin-related terminology when framing the male sex; words such as “son” or “father” were not present in the documents analyzed for both languages.

Fairclough’s (1989) interpretation of over-wording demonstrates that the greater number of words used for the female sex indicates the CDC’s preoccupation with labeling, categorizing, or referring to the female sex within HPV discussions. The preoccupation in this category includes issues of motherhood and kin regarding females; this social dimension is trivial for the male sex category. In another very important category embedded in CDC language, we see that the focus drastically shifts towards males.

6.1. Lexical Choice Category: Sexual Orientation

The analysis surrounding the category of *sexual orientation* unveiled two major disparities in the treatment of gender on behalf of the CDC. One disparity regards the CDC’s identification of a non-heterosexual group separate from the heterosexual group, exclusively within the male population.¹⁰ In doing so, the CDC sees the importance of recognizing and addressing two distinct groups within the male population based on sexual behavior and sexual orientation. On the other hand, I did not find any lexical choices reflecting female sexual orientation or diversity. Thus, an important finding unveiled here is that the CDC completely fails to recognize female sexual diversity; implying that female sexual diversity and expression doesn’t matter as much as male sexual diversity does. In this case, we can infer that the CDC only shows preoccupation with male sexual behaviors, and makes sexual behavior an issue only regarding males within its HPV discussions. Although “men who have sex with women

¹⁰ HPV and Men - Fact Sheet; <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>

(MSW)”, and “men who have sex with men (MSM)” are important lexical labels used by the CDC, these labels cannot be used to index either heterosexual males or homosexual males because MSW and MSM definitions place emphasis on behavior rather than self-labeling based on sexual preference or orientation; emphasis on sexual behavior does not necessarily add to the construction of sexual orientation. ¹¹

Table 5 CDC Lexical Choices Spanish language documents produced similar findings.		
MALES - Lexical Choices	Category	FEMALES - Lexical Choices
Straight, same-sex partners, bisexual, gay, men who have sex with other men (MSM), homosexual, men who have sex with women (MSW) 7	Sexual Orientation (as types)	0

The other disparity regarding sexual orientation occurs within the male population itself; the CDC places more preoccupation in the framing of non-heterosexual males than heterosexual males within its HPV discourse. As we see in Table 5 above, the CDC lexical choices frame the heterosexual male group with only one lexical choice, “straight,” while the non-heterosexual group is identified with four lexical choices including “gay,” “bisexual,” “homosexual,” and “same sex partners.”

The overlexicalization surrounding the non-heterosexual group indicates yet more CDC preoccupation with same-sex issues within HPV discussions, implying that male heterosexual

¹¹ Medscape on-line; Homosexuality - Introduction, Definitions, and Key Concepts: <http://emedicine.medscape.com/article/293530-overview>.

behavior requires less surveillance or represents less social health threat than non-heterosexual male sexuality.

Table 6 Sentences Using Lexical Choices in the framing of Sexual Orientation ¹²
<p>Linking HPV cancers & AIDS/HIV to sexual orientation in MALES (Total of 6 sentences found)</p> <ol style="list-style-type: none"> 1. Gay and bisexual men (who have sex with other men) are about 17 times more likely to develop cancer than men who have sex with women. 2. The vaccine is also recommended for gay and bisexual men (or any man who has sex with men), and men with compromised immune systems (including HIV) ... 3. (S)ome experts recommend yearly anal Pap tests to screen for anal cancer in gay and bisexual men and in HIV-positive persons. 4. Anal cancer screening tests are being studied in some people at high risk for anal cancer, such as those who are gay or bisexual and those with HIV infections.
<p>Linking HPV cancers & AIDS/HIV to sexual orientation in FEMALES. Total of 0 sentences found.</p>

Thus, Table 6 above shows that the non-heterosexual male is marginalized by the CDC's continuous emphasis on his relation to STDs and by repeatedly linking him to existing

¹² Ten CDC documents analyzed (six sentences contained such lexicon The following documents did contain sentences with sexual orientation lexical choices: HPV and Men - Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>; El VPH y los hombres - Hoja informativa: <http://www.cdc.gov/std/spanish/STDFact-HPV-and-men-s.htm>; Genital HPV Infection - Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv.htm>; Infección genital por VPH - Hoja informativa: <http://www.cdc.gov/std/spanish/stdfact-hpv-s.htm>; American Cancer Society HPV frequently asked questions: <http://www.cancer.org/cancer/cancercauses/othercarcinogens/infectiousagents/hpv/humanpapillomavirusandhpvvaccinesfaq/index>; American Cancer Society VPH preguntas frecuentes: <http://www.cancer.org/espanol/cancer/queesloquecausaelcancer/infeccionesycancer/fragmentado/virus-del-papiloma-humano-vph-cancer-y-la-vacuna-contra-el-vph-preguntas-frecuentes-what-is-hpv> The following documents did not contain sentences with sexual orientation lexical choices: Protect yourself, protect your partner – genital HPV: http://www.cdc.gov/std/hpv/the-facts/HPV_English_2011_508.pdf, the facts; Protejase y proteja a su pareja – VPH genital, la realidad: <http://www.cdc.gov/std/hpv/the-facts/vph-la-realidad.pdf>; HPV Vaccine Information For Young Women -Fact Sheet: <http://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-young-women.htm>; Información para las mujeres jóvenes sobre la vacuna contra el VPH - Hoja informativa; <http://www.cdc.gov/std/spanish/stdfact-hpv-vaccine-young-women-s.htm>

stereotypical health issues regarding HIV/AIDS and immune deficiency, and to stereotypical sexual acts such as anal sex – implied by the CDC’s repeated mentioning of HPV-related anal cancer that is possible within this population. The table below presents four examples of the total six sentences found in the five CDC documents analyzed. The retrieved sentences illustrate biased lexical choices in the framing of sexual orientation. Even though I also sought references to female sexual orientation, not one sentence was found - demonstrating the CDC’s biased treatment of gender by failing to consider female sexual diversity in HPV discussions. Spanish language document produced similar results.

6.1. Lexical Choice Category: Gender and Health

A third lexical choices category I examined, *gender and health*, is presented in Table 7 below and reflects the CDC’s concerns regarding this category within HPV discourse. The lexical types for males and females in this category are about the same, 7 and 8 respectively. However, there are different social concerns linked to males and females thus indexing gender biases. My analysis shows that for females, lexical choices imply social surveillance. The CDC’s use of lexical items frame females as “being sexually active”, “being HPV-infected,” and being “vaccinated” while additionally framing them as socially responsible regarding motherhood and pregnancy. In contrast, men’s roles in pregnancy and motherhood are never mentioned; this reflects the social preference to vaccinate girls and women as previously observed in leading studies (L. S. Downs Jr. et al., 2010; A. E. Leader et al., 2009; P. L. Reiter et al., 2011). Thus, the lexical choices reveal a socially accepted norm of control and monitoring of women’s sexuality.

Further more, the use of such words as “sexually active”, “pregnant”, and “infected” consequently impose the characteristic of promiscuity within females as a group.

The bias observed within the lexical choices in the *gender and health* category for males is clearly linked to sexual orientation. Such bias points to a social marginalization that persistently links the non-heterosexual group to specific sexual health issues. In stark contrast to framing the female gender, the lexical choices for males mainly surround non-heterosexual sex and health issues, but emphasizes marginalizing social issues that the non-heterosexual male group has already been stigmatized with – yet, the heterosexual male group is never addressed when discussing those same sexual health realities it is also susceptible to in regards to HPVs.

Table 7 CDC Lexical Choices Spanish language documents produced similar findings		
Framing MALES	Category	Framing FEMALES
People with weak immune system, people with AIDS, people with HIV, HIV-infected, HIV-positive, Men with HIV, men with compromised immune systems, sexually active men <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">8</div>	Gender and Health (as types)	Pregnant women, vaccinated girls, vaccinated women, women exposed to HPV types, sexually active women, sexually active young women, sexually active females <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">7</div>

As Table 7 demonstrates here, lexical choices frame the non-heterosexual male group as facing more serious and stigmatizing HPV health challenges. The use of terms “gay”, “bisexual”, “MSM”, “HIV/AIDS” and “anal/throat cancer” are many times collocated in the same sentence or in subsequent sentences, when discussing serious male HPV health issues. Furthermore, CDC discourse continuously emphasizes anal cancer tests and vaccination only for the non-heterosexual male group (gay, bisexual, MSM). In comparison, heterosexual males are linked to

the less serious HPV health issues, mainly genital warts. The use of this lexical repertoire in HPV discourse marginalizes homosexual/bisexual and MSM men by presenting and emphasizing a stigma that links HPV gravities primarily to the non-heterosexual male population.

6.1. Lexical Choice Category: Gender and Age

In addition to analyzing lexical choices that index the correlation between *gender and health*, I also analyzed lexical choices (as lexical chunks) that demonstrate the CDC's approach in compartmentalizing age in relation to gender. My analysis demonstrates that an over-lexicalization in this category reveals age as another issue of concern within HPV discourse for the CDC. Classification according to age and gender can be considered a naturalized norm within the medical social health field. Pennycook (2010) identifies the process of naturalization as social practices and assumptions that become integrated into ideological perspectives, including culture, that are not questioned or challenged. Problematizing naturalized practices such as age compartmentalization reveals gender discrepancies correlated to age.

My analysis of the lexical category "gender in correlation to age" demonstrates that females and males are similarly susceptible to being compartmentalized and categorized in relation to age. Examples of lexical chunks linking gender disparity to age are presented in Table 8. I examined a six-page section from a CDC news bulletin in order to problematize the age compartmentalization by looking at lexical choices that speak of maturity categories in correlation to gender - this is captured in Table 8 below; the Spanish language document

generated similar results. The six-page section discusses HPV vaccine and the steps to prevent HPVs and HPV-related cancers.¹³

Table 8 CDC Lexical Chunks		
FRAMING MALES	Category	FRAMING FEMALES
Boys ages 11 or 12, boys 11 and 12, boys and men 9 through 26, boys and men through age 26, boys and young men between 22 and 26, males ages 13 through 21, males 9 through 26, men through age 26, males through age 21, young men 10	Gender and Age (as types)	Girls beginning at age 9, girls 11 to 12, girls 14 to 19, girls ages 13 to 18, females age 9 through 26, women age 13 to 26, females 13 to 26, young women 19 to 26, women aged 20 to 24, women up to 26, women over the age of 26, women 30 and older, young women 13

The analysis of this category helps in identifying social biases resulting from the framing of gender in correlation to maturity within CDC’s HPV discourse. Girls and women are mentioned and discussed throughout the six pages, while men and boys are mentioned only in a total of 16 sentences within the six pages under two sections: “Who should be vaccinated and when”, and “Can boys get the vaccine?” The disparity in observed frequency in referencing gender points to a social bias reflecting naturalized, paternalistic treatment of women and girls and a normalized exclusion of men and boys as previously observed. Table 9 includes the types and the tokens reflecting the lexical choices used to frame gender in correlation to maturity.

As we can see in Table 9 below, even though the CDC is concerned with age-compartmentalizing people of both genders, its language use reflects a major disparity between frequency of tokens used for adult women and adult men – 20 and 5, respectively.

¹³

<http://www.cancer.org/cancer/cancercauses/othercarcinogens/infectiousagents/hpv/humanpapillomavirusandhpvvaccinesfaq/index>; American Cancer Society VPH preguntas frecuentes: <http://www.cancer.org/espanol/cancer/queesloquecausaelcancer/infeccionesycancer/fragmentado/virus-del-papiloma-humano-vph-cancer-y-la-vacuna-contr-el-vph-preguntas-frecuentes-what-is-hpv>.

Table 9 Discrepancies in correlation maturity and gender: Tokens; frequency of lexical choices			
Age-referencing tokens for Males		Age-referencing tokens for Females	
10	Boy(s)	12	Girl(s)
5	Man/Men	20	Woman/Women
4	Male(s)	3	Female(s)
0	Son(s)	2	Daughter(s)
4	Reference to under 21 years of age * ¹⁴	12	Reference to under 21 years of age*
0	Reference to fatherhood*	5	Reference to motherhood*
19	Total tokens identified for Males	54	Total tokens identified for Females

As this table shows, the words “men/man” (indicating mature males) are hardly used, as compared to “women/woman” (as mature females). This gender discrepancy is also reflected in the frequency of references females (including women and girls) and males (including men and boys), 54 tokens for females and 19 for males. This disparity is indicative of a gender bias that continuously emphasizes females’ relationship to HPV issues while normalizing the social disengagement of men and boys. By reinforcing this social disassociation for the male gender, the CDC fails to attribute socio-sexual responsibility to men and boys.

6.2. Thematic Gender Issues in HPV Discourse

My second concern is identifying the main gender issues embedded in HPV discourse.

The examination of the language used by the CDC to frame gender reveals themes relative to

¹⁴ These asterisks in Table 9 indicate that the reference was considered as a “token”, meaning that it was added every time such reference surged in the pages analyzed. For example, “male” and “males” collectively appeared only four times and thus it is entered as four. On the other hand every time the document linked males to the age under 21, it was counted as a token and added collectively to the times this age reference to males was made – in this case only four token references for males under 21 years of age were made. Similarly, every time references to “motherhood” were made (including words as “pregnant” or “pregnancy”) it was entered in the table as a “token”.

naturalized social norms that underscore gender disparities. Part 6.2 of my thesis synthesizes the analyses of all previous documents and incorporates the most important findings regarding gender bias and attribution of agency and lexical choices and gender disparities. My synthesis identifies the following four thematic issues:

1. HPV discourse as male-inclusive
2. HPV vaccine and HPV testing as an option for males
3. HPV vaccination as a female-centered rhetoric
4. HPV and the reproduction capacity of women and girls

6.2. HPV Discourse As Male-inclusive

It is clear that CDC HPV discourse does include males in HPV discussion in as a genuine male issue. CDC documents addressing HPV male-related issues and presented by headings such as “HPV and Men - Fact Sheet” and “Can boys get the vaccine?” demonstrate this. In disseminating this male-inclusive discourse, the CDC presents the HPV issue as an issue pertinent to males who are challenged to confront HPV health realities and HPV social responsibility. Prior to October 2011, when the CDC reoriented the HPV vaccine for males as cancer-preventive, HPV vaccine framing for males emphasized its non life-threatening nature by focusing on genital warts. This non-threatening nature suggested that males did not need to see HPV as a pressing threat. However, this perspective changed when the new recommendations for a cancer-preventive vaccine for men placed emphasis on throat, anal and penile cancer as serious health issues that affected males. CDC HPV discourse shows that male-inclusiveness does

demonstrate that HPV issues are no longer solely a female issue, even though findings continuously demonstrate that females are still signaled as primary HPV discourse targets.

My analysis of the HPV discourse documents, especially those focusing on male-related issues, indicates that the CDC is indeed presenting HPV as a male issue. It is important to note that this CDC HPV male-inclusive discourse identifies the heterosexual male group as separate from the non-heterosexual group which includes those the CDC identifies as gay, homosexual, bisexual and MSM. As my findings show, sexual orientation and sexual diversity are not observed in HPV female-focused discourse. My analysis of the lexical choices regarding gender and health demonstrate that addressing HPV in males as a serious health concern becomes more apparent in CDC rhetoric when HPV discourse discusses the non-heterosexual male group. The CDC stresses HPV as a health-threatening disease for the non-heterosexual group, who have a higher risk of developing HPV-related cancers, such as anal and throat cancers.¹⁵ This dynamic is observed in HPV male-centered vaccination discussions; when the CDC addresses or discusses non-heterosexual men, it uses language that connotes surveillance and control over the non-heterosexual male group – something that the heterosexual male group seems to be exempt from.¹⁶

6.2. HPV Vaccine and HPV Testing as an Option for Males

HPV Vaccine and HPV Testing as an Option for Males as a topic theme reflects the CDC's general message that, for males, the vaccine is presented only as an option, and it is not

¹⁵ HPV and Men - Fact Sheet; <http://www.cdc.gov/std/hpv/stdfact-hpv-and-men.htm>

¹⁶ Refer to chapter 9, Talbot where she discusses the masculine gender and the definitions of different masculinities. This chapter comes through as symbolic of her diplomatic approach by presenting data of particular importance to men; how the heterosexual man in general defines masculinity in light of social concepts of the lesser masculinities, including the effeminate man and the homosexual.

routinely recommended as it is for girls and women. Consider the two following examples. In the CDC fact sheet *HPV information For Young Women* we find, “The vaccine is not routinely recommended for administration to males”. Another example states, “The American Cancer Society has no recommendation regarding the use of the HPV vaccine in males”. These two examples show how males are not under any obligation to acquire the HPV vaccine.

Furthermore, it is important to note that when the CDC does discuss the more serious health HPV implications males can face, it clearly places emphasis on the non-heterosexual male. The CDC repeatedly reminds us that this group of males is 17 times at a higher risk than MSW in developing HPV-related cancers, and that this group benefits more than the heterosexual males from the HPV vaccines, check-ups, and related HPV-testing. In all male-centered HPV documents, as well as in most of the documents addressing the general public, the CDC stresses the HPV vaccine benefits for non-heterosexual men and highlights recommendations to test for anal cancer.

In general, the CDC HPV male-centered discussions do address heterosexual and non-heterosexual men, but the discursive approach makes stronger links between non-heterosexual males and HPV-related cancers and health risks because the health threats HPV presents to the non-heterosexual male group has been proven to be more serious. What is more significant is that the language used still allows room for these males to decide whether or not to get vaccinated or tested – a liberty that females in general are not given. The CDC continuously urges women to get vaccinated and to make sure their daughters get vaccinated; the following three examples present HPV vaccines for male as an *option*:

1. If you are 26 or younger, there is an HPV vaccine that can help protect you against the types of HPV that most commonly cause problems in men.
2. You may want to consider talking to your doctor about being vaccinated against

HPV if you are 26 or younger.

3. You may want to get checked by a health care provider for genital warts and other sexually transmitted disease (STD's).

Note the use of the “if” and “may” – lexical choices which linguistically weaken what would otherwise be a command. Interestingly, as comparatively demonstrated, females are *expected* to be tested and vaccinated, a common message the CDC disseminates throughout the HPV discourse documents I analyzed. Table 3 also presented one example of a sentence addressing females, “These tests can be used with the Pap test to help your doctor determine next steps in cervical cancer screening.” As we can see, this sentence implies that females are expected to have Pap smears in order for someone else (a doctor) to decide how to proceed. This framing language depicts females as powerless to decide for themselves.

6.2. HPV Vaccination as a Female-Centered Rhetoric

HPV vaccination is presented as female-centered. Table 9 shows the token frequency of the lexical choices for males and females, gathered from a six-page section that specifically discusses HPV vaccination issues, “Who should be vaccinated and when?” and “Can boys get the vaccine?” As demonstrated in Table 9, the total tokens referencing females is 54, while for males we find only 19 tokens – this is indeed a stark contrast that indicates that the HPV vaccination discourse is indeed female-inclined.

Despite the CDC's demonstrated interest in engaging males in HPV issues from a socio-sexual perspective of awareness and responsibility, its discourse still reflects the idea that vaccination for males is only an option and not routinely recommended. Thus, it can be argued

that CDC HPV vaccination rhetoric continues to underscore females' central position regarding the vaccine, and it continues to be guided by a gender-biased use of language and lexical choice.

Vaccination discourse for males began with a rather male-dismissive approach that focused on simply protecting them against genital warts. Male-centered HPV discourse is now beginning to focus on preventing HPV-related cancers; this is observed in the way CDC titles its male-centered documents. On the CDC website, there are no documents with titles that specifically present the HPV vaccine as a vaccine for males. For example, male-centered documents containing vaccination information are given the titles that reference the virus rather than the vaccine, such as "HPV and Men – Fact Sheets". Although the CDC uses discourse that specifically focuses on the nature of the virus itself and what it means for males, its focus is not the vaccine itself in male-centered HPV discussions. Vaccination is presented as a topic in its own right or within HPV discussions in male-oriented documents; this is different from female-centered documents. In CDC female-centered documents we find such titles as "Will you protect your daughters against cervical cancer?" and "HPV Vaccine Information for Young Women – Fact Sheet". The CDC continuously steers the HPV vaccination discussions away from males, making the vaccination issue a primary focus within HPV female-oriented discussions. As HPV vaccination discourse underscores the vaccine's strong connection to a cervical cancer-preventive purpose, the fact that the vaccine is gendered as a female vaccine cannot be denied.

6.2. HPV and the Reproduction Capacity of Women and Girls

My examination of the CDC's materials also reveals the following topic theme: *HPV and the Reproduction Capacity of Women and Girls*. My analysis of the sections "Who should be

vaccinated and when?” and “Can boys get the vaccine?” of the six-page news bulletin captures gender biases in correlation to the HPV vaccine. Table 10 below illustrates a gender bias in the treatment of women and girls, supported by the lexicon the CDC uses in five of the six pages of the bulletin.

Table 10 Discrepancies in correlation maturity and gender: Tokens – frequency of lexical choices referencing age for Males and Females				
5	Man/Men		20	Woman/Women
4	Reference to under 21 years of age		12	Reference to under 21 years of age
19	Total tokens for males identified		54	Total tokens for females identified

As the table shows, the frequency (tokens) signaling “woman/women” to “men/man” is 20 to 5, respectively, while the frequency (tokens) in referencing females under 21 to referencing males under 21 is 12 to 4, respectively. Furthermore, men and boys are mentioned or discussed only in a total of 16 sentences within the six-page section.

The comparison of token frequency referencing each gender demonstrates the manner in which the CDC is preoccupied with females. The examples in Table 11 below demonstrate how the CDC places emphasis on motherhood and reproductive issues when addressing not only women, but also girls who are socially forced to face reproductive issues before reaching maturity. Interestingly, analysis of the 16 sentences where boys and men are mentioned reveals that: 1) boys are never discussed in detail, but rather simply mentioned, and that 2) preoccupation with the reproductive reality of men and boys, or fatherhood, does not occur.

<p>Table 11 Thematic topic: HPV and the Reproductive Capacity of Women and Girls CDC bulletin, sections: “Who should be vaccinated and when” and “Can boys get the vaccine?”</p>
<p>Referencing Women & Girls</p> <ol style="list-style-type: none"> 1. The vaccines are recommended for girls ages 11 to 12 because most girls at this age have not become sexually active. 2. Do women and girls who have been vaccinated still need Pap tests?” 3. If a woman who is pregnant does get the HPV vaccine, this is not reason to consider ending the pregnancy.
<p>Referencing Men & Boys</p> <ol style="list-style-type: none"> 1. The committee recommended that boys ages 11 and 12 should be vaccinated. 2. The American Cancer Society has no recommendation about the use of either HPV in males at this time.

Earlier we saw the seven lexical choices the CDC uses when framing females in the category of Gender and Health: pregnant women, vaccinated girls, vaccinated women, women exposed to HPV types, sexually active women, sexually active young women, sexually active females. This framing emphasizes the sexual dimensions of women and girls, reflecting a vaccination-rhetoric inclined to sexualizing them. In contrast, in the lexical choices framing males (Table 7), we saw that the emphasis is placed more on illnesses rather than on reproduction. Males are framed as people with weak immune system, people with AIDS, people with HIV, HIV-infected, HIV-positive, men with HIV, men with compromised immune systems, and sexually active men. Thus, the thematic topic *HPV and the Reproduction Capacity of Women and Girls* in consideration of the lexical choices used in identifying both genders reflects a gender bias indicative of a socio-ideological norm favoring surveillance of the sexuality of women and young girls.

6.3. Addressing Social Gender Disparities in CDC Language

Does language used by the CDC in HPV discourse emphasize or challenge social norms or stereotypes regarding gender? I identified three important issues which are representative of ideologically based social constructs that are equally reflected in the examined English and Spanish language HPV documents:

1. Disassociating heterosexual males from HPV awareness and social responsibility
2. The social burden that forces girls and women into social responsibility and disempowerment
3. The reinforcement of a social system that favors heterosexual males with more options and control over their sexual lives, as compared to non-heterosexual males and females

6.3. The Disassociation of Males from Social Responsibility

As I have shown, HPV-related CDC discourse does not discuss vaccination for boys and young men with the same diligence that it does for girls and women; HPV vaccination is treated as a social health priority for girls and women in the treatment and control of the spread of HPVs. As my findings reveal, *the disassociation of males from social responsibility* is reoccurring theme within CDC vaccination rhetoric. The HPV vaccine is presented only as an option for men and boys; it is not routinely recommended for them as it is for girls and women. However, it must be recognized that the CDC does place great importance on the non-heterosexual male group within HPV discourse by discussing cancer and health risks associated with HPV, something the CDC dismisses casually when addressing or discussing the heterosexual male group. The findings revealed by previous research indicate that the non-

heterosexual male group within the male population is much more informed in regards to HPV issues (P. L. Reiter, N. Brewer & J. Smith, 2010; P. L. Reiter et al 2010); this is indeed reflecting CDC discourse regarding present HPV discourse. Such discourse surrounding males reinforces the exclusion of young men and boys from HPV discussions, HPV awareness, and social responsibility regarding STDs.

6.3. The Social Responsibility of Women and Girls

The CDC's HPV discourse (both English and Spanish language versions) sexualizes and depicts young girls and women in need of being monitored. This patronizing approach is reflected in social norms guided by stereotypes and naturalized traditions that insist on framing girls and women as sexual entities which need to be under social surveillance; such social practices have also been documented in previous medical social research (F. Angulo-Olaiz, 2009; M. E. Fernandez et al., 2009). CDC HPV discourse both reflects and feeds into society's placement of girls and women in a central position regarding the HPV issues. Such preference forces young girls into the adult world of women and submits them to burden and social responsibility, referencing Kiaer's recognition of the "the discursive construction of maternity in society" (as cited in Talbot 2010, p.129); as an ideological approach embedded in health practices, this practice patronizes women and girls, under a gender bias to control and to protect their health and bodies in concern for motherhood in society. CDC HPV vaccination rhetoric follows this approach as it focuses primarily on controlling and monitoring girls and women's bodies and behaviors in order to lower HPV rates and HPV-related cancer rates for the greater good of society. Thus, HPV discourse, like other medical discourse, becomes a significant site of

social inquiry regarding the domain of sexual health, childbirth, and female social identity.

6.3. The Reinforced Social System favoring the Heterosexual Male

As I have argued, male-focused HPV discourse reflects a bias towards giving heterosexual males more options and more control over their sexual health compared to both females and non-heterosexual males. This ideological perspective is clearly seen in the way the CDC places less emphasis on boys, young men, and MSW (heterosexuals) than on the non-heterosexual male group. Such discrepancy is reflected in the observed lexical choices made by the CDC regarding sex and gender labels, in the low frequency of instances with which non-heterosexual males are referenced in the discussions, and in the way the CDC overall diverts socio-sexual duties to other groups (to females and non-homosexual males. Thus, the CDC's current approach reflects a heterosocial system that promotes norms supported by stereotypes. One of these naturalized gender stereotypes, that it is okay for males to show more sexual prowess socially, has lead to the acceptance of boys and young males leading a less dictated and monitored sexual life (J. G. Vanslyke et al. 2008). Another socially accepted norm is the already-mentioned compliance of permitting institutions to keep females' sexual life in check for the sake of motherhood, as observed in Talbot (2010) and Angulo-Olaiz (2010, 2009). These institutions are systems wherein medical authority, such as the CDC, influence health care professionals to favor the control of females' bodies to treat HPVs (S. Vogels, 2009; J. Wagner, 2009; G. D. Zimet & S.L. Rosenthal, 2010; M. Mara, 2010). My thesis unveiled various naturalized norms and gender disparities created in CDC literature; I believe that the application of CDA presents opportunities towards a more progressive HPV discourse.

7. CONCLUDING ARGUMENTS

In this thesis I have discussed how HPV discourse incorporates linguistic elements indexing social dynamics of gender treatment. I argue that CDC biases are embedded in HPV discourse and disseminated to the public, and that such biases index heterosocial norms resulting in gender disparities that socially favor the heterosexual male population. I also argue that the CDC does not promote a fairly distributed social responsibility between the male and female sexes, including groups that represent different sexual orientation categories. My thesis work unveils five main gender disparities within HPV discourse on behalf of the CDC.

The first disparity I observe demonstrates that agency is hardly attributed to females; problematizing the use of 1st and 2nd person in header questions of Q & A fact documents reveal a gender bias in the attribution of agency. These linguistic elements connote socially powerful males and socially powerless females. This bias reflected in the agentic disposition of females within HPV discourse is reflected in the broader social context where females, as a group, are framed on the lower rungs of the social ladder. Analysis of lexical choices used in framing gender revealed lexical categories indexing gender disparity, embedded in the HPV discourse. These lexical categories guide the problematizing of CDC language and leads to the identification of social thematic gender issues that disempower females but empower males. For example, as revealed by lexical choices and the thematic issues analysis, my observations indicate that males are given more options regarding HPV treatment, such as vaccination. This highlights a hegemonic paternalistic ideology that exerts control over women and girls; this is reflected in the preference to vaccinate girls and women over boys and men (L. S. Downs Jr. et al., 2010; A. E. Leader et al., 2009; P. L. Reiter et al., 2011). This exclusion of boys and young

men is particularly observed in Latino communities in the U.S (Colon-Lopez, A. P. Ortiz & J. Palefsky, 2010).

I argue that the second gender disparity is that CDC recognizes sexual orientation diversity only within males; female sexual orientation diversity is never acknowledged. The lack of recognizing female sexual diversity sends the message that female sexual diversity is not important to be recognized or discussed in HPV issues. Where should females who identify as either gay, bisexual or WSW turn to when questions regarding HPV and related same-sex issues arise? While issues of male sexual orientation and diversity are included in various HPV documents analyzed, not one document I analyzed reflected this aspect of women's sexual diversity. When the CDC fails to recognize sexual orientation within the female group in HPV discussions, the result is a marginalization by exclusion; this is a stark contrast to the way the CDC continuously discusses sexual orientation and diversity within the male population

A third disparity results from the CDC's approach in framing sexual orientation within the male population. The CDC uses language that favors heterosexual males socially by not attributing them with the same pressure and stigma with which it frames the non-heterosexual group; the CDC creates this disparity by not focusing on heterosexual male's role in STDs and HPV transmission and prevention, and it completely excludes boys in discussions surrounding HPV awareness and socio-sexual responsibility. Although the heterosexual male is included in general HPV discussions, it is MSMs who are emphasized when discussing sexual responsibility and the serious health issues resulting from HPV infection. Heterosexual males are not framed in a manner that links them to the surging HPV stigma and further more, they are not held accountable to follow the same treatment expectation as women and non-heterosexual males are.

The fourth disparity concerns surveillance of women and girls' sexual activity and body and assigned social roles in order to control HPV transmission, sexual activity, as well as rearing children. I argue that the manner in which the CDC frames this control emphasizes a social responsibility that falls on females while sexualizing young girls through a forced, premature sexual surveillance. This gender discrepancy is the result of the CDC's continuous steering HPV issues and HPV vaccination discussions towards women and girls, and away from men and boys. This gender-biased discourse permits the CDC to discuss girls and women as symbolic territories of social struggles and power play regarding sexual issues; this creates a social marginalization stemming from a patriarchal ideology institutionalized within the medical system whose goal is to monitor women's sexual behavior (S. Vogels, 2009; J. Smartt Gullion). I argue that female-marginalization results from the CDC's imposition of social responsibility for sexuality and HPVs on women and girls.

The fifth gender disparity highlights a biased discursive approach that frames HPVs, HPV vaccination, and social and medical surveillance as realities a young girl must face, boys however are simply mentioned in the discourse but their social roles within the HPV issues are never discussed. This difference in gender treatment has a two-fold negative consequence – it marginalizes girls into being linked to HPVs and it disservices boys and their sexual health by not including them in HPV awareness, transmission, prevention, and responsibility. According to Fergus, Hurtado & Noguera (2012), signaling structures surrounding gender identities, gender roles and sexual orientation plays an important role in determining how boys will learn to construct ideologies surrounding sexuality and masculinity and how as men they will engage in and respond to on-going social dialogue. The CDC continues to frame HPV vaccination as a female issue by underscoring the vaccine's strong connection to cervical cancer prevention. In

comparison, while the CDC does include men in HPV vaccine discussion, it completely excludes young boys despite the fact that HPV vaccination has been recommended twice by the government.

The differences in the treatment of gender I observed as a result of my thesis work point to biases stemming from existing gender norms. I argue that the CDC does indeed use language that is emphasizing norms reflecting naturalized social gender disparities and stereotypes within CDC HPV discourse. The gender biases supported and emphasized in CDC language use are: The Disassociation of Males from Social Responsibility, The Social Responsibility of Women and Girls, and The Reinforced Social System favoring the Heterosexual Male. For example, the noticeable exclusion of males within in-depth HPV discussion is marked with the inherent societal lack of emphasis on STD's and HPV responsibility commonly observed within the male population (F. Angulo-Olaiz, 2009; S. L. Marhefka et al., 2011; J. G. Vanslyke et al., 2008; E. M. Daley et al., 2011). CDC's biased treatment of gender promotes naturalized norms that permit girls to be probed, directed, spoken and decided for; this reflects the heterosocial stereotype of the discursive construction of maternity embedded in health practices that disempower and patronize women and girls. As noted by Talbot (2010), since heterosexuality is the primary, or hegemonic, social norm (as opposed to homosexuality), it is logical to assume that heterosocial norms follow, as opposed to homosocial norms.

My thesis reveals that the heterosocial structure underpins the prevalent CDC's HPV discourse; it also reveals existing social norms such as paternalism, resulting in gender biases, Paternalistic patterns embedded in CDC discourse index a socio-cultural bias that socially compromises the agency of women, girls and the non-heterosexual males. While my analysis shows that CDC does attributes females some agency, it occurs only in specific situations such as

when dealing with certain social responsibilities such as health-related financial guidance, HPV tests, motherhood and pregnancy. My observations also indicate that the CDC's information accessed by the public does not stress male responsibility as female responsibility is, especially when it comes to children and HPV vaccination, HPV awareness and prevention. Gender bias is deeply rooted in CDC language use, and it is reflected in the uneven attribution of agency. As observed, whether in English or Spanish, CDC HPV discourse reflects a heterosocial perspective that favors hegemonic norms and ideologies.

This thesis serves as a stepping-stone for future critical work surrounding gender inequalities regarding HPV awareness and responsibility. However, there is still a need to raise HPV awareness in boys and men to help them understand their social roles and responsibility regarding sexually transmitted diseases such as HPVs; more research is needed to understand the dimensions entailed by this social need, for example, audience-based research on how HPV discourse is taken up or contested by health professionals and patients. Findings revealed in an audience-based study would address the reaction to the HPV discourses and would allow us to see whether my findings regarding gender disparities affect doctor-patient interaction or vaccination rates among males and females or heterosexuals and MSM.

My research offers critical analysis of HPV discourse in hopes of bringing forth new insight for consideration in the ongoing construction of a discourse that is sensitive in attributing agency more equally amongst genders and individuals of diverse sexual orientation. My hope is that a new HPV discursive approach will eliminate gender disparities by conscientiously discussing boys and men in relation to HPVs, and in doing so, emphasize HPV accountability to males, regardless of sexual orientation, to the point that the male social responsibility becomes naturalized within existing social structures.

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