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## **Perceptions of Women versus Men in Matter of Women's Health**

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Perceptions of Women versus Men in Matter of Women's Health

A Senior Honors Thesis

Submitted In Partial Fulfillment of the Requirements  
for Graduation in the Honors College

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*Educational use of this paper is permitted for the purpose of providing future students a model example of an Honors senior thesis project.*

## Abstract

Inequalities between men and women within political and health spheres have greatly impacted the way voting aged citizens perceive particular political messages. This is quite apparent within the context of controversial reproductive health issues, such as access to abortion or specific birth control methods. By surveying voting aged, male and female college students from both major American political parties on their perceptions of messages spoken by either traditionally feminine or masculine voices, some of these deeply ingrained biases were revealed. Although speaking the same message of either a very liberal-leaning view on abortion and birth control, or a very conservative view on abortion and birth control, men and women were perceived differently from one another. However, the clearest distinction proved to be from ideology rather than gender, with the liberal candidates receiving a much more favorable reaction from members of both political parties and genders. Women falling within a generally “average” category in terms of negative or positive response generates numerous questions about the changing political, social, and healthcare climate of the United States. The differences in ideological perception, with conservatives being ranked overwhelmingly negatively by respondents, also indicates changing standards for both genders within health-based policy development.

## I. Introduction and Background

The healthcare and political systems within the United States are inextricably linked, with political representation serving as major factor of who receives the greatest healthcare attention and funding. It is abundantly clear that women's health matters are often placed on a backburner position within the American political system. As considerable research shows, women are still starkly underrepresented in the American political system and its associated culture – this is especially startling to note when considering the numerous decisions that are being made regarding women's health issues, many of which have taken on contentious, or even taboo, reputations in the 21<sup>st</sup> century United States. While there are endless causes of this inequality, several are a product of a political-social and health-related culture that are not particularly welcoming or responsive to the specific needs and viewpoints of women. The long ingrained culture that affects almost all women within these professions has undoubtedly branched outward to the general public, creating voluntary and involuntary biases within the minds of electorate populations that set women's viewpoints back, particularly those concerning contentious health care issues.

It is no secret that men and women are treated very differently in the American political sphere, both by individuals with and without strong political or health care ties or knowledge (Cohn & Livingston, 2016). Today, this is abundantly clear on many forms of social media, as well as in how male versus female politicians' words and actions are portrayed by the media. This is quite evident when considering the field of women's health care. Men tend to be applauded by liberal outlets when they present strong liberal views on women's health issues; when women do the same, they are often ignored or told that their messages are too aggressive.

On the other hand, men tend to face backlash from conservative outlets on these opinions as they go against what many see as traditionally masculine viewpoints (Garrett & Stecula, 2018). This also contributes to the exploration regarding how men and women react to highly conservative viewpoints on these topics when spoken by either a man or woman.

Considering these clear gender differences within the political word, it would be logical to hypothesize that men are often taken more seriously and generate greater impact when they voice strong opinions on women's health care initiatives including access to birth control and legal abortions. This argument is generated from the long-standing notion that women, especially in the political sphere, are often seen as aggressive and combative rather than strong leaders when presenting their particular opinions. Through arguments presented from background research, women are generally seen as less credible when discussing controversial issues. In regards to women's health initiatives, many still believe that female political leadership is not yet realistic within American culture (Horowitz, Igielnik, & Parker, 2018). This same principle of thought can be applied to women in health care and business industries, and holds true when considering the combination of these often intersecting ideas. Many of these thoughts are also shared by women, as many have been conditioned to take men in positions of power more seriously than women, and some theories suggest that women often take a stance of blatant hostility or distrust to leadership by their own gender within healthcare, political, and business spheres.

By exploring a number of concepts within the American health care and political culture, coupled with original research pertaining to the perceived competency and rationality of female leaders regarding these subjects, reasons behind continuing gender inequalities and stereotyping across a wide range of industries may become much more apparent. More specifically, this

research will study whether citizens of voting age react differently to the same message when spoken by a male versus female politician. In particular, the focus centers on messages based on women's health care initiatives, including birth control and abortion, because this is an issue that can greatly represent public and political attitudes toward women in a subject that is often a purely female domain in terms of its immediate consequences. This study will provide evidence of whether issues of women's health care are seen as more or less legitimate and reliable when spoken by either a male or female politician, relying on notions presented by traditionally feminine, high-pitched voice recordings and low-pitched, masculine audio. After analyzing these results in conjunction with an extensive literature review and their possible complications or implications, suggestions for further studies and specialized conclusions will be explored. Better understanding the gendered biases that still impact these two immensely important American industries and fields of study is the first step in narrowing the gap between men and women in leadership positions, especially on the subject of prominent, and often one-sided, health care decisions. It was an integral part of the original research to note whether women were more likely to be applauded for presenting a conservative viewpoint, once again tying in with the idea of masculine ideals in today's society.

## II. Literature Review

Many of the aforementioned issues regarding ongoing gender disparities stem from the general American political culture, which is often wrought with blatant inequalities and misogynistic attitudes. However, these findings are not solely tied down to the realm of political culture – the United States' health care system and executive business world have also

perpetuated the way women are perceived both within the health care industry, as well as how female opinions are perceived on healthcare policy methods and implementations. Even as women have made strides toward having their voices heard on both of these fronts, there is strong evidence to support lingering inequalities that greatly impact the stature of female politicians' health care related political statements. Several researchers have made intriguing developments that invaluable assist in supporting the hypothesis and methods of this study.

### **The Science Behind Voices**

Although much of this research concerns the social implications of women versus men in political and health related fields, it will be vital to the field research at hand to understand a scientific and psychological background of gendered voice perception. According to a 2012 study published by the Public Library of Science (PLOS), voices are often an essential component in the way people view critical traits in others. “Attractiveness, strength, and social dominance” are three highlighted throughout this research, as they are qualities that directly tie to the perceived proficiency of those holding professional leadership positions (Anderson & Klofstad, 2012). The results of this study were quite conclusive – masculine, or low-pitched voices, are considered more favorable across the board in terms of gender and leadership position. Therefore, traditionally masculine voices are perceived as more trustworthy, competent, and convincing than those that take on a more feminine pitch.

Because most men's voices fall within a range of frequencies between 65 to 250 Hertz and women speak between 100 to 525 Hertz, there is a relatively substantial overlap between what would be considered “feminine” and “masculine” voices. However, it is also essential to

consider factors other than pitch that generally differentiate male and female voices. According to a study by the University of Iowa, women tend to engage in more “swooping pitch changes” as they speak, while men generally express low levels of pitch change. Feminine voices are also described as more “breathy” and typically display greater use of speech articulators, particularly the lips (“Male & female voices,” n.d.). This study also mentions a greater use of hand gestures and “softer” words choices in women compared to men, but this will not be explored within this study as only voice recordings will be utilized. These additional factors equally contribute to the way female and male voices are perceived by their audience – although original research presented in this study will be focusing solely on the sound, pitch, and frequency of voices expressing a political message, these external components of communication cannot be neglected in understanding the general preference for male speech behaviors in business and political spheres.

There is even research that indicates that these voice preferences have a direct impact on who wins elections – the concept of conveying information through purely animalistic methods, namely voice pitch and volume, is quite important in understanding voting habits. Even in politically neutral statements, those with lower-pitched voices tend to garner more positive reactions from listeners than high-pitched voices. This pressure to sound a certain way to secure votes and electorate respect has led many female politicians, such as former British Prime Minister Margaret Thatcher, to explore vocal training techniques (Vedantam, 2018). The desirability of masculine traits is an entirely prevalent theme throughout many American industries, with political spheres often displaying some of the highest degrees of pressure. However, the importance of voice for women is often much more complicated than simply taking on a lower pitch – a higher pitch, on the other hand, is generally associated with greater

physical attractiveness. Because women in many executive positions, particularly in those as visible as public office, face pressure to be both competent and attractive, it is difficult to find a happy medium between these perceptions.

While this study did not address the social implications surrounding the scientific concepts of larynx size and mass of vocal folds, it can be determined that much of this is a result of societal conditioning. The clear preference for masculine voices across the board leads to many deeper questions about the perceived competency of traditionally feminine versus traditionally masculine leaders in almost all professional realms – this is particularly clear in the responses of women, who strongly preferred lower-pitched voices within women but generally displayed low to no preference between high and low-pitched male voices. From this purely biological and physiological standpoint, men are typically already at an advantage when it comes to gathering respect and trust from colleagues, coworkers, or electorate bodies. Making the connection between this traditionally scientific information and the societal implications they carry is an important component in better understanding divides within political and health care fields across the nation.

### **The Gender Divide in American Political and Business Culture**

The gender divide present within modern American society can be attributed to several defining factors, each of which provide insight as to why women are seen as less capable of holding prominent leadership and decision-making roles in political or policy-development spheres. These factors include differences in political involvement, differences in representation and public perception, and “syndromes” that tend to impact individual women in executive

positions, both within political and business or health care realms. Exploring each of these provides a well-rounded look at a national environment that is often seen as beneficial to men at the expense of women.

The first, and often most heavily researched, topic that must be considered is women's involvement in American politics, as well as how women are viewed when taking on these politically-charged positions. Some have argued that female viewpoints in the political sphere are not considered with the same weight or merit as their male counterparts simply because women's political involvement, both electorally and non-electorally, is lacking in comparison to men (Kittilson, 2016). Activities such as the discussion of political matters and participation in demonstrations or protests are still a male-dominated aspect of American political culture. This observation alone is something that has impacted the way women are perceived even when discussing political matters that specifically effect their way of life, namely access to birth control and abortion. This disparity is even stronger when considering electoral participation, or status as a political leader. According to a 2016 Pew Research study, 47% of women and 28% of men assert that women either running for or holding political office are held to a higher standard than men. A similar percentage (41% women, 31% men) argue that American society is not ready for high level female leadership. Again, it is apparent that while citizens sense this inequality, personal biases and feeling of disruption in American status quo have negative consequences for the way women are seen on the political stage (Cohn & Livingston, 2016). This study also provides evidence of difference in gender views from a political party stance. 69% of Democratic women and 46% of Democratic men asserted that they hoped to see a female president in their lifetime, compared to 20% of Republic women and 16% of Republican men. This survey not only accounts for gender differences, but political ideology differences, both of

which will prove to be an essential aspect of the original study outlined further along in this research.

Additionally, it has been argued that men are more likely to be seen as moral gatekeepers in society, providing stronger competency than women in the face of decisions, such as abortion, that are often seen through the dichotomous lens of “moral” or “immoral”. This is particularly evident in a political sense, where men have more often taken the lead on widely debated topics (Plutzer, 2005). This has led many to believe that regardless of how prevalent women become within the sphere of political activism and participation, contentious issues will still be left to the discretion of male leaders. In the case of abortion or birth control, this rings especially true, as women may be inclined to take a more emotional stance on an issue that affects, or has the potential to affect, their personal livelihood, while men’s more detached position may seem more rational and palatable to voters.

An interesting observation surrounding these ideas also stems from Tolleston-Rinehart’s research into women’s health in a political setting. She states, “The political culture of gender is powerful enough to have imbued the entire health system – from researchers and policymakers to providers and patients, including women themselves, with an assumption that there is “health” and “women’s health”” (Tolleston-Rinehart, 2005). This is also relevant to better understanding the topic at hand, as men may remain indifferent to “women’s health” issues when spoken by women because they are seemingly not applicable to their own health needs. While Tolleson-Rinehart’s findings do create some compelling points, there is a lack of prediction or explanation pertaining to the way men would view these issues under the political voice of a male politician. This research ascertains a definite difference between the way women and men are viewed in a health and political manner, but can be taken a step further when considering some other

variables, such as political ideology of the citizen. These issues, with this source as critical background information, will be explored within the original research design.

As intriguing as it is to consider the health policy implications of political inequality, it is important to note that these toxic facets of political culture are not necessarily tied specifically to the implementation of health care or the election and treatment of politicians. Several examples of generalized political and professional ideas that have kept women from keeping up with their male counterparts are relevant across all areas of career development, primarily impacting women in business leadership or administrative roles. Some of these include the Goldilocks syndrome and Queen Bee syndrome, both of which segment female or “feminine” voices against both male and fellow female political models. Each of these proposed theories have made a nearly irrefutable mark on the way female professionals are understood within political and health-related realms. In addition to these two theories, the concept of the “glass ceiling” has also had a strong, detrimental impact on the way women pursue leadership positions in these career spheres.

Goldilocks syndrome refers to a very common debacle for women in predominantly male-centric fields, such as business and politics – caught between worries of being too competitive and too emotional or too lax and too aloof, women find themselves unable to find a happy medium, both for their own personal satisfaction and the contentment of colleagues. According to a 2013 Forbes article by Sarah Ware, the five most common underpinnings of insecurities associated with Goldilocks syndrome are attitude, emotion, motherhood, speaking out, and having an opinion (Ware, 2013). Although written in a business context, it is apparent that this same sentiment could be applied to the American political culture – attitudes, emotions, speaking out, and opinions are integral parts of political activism, and familiar relations

including motherhood are often still seen as entirely relevant to the United States electorate. As evident through many historical elections involving female candidates, women's behaviors are often nitpicked at a much more critical level than those of their male counterparts. Rather than a focus on the ideas presented by women, their manners of communication, outward appearance, and underlying sentiments of their actions often steal the main focus of media outlets and the general public. This is a direct product of the societal disposition toward unfavorable biases toward an entire gender. While men are certainly not immune to feelings of inadequacy, women face a higher degree of criticism for their personal behavior in professional and decision-making spheres, creating a common mindset destructive to those attempting to excel in male-dominated fields. Therefore, the general lack of political participation by women, especially within decision and policy-making spheres, may be attributed to these differing standards and deep-rooted feelings of ingrained inadequacy, both within the mindsets of men and women.

Queen Bee syndrome has also become more relevant as political and business institutions continue to progress through the twenty-first century. Queen Bee syndrome refers to the general "meanness" and antagonism exhibited by women in positions of authority to other female colleagues and associates. First documented in 1973, this behavioral phenomenon continues to be cited by many as a major contributing factor in seemingly outdated perceptions of female inadequacy and emotional insecurities. According to a *Development and Learning in Organizations* journal, 70% of female executives express feelings of being "bullied" in the workplace by a woman holding a higher position of authority. However, these feelings are not completely restricted to female boss figures – many female executives have also experienced hostile behavior exhibited by women on a lower or the same professional level. This syndrome manifests itself in a wide range of behaviors including gossiping, social alienation of the target,

and the competitive “stealing” of friends or romantic partners (Singh, 2018). Arguments surrounding women’s lessened ability to lead in comparison to men are often justified by this widely documented behavior – therefore, it is argued that women in health care or political leadership positions can be undermined due to the trends of immature, “socially aggressive” conduct. As outdated and unfair as it may seem, many voters in twenty-first century American society often cite women’s stereotypical participation in these behaviors, as a reason to avoid voting for women in high-level political positions.

On the other hand of this dispute, many scholars have argued that the citation of this syndrome as a basis for lack of female involvement in high-level professional positions is, in itself, inherently sexist. “Women are just expected to be nicer,” states Sheryl Sandberg, Chief Operating Officer of Facebook. “We stereotype men as aggressive and women as kind. When women violate these stereotypes, we judge them harshly” (Sandberg & Grant, 2016). It is also argued that the greater competition between women in leadership is a direct consequence of workplace conditions that hinder and actively work against women. Whether Queen Bee syndrome can be seen as an entirely relevant argument for those explaining the hindrance of women in leadership, or a simply biased take on gender stereotypes, it cannot be denied that its existence is partially to blame for the perceived lack of competence by large numbers of the general public. It can then be argued that feminine voices expressing strong messages surrounding important topics such as health care can carry the connotation of “cattiness” and “hostility”, adjectives that have often discouraged women from taking on opinionated stances or attempts at securing political leadership.

The “glass ceiling” concept has become quite well known across business and political spheres, referring to the barriers many women face as they attempt to advance to stronger

leadership positions in their particular career field. The study cited below specifically mentions the health care industry, although its analyses and implications can be applied to a wide variety of fields and industries. Much of the disparities expressed are attributed to the general culture of the United States, which still views women as homemakers and domestic figures rather than leaders in issues as important as health care and political policy (Chisolm-Burns, Spivey, Hagemann, & Josephson, 2017). This particular source lists seven overt barriers that make up the infamous glass ceiling, many of which are quite similar to issues associated with Goldilocks Syndrome: conscious and unconscious biases, lack of interest in pursuing greater leadership roles, lack of mentors and role models, lack of workplace policies that support work-life balance, problems with combining work and life roles, lack of opportunities both internal and external, and the “lean out” phenomenon, which refers to women’s decision to slow or fully stop their taxing career roles. Several of these barriers can be explained by a lack of female-centric institutions within business and health care spheres. The general lack of women in executive or leadership positions, as well as attitudes of disdain or hostility to fellow female employees by women in these positions, result in lack of relatable or proper role models for those attempting to break through the glass ceiling. Additionally, issues with work-life balance are often exclusive to women in these industries – rather than men, who are typically associated with devoting a large majority of their energy to career-focused pursuits, women are expected to effectively balance their growing careers alongside family life. There are implicit problems with several aspects of this notion – first, it assumes that women should sacrifice either career or personal life for the benefit of the other (a predicament that most men in similar positions simply do not face); secondly, it highlights the fact that American political and business culture often does not allow for a healthy balance between two essential aspects of human livelihood. These can undoubtedly

be considered factors for the way women are regularly treated within these industries, and therefore, the way women are seen when they take on highly opinionated or controversial political opinions.

In addition to these explicit barriers, feminine characteristics of leadership, such as empathy and generosity, are devalued in comparison to masculine characteristics, such as assertiveness and self-reliance. This concept becomes all the more problematic when considering the way women are often perceived when they display these desirable masculine traits. As explained by Sheryl Sandberg, rather than being viewed as more competent and reliable, women are instead seen as unlikeable and combative. Much of this sentiment can be attributed to conscious and unconscious biases that have existed for centuries. Gender divides have become all the more prevalent as women have infiltrated male-dominated arenas, and existing biases stemming from both internalized, generational ideas and outright discrimination have prevented women from receiving equal opportunities and treatment as their male counterparts.

These listed barriers and their explanations once again provides an insightful framework for further research into voice and gender perception – even when expressing similar or even identical messages as fellow male associates, women are seen as overstepping their bounds or speaking from a place of emotions rather than rationality. According to a 2018 Forbes article, the continuous existence of the glass ceiling can be attributed to some seemingly universal female behaviors in the workplace – these include women being unwilling to ask for more from their employers, an undervaluing of talents and technical skills, reluctance to take career risks, and hesitance to engage in productive conflict (Allen, 2018). Incidentally, these associated problems also directly tie into the Goldilocks and Queen Bee syndromes – an attempt to correct these

behaviors could be met with great criticism and further tarnish the reputation of any woman seeking to further her career.

Understanding these relatively modern theories and concepts provide an intriguing insight into the idea of a political gender divide, especially since responsibility for existing divides falls on both genders in various ways.

### **Further Inequality in the Health Care Industry**

Although most prior research in professional or workplace-based gender inequalities focus on business rather than health care, this can quite easily be applied to this specific service industry. This is especially true in the United States, where health care is treated as a sort of business commodity, as much of its use is financed by private funds, businesses, and households. Therefore, women in health care leadership positions, chiefly those in administrative or policy-making roles, face much of the same adversity present in those attempting to excel in business and politics. It is also important to note the strong link between politics and health care implementation in the United States, as those in political roles are often expected to take on a more prominent role in health care related matters than those with actual health care related backgrounds or experiences. With this in mind, previous lessons surrounding Goldilocks Syndrome, Queen Bee Syndrome, and the glass ceiling concept, can be just as relevantly cited within American health care initiatives. Alongside these previously mentioned concepts are lack of female representation in health care entities and the controversial nature of many women's health services across the nation.

It is paramount to understand the gender make-up of health services within the United States, as this often serves as the backbone for how women are perceived in making important health and political related decisions. It is first interesting that women are considered the primary health care utilizers within the nation – according to the National Research Corporation, approximately 78% of women would name themselves as the primary health care decision-maker in their respective households (Lounsbery, 2018). This is expressed through women’s tendency of being the sole or primary decision-makers in topics such as nutrition and vaccination options, as well as developing trusting relationships with health care providers (Wentz-Graff, 2017). However, even as women are often dubbed the “chief medical officers” of their respective families, this power is lacking within the American health industry, both within providing and decision-making spheres. These issues also share strong ties with Chisolm-Burns, Spivey, Hagemann, and Josephson’s argument that women are still associated with domestic and familial tasks rather than wide-branching decision making. While trusted by families to make proper health decisions, women do not face the same welcome attitude when bringing their health care opinions to the forefront of public spheres.

As for the service sector of the health care industry, many of these issues also stem from lack of female representation that in turn, effects the way women are regarded when discussing issues specific to this field. Even as women are the greater utilizers of health care, especially when it comes to family health care, there are major disparities in the ways women receive their care (Wheeler, Foreman, & Rueschhoff, 2013). According to a 2017 article by Fay Schopen, 55% of registered medical practitioners are male and 66% of specialists are male. This lack of representation rings especially true for women’s health care, such as gynecology – women’s health issues such as endometriosis are prime examples of this inequality, as this disease effects

one in ten women but often takes ten years to finally be diagnosed. While this particular research places its focus on the way women are treated when receiving care, it is still a strong piece of evidence displaying the way women are often not seen as capable of understanding even their own personal health care – something that has strong ties to women expressing strong views on hormonal birth control and access to abortion. Leadership positions for women in health care are also lacking – this can be attributed to common health care and business themes, such as a skew toward women taking on primarily masculine workplace characteristics to better fit in with a male-dominated industry, as well as a startling lack of support between female associates stemming from the Queen Bee syndrome (Fisher, 2018). These trends in women’s leadership correspond with the way female-specific health issues are understood and prioritized across the nation. Without adequate female representation (in other words, representation that is also valued and respected), women’s health issues are often neglected on the political forefront, chiefly when considering bipartisan or controversial topics. A 2018 article by Forbes sums up the nation’s health care predicament in its concise opening statement – “It’s been well noted that women are the primary decision makers when it comes to health and care decisions in the U.S. However, in 2018 they are still greatly underrepresented in health care leadership” (Fisher, 2018).

The reputation of women as the primary decision-makers in health care matters is also an interesting assertion when considering the widespread debate that often revolves around female-centric health care matters, with the most notable being abortion. Within both the public and political realms of American history, controversy surrounding the legality of abortion and its associated health care implications for women has been a constant for decades. Possibly the best and most well-known illustration of this debate between divides and convergences of political precedence and personal health decisions for women comes from the frequently cited case of *Roe*

*v. Wade (1973)*. Familiarity with the landmark *Roe v. Wade (1973)* is a vital component in understanding the United States' tenuous relationship with women's access to abortion, as well as with the way women both in and out of political positions are perceived when expressing their particular viewpoints on these matters. The importance of this case cannot be overstated, as the legal, political, moral, and gendered implications of its outcome are still a factor in health inequalities and associated political inequalities that still plague the American culture within both of these often polarized fields. *Roe v. Wade's* determination that criminalized or restricted access to abortion was a direct violation of the right to privacy implied within the 14<sup>th</sup> Amendment was a highly disputed decision at the time, and much of this reputation has not changed over the years. The continuance of the yearly pro-life affiliated March for Life and ongoing court decisions stemming from this original debate, including *Planned Parenthood v. Casey (1992)*, indicate a clear dissent between many Americans, falling especially along political affiliated lines ("Roe v. Wade," 2018).

It is interesting to consider the level at which these debates continue when considering the general consensus of the case among the American public. According to data in 2018, this debate has tended to skew toward support for the Supreme Court's decision. A 2018 Wall Street Journal and NBC News poll indicated a record high 71% recorded support for the *Roe v. Wade* decision, as opposed to the 23% seeking to overturn its ruling. However, this is divided by political party, with 88% of Democrats and 52% of Republicans supporting its continued precedence of abortion law and regulation (Newburger, 2018). Gender is not a major factor in this debate, with 65% of women and 61% of men agreeing with the decision, although it is not clear how these viewpoints would impact gender perceptions or voting habits among survey respondents (Birnbaum, 2018). As is the case with many specific health-oriented political

matters, these are often not the deciding factor in who voters support, typically falling behind issues such as the economy, terrorism, foreign policy, and immigration (“Top voting issues,” 2016). Although this debate is often solely associated with the legality and public acceptance of abortion, this case held much greater implications in public health, particularly within matters that primarily effect the health of women. In the 21<sup>st</sup> century political climate, many organizations and members of the general public have recognized the fragile nature of *Roe v. Wade* and the way a possible overturn may impact the way women are understood and treated within matters of politically-based health care decisions.

As with most social or politically-based issues, the history behind a topic is one of the most important facets in understanding its continuing relevance and stature – this historical divide between both supporters and adversaries of abortion, as well supporters and adversaries of female participation in health-based political matters (whether these attitudes were consciously or unconsciously formed), is an unwavering foundation of modern viewpoints of women’s impact on health initiatives. The following look at Planned Parenthood includes several statistics pertaining to modern-day public opinions of legalized abortion and its associated funding.

Although an active provider of affordable health care to all genders, Planned Parenthood has garnered stature as a primarily women’s sexual health center, and to some right-wing or conservative citizens, a sort of funded, glorified abortion clinic. Planned Parenthood’s status as a publicly funded, safety net health care institution makes it a very popular option for many women, especially those of lower economic status. According to Guttmacher Institution research, one quarter of American women, and roughly half of poor women, received contraception from these types of publicly funded centers (“Publicly Funded Family Planning,” 2016). Because women’s health care is so often associated with taboo subjects such as abortion and birth control

(including both hormonal options and barrier methods), female opinions surrounding the subject are often disregarded as immoral, unethical, and simply unconvincing. Although about 62% of Americans express their support for Planned Parenthood, this does not account for remaining percentages that have taken up arms against the organization, nor does it account for the way this support translates into electorate support for female versus male politicians. It is unclear whether this lack of translation between Planned Parenthood funding or abortion support and electoral votes is a result of indifference toward these issues or systemic lack of support for female politicians, as there is statistical evidence for both theories. For example, the aforementioned 62% of support for Planned Parenthood has faced a moderate downfall since the 1990s, possibly indicating a change in political and health care culture surrounding these particular issues (Norman, 2018).

As previously mentioned research has explained, health care issues, especially female-centric matters, are not among some of the top voter issues during recent election cycles. It is also important to note that the divide between those who identify as pro-choice and pro-life is wider than this general support of Planned Parenthood, with the split falling along 85% pro-choice in Democratic participants and 36% pro-choice in Republican participants. This undoubtedly changes the way politicians are perceived when they specifically express strong support for pro-choice, pro-birth control initiatives – coupled with the aforementioned polls surrounding viewpoints of women versus men in political leadership positions, it is clear that this could undoubtedly have an impact on nationwide health care decisions. However, other Gallup polls have also indicated that men and women generally hold very similar positions regarding the legality of abortion (Newport, 2018). According to this study within the college-attende demographic, 31% of women and 30% of men favor the legality of abortion under all

circumstances. Within college graduates, this gap begins to widen – 42% of women and 32% of men favor abortion under all circumstances. This is also an important facet to consider as the upcoming results of the original research are better developed and understood. Since this study will include information surrounding gender and political party identification from college students, these distinct statistics may prove especially relevant.

Although abortion, and the places that perform this service, often overtake the forefront of women's health issues, the debate surrounding access to contraception and birth control is still a hot topic among many communities. Like most gender inequity issues within the United States, the marked improvement and higher levels of acceptance for women's active participation in their own health matters has led many to believe that these are actually no longer issues and require little to no more effort toward change from the general public. Access and reputation of birth control use are a perfect example of this common phenomenon. While the morality of birth control or contraceptive could be considered a resolved issue, with nearly 89% of Americans declaring its use completely acceptable from a moral and health standpoint, problems concerning access for teenagers, access to particular communities, and cost coverage remain somewhat contentious (Weldon, 2015). Amongst these issues, there are also noticeable gender divides in opinion. Because this study is focused on messages likely to be expressed by politicians discussing women's health issues, data surrounding relevant political segments of this debate were the main focal point explored – most notably, the freedom health care providers and employers have in refusing birth control coverage to patients or employees. Compared to the substantial percentage who believes birth control use to be morally sound, 67% of Americans believe that birth control coverage should be required for all employers. This number becomes all the more interesting when considering the gender divide within this issue – 62% of men and

72% of women agreed with employer coverage of birth control (“Most say birth control,” 2016). Even with this general public consensus, political leaders often still secure votes regardless of their stance on this issue. A highly prominent example of this predicament is the Trump administration’s rules allowing a greater number of employers to opt out of providing no-cost birth control for employees (Thanawala, 2019). Although a majority of the American electorate may agree with free birth control under a wide variety of circumstances, voting patterns often do not reflect this, and it will prove insightful to see if this sentiment becomes more or less pronounced when faced with the political opinions of a woman. Of course, these issues are not often at the forefront of many voters’ minds, so truly determining the effect of gender on these types of political decisions requires deeper research than simply observing past voting patterns.

Because women constitute more than half of the United States population, about half of all physician positions, and are considered the head decision-makers and utilizers in terms of health care, especially when it comes to family health, it is difficult to understand why these clear demographic advantages and perceived expertise do not translate into the political field. Women are often propped up as the greatest potential catalysts for change in this area because of marketability toward women in the health industry, but it is difficult to determine whether this can be equally translated to areas that are much more male-dominated, such as in political policy spheres (Lounsbery, 2018). Considering the numerous issues of political culture and participation along gendered lines, it may prove more difficult for women to find their footing in the specific areas of health policy, even when their opinions are most frequently cited in individualized and personalized health decisions. This again ties into the previously explored issue of individual women versus collective gender perceptions and predispositions.

## Literature Review Conclusions

While literature concerning the intersection of political representation and women's health care decisions is not particularly well covered or researched by past scholarship, the concepts explored within each of these sources are undeniably connected to this specific realm of investigation. The principles explored in this preceding research, such as limited executive positions for women, internal biases against women in political positions, and historical precedents set by abortion and birth control legislation, will prove quite insightful in understanding and interpreting the data collected through new experimentation. Each of the terms and current trends discussed in political and health care contexts are an essential foundation for further study of gender inequalities and widespread, societal biases. As political, business, and health care industries have opened their doors to more female participation, many underlying problems and emerging issues have created challenges for women looking to excel in their particular field – much of this can also be attributed to the negative attention many women inevitably attract when voicing opinions regarding more taboo health-related, politically-charged topics.

As beneficial as this past literature review has proven to be, a large degree of this research content was divided between political and health realms. Through this new research, the two fields will be brought together to truly understand their connection in twenty-first century American society and the way that this may effect two extremely influential, vital industries as the nation progresses.

### III. Research Design and Methodology

The participants selected for this study are college students who are registered to vote under one of the two major political parties. Twenty-eight students responded, encompassing the sample size. More specifically, 15 women and 13 males participated. Split up by political party, numbers of participants were 6 Democratic men, 8 Democratic women, 7 Republican men, and 8 Republican women. Because this study does not focus on religion, race, or previous education, any background was acceptable for all participating students. Students were recruited through two specific processes: Facebook posts calling for registered Democrats and Republicans falling under male or female gender identity, as well as email recruitment sent out by select Brockport political science professors.

Before the actual experiment began, participants were asked to fill out a survey explaining their political affiliation – questions regarding women’s health concerns were omitted to maintain the integrity of the next step in the experiment. Although the survey initially asked participants to self-identify in their respective political party, a variety of policy-based questions were also asked to determine if the participants were truly liberal or conservative in their ideological leanings. The primary focus of this first survey was social issue questions, including viewpoints on same-sex marriage and gun control. The transcript of the survey provided is provided in Appendix A, “Pre-Survey Questions”.

While the answers to these questions did not necessarily determine or directly correlate with the participant’s opinion on health care issues, it was safe to assume that there would be a relationship between answers provided and viewpoints given upon the experimental beginnings. For the integrity of results, it was necessary to have a pool of nearly half registered Republics,

half registered Democrats. Although the results of the ideology-based pre-surveys did not change the process for experimental grouping, identifying any differences in the partisanship of each Democratic and Republican participant will better help to understand perceptions across a political scale. As for mode of administration, the entirety of this experiment was completed online, including the pre-surveys, voice recordings, and post-recording surveys.

For this experiment, four recordings with a similar setup to persuasive campaign ads were used. The “politicians” portrayed through these voice recordings were unnamed and voiced by actors and actresses, each displaying qualities typically associated with feminine and masculine voices. More specifically, the actress spoke in a relatively high pitch, while the actor maintained a lower pitch throughout the course of his voice recording. Two recordings featured a politician speaking with a pro-life, anti-hormonal birth control sentiment, one with the selected woman’s voice and one with the selected man’s voice. The other two recordings were also separated by gender, but instead portrayed a pro-choice, pro-hormonal birth control viewpoint. Both conservative recordings and both liberal recordings utilized the exact same script. The scripts for each political stance focused on the same general issues, such as whether access to birth control and abortion should be increased. It was also important to include buzzwords typically associated with publicized pro-life versus pro-choice debates, such as “equality”, “right”, “freedom”, and “health”, as well as mentions of *Roe v. Wade* and employer covered birth control costs. It was vital to maintain a persuasive, politically accurate tone through the scripts and actor depictions in order to create a sense of realism for participants.

The liberal script is as follows:

When it comes to birth control, abortion, and other matters of women’s health, I believe that they are a human right. Safe access to these contraceptive methods, as well as abortion, should be a fundamental part of the way our nation delivers health care. Regardless of previous sexual history and financial situation, women deserve this, and I will fight to ensure that these

rights are guaranteed for generations to come. Decisions such as Roe v Wade have set a precedent that needs to remain in order to ensure a free, healthy, and truly equal nation. More work must be done to ensure that these methods of contraception and abortion remain highly accessible and increasingly safer through greater funding, especially through employee benefits, as well as through educational initiatives.

The conservative script is as follows:

While matters of women's health are important to the health of this nation as a whole, it is not the government's responsibility to provide methods of birth control and abortion to the general public. Human life is precious, and freedom to choose matters of health care should not impede upon this fundamental right to life. The growing acceptance of abortion and free access to birth control is the wrong turn for this nation, and action needs to be taken to prevent this from going any further. The upholding of Roe v. Wade and the requirement of many employees to provide free contraception to employees is a detriment to our nation's health and development. The negatives associated with some contraceptive methods, as well as abortion, including health and emotional consequences, greatly outweigh their supposed benefits.

In terms of experimental design, the recordings of female voices serve as the control group while the male voice recording groups serve as the treatment, or independent variable – this was decided because much of the focus in prior research has been on the way women are perceived when expressing their political, health care, or leadership opinions and viewpoints.

The participants of this experiment were divided into four groups, two of men and two of women, each containing roughly ten participants. Each group was randomly assigned a particular link to a survey and its associated recording, grouped solely by gender. These groups were then split in half to account for each gender of each political affiliation hearing every possible recording. One group composed of each gender and political party listened to a specific combination of two recordings – either the conservative man and liberal woman or liberal man and conservative woman. Specifically, Group One of Democratic Men, Democratic Women, Republican Men, and Republican Women heard the conservative male and liberal female messages. Group Two of Democratic Men, Democratic Women, Republican Men, and

Republican Women were given the survey containing the liberal male and conservative female recordings. After listening to each recording, individuals were asked to fill out a brief survey expressing their thoughts on the message portrayed. This survey was completed directly after listening to one recording, and was followed by the second recording and a second survey identical to the one associated with the first recording. Within these surveys, participants were tasked with selecting adjectives that described the message and the associated speaker. Based on the recording provided, participants chose the impression they received from the particular message, choosing from a list of adjectives with negative or positive connotations. The exhaustive list of these words has been provided in Appendix B.

The process after retrieving the results involved comparing the viewpoints from each audio recording in order to detect any patterns of gendered differences between message perceptions. More specifically, a count of the time each word was selected in each particular case was taken, allowing for a stronger determination of whether negative or positive connotations were tied to each message. The choices of words expressing views on each politician will serve as the dependent variable, as it has been influenced by the recording. The results gathered were then compared to the pretest to understand more about what has influenced participant decisions within this experiment. The counts determined are included and will be further analyzed and explained in the following “Raw Data” and “Research Conclusions Based on Data” sections.

#### IV. Data

The data of this research were analyzed through a variety of methods, the most basic involving a simple description of the responses gathered from each participant’s surveys. This

data were further divided based on participant group, political party, and gender. Using cross tabulations on SPSS statistics software, tables were created comparing adjective selection to these variables. More specifically, the tables present what percentage of each group selected a particular adjective in response to a particular recording. Each table can be found in Appendix C. Pink highlight indicates clear differences in selection based on gender of the recording, while green highlight indicates clear differences in selection based on ideology of the recording. This method will be further explained in the following section, Research Conclusions Based on Data.

## V. Research Conclusions Based on Data

Although dealing with a relatively small sample size, some general conclusions can be made based on the data collected through this survey. The implications stemming from the data can be split into ideology of the recording and gender of the recording, as this seemed to be a natural divide between the ways these messages were perceived. Some adjectives were also quite clearly defined by both of these variables, indicating a much more widespread disdain for individuals of a specific gender and political party combination.

Theories prevalent to women's roles in professional realms seem to be showcased within a few instances of these data. The female recording was more likely to be seen as confident and assertive rather than modest or humble – however, this was also often reflected under the adjectives of angry, argumentative, or combative. The female voice was generally also seen as less likeable than that of the male voice. This is a basis for the Goldilocks Syndrome, as masculine characteristics were attributed to a feminine voice, but generated more negative

reaction than those of the male figure. The tables below, also shown in Appendix C, show the adjectives with some of the most pertinent differences in gender perceptions.

**Table 9: Percentage of Respondents Selecting Term: Confident**

Recording	Selected
Conservative Man	33.3%
Liberal Man	46.2%
Conservative Woman	69.2%
Liberal Woman	53.3%

As shown in Table 9, participant selection of the word “confident” for the conservative woman was 35.9 percentage points greater than for the conservative man, and 7.1 percentage points greater for the liberal woman than the liberal man. It is also interesting to note the discrepancies between ideologies in this case.

**Table 1: Percentage of Respondents Selecting Term: Aggressive**

Recording	Selected
Conservative Man	13.3%
Liberal Man	0%
Conservative Woman	23%
Liberal Woman	20%

As was predicted through the literature review, female voices were perceived as more aggressive under both liberal and conservative messages. As shown in Table 1, liberal man received the most favorable selections, with zero participants noting aggression. It is intriguing to note that the liberal man was seen as highly confident, yet not at all aggressive, unlike the female recordings.

**Table 11: Percentage of Respondents Selecting Term: Modest**

Recording	Selected
Conservative Man	20%
Liberal Man	23.1%
Conservative Woman	0%
Liberal Woman	6.7%

As for term “modest”, selection was considerably higher for the male recordings. As appears to be a common theme within the data, the liberal man was most commonly associated with this positive adjective, while the two female recordings and conservative male recording were viewed less favorably.

**Table 3: Percentage of Respondents Selecting Term: Strong-Willed**

Recording	Selected
Conservative Man	33.3%
Liberal Man	30.8%
Conservative Woman	76.9%
Liberal Woman	60%

The term “strong-willed” also yielded interesting results regarding gender perceptions. As shown in Table 3, the conservative woman received the highest marks under this category, with selection 16.9 percentage points above liberal woman and 43.6 percentage points above conservative man. The high selection for conservative woman in adjectives “strong-willed”, “confident”, and “aggressive”, and the low selection for “modest” indicates a strong reaction from participants to her message, which may serve as evidence for gender perceptions fueled by ideological differences.

Ideology of the speaker seemed to play a greater role than even gender in this study. Although messages were quite equal in their level of extremity, the conservative speaker was

much more negatively received from both the liberal male and liberal female voices. According to these data, conservative women would be seen as finding the greatest difficulty in expressing their political messages to a receptive audience. Of course, the sample consisting of only college students must be considered before making these very general conclusions. The pre-survey questions did indicate a pool of participants that tended to fall along more left-leaning lines in social issues, so this may be an aspect of these results. Adjectives that serve as some of the strongest proof for this idea are “likeable”, “well-educated”, “argumentative”, “irrational”, and “uninformed”, although many of the words with gender implications also hold ideological implications.

**Table 5: Percentage of Respondents Selecting Term: Likeable**

Recording	Selected
Conservative Man	6.6%
Liberal Man	40%
Conservative Woman	0%
Liberal Woman	38.5%

As shown in Table 5, participants clearly viewed the liberal voices as much more likeable than the conservatives. Even here, it can be noted that the female recordings were still behind the male recordings in terms of their likeability.

**Table 15: Percentage of Respondents Selecting Term: Well-Educated**

Recording	Selected
Conservative Man	6.7%
Liberal Man	61.5%
Conservative Woman	15.4%
Liberal Woman	40%

As shown in table 15, participants were also much more likely to find the liberal voices to be well-educated when compared to the conservative voices. Again, there are some gender differences here. The liberal woman was nearly 11.5 percentage points lower in this regard, and the conservative woman ranked 8.7 percentage points above the conservative man. This category of variables has revealed the trend of greatest disdain for the conservative male, while also serving as a continuance of the liberal male’s positive impression on participants.

**Table 10: Percentage of Respondents Selecting Term: Uninformed**

Recording	Selected
Conservative Man	40%
Liberal Man	15.4%
Conservative Woman	30.1%
Liberal Woman	6.7%

Results for “uninformed” yielded many of the same conclusions as “well-educated”. As shown in Table 10, the conservative recordings were perceived as much more uninformed than the liberal recordings. As for gender, it is interesting to note that both male recordings were ranked as less informed than both female recordings. This also breaks from the very common trend of the liberal male’s favorability with participants.

**Table 7: Percentage of Respondents Selecting Term: Irrational**

Recording	Selected
Conservative Man	33.3%
Liberal Man	15.4%
Conservative Woman	46.1%
Liberal Woman	13.3%

As for irrational, displayed by Table 7, the greatest participant selection went toward the conservative woman’s recording. At 12.8 percentage points greater than the conservative man, it

is possible to hypothesize that a pro-life female voice is more shocking to listeners than a pro-life male voice.

Overall, it can be concluded that the liberal male generated the most positive response from participants, while the conservative male generated the most negative. It is quite interesting that the female voices fell into this “average” category, as this is often not reflected in American political culture. Women competing for office are often subject to greater criticism and more media attention than men – these seemingly contradictory results may indicate a bias that impacts voters away from an experimental setting, or may indicate sampling that generated results divergent from typical electorate positions. However, many of these data were quite consistent with existing American attitudes. The frequent choices of “aggressive” and “irrational” for the female voices, particularly those of the conservative ideology, indicate a gender bias that continues to prevail, even when only based on the voice of a candidate. The results of this study can be interpreted in numerous ways, and future experimentation along this same vein could certainly reveal more concrete patterns.

## VI. Study Suppositions and Implications

As data from this study is analyzed, it is essential that the possible flaws of its design implementation are accounted for and fully understood. By understanding these foreseeable shortcomings, this original research can be inspected in a truly objective, scientifically-based manner. In addition, future research on the subject may benefit from a complete assessment of the experimental design’s relevance and effectiveness.

When considering the total scope of this experiment, the main weakness seems to be the potentially questionable grouping reliability. It is difficult to ensure that the groups are divided up relatively equally, as it is virtually impossible to create exact matches between male and female viewers. If one group turned out to be heavily conservative, they would likely react in a disproportionate manner toward the more liberal recording. The same applies to groups that may be heavily liberal. While the provided pretests can be expected to alleviate some of this bias, it would be nearly impossible to avoid this kind of error entirely. The level of liberal and conservative based thinking would also apply in this particular issue, as registered Republicans and Democrats encompass a large scope of members who associate with varying levels of right and left wing political ideologies. Grouping also proved to be a difficulty considering every recording was not played for each group. Although this was unavoidable, the data will be leaving out some specific participant opinions. Bias on a mild scale is also to be expected, as only college students will be participating. This is a population that is often associated with more liberal viewpoints on social issues, so the data may be unintentionally skewed in this direction.

It would also be difficult to completely eradicate chances of skewed thinking in regards to recruitment materials and preliminary surveys. As recruitment materials, such as Facebook posts and emails, were required to release some information surrounding the topic of research, contributors may have an idea about what will be asked and expected of them throughout the course of their participation. The implementation of the survey may reduce credibility of the experiment as participants may change their responses with further knowledge of its purpose. It could prove challenging to combat social desirability bias – if participants sense that they are being tested on something controversial such as gender views, answers may be changed to seem more open-minded or progressive. Though this issue will likely be quite limited, as a very

restricted amount of study design was released to possible participants through these materials, it must be addressed prior to viewing research results and data.

There is also an issue of realism within this design. Because participants may have not been in their typical setting of hearing political messages, this may have swayed results. For example, if participants are accustomed to hearing politically-based messages alongside a visual on a television screen, it may prove to be unnatural and uncomfortable for this to occur without visuals on a computer screen. Problems associated with realism also apply to the voice actors' performance in delivering their message. If the voices utilized are not convincing or realistic enough to satisfy participants, responses may be swayed.

As will be further addressed in the Thoughts for Future Research section of this paper, this experimental design would also leave out some important variables to consider. It would be interesting and insightful to recreate this design with politicians of different races or ethnicities, or to bring a religious or economic component into the debate rather than solely focusing on female versus male voices on the issue of women's health care. This focus on existing, bipolar gender stereotypes and biases also eliminated many chances to explore the issue of transgender, intersex, or other gender identities within United States political and health care spheres – because this topic has become so relevant in twenty-first century society, leaving it raises additional questions about gender biases within many important American industries and business cultures.

Even with these potential flaws in mind, this research posed no harmful effects to participants. Besides the completion of a short survey, each subject's answers remained completely confidential and were not discussed with the rest of the group. The only information

collected from participants were their initial political leanings, as well as their choices in the survey following the audio recording.

## VII. Thoughts for Future Research

While this study was focused on male and female gender differences in women's health care issues when considering political party affiliation, there are many aspects of research that could make for a more well-rounded, in-depth analysis of these existing stereotypes and biases. By compiling a list of these potential research changes and additions, future research can be led in a direction dedicated to further equality.

Firstly, as a study focused on health care issues, most other political debates between male and female politicians were not explored. Because there are a plethora of issues that often take precedence over women's health care in the minds of voters, including general access to health insurance and services, foreign policy, and economic matters, understanding the schism of public gender perception in these pressing 21<sup>st</sup> century debacles could be quite insightful.

It would also be beneficial to understand voice-related studies from a sexual orientation standpoint. When a person's voice differentiates from the perceived norm of a particular gender, suppositions surrounding that person's gender or sexual identity are often expressed by the audience at the receiving end of the particular instance of communication – these suspicions, whether voluntary or involuntary, often exert major influence over the way a person's competence is discerned. Better comprehension of the way this may impact LGBT+ community members' attempts at excelling in political or business leadership positions can eventually provide a pathway to improved representation and elimination of harmful stereotypes within

numerous influential realms of American society. As outdated as the notion may seem, many still face fears of “sounding gay” within social and professional realms, as this may create an environment ripe for questioning and possible discrimination (Swanson, 2015). This is also essential to address as the continuing fight for gender equality must adequately address prominent issues of bias and prejudices faced by all gender identities and sexualities. Since this study focuses on the gender stereotyping of women versus men, many areas of research surrounding transgender voices and roles in leadership were neglected. As the norms of worldwide society continue to shift, this will be an essential component of future research into the differences in perceptions surrounding the gender spectrum and associated biases.

Issues of race and religion are also essential to consider. Women of color face even lower rates of representation and much greater levels of discrimination in leadership roles. Issues such as the glass ceiling and Goldilocks syndrome are even more prevalent within these communities, members of which must work much harder to achieve advancement within their careers. The decreased access to women’s health services for women of color is also a tremendous problem. Ignoring this component of identity would be harmful to the advancement of all women, and further research on this subject will be truly valuable in better understanding steps that can be taken to improve women’s roles in health care and political matters. Narrowing the gaps that currently exist between white women and women of color pursuing executive or decision-making positions in male-dominated industries is one of the major first steps that must be explored in future research attempting to bring about greater gender equality.

Many of these same sentiments can be cited in the need to explore religion. Because religion is such an expansive, diverse component of American society, it cannot be neglected in understanding existing conscious and unconscious biases on bases of race, sexuality, and gender.

While it is essential to ensure that greater representation of minority religious groups exists in mainstream political and health fields, it is also vital to understand the way many religions impact views on what can be considered “controversial” women’s health care matters.

Religiosity was not a topic explored in this original research, but could be a crucial factor in the way individuals react to pro-abortion, pro-birth control messages. Lack of female leadership in many major religions, such as within high-level positions within the Catholic Church, may also play a role in the way highly religious individuals perceive female political leaders. The numerous complexities of twenty-first century religion would be a great launching point for a further understanding of existing gender biases and views surrounding emerging health care initiatives.

Age of participants is also an essential component in better understanding these existing biases. Responses from older men and women may display a completely different reality surrounding this issue of gender inequality than the age group explored in this particular study. Because older Americans tend to be more active voters, this may even prove to be a more important electorate group to consider in the way female politicians’ messages are received by audiences. One specific group that would be interesting to consider would be mothers with dependent children. As previously noted, mother figures are often considered the primary health decision-makers within their families, and it would be quite insightful to see whether this status would impact the way female politicians are viewed in expressing their particular viewpoints on issues such as birth control and abortion. Since women see themselves as their familial “chief medical officers”, would they be more likely to view fellow women as more reliable and educated within these types of health affairs? It could also be noted whether or not men with

wives and dependent children tend to find female politicians' messages more reliable, as they may be accustomed to leaving health care decisions to their wives.

Economic status of participants would also be an interesting facet to consider. Because Planned Parenthood is considered a safety net health care institution, or one that often caters to uninsured, Medicaid, or economically struggling populations, the economic status of a person could greatly impact whether they support pro-choice, pro-Planned Parenthood messages. The ability to correlate this with gender could open doors to deeper investigations about feelings of trust between low income populations and male versus female political figures.

As previously mentioned, some simple changes to the format of this experiment could also prove beneficial in better understanding these differences in gender perception. Using in-person actors with traditionally feminine and masculine features and clothing would likely add another layer of possible disparities between the way men and women are understood and respected when they speak about controversial, women-oriented issues. While relying on voices was a simple way to explore these issues, implementing a more in-depth analysis surrounding visual cues in communication would be quite enlightening for the topic at hand. As analyzed in the previous "The Science Behind Voices" section, men and women tend to take on contrasting physical cues along with verbal messages, including differences in posture and hand gestures. Without including these potential catalysts for skewed public reaction, a large degree of gendered communication differences are not being understood to their full potential.

## VIII. Final Conclusions

As exemplified by each source cited, as well as the results of the original survey research, much of the inequality faced by women in leadership positions are a direct result of biases which may be fully conscious or unconscious. These biases apply to both the simple idea of women inhabiting high-level executive or decision-making positions, as well as long-standing impressions of what the concept of “women’s health” entails. It is difficult to determine whether these issues will move along progressive lines, or whether their existence will continue to face more and more scrutiny from political and health establishments, as well as the general American population. The political ideology of women is also an issue, as this creates yet another facet of skewed perception faced by those wishing to pursue a politically-based career. As indicated by the results of this original research, college students seem to take on a much more liberal-minded stance regarding these issues than previous generations – however, the toll that this takes on politicians, especially women, deviating from the norm of these ideological stances, is also quite problematic.

Solving these issues will take more than simply hiring more women – a large change in attitude across business and political cultures, as well as throughout many realms of the public, will be necessary in creating professional environments focused on merit and qualifications rather than gender. More specifically, creating a culture that truly welcomes and respects female opinions surrounding women’s health issues, including access to birth control and abortion, will involve rigorous cooperation between all areas that encompass women’s health policy creation and implementation. These biases and controversies have existed for centuries, and it will take more than one generation to solidify positive changes in this regard – as exemplified by this

study, students pursuing higher education may prove to be an effective launching point for this increasingly urgent push toward genuine gender equality, as women were seen as relatively average in their perception when compared to men. Creating academic and professional environments that help future or current voters understand and better rationalize their internalized biases is an essential step in increasing self-awareness and morphing American political and health care culture into an entity that judges statements and viewpoints on the basis of merit rather than gender. Until the historical, political, and health care implications of modern-day gender inequity can be fully neutralized and understood by all professionals and members of the electoral population, the changes that many hope for will likely remain a hope rather than a fully plausible reality.

## References

- Allen, T. (2018, August 25). Six Hard Truths For Women Regarding The Glass Ceiling. Retrieved January 2, 2019, from <https://www.forbes.com/sites/terinaallen/2018/08/25/six-6-hard-truths-for-women-regarding-that-glass-ceiling/>
- Anderson, R. C., & Klofstad, C. A. (2012). Preference for Leaders with Masculine Voices Holds in the Case of Feminine Leadership Roles. *PLOS ONE*, 7(12), e51216. <https://doi.org/10.1371/journal.pone.0051216>
- Birnbaum, E. (2018, July 2). Poll: Majority of Americans support Roe v. Wade. Retrieved January 22, 2019, from <https://thehill.com/homenews/news/395205-poll-majority-of-americans-support-roe-v-wade>
- Chisolm-Burns, M.A., Spivey, C.A., Hagemann, T., & Josephson, M.A. (2017). Women in leadership and the bewildering glass ceiling. *American Journal of Health-System Pharmacy: AJHP*, 74(5), 312-324. <https://doi.org/10.2146/ajhp160930>
- Cohn, D., & Livingston, G. (2016, May 19). Americans' views of women as political leaders differ by gender. Retrieved from <http://www.pewresearch.org/fact-tank/2016/05/19/americans-views-of-women-as-political-leaders-differ-by-gender/>
- Fisher, N. (n.d.). 600+ Women Open Up About Working In Health Care In 2018. Retrieved January 6, 2019, from <https://www.forbes.com/sites/nicolefisher/2018/07/27/600-women-open-up-about-working-in-health-care-in-2018/#78a417344168>
- Garrett, R., & Stecula, D. (2018, September 4). Subtle sexism in political coverage can have a real impact on candidates. Retrieved April 28, 2019, from Columbia Journalism Review website: <https://www.cjr.org/analysis/pink-wave-candidates.php>
- Horowitz, J. M., Igielnik, R., & Parker, K. (2018, September 20). How Americans View Women Leaders in Politics and Business. Retrieved from <http://www.pewsocialtrends.org/2018/09/20/women-and-leadership-2018/>
- Kittilson, M. C. (2016, May). Gender and Political Behavior. Retrieved from <http://politics.oxfordre.com/view/10.1093/acrefore/9780190228637.001.0001/acrefore-9780190228637-e-71>

- Lounsbery, K. (2018, March 30). Editorial: Healthcare's primary decision-maker is female. Retrieved January 6, 2019, from <https://nrchealth.com/editorial-healthcares-primary-decision-maker-female/>
- Male & female voices: voice-academy. (n.d.). Retrieved December 29, 2018, from <https://uiowa.edu/voice-academy/male-female-voices>
- Most say birth control should be covered by employers, regardless of religious objections. (2016, September 28). Retrieved January 14, 2019, from <http://www.pewforum.org/2016/09/28/1-most-say-birth-control-should-be-covered-by-employers-regardless-of-religious-objections/>
- Newburger, E. (2018, July 23). Roe v Wade support hits record high: NBC-WSJ poll. Retrieved January 19, 2019, from <https://www.cnbc.com/2018/07/23/roe-v-wade-support-hits-record-high-nbc-wsj-poll.html>
- Newport, F. (2018, June). Men, Women Generally Hold Similar Abortion Attitudes. Retrieved November 15, 2018, from <https://news.gallup.com/poll/235646/men-women-generally-hold-similar-abortion-attitudes.aspx>
- Norman, J. (2018, June 27). Sixty-Two Percent View Planned Parenthood Favorably. Retrieved December 31, 2018, from <https://news.gallup.com/poll/236126/sixty-two-percent-view-planned-parenthood-favorably.aspx>
- Nidhi, S. (2018, September 6). How 'Queen Bee Syndrome' Hinders the Growth of Women Workforce. Retrieved December 29, 2018, from <https://www.entrepreneur.com/article/319639>
- Plutzer, E. (2005). Are Moral Voices Gendered?. In S. Tolleson-Rinehart & J. J. Josephson (Eds.), *Gender and American Politics: Women, Men, and the Political Process* (pp. 82-100). Armonk, NY: M.E. Sharpe, Inc.
- Publicly Funded Family Planning Services in the United States. (2016, September). Retrieved January 23, 2019, from <https://www.guttmacher.org/fact-sheet/publicly-funded-family-planning-services-united-states>
- Roe V. Wade. (2018, August 21). Retrieved January 21, 2019, from <https://www.history.com/topics/womens-rights/roe-v-wade>

- Sandberg, S., & Grant, A. (2016, June 23). Sheryl Sandberg on the Myth of the Catty Woman. Retrieved December 29, 2018, from <https://www.nytimes.com/2016/06/23/opinion/sunday/sheryl-sandberg-on-the-myth-of-the-catty-woman.html>
- Schopen, F. (2017, November 20). The healthcare gender bias: Do men get better medical treatment? Retrieved September 19, 2018, from <https://www.theguardian.com/lifeandstyle/2017/nov/20/healthcare-gender-bias-women-pain>
- Swanson, A. (2015, July 28). What it means to 'sound gay.' Retrieved January 5, 2019, from [https://www.washingtonpost.com/news/wonk/wp/2015/07/28/what-it-means-to-sound-gay/?noredirect=on&utm\\_term=.9a3395a99bac](https://www.washingtonpost.com/news/wonk/wp/2015/07/28/what-it-means-to-sound-gay/?noredirect=on&utm_term=.9a3395a99bac)
- Thanawala, S. (2019, January 14). Judge blocks Trump birth control coverage rules in 13 states. Retrieved January 14, 2019, from <https://www.pbs.org/newshour/nation/judge-blocks-trump-birth-control-coverage-rules-in-13-states>
- Tolleson-Rinehart, S. (2005). "Women Get Sicker, Men Die Quicker": Gender, Health Politics, and Health Policy. In S. Tolleson-Rinehart & J. J. Josephson (Eds.), *Gender and American Politics: Women, Men, and the Political Process* (pp. 171-197). Armonk, NY: M.E. Sharpe, Inc.
- Top voting issues in 2016 election. (2016, July 7). Retrieved January 19, 2019, from <http://www.people-press.org/2016/07/07/4-top-voting-issues-in-2016-election/>
- Ware, S. (2013, October 1). Are You Suffering From Goldilocks Syndrome? Retrieved December 27, 2018, from <https://www.forbes.com/sites/yec/2013/10/01/are-you-suffering-from-goldilocks-syndrome/>
- Weldon, K. (2015, July 28). Public Attitudes about Birth Control. Retrieved January 14, 2019, from [https://www.huffingtonpost.com/kathleen-weldon/public-attitudes-about-bi\\_b\\_7880080.html](https://www.huffingtonpost.com/kathleen-weldon/public-attitudes-about-bi_b_7880080.html)
- Wentz-Graff, K. (2017, May 11). Women responsible for most health decisions in the home. Retrieved January 6, 2019, from <https://news.ohsu.edu/2017/05/11/women-responsible-for-most-health-decisions-in-the-home>
- Wheeler, J. B., Foreman, M., & Rueschhoff, A. (2013, June). Improving Women's Health Challenges, Access and Prevention. Retrieved from <http://www.ncsl.org/research/health/improving-womens-health-2013.aspx>

Vedantam, S. (2018, November 5). Sounds Like A Winner: What Voices Have To Do With Politics. *NPR.org*. Retrieved from <https://www.npr.org/2018/11/05/664465019/sounds-like-a-winner-what-voices-have-to-do-with-politics>

## Appendix A

## Pre-Survey Questions

What is your gender?

- Male
- Female

What political party are you formally registered under?

- Democrat
- Republican
- Independent
- Other

How do you feel about the legalization of gay marriage across the United States?

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

How do you feel about the prospect of stronger gun control regulations in place in the United States?

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

How would you feel about the United States continually raising its military spending on a yearly basis?

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Do you agree with the death penalty?

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

## Appendix B

## Post-Survey

Please listen to the recording provided below.

Based on this recording, select the words that describe the impression you received from the message.

- Aggressive
- Assertive
- Strong-willed
- Angry
- Uninformed
- Likeable
- Argumentative
- Irrational
- Combative
- Confident
- Reserved
- Subdued
- Modest
- Humble
- Unlikeable
- Rational
- Well-educated

## Appendix C

## Adjective Selection

**Table 1: Percentage of Respondents Selecting Term: Aggressive**

Recording	Selected
Conservative Man	13.3%
Liberal Man	0%
Conservative Woman	23%
Liberal Woman	20%

**Table 2: Percentage of Respondents Selecting Term: Assertive**

Recording	Selected
Conservative Man	26.6%
Liberal Man	30.8%
Conservative Woman	38.5%
Liberal Woman	53.3%

**Table 3: Percentage of Respondents Selecting Term: Strong-Willed**

Recording	Selected
Conservative Man	33.3%
Liberal Man	30.8%
Conservative Woman	76.9%
Liberal Woman	60%

**Table 4: Percentage of Respondents Selecting Term: Angry**

Recording	Selected
Conservative Man	13.3%
Liberal Man	0%
Conservative Woman	7.7%
Liberal Woman	13.3%

**Table 5: Percentage of Respondents Selecting Term: Likeable**

Recording	Selected
Conservative Man	6.6%
Liberal Man	40%
Conservative Woman	0%
Liberal Woman	38.5%

**Table 6: Percentage of Respondents Selecting Term: Argumentative**

Recording	Selected
Conservative Man	46.7%
Liberal Man	7.7%
Conservative Woman	46%
Liberal Woman	20%

**Table 7: Percentage of Respondents Selecting Term: Irrational**

Recording	Selected
Conservative Man	33.3%
Liberal Man	15.4%
Conservative Woman	46.1%
Liberal Woman	13.3%

**Table 8: Percentage of Respondents Selecting Term: Combative**

Recording	Selected
Conservative Man	13.3%
Liberal Man	0%
Conservative Woman	7.7%
Liberal Woman	6.7%

**Table 9: Percentage of Respondents Selecting Term: Confident**

Recording	Selected
Conservative Man	33.3%
Liberal Man	46.2%
Conservative Woman	69.2%
Liberal Woman	53.3%

**Table 10: Percentage of Respondents Selecting Term: Uninformed**

Recording	Selected
Conservative Man	40%
Liberal Man	15.4%
Conservative Woman	30.1%
Liberal Woman	6.7%

**Table 11: Percentage of Respondents Selecting Term: Modest**

Recording	Selected
Conservative Man	20%
Liberal Man	23.1%
Conservative Woman	0%
Liberal Woman	6.7%

**Table 12: Percentage of Respondents Selecting Term: Humble**

Recording	Selected
Conservative Man	6.7%
Liberal Man	15.4%
Conservative Woman	0%
Liberal Woman	6.7%

**Table 13: Percentage of Respondents Selecting Term: Unlikeable**

Recording	Selected
Conservative Man	26.7%
Liberal Man	0%
Conservative Woman	23.1%
Liberal Woman	6.7%

**Table 14: Percentage of Respondents Selecting Term: Rational**

Recording	Selected
Conservative Man	13.3%
Liberal Man	53.8%
Conservative Woman	38.5%
Liberal Woman	40%

**Table 15: Percentage of Respondents Selecting Term: Well-Educated**

Recording	Selected
Conservative Man	6.7%
Liberal Man	61.5%
Conservative Woman	15.4%
Liberal Woman	40%