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**The Representation of Women in Medical Clinic Advertising
in Russia, India, and South Africa**

Arina V. Rovenskikh , **Alexander N. Marchenko**  

St. Petersburg State University, Saint Petersburg, Russian Federation

 a.marchenko@spbu.ru

Abstract. This comparative study investigates the representation of women in online advertising by private medical clinics across Russia, India, and South Africa, framing the analysis within the ‘mirror’ vs. ‘mold’ paradigms. The empirical material includes 781 human characters from 729 units of visual advertising content collected from the websites of 38 private clinics: 20 clinics in St. Petersburg (Russia), 10 in Delhi (India), and 8 in Cape Town (South Africa). Through a quantitative content analysis, we assess how these representations align with employment statistics and how they are influenced by market competition and content strategy (original vs. stock imagery). The results show a dual dynamic of reflection and shaping. Women were significantly underrepresented as doctors in India (–27 pp) and Russia (–20 pp) compared to real-world data, yet overrepresented in South Africa (+18 pp). This under/overrepresentation correlates with levels of market competition. Furthermore, in South Africa, the predominant portrayal of Black doctors signals a conscious shaping of post-colonial norms. While patient portrayals were more gender-balanced, especially in stock imagery, a bias towards male patients persisted in testimonials from India and South Africa. The study concludes that the level of market competition is a significant economic determinant in whether clinics’ advertising reflects or shapes professional and social roles, with the shaping influence being most pronounced in original content.

Keywords: gender representation, medical advertising, reflection theory, stereotyping, market competition, cross-cultural comparison, content analysis

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Репрезентация женщин в рекламе медицинских клиник в России, Индии и Южной Африке

А.В. Ровенских , А.Н. Марченко  

Санкт-Петербургский государственный университет, Санкт-Петербург, Российская Федерация

 a.marchenko@spbu.ru

Аннотация. В сравнительной перспективе изучается представление женщин в онлайн-рекламе частных медицинских клиник в России, Индии и Южной Африке. Рамкой анализа являются парадигмы отражения и формирования рекламой общественных явлений. Эмпирический материал включает 781 рекламный образ людей, запечатленный на 729 единицах визуального рекламного контента, собранного с 38 веб-сайтов частных клиник: 20 в Санкт-Петербурге (Россия), 10 в Дели (Индия) и 8 в Кейптауне (Южная Африка). С помощью количественного контент-анализа оценивается, насколько эти изображения соответствуют статистике занятости женщин в медицине в указанных странах, как на представление женщин влияют рыночная конкуренция и контент-стратегия (оригинальные vs стоковые изображения). Результаты показывают взаимообусловленную динамику парадигм отражения и формирования. По сравнению со статистическими данными, женщины значительно недопредставлены в качестве врачей в Индии (–27 п.п.) и в России (–20 п.п.), но при этом перепредставлены в Южной Африке (+18 п.п.). Чем ниже рыночная конкуренция, тем больше недопредставленность женщин. В Южной Африке преобладают изображения чернокожих женщин-врачей, что свидетельствует о сознательном формировании постколониальных норм. В то же время изображения женщин и мужчин в роли пациентов были более сбалансированы, особенно на стоковых изображениях, а в отзывах клиентов клиник из Индии и Южной Африки сохранялся уклон в сторону пациентов мужского пола. В исследовании делается вывод о том, что уровень рыночной конкуренции является значительным экономическим фактором, влияющим на то, будет ли реклама клиник отражать профессиональные и социальные роли или формировать их, причем это влияние наиболее заметно в оригинальном контенте.

Ключевые слова: гендерная репрезентация, медицинская реклама, теория отражения, стереотипизация, рыночная конкуренция, кросс-культурное сравнение, контент-анализ

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Introduction

In the post-COVID-19 pandemic era, health advertising is accelerating and reaching its audience amidst specific communication circumstances defined by the search for vital information. In this context, some stereotypes play an enhanced role, and the consequences are greater than increased sales for a product (Grau, Zotos, 2016, p. 767). Health advertising across the world depends not only on professionals and other practitioners, who develop messages and take on the role of cultural intermediaries (Corstie-Massay, Wheatly, 2022), but there are also significant external cultural and economic factors, individual actors' feelings of entitlement (e.g., related to gender and empowerment), and design and digital components (Cadeddu et al., 2023). From this perspective, medical advertisements in BRICS countries (originally an association of Brazil, Russia, India, China, and South Africa, which is expanding to ten countries in 2025) are empirically interesting as they represent a novel and broader communication landscape than the Western one.

BRICS countries face a similar challenge to their public health: that “posed by rising public expectations and limited resources to satisfy them” (Rodwin et al., 2018). Responding to this challenge, the countries have demonstrated equity-oriented, egalitarian, and collective approaches to public health. They have state health systems that are universal and free, but at the same time their digital media and advertising coverage are often favorable to private health and generally derogatory toward public healthcare. Private medical clinics, competing with each other and with the public sector, need to support an attractive media image, including the representation of women. But in BRICS countries this image is shaped by a variety of specific external factors, including the financing of the health sector and the professionalization of women.

Russia, India, and South Africa (SA, hereinafter) are examined to assess the representation of women in advertising, as they are representative of the majority of middle- and low-income countries, as well as of countries with varying levels of competition in the healthcare sector. Statistics from the World Health Organization (WHO) suggest that these countries fall below the average rate of health expenditure, which equals 10.35% globally and 13.35% for OECD countries (Organisation for Economic Co-operation and Development, headed by the US and associated with a Western orientation). India places 173rd out of 190 with 3.28%; Russia –

80th with 7.39%; and SA – 61st with 8.27%. This influences competition between private clinics for the out-of-pocket (voluntary) health expenditure of the population. In SA, this rate is 5.51% (position 181 out of 190), indicating the most intense competition; in Russia – 27.22% (90 out of 190); in India – 49.82% (31 out of 190)¹. So, SA has the most competitive conditions for the advertising of private medicine. In India, it is the opposite. Russia occupies an intermediate position.

In this economic environment, practitioners who develop advertising messages deal with reflecting the current state of professionalization of women in medicine. WHO's "Gender equity in the health workforce: Analysis of 104 countries" shows that the global average for women forming the health and social sector workforce is 70%². In the investigated countries, in SA men continued to dominate the medical profession in 2019, representing 59.4% of state-registered doctors. However, the proportion of female doctors from the Black population group has consistently grown in the medical workforce from 4.4% (2000) to 12.5% (2019) (Tiwari et al., 2021). In Russia, according to WHO's "European Data Warehouse", the percentage of physicians by sex was 70.76% in favor of females in 2020³. In India, according to an expert's opinion, around 50% of the healthcare workforce comprises women⁴. So, SA continues to occupy the most disadvantageous position for the representation of women in medicine, but it is also necessary to take cultural factors into account.

According to UNESCO, women are represented in the media in only 10% of cases⁵, and occupational status still shows the highest degree of stereotyping, dealing with unfair depictions of women. In recent years, women have been presented in an inferior manner relative to their potential and capabilities, while there is a slow shift towards more positive role portrayals (Grau, Zotos, 2016, pp. 762–763, 768). This dynamic is evident not only in traditional advertising but also in the rapidly evolving field of social media marketing, where brands strategically navigate female representation, as seen in the Chinese context (Volkova et al., 2023). Regarding this, Grau and Zotos point to the long-standing 'mirror vs. mold' debate about the relation between advertising and society. Following the 'mirror' point of view, advertising reflects values that exist and are dominant in society. Furthermore, this view suggests that the best that advertising can succeed in doing is to act as a magnified lens, which offers an extrapolated picture of a social

¹ World Health Organization, World Bank. (2024, November 19). *Global Health Expenditure Database*. https://humancapital.worldbank.org/en/indicator/WB_HCP_HEALTH_EXP

² World Health Organization. (2019, March 18). *Gender Equity in the Health Workforce: Analysis of 104 Countries*. <https://www.who.int/publications/i/item/gender-equity-in-the-health-workforce-analysis-of-104-countries>

³ World Health Organization. (2023, November 18). *European Database on Human and Technical Resources for Health*. https://gateway.euro.who.int/en/indicators/hlthres_137-of-physicians-by-sex-all-ages/#id=31564

⁴ Government of India. (2022, October). *Strengthening Healthcare Workforce in India: The 2047 Agenda*. <https://static.investindia.gov.in/s3fs-public/2022-11/Strengthening-healthcare-workforce-in-India.pdf>

⁵ UNESCO. (2019, September 13). *Gender and Media: Stereotyping in Advertising*. In *Building Peace in the Minds of Men and Women*. <https://www.unesco.org/en/articles/gender-and-media-stereotyping-advertising>

phenomenon. In contrast, the ‘mold’ point of view, based on the ‘cultivation theory’, suggests that people’s perception of social reality is shaped by the media. People incorporate stereotypes presented by the media into their own system of values, ideas, and beliefs about the quality of life. They start creating a concept of reality that tends to match the advertised images. In reality, the ‘mirror vs. mold’ alternatives create a continuum. Real-life examples lie on this continuum according to the social values that are promoted, and the type of products and services advertised. Accepting advertising as a system of visual representation, which creates meaning within the framework of culture, it seems that it both reflects and contributes to culture (Grau, Zotos, 2016, pp. 762–763). The continuum of ‘mirror vs. mold’ alternatives is reflected in both the mentioned statistics and in different representations.

The representation of women is also influenced by cultural norms: traditional values in Russia, caste issues in India, and racial concerns, Apartheid, and postcolonial norms and standards in SA. Russian traditional values emphasize combining family and creative labor for women. As a main national priority, this was articulated in the presidential Decree on traditional values (2022). The government has also been organizing forums and other programs for the self-realization of women. For instance, Deputy Minister of Health Veronika Skvortsova noted that more than 71% of qualified doctors are women, and that every fifth regional minister and every fourth rector of a medical university is a woman⁶. Western-oriented feminism in Russian media tends to acquire a political color (Argylov, Khrantsovskaya, 2024, p. 101), which reflects its acute debate with traditionally-oriented groups about how to improve the visibility of women in society and their active participation in various spheres of life, including occupations (Klemenchenok, Gromova, 2023).

Recent Indian studies on women have demonstrated that gender equality in India is influenced by factors rooted in the old caste system, as well as disparities between urban and rural areas. At the same time, there are positive prospects for changing rhetoric related to women (Ramsey, 2017). Since Jawaharlal Nehru’s reforms (1948), which contributed to increasing women’s education and entry into the professions, India has become a global-oriented country, but its culture, including attitudes toward gender equality, bears the imprint of previous historical periods.

In SA, the representation of women was overshadowed by racial inequality until the late 20th century. The Apartheid regime, a system of racial segregation imposed by white nationalists, denied the indigenous population citizenship and socio-political rights. The African National Congress, led by Nelson Mandela, fought for decades against Apartheid and came to power in 1994. Although Apartheid had long-lasting effects on SA and the rights of indigenous South Africans are placed at the forefront of the national agenda, the government is still making efforts to address racial and gender equality. However, while there are economic disparities, especially between the descendants of colonizers and the indigenous population,

⁶ TASS. (2018, September 20). *Skvortsova: The Number of Female Doctors in the Russian Federation Significantly Exceeds the Number of Male Doctors*. (In Russ.) <https://tass.ru/obschestvo/5587049>

SA has ranked highly in terms of female representation in politics (Prokopenko, 2021). The portrayal of Black women in the media and normalizing their image across all aspects of society is crucial to transforming the status of Black women (Rabe, 2002). Subsequently, it is important to consider the representation of skin color in SA's case and to employ terms such as "White" and "Black" within the framework of describing the racial context of women's representation in advertising. In fact, Black and Brown people constitute the majority of the country's population. However, we will compare images of indigenous South Africans (both Black and Brown) with the images of White people. We will use the term "Black" for consistency here.

Considering these contexts, which can influence the representation of women in online medical advertising, we pose the following research questions:

- RQ1: How are women and men represented in the role of doctors, and what factors influence the reinforcement or reduction of the stereotypical image that men are more professionally competent?
- RQ2: How are women and men represented in the role of patients, and what factors reinforce or reduce the stereotype that men do not have the right to exhibit their weakness or illness?

Materials and Methods

The empirical material included 781 human characters from 729 units of online advertising content from 38 websites of private clinics: 20 clinics in St. Petersburg (Russia), ten clinics in Delhi (India), and eight in Cape Town (SA). These 729 units contained photographs, videos, and graphics that might include one, two, or more people depicted. The unit of analysis was the individual human character. Each human image was coded for the following variables: gender (male/female), perceived role (doctor/patient), genre of the image (staff photo, testimonial, etc.), and, for South Africa, perceived race (Black/White). We conducted content observations in March 2022⁷. The high volume of the sample suggests that the identified steady trends will remain relevant for the next few years.

The advertising images were grouped into genres: a) live photos of clinic staff in the 'Our Specialists' section; b) photos and video testimonials from clients; c) stock advertising photos on medical themes; and d) graphical illustrations, pictograms, and emojis. These genres are briefly characterized below in terms of their significance for the problem of gender equality.

Live photos of clinic staff reflect gender equality in various social spheres, including education and professionalization. Testimonials from clients also indicate a personalized approach because they reflect the clinic's most desired, financially capable audience. Stock advertising images on medical themes are popular because they are easy to acquire. However, there are fewer of these images compared to photographs of clinic staff, as stock images do not provide a personalized representation of medical services. Graphic illustrations, pictograms, and emojis

⁷ Data are available at: <https://disk.yandex.ru/i/XUJp0oFTFmwZ1Q>

are commonly used for orientation purposes, and they reflect communication specialists’ choice of appropriate symbols for the navigation and usability of the website.

Turning from Russia and India to SA, an additional racial aspect concerning the people in the images was introduced, as mentioned earlier. We grouped the clinic staff photos, client testimonials, and stock photo images according to race, but pictograms and emojis did not contain this distinction, so they were not separated. Table 1 presents these characteristics of the sample, which will be contextualized and discussed below.

Table 1. Sample of analyzed human characters in absolute terms, n = 781

Country	Online advertising genres	Female / Male perceived role			
		Doctor		Patient	
Russia	Clinic staff photo			–	
	Client testimonials*	–			
	Stock photo				
	Pictograms and emojis				
India	Clinic staff photo			–	
	Client testimonials*	–			
	Stock photo				
	Pictograms and emojis				
South Africa		White	Black	White	Black
	Clinic staff photo			–	–
	Client testimonials*	–	–		
	Stock photo				
Pictograms and emojis					

Note: * – photo and video.

Source: compiled by Arina V. Rovenskikh, Alexander N. Marchenko.

Results and Discussion

Answering RQ1, we can point, that no one national sample of advertisements represented statistic of the professionalization of women. In the clinic staff images in Russia and India women are underrepresented in the role of doctors, in SA – overrepresented (Table 2).

Table 2. Number of characters in “Clinic staff photo” sections compared with the professionalization of women and competition levels in each country

Country	Doctor role		Professionalization of women in medicine	Level of competition between private clinics
	Female	Male		
India	26	85	50%, 2022	Low
Russia	41	42	70.76%, 2020	Middle
SA (Black/White)	6/3	2/1	40.6%, 2019	Intense

Source: compiled by Arina V. Rovenskih, Alexander N. Marchenko.

In India and Russia the women representation rate grows correspondingly to levels of competition and professionalization of women in both countries. Indian 50% of women health workforce turning to representation of women almost three times less than men due to low competition. Russian 70.76% turn to just about half of images represented them in conditions of middle competition. In SA Black doctors are captured by photographers twice as often as White doctors, but the same proportion: three-to-one in favor of women.

Stock imagery depends on these national patterns. SA stock photos contain 28 female doctors images (15 White and 13 Black) compared to nine male (four White and five Black). In India women so much underrepresented in clinic staff sections (26 women vs. 85 men), that stock photos and even pictograms shown a better image: 36 women vs. 59 men combined. But in Russia the stock photos do not improving the women representation (49 women vs. 56 men), as well as pictograms do not do it in Russia and in SA.

Answering RQ2, the stereotype, that men are not allowed to show weakness, is challenged by cash-driven prioritization of men patients in India and White men in SA in testimonials section. But in Russia this is opposite (Table 3).

Table 3. Number of characters in “Testimonials” sections compared with the statistic of out-of-pocket health expenditure in each country

Country	Patient role		Out-of-pocket health expenditure of population, 2024, %
	Female	Male	
India	17	39	49.82
Russia	21	11	27.22
SA (Black/White)	3/3	2/6	5.51

Source: compiled by Arina V. Rovenskih, Alexander N. Marchenko.

In Indian testimonials, male representation as patients is twice as high as female. In SA it is also driven by race: White men are most frequently represented in testimonials, with six cases of the 14. Stock imagery demonstrates some fluctuation. In SA the exceptions were stock photos, in India – both stock photos and pictograms. There female patients were dominated: 78 images of women-patients vs. 36 of men

combined, as well as there were no significant differences between the Black and White in SA. In Russia, this fluctuation is observed to a lesser extent.

We investigated depictions of women in online medical advertising through two stereotypes, related to their occupation and social status, that they are underrepresented as a doctors, and overrepresented as a patients. As well as we test an influence to this representation of two groups of factors: internal creative and external socioeconomic. Among the first we test the ‘mirror vs. mold’ approaches (Grau, Zotos, 2016) and two content strategies ‘original vs. stock imagery’ (Cadeddu et al., 2023). External factors included competition and professionalization of women, as well as cultural norms and contexts.

The ‘mirror’ approach was the most frequent in investigated advertising. This reflects the existing in society, particularly the statistics of professionalization of women in medicine: 40.6% in SA, 50% in India, and 70.76% in Russia. Overcoming the stereotype that men are more professionally competent is associated with decreasing in the difference between the statistics and representation of female doctors on clinic websites. Increased representation from India to Russia reflects of ‘mirror’ approach, that reduces this gap.

This approach acts “as a magnified lens, which offers an extrapolated picture of a social phenomenon” (Grau, Zotos, 2016, p. 762), but this was driven by competition and professionalization of women, which has combined by advertising practitioners (Corstie-Massay, Wheatly, 2022). At the same time, prioritization of male patients in testimonials in India and SA is expression of economic factor too. However, overcoming the stereotype that men are not allowed to show weakness means strengthening another stereotype regarding low solvency of women.

The ‘mold’ approach shapes peoples’ perception of reality by the advertising. In Russia and India, this was presented by cultural norms (Argylov, Khramtsovskaya, 2024; Ramsey, 2017) which influence different scores of underrepresentation of female doctors, as well as male patients in Russia. In SA it was race-driven female professionalism (Rabe, 2002), which combined with high competition supports the expertise for Black doctors mainly, and in particular for women. The Russian case, in particular, should be viewed within the broader institutional context of its scientific communication landscape. The identified tendency to uphold existing gender norms aligns with the findings of Marchenko and Bykov (2022), who highlight the prominent role of pro-government non-profit organizations in promoting a state-aligned, techno-scientific biomedical discourse in Russia. Thus, the advertising strategies of private clinics, while commercially driven, operate within an overarching ideological framework where the ‘mold’ paradigm often functions to reinforce established social norms rather than challenge them. This strategic use of the ‘mold’ paradigm to align with specific socio-cultural agendas finds parallels in other cultural contexts. For instance, research on gender-targeted social media marketing in China reveals a similar deliberate construction of a “female dimension” to appeal to a powerful consumer segment, demonstrating how advertising actively molds, rather than merely reflects, gender roles in different societies (Volkova et al., 2023).

It should be noted that original photos are highly evaluated in Cape Town. Professional photographers are often invited to events, and doctors are not presented with passport-style photos but with beautiful reportage shots. However, most often, such photos are not placed in the “Our Doctors” section but in special galleries, which are not included in the sample. This creates an artistic image that encourages women towards professional self-realization.

As well as female/male representation taking a secondary role, when the focus shifts to the complex interaction between being a Black professional and a patient. Black individuals are positively represented across various specialties, addressing historical injustice. Conversely, White doctors are more often represented on clinics’ websites specializing in treating dependencies as a narrow sector of health.

Finally, regarding two content strategies ‘original vs. stock imagery’ we can point out that the original content of clinic staff photos and client testimonials was more significantly influenced by national specifics. Stock imagery, design, and digital component (Cadeddu et al., 2023), reflect these patterns with some exceptions: male character is used as a universal person, creating an androcentric image of a person; this global stereotypical ‘mold’ approach influences to a national ‘mirror’ one in India and a national ‘mold’ approach in SA.

Conclusion

We investigated female representation in the health advertising of private clinics in three BRICS countries using examples from St. Petersburg (Russia), Delhi (India), and Cape Town (SA). According to the results, the ‘mirror’ approach and a low-to-medium level of competition in India and Russia support representation in favor of the professionalization of men. The Indian case is about ‘men everywhere’: as doctors, as well as patients. At the same time, the ‘mold’ approach and high competition in SA serve to postcolonial race-driven feminism with Black women depicted as doctors and White men as patients. When combined with Indian male patient images this confronts the stereotype that men are not allowed to show weakness, but it also reinforces another stereotype about low solvency among women. Russia occupies an intermediate position.

Theoretical Contribution: Our study advances the ‘mirror vs. mold’ debate by demonstrating that the economic factor of market competition is a key determinant in which determining paradigm dominates. Another significant factor is professionalization of the women. The representation of women is shaped by a variety of these factors specific to each country. National socioeconomic patterns are more evident in original content of clinic staff photo and client testimonials. Stock imagery, such as stock photos, pictograms and emojis reflect these patterns with some exceptions: male characters are used as a universal standard. There is a global ‘mold’ stereotypical approach that contradicts national approaches.

Practical Implications: For communication specialists in private healthcare, our findings suggest significance of equity-oriented and egalitarian approaches to health advertising. The ‘mirror’ approach and original content strategy are common in the investigated countries. Using these tools can help to overcome the stereotype that

men are more professionally competent. This applies to countries where women are professionalizing at a high rate and advertising reflects this. National ‘mirror or mold’ approaches are more sustainable than the global one, associated with stock imagery. Regarding ambiguous national ‘mold’ perspectives, improving the representation of women requires considering cultural norms and traditional values.

Limitations and Future Research: Limitations of our study are related to the websites content survivability. If the content will be updated, the result can be another. In our opinion, steady trends will be relevant in few years. However, the active development of women’s movement, as well IT development can change our results faster.

It is important to note also, that the analysis focused on visual materials found on the homepages of websites, which in India often consisted of a regular page among others on the site. In contrast, SA websites were more commonly single-page websites with hyperlinks to other resources as maps, review aggregators or galleries of professional reportage style shots, which are not included in the sample. Additionally, in SA Black and Brown people were not separated. Few images of stock photos of people looked Eastern as well. It is an opportunity for the further work to investigate other races separately in the advertising.

Finally, we used the example of advertising materials of private medical clinics in three BRICS countries, which are represented for majority of countries with middle- and low-income. The type of investigated advertising images likely influence equality not only in studying BRICS countries but also globally. This outlines another facet of the relevance of our study and can be the basis for future research.

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Bio notes:

Arina V. Rovenskikh, Master at Department of Advertising, School of Journalism and Mass Communications, St. Petersburg State University, 7–9 Universitetskaya naberezhnaya, Saint Petersburg, 199034, Russian Federation. ORCID: 0009-0008-4384-9588; SPIN-code: 4378-2821. E-mail: senatorova01@mail.ru

Alexander N. Marchenko, PhD in Philology, Senior Lecturer of Department of Theory of Journalism and Mass Communications, School of Journalism and Mass Communications, St. Petersburg State University, 7–9 Universitetskaya naberezhnaya, Saint Petersburg, 199034, Russian Federation. ORCID: 0000-0002-0453-6430; SPIN-code: 7342-5156. E-mail: a.marchenko@spbu.ru

Сведения об авторах:

Ровенских Арина Владимировна, магистр кафедры рекламы, институт «Высшая школа журналистики и массовых коммуникаций», Санкт-Петербургский государственный университет, Российская Федерация, 199034, Санкт-Петербург, Университетская набережная, д. 7–9. ORCID: 0009-0008-4384-9588; SPIN-код: 4378-2821. E-mail: senatorova01@mail.ru

Марченко Александр Николаевич, кандидат филологических наук, старший преподаватель кафедры теории журналистики и массовых коммуникаций, институт «Высшая школа журналистики и массовых коммуникаций», Санкт-Петербургский государственный университет, Российская Федерация, 199034, Санкт-Петербург, Университетская набережная, д. 7–9. ORCID: 0000-0002-0453-6430; SPIN-код: 7342-5156. E-mail: a.marchenko@spbu.ru