

# Why it's time to tackle the gender health gap

From endometriosis to heart disease, women often struggle to be taken seriously by the medical establishment. But why does the gender health gap still exist – and how can we tackle it in 2021?

BY SARAH BONES  
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Pain is inherent in womanhood so we should just put up with it.

No, you disagree? Well, it might sound like something from the Middle Ages, but this insidious assumption still permeates in society today. And while we hear much more about the gender pay gap than we do about the gender health gap, the latter's effect on women's lives is arguably more detrimental – and never more so than right now.





The UK, in particular, seems to boast a significant disparity between the treatment of men's and women's health in comparison to other developed countries. [Recent research](#) by *Manual*, a wellbeing platform for men, found incidentally (for deliberate research remains scarce) that over half of G20 countries studied have healthier men than women, with the UK having the largest G20 female health gap. In terms of women being worse off medically, Britain ranks 12th globally, with the research pointing to higher cancer deaths in women in particular.

Perhaps you've heard the shocking statistics surrounding [heart attack diagnoses for women](#), or read aghast about women having to wait on average [eight years to receive a diagnosis](#) of endometriosis, a statistic which has not changed in a decade. It would therefore be easy for women to feel somewhat deflated when it comes to getting our health needs met.

But in order to close the gap, we need to first understand how it has come about – and then ask ourselves what we, as women, can do to take proactive and assertive steps to getting our health needs met.

## What is the gender health gap?

The frequent misdiagnosis and dismissal of women's symptoms which occurs all too frequently highlights the discrepancy in how men's and women's health are treated. This is especially prevalent in gynaecological and cardiovascular matters, and when it comes to heart attacks, women often present with different symptoms to men. Women's symptoms are often easier to attribute to something else, and abdominal pain in women is often assumed to be gynaecological in nature.

Jane Hatfield, CEO of the [Faculty of Sexual and Reproductive Healthcare](#) (FSRH), points to a [recent report](#) showing the gender health gap has actually widened in recent years, with life expectancy declining for the poorest ten per cent of women in the UK. But she emphasises that it is a complex issue which "encompasses the interplay amongst societal norms,

gender roles, gender bias, biological differences, cultural attitudes towards health and wellbeing as well as many other factors.”



When it comes to mental health, the old-fashioned notion of the ‘hysterical woman’ can sometimes still rear its ugly head, and female hormones can further complicate matters, colouring health professionals’ views when it comes to diagnosis. Women are more likely than men to have their pain dismissed as emotional, psychological or hormonal, and this persistent medical bias makes it harder for women’s concerns to receive the attention they deserve.

## Damn hormones

Gabby, 24, has struggled over the past few years to get doctors to consider her deteriorating mental health as separate from any hormonal influence. “My unstable moods have been blamed on my hormones a lot,” she sighs. “I’ve had a fight on my hands to get doctors to recognise that, whilst hormones may play a factor, it’s not normal to become suicidal every time you reach a certain point in your menstrual cycle.”

Gabby also explains that her contraceptive options have been severely limited by the strong side effects they produce in conjunction with her hormones. She believes this is another contributing factor to the gender health gap, as side effects presented as a given with many contraceptives are not tolerated in drug tests on men.





The exclusion of women in medical research is one of the key factors contributing to the gender health gap. Dr Jacqueline Maybin, senior research fellow and consultant gynaecologist at Edinburgh University's [MRC Centre for Reproductive Health](#) points to a literal gap in our knowledge of how health issues affect men and women differently. She says while there's a multitude of factors at play, the crucial point is that researchers have often excluded females from studies due to "financial constraints, the perception that women were 'too complex' with their varying hormone profiles, or due to a lack of understanding that males and females may respond differently to diseases and their treatment."

One need only compare the level of research undertaken on male sexual dysfunction to that on comparative female conditions such as vaginismus to see the disparity. Dr Maybin stresses that the exclusion of women from medical research is still an issue, pointing to the recent COVID-19 vaccine trials which did not include pregnant or breastfeeding women, resulting in a lack of tried and tested treatments for this group in the longer term.

But if the gender health gap was complicated pre-2020, it's only become more pronounced amid the coronavirus pandemic.

## Women's health during the pandemic

There's been much discussion in recent months about people not wanting to burden the NHS with 'trivial' medical issues whilst COVID patients are the priority, but it seems that women have fulfilled this sense of quiet duty to the health service especially diligently. Meanwhile, the impact on essential healthcare been acute, from women being forced to [give birth alone](#), being

unable to access [sexual health services](#) or [contraception](#), and having vital breast and cervical cancer screenings delayed, with possibly serious consequences.

"It's exhausting, confusing and slightly worrying," Giselle, 49, tells me, recounting her recent months-long battle to book a smear test, confirm a colposcopy appointment and get her IUD replaced. Like many women, Giselle found that such 'routine' health appointments were repeatedly reorganised or cancelled due to the pandemic, with much ensuing confusion.

"I think it is hard to be assertive when you know the NHS has other (understandable) priorities," she admits. "But at the same time, given that many of us are somewhat shy about dealing with gynaecology issues in particular, I wonder how many of these problems are being swept under the carpet for now."



One of the more worrying aspects of the gender health gap is the disparity between men and women when it comes to cancer deaths in the UK. Steph, 42, began experiencing persistent abdominal pain before the first national lockdown and was referred to a gynaecologist for tests, which revealed an elevated protein that can be a marker for cancer. In October she was referred for further blood tests and told she would need an 'urgent' CT scan to confirm a diagnosis. Today, she is still waiting for the results of the blood test and has heard nothing about the CT scan appointment.

Steph believes the delay has been caused by the pandemic, but says the uncertainty has been difficult, not least as she lives alone and has nowhere to turn for comfort and reassurance. "I definitely find it hard to be assertive," she says now. "I have held back from chasing up what's happening with my tests, because I know the impact of COVID-19 is so substantial, and I don't want to be 'a nuisance'. I don't want to cause a fuss – especially if medical teams are being redirected to other areas like last time."

Not 'causing a fuss' is, of course, something women often have ingrained in them from childhood, and it can be hard to overcome this as adults.

## Taking back control

The pandemic aside, much of the gender health gap can be attributed to still prevailing myths and assumptions about female pain – such as the idea women have higher pain thresholds than men and can therefore put up with more. But does that mean we should? And is this being used as an excuse to not take our pain seriously?

The author and journalist Gabrielle Jackson explores how our culture treats women's pain within both medical and social contexts in her book *Pain and Prejudice: A calls to arms for women and their bodies*. The book confronts the medical ignorance and social taboos which continually under-serve women, and explores what needs to change in order for women's needs to be sufficiently met.

"It shouldn't be up to women to constantly work hard just to receive basic care and attention," she says. "It is not women who need to change, but medicine." Policymakers, she insists, need to pay attention to disincentives to treat women's health issues in the health system, alongside allocating more funding for research on conditions predominantly affecting women. Further, medical schools must teach students about the potential consequences of gender bias in medicine, she says. Dr Maybin agrees the solution is to "close the gender health gap with increased knowledge, gender aware legislation and informed policy making."





So, what can women do whilst we wait for all this to happen? Jackson acknowledges that a woman who visits her GP armed with lots of information and a long list of symptoms may be seen as difficult, aggressive, or as a hypochondriac. Telling these women to stand up for themselves and demand treatment is therefore not, in itself, an effective solution when systemic change is needed. But what proactive steps *can* we take to empower ourselves and regain some control?

Dr Maybin emphasises that knowledge is a powerful tool for women with current health problems, and suggests looking through websites that offer up to date and detailed information before medical appointments to help inform discussions and optimise care. The [Healthy Optimal Periods for Everyone \(HOPE\) website](#) enables women to access reliable information about typical and non-typical periods and current treatment options, for example, while the FSRH offers [updated advice](#) for women seeking contraception, abortion, and other sexual and reproductive healthcare during the pandemic.

Understanding the potential differences in symptoms between men and women for conditions such as heart attacks, then keeping a diary of symptoms, can also be helpful. If you're not happy with the response you receive, ask for a second or even third opinion, or request a referral to a specialist.

Critically, the experts agree, we must also keep talking about women's health and asking questions – because the more questions we ask, the more our health needs are considered and the more we learn about female health.

"Turn your wounds into wisdom," Oprah Winfrey famously said – perhaps an insightful goal for all of us as we embark upon more medical uncertainty in 2021...

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