INTIMINA™

Imagining a world without the gender health gap

Women make up half the population. They gave life to every single person on this planet. Yet women's health issues have long been neglected by a healthcare system designed by and for men.

The gender health gap is well-documented. We know women are kept waiting longer in A&E than men[1]. They're seven times more likely to be misdiagnosed during a heart attack[2], and three times more likely to die from one[3].

Part of this is due to biased assumptions by healthcare professionals. Women may be dismissed as 'hysterical', 'emotional' or 'anxious'. But there is also a distinct lack of research and investment when it comes to women's health issues. As a result, women are underrepresented in research, clinical trials, and medical education.

Research published in 2021 found that a significantly higher share of research funding goes to diseases that primarily affect men. Many of the most underfunded conditions were ones that disproportionately affect women, including myalgic encephalomyelitis (ME/CFS), migraine, anorexia, and endometriosis[4].

[1] https://gupea.ub.gu.se/bitstream/handle/2077/39196/gupea_2077_39196_1.pdf
[2] https://pubmed.ncbi.nlm.nih.gov/10770981/
[3] https://pubmed.ncbi.nlm.nih.gov/29242184/
[4] https://www.liebertpub.com/doi/10.1089/jwh.2020.8682

Less is known about women's bodies. Less is known about the conditions that predominantly affect women. And, even when it comes to more general conditions and treatments, research into sex and gender differences is limited.

These knowledge gaps, combined with sexist attitudes towards women and their bodies, have created a perfect storm for health inequalities to thrive.

Gynaecological health is a prime example. Women are still too often told that debilitating period pain, postnatal incontinence and severe mood changes around menstruation or menopause are 'normal' and to be expected. Or else their pain and distress is minimised, dismissed, or disbelieved altogether.

One in three women will suffer from a reproductive health issue[5]. And 80% of women surveyed in 2018 had experienced at least one reproductive health symptom in the previous 12 months[6]. Yet in 2014, just 2.5% of publicly funded research was dedicated solely to reproductive health[7].

[5] https://www.gov.uk/government/news/survey-reveals-women-experience-severe-reproductive-health-issues
[6] https://assets.publishing.service.gov.uk/media/5b64731940f0b668806ca8e1/What_do_women_say_reproductive_health_is_a_public_health_issue.pdf
[7] https://www.ukcrc.org/wp-content/uploads/2015/08/UKCRCHealthResearchAnalysis2014-WEB.pdf

Meanwhile, erectile dysfunction (ED) has been the subject of five times more research than premenstrual syndrome (PMS). That's despite the fact PMS affects as many as 90% of women, while ED affects an estimated 19% of men[8].

Access to specialist support is another challenge. A 2019 survey found nearly 60% of women could not access menopause services locally. And this was part of a broader problem of poor access to basic women's health services[9].

Since then, waiting times for gynaecology increased by more than any other specialty during the pandemic. So-called 'women's issues' are dismissed as "benign" and not a priority[10].

Clearly, there's a lot of catching up to be done. But what will it take?

It was only last year that the UK Government announced the first ever 'Women's Health Strategy' for England, alongside similar plans in Scotland and Wales. These are designed to address inequalities when it comes to research, service provision and funding.

[8] https://www.researchgate.net/blog/why-do-we-still-not-know-what-causes-pms
[9] https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf
[10] https://www.rcog.org.uk/about-us/campaigning-and-opinions/left-for-too-long-understanding-the-scale-and-impact-of-gynaecology-waiting-lists/

Which got us thinking: **What would things be like if research and funding into women's health had been equal to men's all along? In a world without the gender health gap, how different would women's lives really be?**

Working with freelance health journalist Sarah Graham – author of ***Rebel Bodies: A guide to the gender health gap revolution*** – we set about making some predictions.

For the purposes of this report, we've focused on INTIMINA's key areas of menstrual and reproductive health. We've examined the effects of the gender health gap across women's personal and professional lives, as well as the wider impact on UK society.

However, it's worth noting that the gender health gap exists across all areas of healthcare. It also influences the treatment of all patients who were assigned female at birth, including trans men and non-binary people.

The predictions made in this report therefore represent just a snapshot of what a world without the gender health gap might look like. In reality, the impact across society could be even greater and more profound than the examples given.

Improved quality of life

1

Diagnosis times would be reduced, with debilitating symptoms treated as abnormal and investigated after just one GP appointment instead of ten or more

The current picture:

One of the most obvious symptoms of the gender health gap is the diagnosis time for endometriosis.

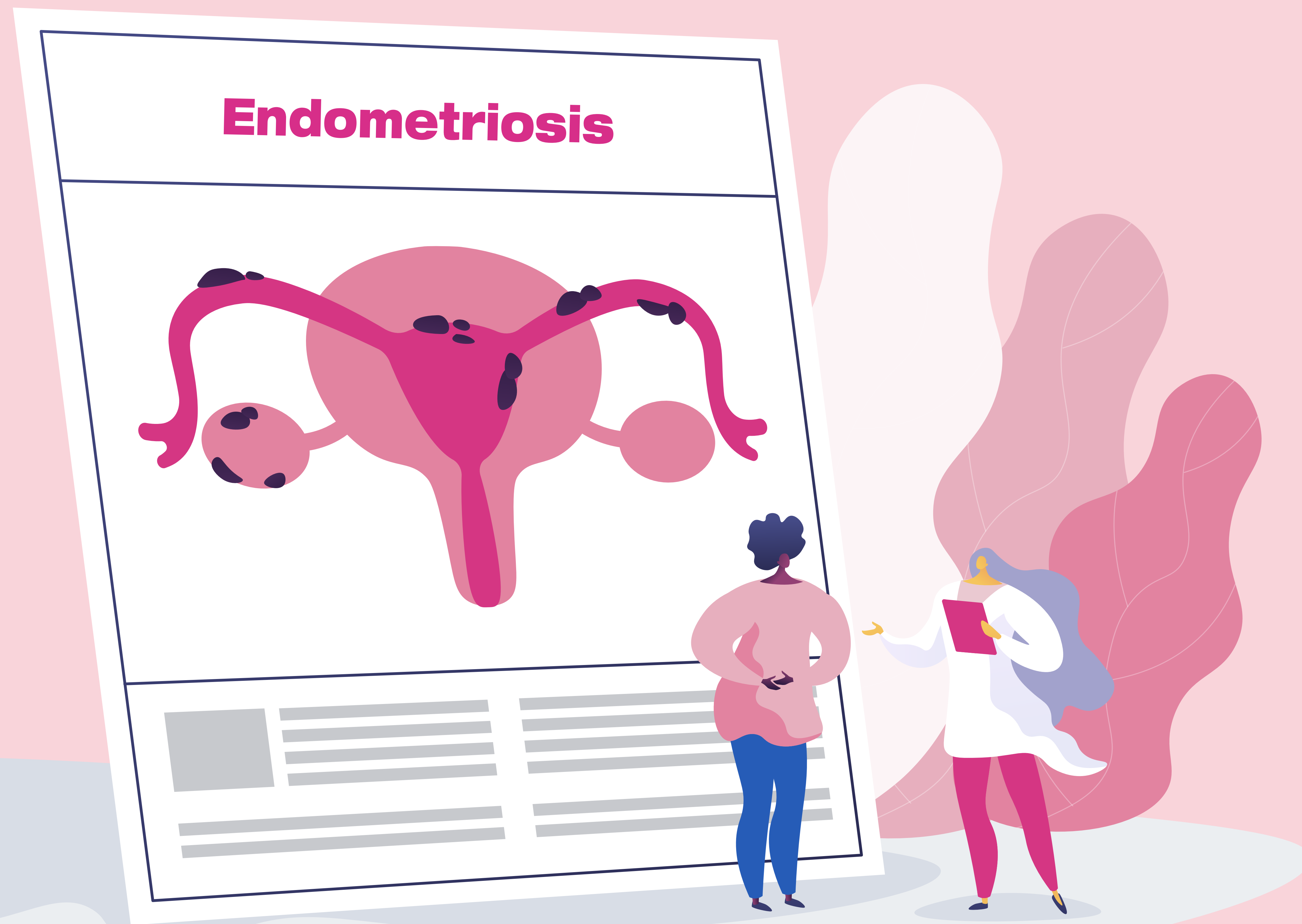
Endometriosis is a chronic condition where tissue similar to the lining of the womb is found elsewhere in the body. It is most commonly found in the pelvis, around the ovaries, fallopian tubes, bladder and bowel, but can affect other organs[11].

Symptoms and severity vary from person to person but can include:

- pelvic and period pain
- heavy bleeding
- chronic fatigue
- painful sex
- fertility problems

These symptoms can be debilitating. 95% of patients report that it has a negative impact on their well-being[12].

[11] https://www.nhs.uk/conditions/endometriosis/
[12] https://www.endometriosis-uk.org/sites/default/files/files/Endometriosis%20APPG%20Report%20Oct%202020.pdf



Endometriosis is the second most common gynaecological condition, affecting one in ten women and people assigned female at birth. That's 1.5 million people in the UK[13].

However, it takes an average of 8 years to be diagnosed. And 58% of patients visit their GP more than ten times before receiving a diagnosis[14].

This delayed diagnosis means women are left in pain while their condition goes untreated. It also allows their condition to progress, increasing the risk of complications like fertility problems and bladder or bowel damage.

Limited research into endometriosis means there's no known cause or cure for the disease, and it can only be diagnosed surgically.

This lack of knowledge about the condition means women and their doctors may initially dismiss symptoms as 'normal' or 'just a period'[15]. Awareness campaigns have begun to tackle this, but there's still a long way to go.

A life without the gender health gap:

Without the gender health gap, menstrual and reproductive health issues would be identified, diagnosed, and treated promptly.

Debilitating symptoms would be treated as normal and investigated after just one GP appointment.

Likewise, research and development for all menstrual and reproductive health issues would be prioritised. Funding for these conditions would increase more than ten-fold, matching investment in gender-neutral conditions like diabetes.

[13] https://www.endometriosis-uk.org/what-endometriosis
[14] https://www.endometriosis-uk.org/sites/default/files/files/Endometriosis%20APPG%20Report%20Oct%202020.pdf
[15] https://www.wellbeingofwomen.org.uk/what-we-do/campaigns/just-a-period

With earlier diagnosis, treatment could be started much earlier. New treatment options would be developed. As a result, symptoms would be managed more effectively. Complications would be minimised. And, ultimately, a cure would be found.

The change we'd like to see:

Girls to be taught about normal and abnormal period symptoms during RSHE lessons at school. They would know what to expect and feel empowered to seek support for debilitating symptoms.

Menstrual and reproductive health to be embedded in medical school training. All doctors would have a basic awareness and understanding of conditions like endometriosis. Women's concerns would be taken seriously, instead of dismissed.

Research and development for all menstrual and reproductive health issues needs to be prioritised. Funding for these conditions could increase more than ten-fold, matching investment in gender-neutral conditions like diabetes.

More funding and incentives need to be available for the development of a less invasive diagnostic tool for endometriosis This would help to cut diagnosis time from years to weeks, or even less.

2

Women's mental health would improve, with lower rates of anxiety and depression.

The current picture:

As we've seen, reproductive health issues have wide-reaching effects on women's quality of life. This inevitably takes a toll on their mental health and wellbeing.

Among women with endometriosis, 81% say their mental health has been negatively impacted, and 89% say it's affected their ability to lead the life they want[16].

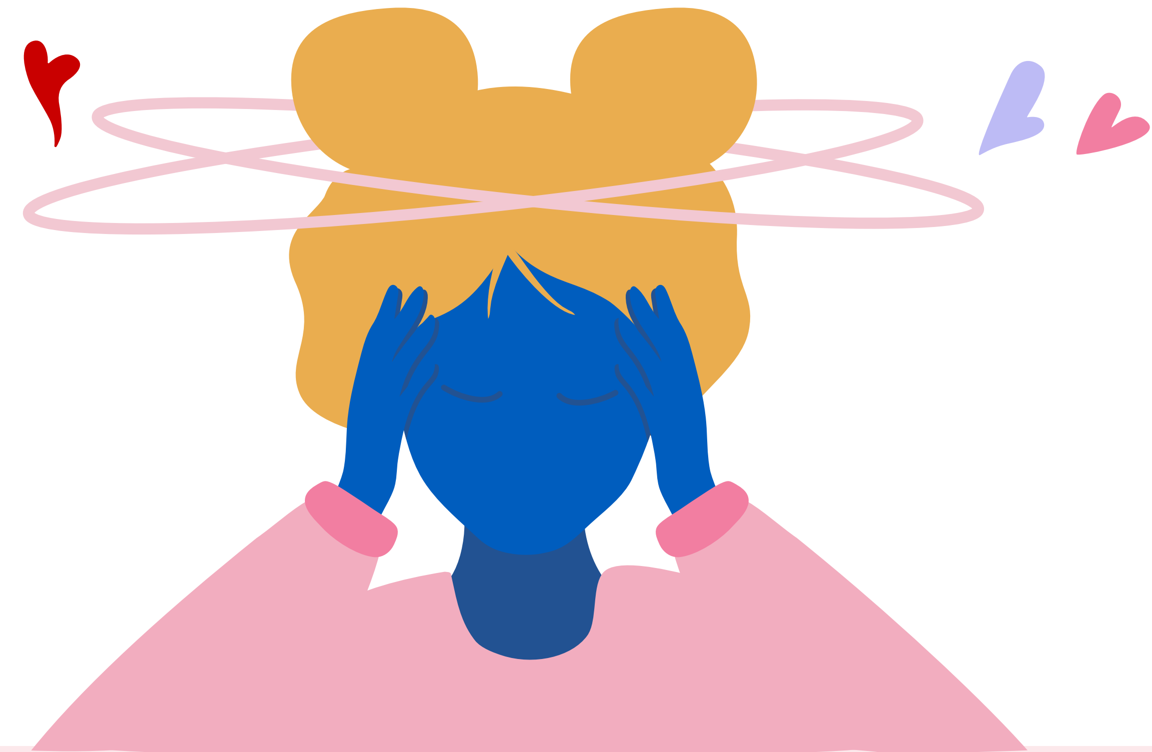
Those with polycystic ovary syndrome (PCOS) are three times more likely to have mental health issues like depression and anxiety[17].

PCOS is an endocrine disorder, affecting similar numbers of women to endometriosis. It is characterised by irregular periods, excessive androgens or 'male' hormones, and polycystic (enlarged, follicle-filled) ovaries. These can cause irregular or absent ovulation[18].

Symptoms include:

- weight gain
- fertility problems
- acne
- excessive hair growth on the face and body (hirsutism)
- loss of hair from the head

[16] https://www.endometriosis-uk.org/sites/default/files/files/Endometriosis%20APPG%20Report%20Oct%202020.pdf
[17] https://pubmed.ncbi.nlm.nih.gov/30066285/
[18] https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/



The exact link between PCOS and mental health issues isn't clear. But research suggests these physical symptoms, understandably, lead to psychological distress[19].

As with endometriosis, the cause of PCOS is unknown and there is no cure. Similarly, many women with PCOS feel frustrated by long diagnosis times and a lack of information and support[20].

Mood changes are also a common symptom of premenstrual syndrome (PMS), affecting around 61% of women[21]. These are particularly severe for the estimated 2-8% affected by premenstrual dysphoric disorder (PMDD), the most extreme form of PMS[22].

More than half of women with PMDD have self-harmed, and 72% will experience suicidal thoughts at some point in their life[23]. Patients wait an average of 12 years, and see an average of six different healthcare professionals, before being diagnosed[24].

[19] https://pubmed.ncbi.nlm.nih.gov/28515051/
[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6283441/#B17
[21] https://newsroom.uvahealth.com/2022/09/06/premenstrual-anxiety-mood-swings-public-health-issue-study-finds/
[22] https://iapmd.org/about-pmdd
[23] https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-022-03851-0
[24] https://iapmd.org/facts-and-figures

This not only prolongs women's suffering but also increases their risk of suicide. Nearly half (49%) of those with PMDD have planned for a suicide attempt at some point in their life. One in three (34%) have made an attempt[25].

Later in their reproductive lives, more than half of women going through perimenopause experience changes to their mood[26].

Despite this, 44% of those struggling with menopause symptoms waited at least a year to receive treatment. 12% waited more than five years. And 7% saw their GP more than ten times before receiving adequate support[27].

A life without the gender health gap:

Earlier diagnosis and more effective treatments would help to reduce the mental health toll of menstrual and reproductive health issues. Symptoms would no longer be a barrier to living a full and well-rounded life.

As a result, women would experience less depression, anxiety and feelings of isolation. The risk of suicide would be reduced.

There would be at least five times more research into PMS. Medical science would understand how and why hormonal fluctuations affect different women.

Targeted treatments would be developed for conditions like PMDD.

The change we'd like to see:

Women diagnosed with a reproductive health issue need to receive emotional and psychological support alongside symptom management.

[25] https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-022-03851-0
[26] https://www.themenopausecharity.org/2023/05/12/menopause-and-mental-health
[27] https://www.balance-menopause.com/news/delayed-diagnosis-and-treatment-of-menopause-is-wasting-nhs-appointments-and-resources/

A health boost for the economy

3

Women would get a work boost, improving career prospects for millions of women

Women would be more productive in the workplace, require fewer sick days and have better career progression.

The current picture:

Between October and December 2022, 15.66 million women were employed in the UK.
In research by Empactis, 62% of women with a health condition or disability said it had affected their experience in the workplace:

- 26% said it impacted their earnings
- 25% said it affected their opportunities for promotion
- 22% said they had stopped working earlier than planned

Menstrual and reproductive health is, unsurprisingly, a significant factor. In the UK, 2015 research shows women take 17 million sick days a year because of PMS. And one in three take at least four sick days a year because of severe discomfort.

Similar numbers (35%) experience heavy menstrual bleeding, which is associated with higher unemployment and workplace absences. 89% of people have experienced workplace stress or anxiety because of their period.

2019 research estimated that women lose £5,469 per year in earnings due to time off work while waiting to be diagnosed with endometriosis[32]. When you consider the average diagnosis time is 8 years, that equates to more than £40,000 of lost income.

Another study found women with endometriosis lose 10.8 working hours a week due to reduced productivity[33]. And, in a government survey of women with endometriosis, 55% said they took time off work often or very often.

- 38% were concerned about losing their job
- 35% had a reduced income
- 28% had changed or left their job
- 27% believed they had missed out on a promotion[34]

Meanwhile, 59% of women experiencing menopause symptoms say it has had a negative impact on them at work[35].

Hot flushes and erratic periods are the symptoms most associated with the menopause. But cognitive and mental health symptoms can have the biggest impact at work. These include brain fog, or difficulties with memory and concentration, as well as mood changes and low self-esteem[36].

14 million working days per year are lost to the menopause[37]. And research by Bupa found that, when women take a long-term absence to manage menopause symptoms, they take an average of 32 weeks – more than seven months – of leave[38].

[32] https://www.independent.co.uk/life-style/health-and-families/endometriosis-awareness-week-month-diagnosis-woman-womb-health-a8806481.html
[33] https://pubmed.ncbi.nlm.nih.gov/21718982/
[34] https://www.endometriosis-uk.org/sites/default/files/files/Endometriosis%20APPG%20Report%20Oct%202020.pdf
[35] https://www.cipd.org/uk/about/press-releases/menopause-at-work/
[36] https://www.nhs.uk/conditions/menopause/symptoms/
[37] https://publications.parliament.uk/pa/cm5803/cmselect/cmwomeq/91/report.html
[38] https://committees.parliament.uk/writtenevidence/39244/html/

In one survey, 59% of respondents said they had taken time off work due to menopause symptoms. One in five had reduced their hours. And similar numbers had not gone for promotions they would otherwise have considered[39].

Employers also face a problem with staff retention. Research suggests businesses are "haemorrhaging talent", with nearly a million women dropping out of the workforce because of unmanaged menopause symptoms[40].

One in ten women who worked during the menopause have left a job because of their symptoms[41]. Many of these will be senior, experienced employees, making them difficult and expensive to replace.

Without addressing the gender health gap, this staff retention problem will only continue to grow. By 2030, one in three workers is expected to be over 50. So the menopause will affect a higher proportion of female staff than ever before[42].

[39] https://www.balance-menopause.com/menopause-library/menopause-and-employment-law-where-do-you-stand/
[40] https://publications.parliament.uk/pa/cm5803/cmselect/cmwomeq/91/report.html
[41] https://www.fawcettsociety.org.uk/menopauseandtheworkplace
[42] https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-age-report-progresstowards1mmoretarget-feb2019.pdf

A life without the gender health gap:

Clearly, menstrual and reproductive health has huge implications for women's careers. It affects their productivity, the number of hours they choose (or are able) to work, how many sick days they take, and even their ability to progress to more senior positions.

Without the gender health gap, female employees' symptoms would be well managed. They would be more productive in the workplace and need less time off. Companies would benefit from millions more productive working days each year.

Most significantly, it would improve the career prospects of millions of women affected by menstrual and reproductive health issues. These women would feel more confident going for promotions and would be more likely to succeed.

If problems did arise, women would feel comfortable asking their employers for support, flexibility or reasonable adjustments.

Employers would retain their most senior, experienced female employees for longer, rather than seeing talent drop out of the workforce prematurely.

The change we'd like to see:

Companies need a supportive culture, free from stigma, where women's health issues can be discussed openly, and employees can access the support they need.

With improved healthcare and support, millions more women could achieve their full potential.

4

The gender pay gap would be reduced - A 10 per cent improvement in women's health could raise their average income by 2%.

A direct knock-on effect of this would be a reduction in the gender pay gap.

The current picture:

In April 2023, the UK's gender pay gap stood at 14.3%, with a gap of 7.7% in full-time work[43].
There are, of course, many factors involved:

- female-dominated industries tend to be lower paid
- women are more likely to work part-time
- mothers experience a 60% drop in earnings, compared to fathers, during the decade after their first child is born – known as the 'motherhood penalty'[44].

[43] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2023
[44] https://www.pwc.com/gx/en/issues/c-suite-insights/the-leadership-agenda/the-motherhood-penalty-is-widening-the-pay-gap.html

But health disparities also play a role. Data shows an estimated 185.6 million working days were lost because of sickness or injury in 2022. In the same year, sickness absence rates for women were 3.2%, compared to 2.2% for men. And the rates have consistently been lower for men than women since 1995[45].

Working-age women are more likely than men to experience poor mental health, and more likely to report a long-term health condition[46]. These have been shown to reduce both working hours and wages.

Limited research has looked specifically at the impact of women's health on the gender pay gap. However, one study found that thyroid disease is a contributing factor.

One in 20 people in the UK have thyroid disease, a group of endocrine disorders which affect the metabolism. Although not typically thought of as a 'women's health problem', it's six times more common in women than men.

Symptoms of an underactive thyroid include:
- tiredness
- muscle aches
- weight gain
- depression[47]

An overactive thyroid causes:
- persistent tiredness and weakness
- mood swings and irritability
- difficulty sleeping
- heart palpitations
- weight loss[48]

[45] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022#main-points
[46] https://www.ippr.org/files/2023-04/1682577258_healthy-people-prosperous-lives-april-2023.pdf
[47] https://www.nhs.uk/conditions/underactive-thyroid-hypothyroidism/
[48] https://www.nhs.uk/conditions/overactive-thyroid-hyperthyroidism/

As a result, all thyroid patients are at increased risk of long-term sickness absences and reduced productivity.

Researchers found that women with undetected hypothyroidism (underactive thyroid) earn 5% less than women with no thyroid dysfunction. Once their hypothyroidism was diagnosed, their wages increased and their employment prospects improved. No similar effect was seen on men with thyroid dysfunction[49].

It's easy to imagine how similar disparities may affect women with other long-term health conditions – particularly given the impact of menstrual health and menopause on women's productivity.

A life without the gender health gap:

In April 2023, the Institute for Public Policy Research (IPPR) published the results of an analytical experiment.

This explored how improving health could affect the earnings of different demographic groups. Strikingly, it found that better health would increase women's earnings at twice the rate of men's[50].

A 10 per cent improvement in women's health could raise their average income by 2%. This wouldn't totally eradicate the gender pay gap, but it would help to reduce it.

The change we'd like to see:

Earlier diagnosis and improved treatment options for all women, leading to better health and a boost in income.

[49] https://www.abdn.ac.uk/news/16034/
[50] https://www.ippr.org/files/2023-04/1682577258_healthy-people-prosperous-lives-april-2023.pdf

5

The UK economy could save more than £18 billion a year if the gender health gap didn't exist

The government could make billions of pounds worth of savings to the UK economy by reducing direct and indirect costs of menstrual and reproductive health issues.

The current picture:

Gaps in menstrual and reproductive healthcare don't just affect women, their families and employers. They also have wider implications for the entire UK economy.

Endometriosis alone costs the UK economy £8.2 billion a year through a combination of treatment, loss of work and healthcare costs[51]. The menopause is costs a further £10 billion[52]. And £531 million each year is lost to sick days for heavy, painful periods[53].

Research commissioned by the NHS Confederation found that every pound invested in the NHS gives £4 back to the economy through increased productivity and workforce participation[54].

One of the key Women's Health Strategy commitments is to expand women's health hubs around the country. These are 'one-stop clinics', bringing various women's health services together under one roof[55].

[51] https://www.endometriosis-uk.org/endometriosis-facts-and-figures
[52] https://www.balance-menopause.com/news/menopause-cripples-the-uk-economy
[53] https://www.independent.co.uk/life-style/health-and-families/heavy-periods-sick-days-five-million-uk-economy-menorrhagia-a8000131.html
[54] https://www.nhsconfed.org/publications/safety-net-springboard
[55] https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

Each hub will be tailored to meet local needs, but services could include:

- assessment and treatment of menstrual problems and menopause
- provision of contraception
- preconception care
- assessment and care for breast pain
- pessary fitting and removal
- cervical screening
- screening and treatment for sexually transmitted infections (STIs) and HIV

The government has so far pledged £25 million for this work. Its own analysis estimates there will be £5 worth of benefits for every £1 spent if a hub is implemented in each primary care network (PCN)[56].

But there are also significant gaps in research spending.
For every £1 spent on NHS reproductive care, just 1p is spent on reproductive research.

This is much less than the research investment for heart disease (7p for every £1 spent) and cancer (12p for every £1)[57].

[56] https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-cost-benefit-analysis#executive-summary
[57] https://acmedsci.ac.uk/file-download/22836484

A life without the gender health gap:

Quite simply, greater investment in women's health research, diagnosis and treatment would result in billions of pounds worth of savings to the UK economy.

Without the gender health gap, women's health research would be a much bigger priority. Funding for menstrual and reproductive health would increase, bringing major health and economic benefits.

Research would also consider women's health beyond obstetrics and gynaecology.

In the US, non-profit advocacy group Women's Health Access Matters (WHAM) predicted the return on investment (ROI) of increasing funding for wider women's health issues.

They looked at four specific conditions that either affect women differently or disproportionately: rheumatoid arthritis, coronary artery disease, Alzheimer's disease and lung cancer.

WHAM predicted that a 100% increase in funding for research on women with coronary artery disease would have a 9,500% ROI in terms of quality-adjusted life years and workforce productivity.

By doubling funding for research on women with rheumatoid arthritis, their modelling predicted an ROI of more than 174,000%[58].

[58] https://www.sciencedirect.com/science/article/pii/S2666634022001714

The change we'd like to see:

The government's current funding pledges are a good first step. Investment in pelvic health services and women's health hubs will provide both health and economic benefits.

But much more is needed. Research into menstrual and reproductive health will be key to closing the gaps in medical knowledge. We'd like to see investment in this area doubled – at least.

Happier relationships and families

6

Women would have better sex, closing the orgasm gap for good

Doctors would be better equipped to treat female sexual dysfunction. Women would experience less sexual pain and more sexual pleasure.

The current picture:

Research shows that 95% of straight men and 89% of gay men always orgasm during sex. That's compared to 86% of lesbian women and 65% of straight women[59].
Some of this comes down to relationship dynamics, but the gender health gap undoubtedly plays a role.

We already know erectile dysfunction is prioritised over PMS when it comes to research. And Viagra is widely advertised and available to buy over the counter in any pharmacy.

There's no question that male sexual pleasure is taken seriously by medical science. For women, it's too often a different story.
Research by gynaecological cancer charity The Eve Appeal found that women were five times more likely than men to feel not listened to when seeking healthcare for a reproductive health issue[60].

[59] https://pubmed.ncbi.nlm.nih.gov/28213723/
[60] https://eveappeal.org.uk/blog/get-lippy-because-1-4-of-us-have-felt-not-listened-to-in-a-gynae-health-appointment/

Female sexual dysfunction affects 41% of reproductive-age women globally[61].

These conditions include:
- Vaginismus – an involuntary tightening of the vaginal muscles
- Vulvodynia – pain affecting the vulva (external genitalia)
- Vaginal atrophy – drying and thinning of vaginal tissue, common around menopause
- Anorgasmia – inability to orgasm
- Changes to libido

Yet women affected by sexual problems report being dismissed about their concerns.

Women struggling with sex are too often told to "relax"[62] or "have a glass of wine"[63]. Meanwhile, treatment options like pelvic physio or psychosexual therapy are often not readily available on the NHS[64].

A life without the gender health gap:

Without the gender health gap, talking about intimate health would be normalised and destigmatised.

Vulval and vaginal pain, vaginal dryness, and women's issues with libido or orgasm, would be taken as seriously as erectile dysfunction or premature ejaculation.

Research would shed new light on the causes of female sexual dysfunction. New treatment options would be developed. And existing treatment options would be made as easily accessible as Viagra.

[61] https://pubmed.ncbi.nlm.nih.gov/29929499/
[62] https://journals.sagepub.com/doi/10.1177/17455057231199383?icid=int.sj-full-text.similar-articles.6#bibr62-17455057231199383
[63] https://www.theguardian.com/lifeandstyle/2020/aug/31/pain-vaginismus-destroys-lives-misunderstood-common-conditions-surgery-treatment
[64] https://www.refinery29.com/en-gb/2021/01/10255118/clitoris-womens-health-lack-of-research

Women would feel empowered to explore and get to know their own bodies. Sexual partners would have more frank and open conversations. And doctors would be better equipped to discuss and treat women's sexual health concerns.

The gender orgasm gap would close, resulting in better sex for everyone.

The change we'd like to see:

Girls to be taught about conditions like vaginismus and vulvodynia during PSHE lessons.

All medical schools to cover female sexual function. Doctors to feel prepared for these conversations and equipped with solutions. Funding to be invested in research and development to tackle female sexual dysfunction.

Reproductive health would no longer be a barrier to happy relationships, and half of all midlife relationship breakdowns could be avoided if menopause symptoms were well managed.

Couples would be better supported to understand and manage reproductive choices and health issues together.

The current picture:

In heterosexual relationships, women overwhelmingly bear the burden for contraception[65]. This includes the 'trial and error' process of navigating contraceptive side effects. With hormonal options like the pill, these can include depression, anxiety, and changes to libido.

In a 2022 survey, 87% of women said hormonal contraceptives affected their wellbeing. Nearly a quarter said their relationship had ended as a result. And more than half had changed or stopped their contraception because of the impact on their relationship[66].

Research also shows PMS and PMDD can have a negative impact on relationships. Women and men in heterosexual relationships report lower satisfaction and fewer shared good experiences than couples not affected by PMS symptoms[67].

The impact was less significant in lesbian relationships, where women reported better awareness, responsiveness and communication from their partners[68].

[65] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6115298/
[66] https://metro.co.uk/2022/11/07/over-half-of-women-changed-contraception-to-save-their-relationship-17713196/
[67] https://oatext.com/the-premenstrual-syndrome-and-the-partner-relationship-how-it-affects-both-partners-in-different-ways.php
[68] https://researchdirect.westernsydney.edu.au/islandora/object/uws:25460

Conditions like endometriosis, fibroids or PCOS can also have a significant effect. This may be due to specific symptoms like pain during sex, challenges around infertility, or the more general burden on everyday life.

Finally, 65% of women say menopausal symptoms have affected their marriage. Nearly half have stopped having sex. One in four fear their partner will leave them as a result.
Half of those surveyed believed their relationship could have been saved if they'd received better medical support for their symptoms[69].

A life without the gender health gap:

Both boys and girls would learn about menstrual and reproductive health from a young age. This would enable more open conversations, especially between heterosexual couples.

Evidence already shows women with PMS experience higher relationship satisfaction and reduced symptoms when they are well supported by their partner[70]. Improved understanding and support across all reproductive health issues would contribute to happier relationships.

Research would improve our understanding of contraceptive side effects. Existing methods could then be improved, or alternatives could be developed.

Male partners would share the burden of family planning.

As we've already discussed, better medical support would have huge implications for women's overall quality of life. Reduced pain, better mental health and better sex would all have knock-on effects for women's relationships.

[69] https://www.independent.co.uk/news/uk/home-news/menopause-divorce-reduced-sex-drive-b1889562.html
[70] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4877203/

The change we'd like to see:

All school pupils, male and female, to be taught about menstrual and reproductive health – including PMS, severe pain and heavy bleeding and menopause.

New or improved contraceptive options to be developed. And male contraceptives (several of which are currently in development) to be made available.

8

New mothers and families would be better supported.

Better support for new mothers – not just their babies – would lead to healthier and happier families.

The current picture:

2017 research found half of new mothers experience mental health problems during or in the first year after pregnancy[71]. Yet 42% of those mothers' mental health problems were not picked up by a healthcare professional.

Subsequent research, in 2021, found a quarter of new mothers still weren't asked about their mental health. A staggering 85% said their routine six-week check-up with the GP focused mainly or equally on the baby, at the expense of their own health[72].

This isn't just about so-called 'baby blues'. Suicide is the leading cause of maternal death between six weeks and one year after the end of pregnancy in the UK[73].

One in three new mothers are affected by postnatal urinary incontinence. One in ten are affected by anal incontinence. Almost a third are affected by pelvic organ prolapse, where one or more of the bladder, bowel or uterus slips down into the vagina.

Each of these issues has an obvious impact on women's quality of life. Yet most of them could be easily treated with early intervention and access to pelvic physiotherapy.

[71] https://www.nct.org.uk/about-us/media/news/nearly-half-new-mothers-mental-health-problems-dont-get-diagnosed-or-treated
[72] https://www.nct.org.uk/about-us/media/news/nct-finds-quarter-new-mothers-are-not-asked-about-their-mental-health
[73] https://maternalmentalhealthalliance.org/news/mbrrace-suicide-leading-cause-maternal-death/

Currently, this doesn't happen anywhere near often enough. Ten years after giving birth, one in five mothers still experience urinary incontinence and 3% still experience faecal incontinence.

A life without the gender health gap:

The health of new mothers would be prioritised as much as the health of their baby. All mothers-to-be would be advised on what to expect during pregnancy, birth and afterwards. Information on postnatal recovery would be provided during pregnancy

Any postnatal issues would be diagnosed and treated as early as possible. New mothers would be fully supported with perinatal mental healthcare and pelvic physiotherapy as required.

As a result, mothers would be more able to enjoy quality time with their new families. They could have more fun with their children – running, jumping and playing without fear of embarrassing leaks or prolapse.

The change we'd like to see:

The new pelvic health service, already pledged by the government[74], to be realised.

Healthcare professionals routinely ask new and expectant mothers about their mental health and pelvic floor function at their six-week check.

An additional postnatal check-up for the mother's health at nine months, before her return to work.
Planning for postnatal recovery needs to be part of antenatal care.

[74] https://www.gov.uk/government/news/national-pelvic-health-service-to-support-women

Next steps

As we've seen, the gender health gap has wide-reaching effects across the whole of women's lives, as well as wider society and the economy.

The challenges are complex and deeply rooted. Gender bias and cultural taboos continue to hold women back. And there are gaping holes in research and service provision.

The Women's Health Strategy is a promising first step. It lays out ambitious ten-year plans to improve women's health and wellbeing.

But much of this is still too vague. It gives no specific target for reducing endometriosis diagnosis times, for example. And the funding pledged so far feels like a drop in the ocean.

The scale of catching up that's required cannot be underestimated. Significant investment will be needed to really, meaningfully close the gap. If we want to see billions of pounds worth of benefit, we will first need to see billions of pounds worth of spending.

The world we've imagined in these pages won't be created overnight. But with passion, commitment and the right financial backing, a world without the gender health gap could one day become a reality. That's why INTIMINA has written an open letter to healthcare providers, government bodies, educators and even brands/companies to take note of the change that needs to happen in order to create this world without the gender health gap.

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