DISMISSED DELAYED DENIED

Fixing the Women's Health Crisis

CURIOUS HEALTH

Women's bodies are making headlines

Decisions about women's bodies seem to be playing on everyone's minds.

Women's health has been downplayed, delayed and dismissed.

From primary care to Parliament, and of course the internet, everything plays a role in creating a society that fuels biases, underrepresentation in research, and inequality.

This white paper explores the systematic inequalities that impact women's health and imagines ways we can tackle these issues.

Contents

1

Introduction: Why Women's Health Matters

Women's health has long been marginalised, with disparities in diagnosis and treatment affecting millions.

The minimisation of women's health experiences is so commonplace that people hardly bat an eyelid when something affecting 51% of the population is written off as a 'special interest' not worthy of inclusion in the NHS priorities.

Treated as a box to be ticked as opposed to work that is critical to population health and the economy, women's health has once again been downplayed with a 'good enough' attitude, with the Government seemingly asserting that targets hit = a job done. But at Curious Health, we know 'good enough' is not good enough. Progress isn't about hitting targets – it's about creating measurable impact.

And the current state of women's healthcare isn't anything to be proud of. Since the pandemic, gynaecology waiting lists have grown by 60%, with many of these conditions being seen as benign.[1] These mounting waiting lists have resulted in 1 in 3 women being forced to live in limbo for three years before receiving a diagnosis.[2] While not all these conditions are life-threatening, they certainly aren't without harm. They can take a significant toll on women, leading to worsening mental health, with impact on their interpersonal relationships, and lost days at work.

For women from marginalised backgrounds, the impact of these delays is compounded.

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[1] Devlin, H. (2022). Dismissal of women's health problems as 'benign' leading to soaring NHS lists. [online] the Guardian. Available at: https://www.theguardian.com/society/2022/jun/02/dismissal-of-womens-health-problems-as-benign-leading-to-soaring-nhs-lists. Last accessed February 2025

[2] Carter-Jones, R. (2022). 6 million await diagnosis for women's health conditions | King Edward VII's Hospital. [online] King Edward VII's Hospital. Available at: https://www.kingedwardvii.co.uk/about-king-edward-vii/news/6-million-await-diagnosis-for-womens-health-conditions. Last accessed: February 2025.

The medical de-prioritisation of women isn't isolated to gynaecological conditions specifically, it extends across all therapy areas and can have devastating consequences.

Research from 2020 found that women wait five times longer than men for a heart failure diagnosis, leading to a poorer quality of life, mental health issues, and increased risk of avoidable death.[3]

An **axial spondylarthritis** research study from NASS found **women waited an average of two years longer than men for a diagnosis.**[5]

For **Crohn's disease,** men receive a diagnosis in an average of 12 months, despite taking **up to 20 months for women.**[6]

Heart attack misdiagnosis is also common, with previous research finding women were **50% more likely than men to receive an incorrect diagnosis following a heart attack,** impacting treatment decisions, and leading to an increased risk of death.[4]

For **Ehlers-Danlos syndrome,** men were diagnosed in four years while **women waited an average of 16 years.**[6]

Even with **cancer**, women have been found to experience **a longer amount of time between symptom onset and diagnosis than men.**[7]

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[3] Oppenheim, M. (2020). Women 'forced to wait more than five times longer than men' for heart failure diagnosis. [online] The Independent. Available at: https://www.independent.co.uk/news/health/heart-failure-women-gender-longer-wait-uk-gp-a9691431.html Last accessed: February 2025.

[4] British Heart Foundation (2016). Women Are 50 per Cent More Likely than Men to Be Given Incorrect Diagnosis following a Heart Attack. [online] Bhf.org.uk. Available at: https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2016/august/women-are-50-per-cent-more-likely-than-men-to-be-given-incorrect-diagnosis-following-a-heart-attack. Last accessed: February 2025.

[5] National Axial Spondylarthritis Society. (2022). Women wait longer for a diagnosis and have a significantly worse experience of healthcare than men, study reveals. [online] Available at: https://nass.co.uk/news/genderinequalities/ Last accessed: February 2025.

[6] Dusenbery, M. (2018). 'Everybody was telling me there was nothing wrong'. [online] Bbc.com. Available at: https://www.bbc.com/future/article/20180523-how-gender-bias-affects-your-healthcare Last accessed: February 2025.

[7] Din, N.U., Ukoumunne, O.C., Rubin, G., Hamilton, W., Carter, B., Stapley, S. and Neal, R.D. (2015). Age and Gender Variations in Cancer Diagnostic Intervals in 15 Cancers: Analysis of Data from the UK Clinical Practice Research Datalink. PLOS ONE, [online] 10(5), p.e0127717. doi: https://doi.org/10.1371/journal.pone.0127717. Last accessed: February 2025.

2

Understanding the Problem

Dismissal and Misdiagnosis

If you're a woman, or familiar with women's health, symptom dismissal won't surprise you.

Over a round of drinks, women share stories of painful sex, agonising periods, unexplained symptoms, and the 'advice' they've been given:

"It's just stress. It's hormones. It's normal."
"Try mindfulness. Lose weight. Is it really that bad?"

Menstrual pain is normalised, mood changes blamed on stress, and libido concerns on aging or overwork. Instead of being heard, women are left waiting — caught in a cycle of societal and medical bias.

This dismissal has led to significant delays in receiving a correct diagnosis, with women spending years in agony as the rest of their lives — work, family, friends — also suffer without answers. A survey published in March last year found that, on average, women wait nearly nine years to receive an endometriosis diagnosis.[8]

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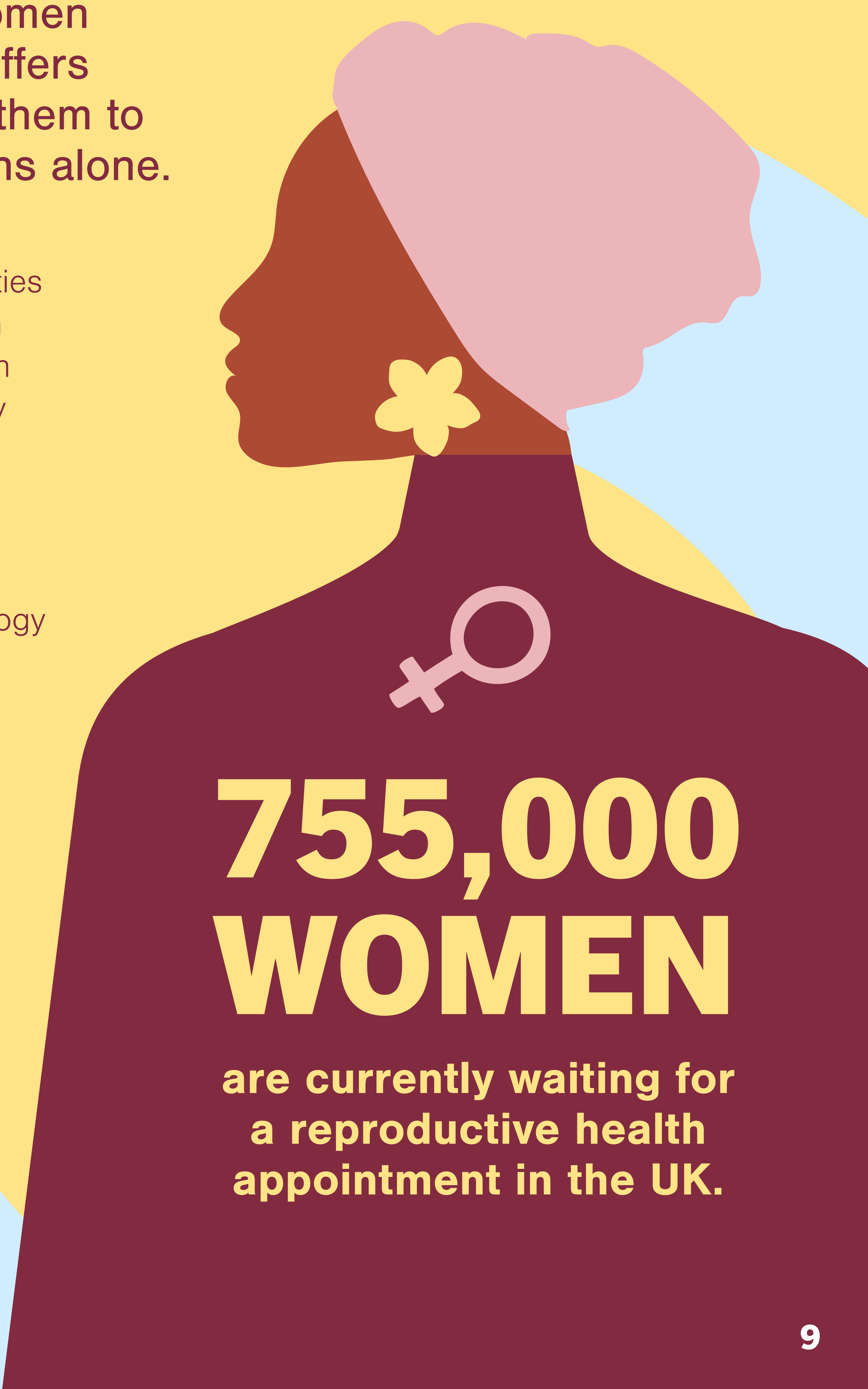
[8] Devlin, H. and correspondent, H.D.S. (2024). Women in UK waiting almost nine years for endometriosis diagnosis, study finds. The Guardian. [online] 4 Mar. Available at: https://www.theguardian.com/society/2024/mar/04/women-in-uk-waiting-almost-nine-years-for-endometriosis-diagnosis-study-finds?CMP=Share_iOSApp_Other. Last accessed: March 2024.

The same patterns of dismissal are evident in menopause and perimenopause care.

Symptoms like mood swings, hot flashes, insomnia, fatigue, brain fog, and joint pain are frequently trivialised as “just getting older.” Women are often told to “tough it out” or that these changes are “natural” and require no intervention, despite the severe impact they can have on daily life, mental health, and relationships. Many women feel abandoned by a system that offers little guidance or support, leaving them to navigate these significant transitions alone.

The Chair of the Westminster Women and Equalities committee Sarah Owen told the BBC that women were being “fobbed off” and it “would not happen if it was a man,” highlighting the blatant misogyny in medicine. She brought attention to the committee’s report on women’s health and how there is a clear lack of understanding of women’s health issues amongst healthcare practitioners, leading to waiting lists for gynaecology appointments doubling since 2020.



755,000 WOMEN

are currently waiting for a reproductive health appointment in the UK.

The Pain Gap

It's now well accepted that there is a problem when it comes to women's experience of pain and how the medical system deals with it. Research has shown that healthcare professionals "routinely underestimate pain" basing their opinion on beliefs that have little to do with the patient's actual testimony.[9]

Recent research has shown gender biases are likely behind this, owing to a false belief that women are oversensitive to pain, and express or exaggerate it more easily. The result is that healthcare staff (male and female) often discount women's reports of pain and nonverbal behaviours expressing pain.[10] And it gets worse: research has demonstrated the consequences of these biases, with healthcare professionals often under-treating pain - such as by offering psychological interventions or sedatives rather than analgesia.[11]

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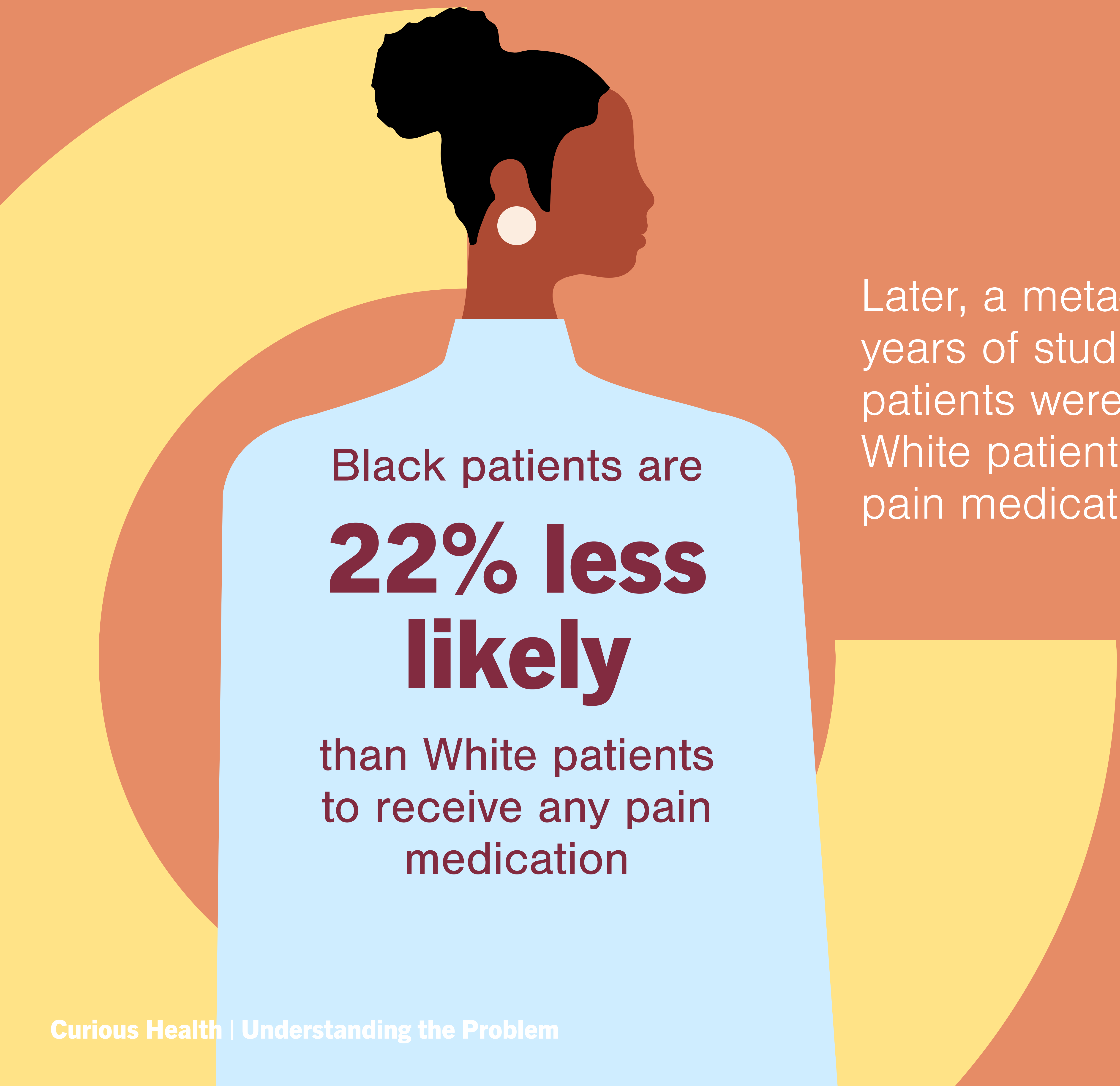
[9] UCL (2022) Analysis: Women's pain is routinely underestimated, and gender stereotypes are to blame, UCL News. Available at: https://www.ucl.ac.uk/news/2021/apr/analysis-womens-pain-routinely-underestimated-and-gender-stereotypes-are-blame Last accessed: February 2025.

[10] Zhang, L. et al. (2021) 'Gender biases in estimation of others' pain', The Journal of Pain, 22(9), pp. 1048–1059. doi:10.1016/j.jpain.2021.03.001. Last accessed: February 2025.

[11] Annalise Weckesser Reader in Medical Anthropology (2023) Women's pain is often not believed – here's how to make your voice heard when seeking help, The Conversation. Available at: https://theconversation.com/womens-pain-is-often-not-believed-heres-how-to-make-your-voice-heard-when-seeking-help-207866 Last accessed: February 2025.

Gender is not the only factor at play here

Data from 2012 showed a correlation between healthcare professionals' unconscious racial biases and how they managed patients' pain, with doctors being less likely to prescribe appropriate pain medication for Black patients.[12]



Black patients are

22% less likely

than White patients to receive any pain medication

Later, a meta-analysis of twenty years of studies showed that Black patients were 22% less likely than White patients to receive any pain medication.[13]

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[12] Sabin, J.A. and Greenwald, A.G. (2012) 'The influence of implicit bias on treatment recommendations for 4 common paediatric conditions: Pain, urinary tract infection, attention deficit hyperactivity disorder, and asthma', American Journal of Public Health, 102(5), pp. 988–995. doi:10.2105/ajph.2011.300621. Last accessed: February 2025

[13] Meghani, S.H., Byun, E. and Gallagher, R.M. (2012) 'Time to take stock: A meta-analysis and systematic review of analgesic treatment disparities for pain in the United States', Pain Medicine, 13(2), pp. 150–174. doi:10.1111/j.1526-4637.2011.01310.x. Last accessed: February 2025.

The intersectionality of gender and race further complicates the perception and management of pain for women of colour.

Stereotypes about race and gender can result in compounded biases, influencing how pain is assessed and addressed. We can see how this plays out for Black, Asian and women from other minority ethnic backgrounds during childbirth in data published in 2023. This showed that these women were significantly less likely to receive an epidural compared to White women.[11]

The reasons why this is the case are complex, with the study's authors identifying that the differences in the maternity care *"given to women with different ethnicities may arise from barriers to information and knowledge, as well as barriers to choosing how, and where, care is provided. There can also be empathy biases from healthcare professionals, such as the interpretation of the labour pain from different ethnic groups."* [11]

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[11] Annalise Weckesser Reader in Medical Anthropology (2023) Women's pain is often not believed – here's how to make your voice heard when seeking help, The Conversation. Available at: https://theconversation.com/womens-pain-is-often-not-believed-heres-how-to-make-your-voice-heard-when-seeking-help-207866 Last accessed: February 2025.

Women’s pain continues to be minimised and dismissed, despite evidence showing that women experience pain more than men.

They experience a greater number of pain instances across their life-span compared to men, occurring in more bodily areas and with greater frequency.[14] Women also suffer with almost all chronic pain conditions to a much greater extent than men, and not only do they suffer from chronic pain more frequently, but they also experience it more intensely and for longer periods of time.[15]

This is in addition to female-specific pains, particularly in the pelvic region, including painful periods (dysmenorrhea)
and endometriosis.

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[14] University of Bath (2005) Women feel more pain than men, research shows, ScienceDaily. Available at: https://www.sciencedaily.com/releases/2005/07/050705004113.htm Last accessed: March 2024.

[15] Casale, R. et al. (2021) ‘Pain in women: A perspective review on a relevant clinical issue that deserves prioritization’, Pain and Therapy, 10(1), pp. 287–314. doi:10.1007/s40122-021-00244-1. Last accessed: February 2025.

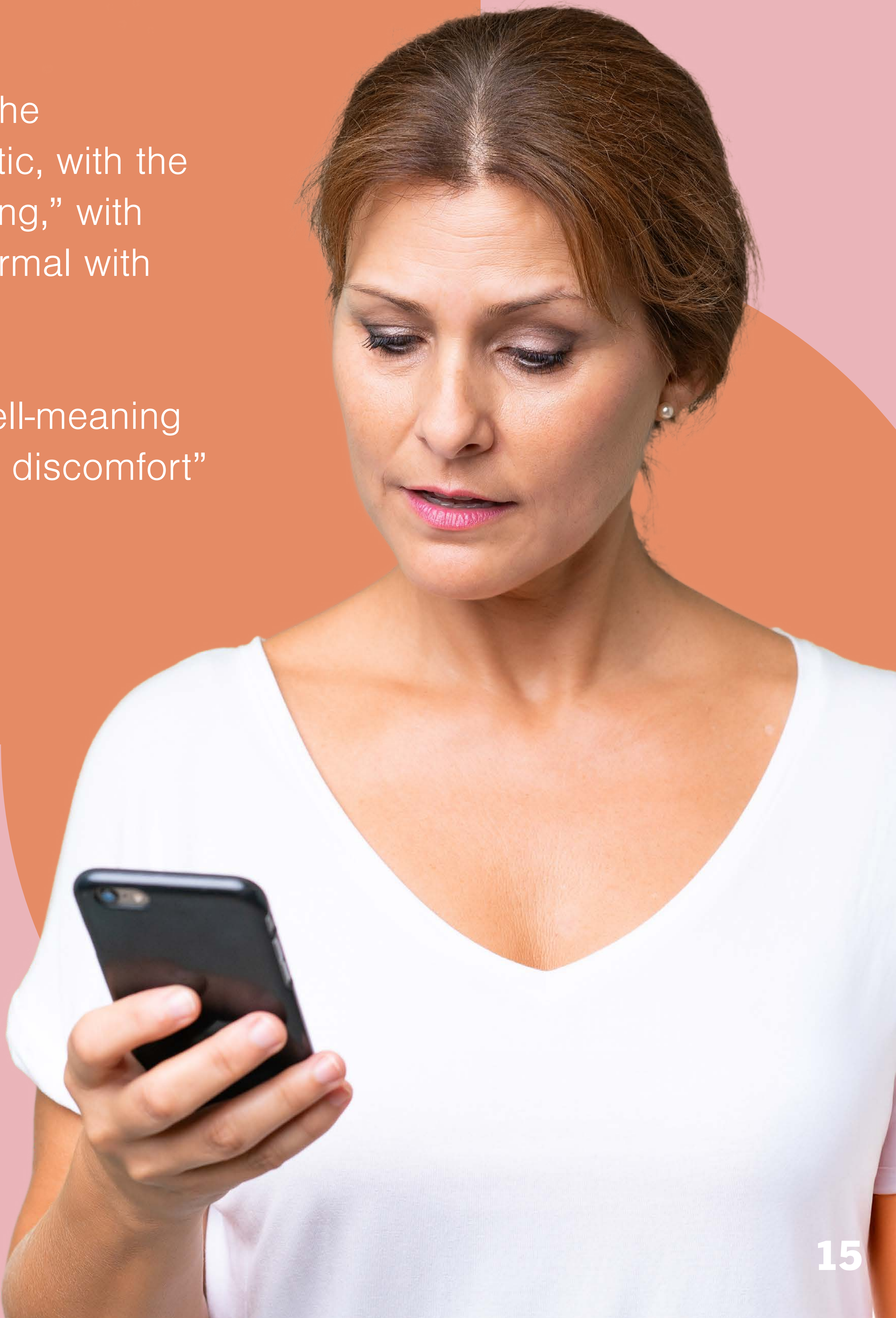
“Before receiving my PMDD diagnosis, a GP simply wrote it off as IBS. This in spite of coming to the appointment with months and months of symptom logs, showing that it wasn’t just debilitating cramps: it was significant breast swelling and tenderness, joint pain and fatigue that made daily tasks seemingly impossible, intense mood swings, anxiety, paranoia – all turning my life upside down during my luteal phase to resolve a few days after my period began. The attempts to advocate for myself didn’t seem to matter. I was simply told to change my diet, take paracetamol, and get on with it.”

A number of videos have recently gone viral on TikTok and Instagram that speak to the frustration of the dismissal of women's pain (examples here and here).

Intrauterine devices/systems (IUD or IUS) are notorious for often being inserted without anaesthetic, with women simply being advised to take ibuprofen before their appointment and being told they can return to their day as normal. This is despite the fact that studies show how effective minimally invasive pain management strategies such as lidocaine-prilocaine cream can be.[16]

Cervical punch biopsies are subjected to the same fate. The procedure is often done without the use of local anaesthetic, with the sensation being described as a "mild pinching or scratching," with many women being told they can return to their day as normal with only "mild period discomfort".[17]

While experiences vary, a look online will highlight how well-meaning phrases such as "small pinch," "light pressure," and "mild discomfort" can often feel incongruous with lived experience.



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[16] Whitworth, K., Neher, J. and Safranek, S. (2021) 'Effective analgesic options for intrauterine device placement pain', Canada Family Physician, 66(8), pp. 580–581.

[17] NHS. Colposcopy – What happens on the Day, NHS. Available at: https://www.nhs.uk/conditions/colposcopy/what-happens/. Last accessed: February 2025.

The Role of Social Media and Misinformation

This chronic dismissal has led many to turn to social media platforms like TikTok for validation, to find a community of women who share similar experiences.

At some point or another, we can all admit to having turned to the world wide web for our health.

A recent report from Superdrug found 18% of us turn to the internet and social media as our first port-of-call for health information, with 1 in 5 looking to the internet before NHS resources.[18] From looking up symptoms, to posting from the comfort of anonymity to ask about something that's worrying us, to finding an online community of people who just get us, the internet can be a balm for the health things that (sometimes literally) keep us up at night. But for all the good that online health information brings, there is a far more insidious side of misinformation and disinformation – particularly in women's health.

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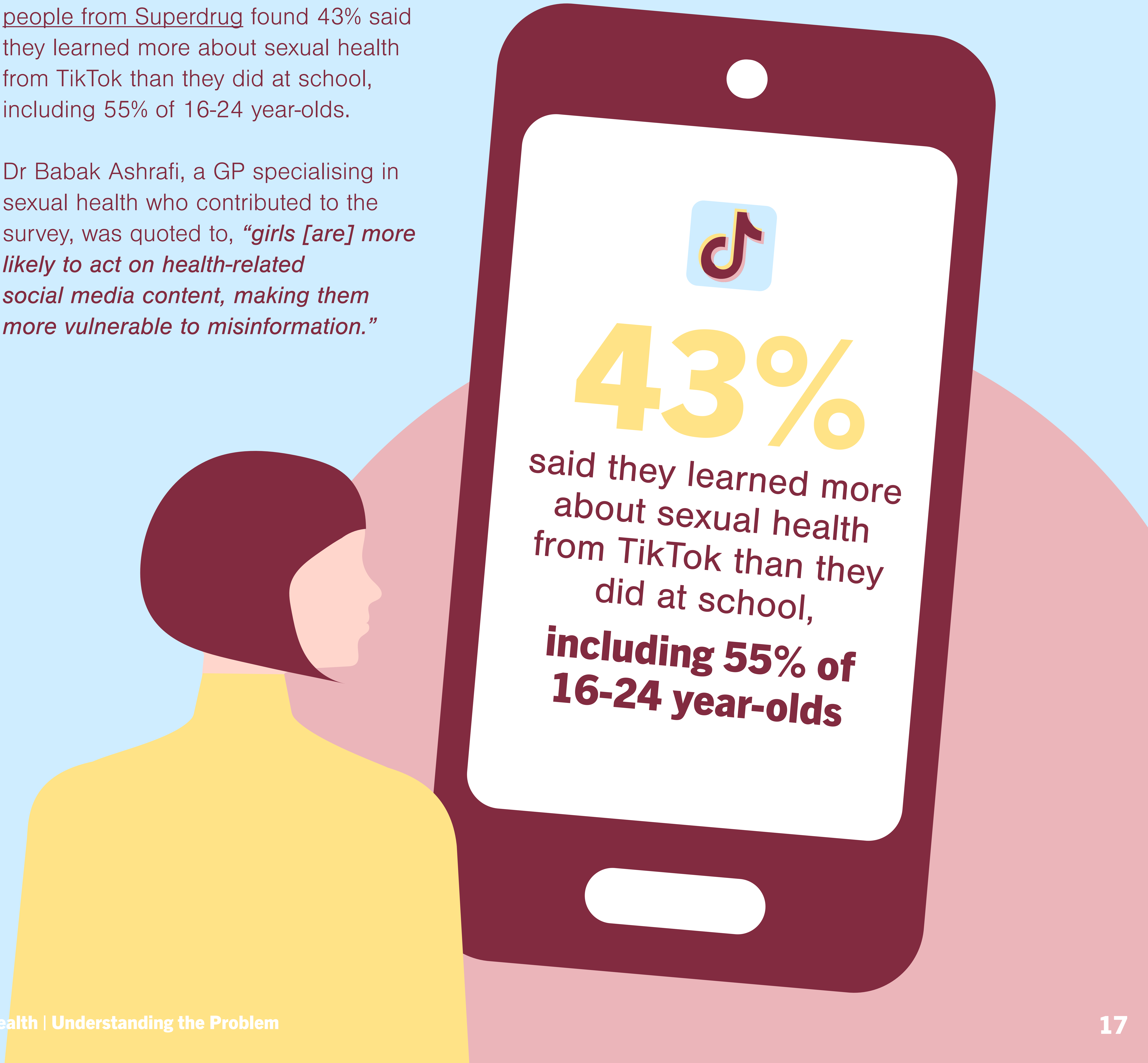
[18] Calculated from 2,000 respondents.

To dig deeper into this, we spoke with Dr Frances Yarlett, Medical Director at The Lowdown, a women's health research platform that provides credible, scientific information alongside reviews from women.

"Where there is a lack of understanding and research, something needs to fill this gap. And this is where misinformation online and on social media can thrive. If there is no credible place to debunk misinformation, the myths start to take over," said Yarlett.

The problem is particularly concerning for young women. A survey of 2,000 people from Superdrug found 43% said they learned more about sexual health from TikTok than they did at school, including 55% of 16-24 year-olds.

Dr Babak Ashrafi, a GP specialising in sexual health who contributed to the survey, was quoted to, ***"girls [are] more likely to act on health-related social media content, making them more vulnerable to misinformation."***



If you've been doom-scrolling on Instagram or TikTok recently, you might be aware that a lot of young women are breaking up with hormonal contraception.

Once seen as an act of liberation for women, birth control has started to come under scrutiny. As many have taken to the internet to voice their frustration, it's worth acknowledging that we've known for a while that side effects can be worrisome, at times debilitating, for some women: this is why around 1/3 of women stop using hormonal contraception in the first year.

"Despite the oral contraceptive pill being available for over 60 years, the side effects of contraceptives are still shrouded with mystery – we don't know which women will experience which side effects, how to predict them, and I don't think we fully understand the range of side effects that can happen," said Yarlett. *"This lack of understanding of contraceptive side effects can cause several problems."*

Misunderstanding and a lack of clarity on side effects has caused some individuals to make a range of false claims online, including statements that it causes infertility or brain tumours, or can change users’ sense of smell and thus affect who they are attracted to.

“In my clinical practice, I am hearing time and time again that women are worried about the hormonal contraceptive pill ‘changing their brain’ or ‘making them attracted to different people,’” said Yarlett.

“Now, these claims are based in some truth, which is often the most powerful type of misinformation, half-truths. However, the studies that have found functional and psychological changes to women on hormonal contraceptives are small and can’t be translated into clinical context, AKA real life, as there are so many other factors that can contribute to these changes.”

Dr Frances Yarlett

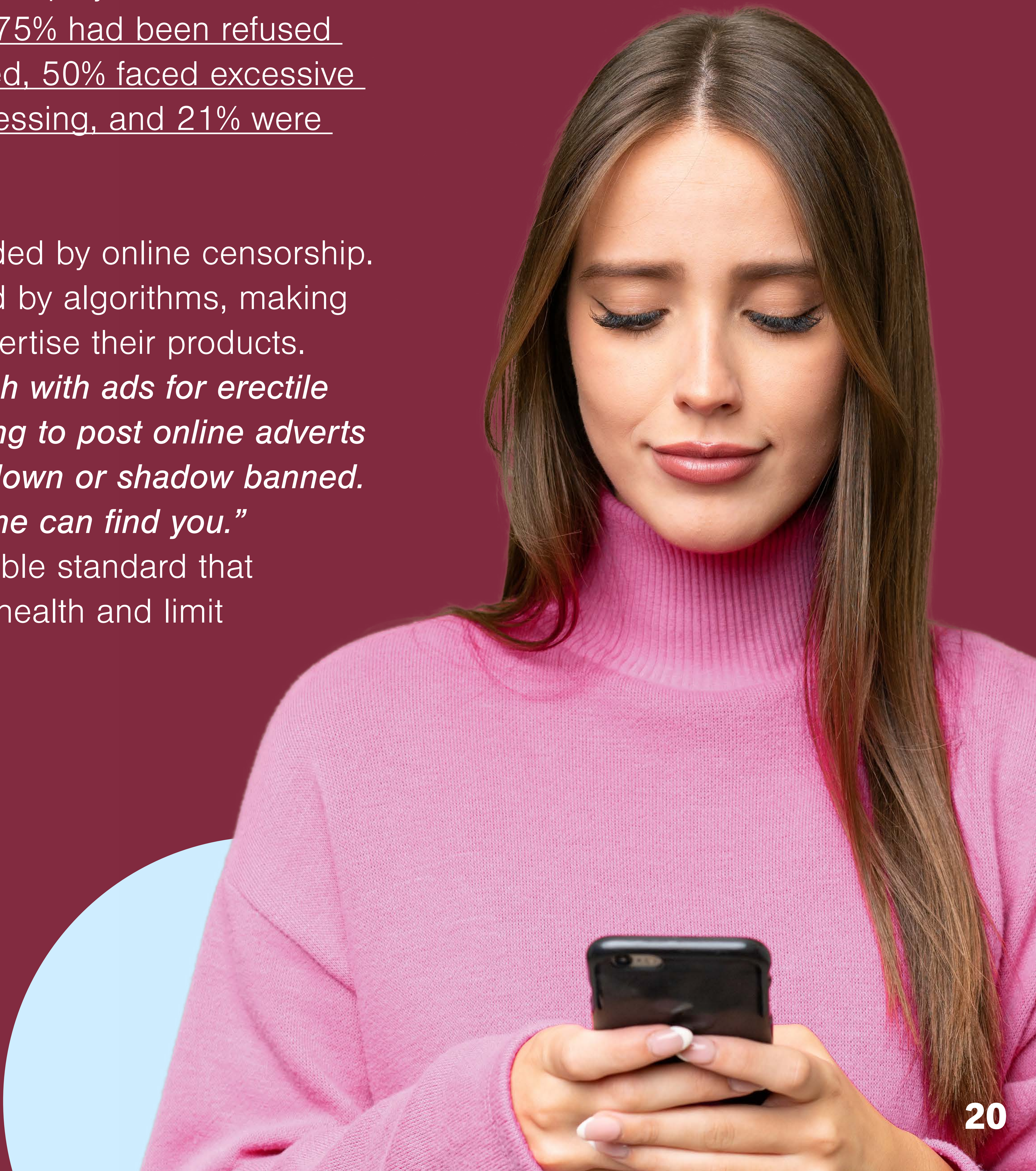
Medical Director at The Lowdown

There is now an entire sphere of technological solutions dedicated to women's health - coined as femtech - and recent studies have shown that women are 75% more likely to use digital tools for health-related information than men.

Yet, investment in femtech stands at only 1-2% of total technological spending. Mo Carrier, a founder of a femtech company, described some of the funding challenges women's health companies are facing, explaining *"At the last funding round I applied for, I was told – by a man – that lubricant was too niche to fund because it was only needed by menopausal women. He wouldn't even look at our research. He was adamant. That funding eventually went to yet another workplace productivity app."*

Once companies bring their products to market, they often face significant hurdles to maintain their presence. The UK-based organisation CensHERship conducted an inquiry into 35 femtech companies and found alarming barriers: 75% had been refused a bank account, 60% had accounts closed, 50% faced excessive scrutiny, 32% experienced delays in processing, and 21% were charged higher fees.

These financial challenges are compounded by online censorship. Certain words are flagged or deprioritised by algorithms, making it nearly impossible for companies to advertise their products. As Carrier explains, ***"The internet is awash with ads for erectile dysfunction, but we've stopped even trying to post online adverts because they're constantly being taken down or shadow banned. Algorithms are secretly tweaked so no one can find you."*** These obstacles highlight a troubling double standard that continues to stifle innovation in women's health and limit access to life-changing products.



3

Root Causes of Inequity

Stereotypes and Societal Norms

Societal expectations for women to endure pain, “mask” symptoms, and put others first often delay diagnoses and treatment.

From an early age, women are conditioned to conform to ideals of femininity — being nurturing, resilient, and selfless. These deeply ingrained norms discourage many women from prioritising their health or speaking up about their concerns for fear of being seen as “weak” or “overreacting.”

The pressure to provide care for others only amplifies this issue. Women disproportionately take on caregiving roles, whether for children, aging relatives, or partners, often leaving little time to focus on their own health. Many feel guilty or selfish for seeking care, putting their needs on the back burner until symptoms become impossible to ignore.

These expectations also shape how women are perceived in healthcare settings.

For example, attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) have historically been recognised as conditions affecting men and boys.

Men are three times more likely to be diagnosed as autistic, while women and girls are overlooked, often because they have learned to mask their symptoms. Many create coping mechanisms—setting elaborate reminder systems, mirroring social behaviours, or practising responses to avoid standing out.

“I’ve been told I can’t have ADHD because I did well in school and I’m not ‘hyper.’ What they (and I include doctors in this) don’t see are my racing thoughts, chronic insomnia, the exhausting systems I’ve had to set up to be productive at work, and how much I struggle with zoning outin meetings. It’s exhausting.”

Beyond neurodivergence, societal expectations normalise women’s suffering in other areas of health. Menstrual pain, mood swings, and fatigue are often dismissed as “just part of life,” while perimenopausal and menopausal symptoms like brain fog, hot flashes, and irritability are frequently attributed to stress or aging instead of being treated as legitimate health concerns.

Healthcare systems, shaped by these biases, often mirror societal expectations, dismissing women’s symptoms as exaggerated or emotional. This systemic failure disproportionately affects women balancing caregiving roles, leaving them trapped in a cycle of neglect and self-blame. Women are not just dismissed—they’re expected to endure, sacrificing their health for the sake of others.

Underrepresentation in Research

As you might imagine, there is a whole host of reasons for the women's health gap.

It's well established that underfunding in women's reproductive health research and exclusion from clinical trials mean that women are underserved by medical science. Recent research suggested that only 2% of medical research funding is spent on pregnancy, childbirth, and female reproductive health.[19]

We also know that women have traditionally not been well-represented in clinical trials. For decades women were excluded from clinical trials, partly due to (unfounded) concerns that hormone fluctuations make it difficult to study women.[20] If we are charitable, the exclusion may (sometimes) have well-meaning roots.

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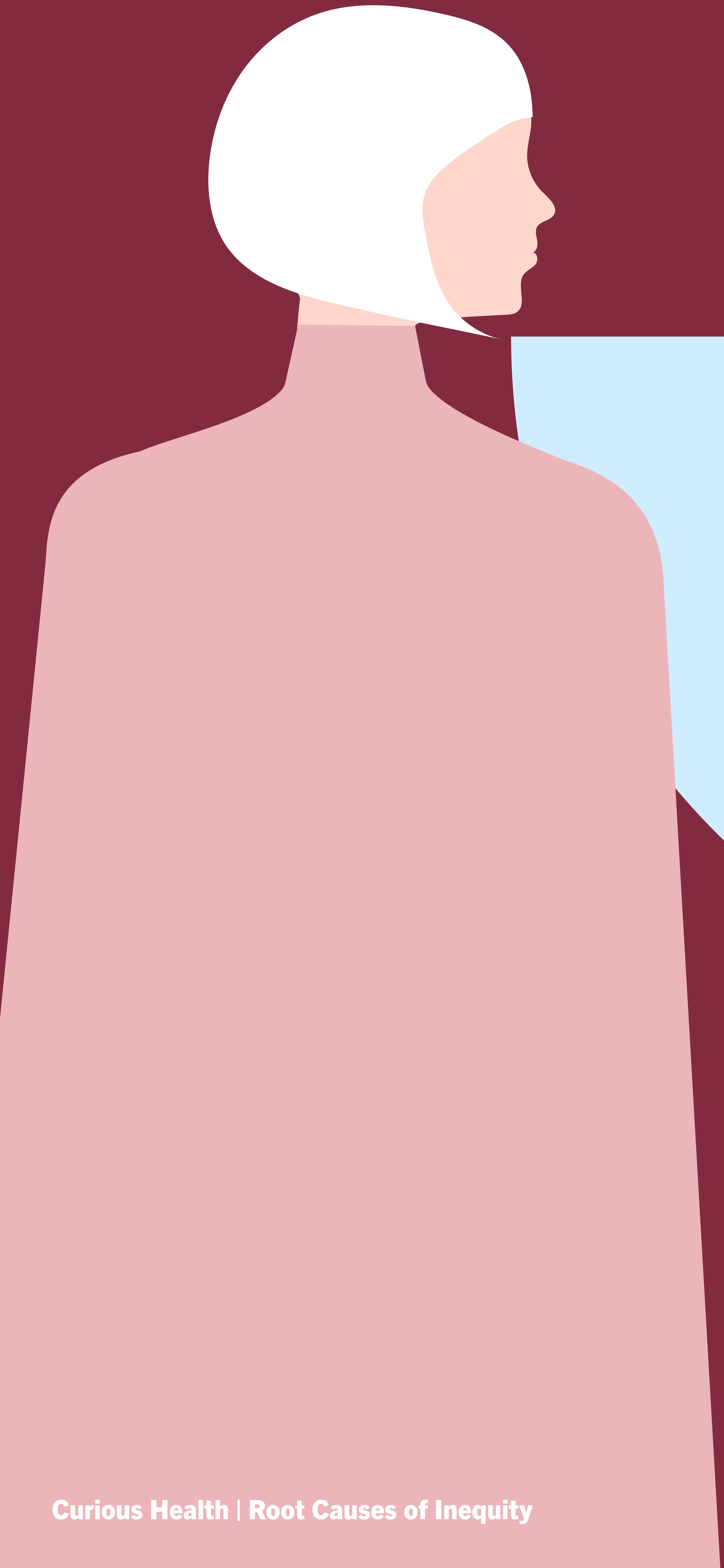
[19] Cawthera, E. (2023). Q&A: How can medical science better serve women? | Imperial News | Imperial College London. [online] Imperial News. Available at: https://www.imperial.ac.uk/news/247194/qa-how-medical-science-better-serve/ Last accessed: February 2025.

[20] Anwar, Y. (2020). Lack of females in drug dose trials leads to overmedicated women: Gender gap leaves women experiencing adverse drug reactions nearly twice as often as men, study shows. [online] ScienceDaily. Available at: https://www.sciencedaily.com/releases/2020/08/200812161318.htm. Last accessed: February 2025.

The thalidomide scandal rightly highlighted the need for extreme caution around the usage of medication during pregnancy, but Dr. Allyah Abbas-Hanif (Honorary Senior Clinical Lecturer at Imperial College London) points out that the horror of this scandal has led to protectionism that has excluded swathes of women from clinical research.



Speaking on this topic
in August 2023,
Dr Abbas-Hanif said:

“When you develop a drug in a white 50-year-old male, you are not accounting for the physiological and biochemical differences in others — not just women, but in children and ethnic communities too.”

Real blood wasn't even used to test menstrual products until 2023.

Following a report published in the British Medical Journal, it became clear that due to a lack of regulation for these products, companies were using saline or even water to test the absorbency of the pad or tampon they make.

The resistance and taboo surrounding women's normal bodily functions has hampered a lot of understanding and research into how women live and move through the world. It is only recently that companies have started using liquids that actually look like blood in their on-screen adverts, instead of sanitised blue liquids to show the absorbency of their products.

The unnecessary sanitation and sterilisation around period blood and the recent push back demonstrate how important it is to ensure assets you create resonate with the people you are trying to reach.

4

What Needs to Change

An article in the BMJ went as far as to suggest that the UK’s healthcare system has been designed around the needs of just half the population, so it might be tempting to admit defeat.[21]

But that’s not in our nature here at Curious Health, so let’s look at where change has already been happening and what can be done when it comes to systematic change.

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[21] Modi, N. (2022). Closing the gender health gap: the importance of a Women’s health strategy. [online] The British Medical Association. Available at: https://www.bma.org.uk/news-and-opinion/closing-the-gender-health-gap-the-importance-of-a-women-s-health-strategy#:˜:text=Improved%20healthcare%20for%20women%20requires.
Last accessed: February 2025.

Policy and Strategy

The issue of women's health was recognised at a government level in recent years, with the publication of the **Women's Health Strategy** in 2021 and the enquiry into women's health care experiences in 2023, only to once again be deprioritised.

After seeing genuine efforts to start listening, recognising, and responding to women's health needs, plans to specifically address women's health have been scrapped. Despite statements from Government ministers stating they still intend to *"have women at the heart"* of their health strategy, they have yet to share any clear ideas of how they plan to do this.

We aren't parliamentarians, but we do know something about evidence-based care. Whilst it's unclear what the Government's plans in this area will shape up to be, we hope they'll soon share a clear vision that looks at women's health over their lifespan and goes beyond gynaecological medicine. Policy should look to enhance care for menstrual and gynaecological conditions through updated guidance, promoting better contraceptive access, and improving care access for women across the UK. Considerations should also be made for supporting maternity care before, during, and after pregnancy, with special consideration for mental wellbeing and for those who experience birth trauma. And while many may take the stance that the buck should stop with the government, we know progress cannot be made through government action alone. The change we seek requires support on the front lines of healthcare access.

Educating Healthcare Professionals (HCPs)

Healthcare professionals play a significant role in women's healthcare experiences, but we need to start by calling out the obvious: healthcare professionals are experiencing unprecedented time pressures, and many don't have the freedom to engage with people in consultations in the way they would like to. This is undeniably part of the problem.

But we also have to acknowledge that HCPs are susceptible to the same biases as the rest of society. There is a need to address the underlying biases and assumptions that many healthcare professionals may have.

"Healthcare professionals aren't trained in great detail about contraceptive side effects. Medics are trained to use an evidence base to make decisions and provide advice. The evidence base is scanty for contraceptive side effects and needs to be actively sought out by interested clinicians," said Yarlett. *"This means that when women start discussing side effects with clinicians, they may feel dismissed or unheard as medics respond with, 'it can't be your pill...' when really, it's 'there's limited research on this...'"*

Finding new ways to seamlessly educate HCPs on women's health and contraception will be key to enhancing understanding and allowing for better engagement with patients. HCPs also need to be supported to engage with women on these matters empathetically, listening to their experiences, being transparent about the available research, and working together to identify appropriate solutions.

Representation in Research

Improving research will also help to contribute to this understanding. Considering sex as a biological variable across the research spectrum is fundamental to understanding how the female body may respond differently than a male's.

The King's Fund noted the impact of this, ***"...women have to be included in research, moving away from male research subjects being the default, which has resulted in less effective treatment and more side effects for women."*** Improving the representation of women in clinical trials and medical research is part of the NIHR Research Inclusion Strategy, but we will say this needs to go a step further by including pregnant and breastfeeding women. Understanding the unique responses and experiences of pregnant and breastfeeding women in clinical trials plays an important role in ensuring they receive safe and adequate care.

5

The Role of Communications in Driving Change

1 Be part of the drive to tackle misinformation

If your brand or campaign exists online, it is part of the online conversation and could be drawn into misinformation or otherwise inaccurate advice.

And while brands cannot be responsible for what others say about them online, it's a good idea to at least know what conversations are happening so you can responsibly step in if required to set the record straight or clarify information.

The same thinking applies to considering who you partner with to deliver information to patients (and healthcare professionals) - we're talking influencer partnerships. Careful checks on the content the influencer has shared before to make sure it's appropriate, balanced and accurate are a must. The recent scandal with Steven Bartlett (famous Dragon, podcast host and author of ***Diary of a CEO***) shows just how easy it is to push out health information that is completely misinformed and harmful. An analysis by the BBC in early December 2024 of 15 health related podcasts revealed 14 harmful health claims that went against extensive scientific evidence. Taking meaningful and informed steps when collaborating with online influencers means you can avoid working with people who promote dangerous messages.

2 Create Accessible Resources

What makes misinformation online so enticing?

It's delivered by someone familiar and relatable in a captivating way – usually without any need to search for it. Sadly, the same can't be said for robust, peer-reviewed health and medical research.

"The research we have is clinical, boring and not patient-friendly," said Yarlett, *"This is in stark contrast to a friendly face on social media who is more relatable to women who have felt unheard. Naturally, people are more likely to engage with a friendly face than a 2000-word guideline or research study."*

Everyone deserves accurate and accessible information about their health, regardless of their abilities.

Putting accessibility at the heart of what we create can improve patient outcomes and engagement. When people understand their condition and treatment plan, they are more likely to adhere to it.

Seven million people in the UK struggle to read, and estimates show that 42% of working age adults are unable to understand and make use of everyday health information. When you write for different people's needs, you can make your resources more effective for everyone.

Finding engaging and simple ways to create and disseminate accurate health information can make a difference in combatting health misinformation.

An intersectional approach is essential, recognising barriers such as time constraints, health literacy challenges, and distrust of medical systems. Health messages need to invite people in, sparking interest and connection, rather than relying on outdated, one-size-fits-all communication.

3 Challenge Taboos

"It is a sad truth that the Venn diagram between taboo topics and women's health can often feel like a circle, there's so much overlap," said Hannah Marcus, Trustee of Talking Taboos, a pioneering charity raising awareness and leading research on all taboos.

"Taboos function by keeping topics shrouded in silence and shame and hidden from public conversation.A knowledge vacuum is created; an environment perfectly designed for misinformation to flourish.

This means women are unable to find consistent, helpful information about what it happening to them, or are restricted by shame and stigma into not wanting or knowing who to ask. And so they turn to whisper networks, rumour or the internet; whether they'll find helpful answers or made-up misinformation is a roll of the dice."

When health brands choose not to speak on a topic, use sanitised euphemisms, or use language and narratives that don't align with lived experience, it continues to reinforce this stigma, pushing women to the margins to find information.

4

Amplify Women's Voices

Women's voices are essential to changing healthcare, but they shouldn't have to fix a broken system alone.

Healthcare communicators can help by co-creating stories with women—working together to share experiences that are powerful, honest, and relatable. **Talk to women. Listen to them. Involve them from the start.** make sure your language, visuals, and messaging reflect their realities and feel right to them.

When health brands choose not to speak on a topic, use sanitised euphemisms, or use language and narratives that don't align with lived experience, it continues to reinforce this stigma, pushing women to the margins to find information.

When women are part of the process, the stories are stronger, the impact is greater, and everyone benefits.

6 Conclusion

Women's health has been pushed to the sidelines for too long. From misdiagnosis and delayed treatments to the dismissal of pain, the systemic gaps in care are impossible to ignore any longer. It's time to get things right.

To make real change, we need to come together:

- **Policymakers** must step up by investing more in women's health research, breaking down barriers to care, and ensuring women's health gets the attention it deserves.
- **Healthcare professionals** need to challenge their biases, commit to ongoing education, and create a more patient-centred approach that puts women's voices at the forefront of care.
- **Communicators** have the power to amplify women's stories, share accurate and accessible health information, and stop the silence surrounding women's health issues.

This is a call to action for anyone who believes in justice and equity in healthcare. If we all take responsibility to prioritise women's health with the respect and urgency it deserves, little by little we will start to see meaningful change.

At Curious Health we believe in the power of collaboration to drive meaningful change.

If you're interested to understand more about the experience of women in a particular therapy area, and how communications can help you better meet their needs, get in touch.

Let's work together to create impactful solutions.

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