When we set out to explore the data gap in women’s health needs as a pro-bono project for a health tech hive group, we weren’t ready for the enormity of the canyon between need and provision.

An ‘endless eyeroll’ of tangled issues emerged:
- how hard it is to find beautiful, perceptive images online of older women
- how PPE doesn’t fit women on the front line of the COVID battle
- the institutionalisation of sport in education doesn’t necessarily benefit women’s bodies
- women are not simply ‘small men’ whose health needs can be treated thus

For those of us at Discover.ai brainstorming, reading, analysing, it became clear there were several macro themes that intersect to show just how ignored and marginalised some of the issues that define women’s lives (menopause, endometriosis, fertility) are.

We drew evidence from a number of spaces – brands, organisations and experts, to highlight the existence of this chasm in women’s health – and why it is so important to tackle it.
Unmet Needs in Women's Health

Our question

What can we learn from online conversations around women’s health, wellness and lives in order to identify key unmet needs for women in the health space, to serve as scoping and inspiration for new strategies and research?

Our sourcing areas

We brought together rich & inspiring language from 251 sources across 19 sourcing areas and covering the following languages / markets: UK, US + some global mix

1. Reviews of books speaking about data gaps/women’s health
2. Influencers and key figures speaking about women’s health conditions
3. Key brands targeting women’s health
4. Teen health and relationship advice sites and forums
5. Magazines, forums, influencers bloggers focusing on WOC (particularly health)
6. Consumer forums for women to discuss health issues concerns
7. Sex and wellness educators and influencers
8. LGBTq inclusive magazines and discussions with a health slant
9. Feminist activist spaces and voices
10. Women’s sport forums, discussions and magazines
11. Scientific journals, articles and abstracts focusing on key conditions/women’s health
12. Ayurvedic/Natural Remedies
13. Women’s mental health, mental load, imposter syndrome discussions
14. Long term/chronic condition advice (e.g. cardiovascular disease, cancer, HIV, respiratory, diabetes)
15. Consumer forums on particular health conditions (heart, lung, asthma, osteoporosis, endometriosis, PCOS)
16. Culture, Lifestyle and arts journalism (incl women’s health)
17. Women’s Health and Wellbeing bloggers and influencers/online magazines
18. Hormone therapy/solutions – discussions, forums, advice
19. Natal, post-natal and infertility advice, discussions, forums, activists
The 8 Macro-Causes of the Women’s Health Data Gap

**Being Disbelieved**

A side effect of the lack of data on women’s conditions, partnered with an ability by official institutions to devalue the self-knowledge of women and their own bodies, means that many women find themselves being disbelieved when they come to present their health conditions to medical professionals.

**The Wrong Metrics**

It has always been difficult to communicate the pain you feel to someone else, to put something so felt and personal into words. But there is a sense that women’s pain is not only minimised, but that the mode and scales of measuring it are the wrong ones. With women putting up with vast amounts of pain that should be signals that something is wrong, both women themselves and the institutional tools should be finding different ways to value pain.

**Ignored & Forgotten**

The data gap which comes from ‘invisibility’ – where it is assumed that women are just ‘small men’ and any data already held is good enough. Yet this can be taken further, crossing with the data of different ethnic, socio-economic and gender-fluid groups – who may well have their own unique matrix of cultural causes.

**Working for Wincers**

A sense of shame and taboo around so much of women’s health and health conditions, prioritising the needs of those who are ‘disgusted’ by women’s health over the people actually living with these conditions – and therefore also making it seem as if any women with those conditions are abnormal/exceptions in the public eye.

**Human Giver Syndrome**

The sense that women should happily give all of themselves in service of another – whether partners, children or friends – leading to a devaluing of the self, which manifests in a minimising of needs which link directly to women’s pleasure, or other priorities; and contributes to conditions such as burnout and stress.

**Ignoring Emotions**

To every health condition there is the physical impact and the emotional impact. This could be the normal but difficult emotions that come with transitioning through life-stages, or it could be more serious mental health implications; both are undervalued and ignored.

**The Burden of Beauty**

The way in which the pressures of the beauty industry and the standards it imposes contribute to the creation of mental and physical conditions. But conversely, the way in which unhealthy bodies create physical effects which are also considered ‘not beautiful’ – leading to more complex feedback loops.

**Access to Information**

A sense that even for the conditions which have some data and research underlying them, the access to healthcare and knowledge for women is distributed incredibly inconsistently – as well as creating more data, it has to be considered how it can be fairly disseminated.
Women’s Bodies
WOMEN'S BODIES
Conditions which specifically affect people with women’s bodies

Unmet Needs in Women's Health could be about hormonal lifestages...

Fertility laid bare:
Many women would be better prepared for disappointment by removing the ‘magic’ of conception and understanding the statistics/risks of e.g. miscarriage and the reducing the mental and emotional fallout of complex fertility issues.

The Emotional Waiting Room (or peri menopause):
You will... have flagging energy, plummeting sex drive, burn up with heat, feel anxious/flat/low, lose your memory along with your patience... feel awful & not know why. Don’t worry, it’s completely normal, it’s just the arrival of the menopause.

Menopausal Realities: Life-Changing Yet Taboo:
Changes of so much importance and with so much impact practically physically and emotionally that get such little coverage or care...
WOMEN'S BODIES
Conditions which specifically affect people with women's bodies

Unmet Needs in Women's Health could be women's realities...

The Anatomy of Incontinence
The commonality of incontinence in woman is a subject often not talked about due to shame and stigma - despite being related to both stress and post-pregnancy.

Supporting Healthy Weight Gain
The difficulty of negotiating healthy relationships with weight amongst societal pressures for women to be thin, and incomplete data around healthy weights, BMI and obesity.

Untangling Mental Health
Mental health in women is a complex and urgent area - worsened by other health conditions, factors that affect women such as abuse or violence, and manifesting differently between genders.

Reprioritising Pleasure
Acknowledging that sexual pleasure for women should be a health priority, not a source of shame or indulgence. Linking this to common health issues and concerns such as vaginal dryness.
Hormonal Lifestages
Many women would be better prepared for disappointment by removing the 'magic' of conception and understanding the statistics/risks of e.g. miscarriage and the reducing the mental and emotional fallout of complex fertility issues.
The Emotional Waiting Room (or peri menopause)

You will.. have flagging energy, plummeting sex drive, burn up with heat, feel anxious/flat/low, lose your memory along with your patience., feel awful & not know why. Don’t worry, it's completely normal, it's just the early arrival of the menopause.

Key Takeaways
- Looking at the Peri-menopause as its own area, distinct from the menopause
- Very important transitional time with both physical and emotional implications, neither of which are being talked about or researched
- Thinking about individual symptoms vs the scale – every woman goes through this stage, but experiences vary
- The effect of shock that comes from lack of education, can make the experience much worse for people – lack of certainty about what a hot flush actually is and feels like etc
- Difficulty of reaching a life-stage at which society considers women ‘obsolete’ both in terms of child-rearing and attractiveness – overcoming these negative assumptions
- There are healthy behaviours which could have a massive impact on women’s old age if they were considered earlier
Unmet Needs in Women’s Health could be...

The Menopausal Realities: Life-Changing Yet Taboo

Changes of so much gravity and with so much weight – practically, physically and emotionally and that yet get such little meaningful coverage or genuine care ..

Key Takeaways

- Menopause is a time of change for women both physically but also emotionally and sometimes practically – relationships change and transition
- A real sense of taboo and lack of discussion around the menopause – and also an inability to discuss how uncomfortable it is
- Not on the agenda socially, can’t discuss or connect to other people going through it – the amount of people going through this life stage is not representative of the cover it gets
- Importance of considering health at this time – multiple conditions throughout this deck are caused by or part of the menopause (e.g. osteoporosis, vaginal dryness) and need better consideration and targeting

MENOPAUSE CONTINUES TO BE SOMETHING BETTER LEFT OFF THE LIST OF DINNER TABLE TOPICS

From what I can see, there are more organisations in the UK geared to women’s health and menopause than there are in the US, where menopause continues to be something better left off the list of dinner table topics

Source

UK

MENOPAUSAL SYMPTOMS AND VAGINAL ATROPHY AREN’T LIFE-THREATENING CONDITIONS LIKE CANCER – BUT THE PAIN THAT THESE WOMEN SUFFER IS SERIOUS

Although menopausal symptoms and vaginal atrophy aren’t life-threatening conditions like cancer, the pain that these women suffer is serious, and can have all kinds of lasting impacts

Source

USA

SINCE A LIFE-CHANGING EXPERIENCE OF MENOPAUSE HAS RE-INVENTED HERSELF AS A WOMEN’S HEALTH AMBASSADOR

We also have Kathryn Colas joining us, who had a life-changing experience of menopause and has since re-invented herself as a women’s health ambassador focusing on raising awareness of menopause and how women can get through it

Source

UK

WHAT NO ONE TELLS YOU ABOUT MENOPAUSE ..

What No One Tells You About Menopause Healthy Women

Source

USA

3 DECADES AFTER GOLDEN GIRLS, IN AN ERA OF 3RD-WAVE FEMINISM, IT’S STILL A TABOO

Three decades after the Golden Girls, in the era of third-wave feminism and #metoo, menopause is still a taboo subject whispered in powder rooms Nobody in the marketplace knows how to talk about it and nobody wants to think about it simply because and I must be blunt here nobody thinks there’s anything in it for them

Source

USA

I’M 51 AND HAVE GONE FROM BEING A CONFIDENT, SELF ASSURED WOMAN TO NOT WANTING TO LEAVE THE HOUSE

I’m 51 and have gone from being a confident, self assured woman to not wanting to leave the house, awkward and suffering feelings of worthlessness

Source

UK
Women’s Realities
The Anatomy of Incontinence

The commonality of incontinence in woman is a subject often not talked about due to shame and stigma - despite being related to both stress and post-pregnancy.

Unmet Needs in Women's Health could be...

- **100,000 British Women Over 20yrs with Organ Prolapse or Incontinence After Childbirth**
  Over 20 years, more than 100,000 women across the UK have had transvaginal mesh implants to treat organ prolapse and incontinence - often after childbirth.
  Source: UK

- **Incontinence Anxiety Impacts on Social, Sexual and Work Life**
  The anxiety caused by incontinence can have severe effects on a woman's social and sexual life and keeps some women away from work.
  Source: UK

- **Incontinence During Sex for a Quarter of Women Sufferers**
  It can mean worrying about leaks when you cough, sneeze, laugh, exercise, or - for a quarter of women with incontinence even when you have sex.
  Source: UK

- **Bladder Leakage is Still Seen as a Taboo**
  "Despite this high prevalence, bladder leakage is still seen as something of a taboo for women to discuss - they may find it hard to talk with their friends, family or even their partner, which is a perception we'd like to see change."
  Source: UK

- **Incontinence Products Hidden in Store Due to Embarrassment of Purchasers**
  One of the reasons adult incontinence products are so hard to find in the store is because they make the people who need them feel embarrassed and old.
  Source: USA

- **Stress Incontinence Leaking Urine When You Laugh, Cough or Sneeze - Is More Common in Perimenopause**
  Caused by weak pelvic floor muscles, stress incontinence leaking urine when you laugh, cough or sneeze - is more common in perimenopause.
  Source: UK

**Key Takeaways**

- Incontinence is always portrayed in a very abstract way by the media and this helps to drive the taboo associations for sufferers. Proactive measures will grow from honest/direct representation.

- The data gap exists in 2 areas: preventative measures for females approaching pregnancy and active management/treatment for those in an immediate post-partum program and in later age. Both of these would trump passive acceptance of the issue.
Supporting Healthy Weight Gain

The difficulty of negotiating healthy relationships with weight amongst societal pressures for women to be thin, and incomplete data around healthy weights, BMI and obesity.

Key Takeways

- This area is about the difficulty to work out what exactly constitutes a ‘healthy weight’ for women – particularly considering the negative cultural associations around weight gain.
- It’s important to include this area amongst the current ‘health and wellness’ kick which has legitimised diet culture in the name of health.
- Thinking about conditions such as obesity which are more prevalent in African American communities.
- But also encompassing the fact that many medicines which women take, including birth control, often come alongside weight gain, which is then a tricky emotional payoff for many women.
- Also BMI as an unfair and unreasonable indicator of health.
- Potential to be less believed about other conditions if considered ‘over-weight’.
Unmet Needs in Women’s Health could be...

Untangling Mental Health

Mental health in women is a complex and urgent area – worsened by other health conditions, factors that affect women such as abuse or violence, and manifesting differently between genders.
Unmet Needs in Women's Health could be...

**Reprioritising Pleasure**

Acknowledging that sexual pleasure for women should be a health priority, not a source of shame or indulgence. Linking this to common health issues and concerns such as vaginal dryness

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**Key Takeaways**

- Women’s health often doesn’t encompass a discussion of a right to not just good health but also actual pleasure — good sex should be considered a right and a necessity for those that want it.
- Linking specifically to issues such as vaginal dryness (which can be caused by my menopause but is also common across the board).
- Sites like OMGYes beginning to put actual research into this area.
Get in touch to find out more

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