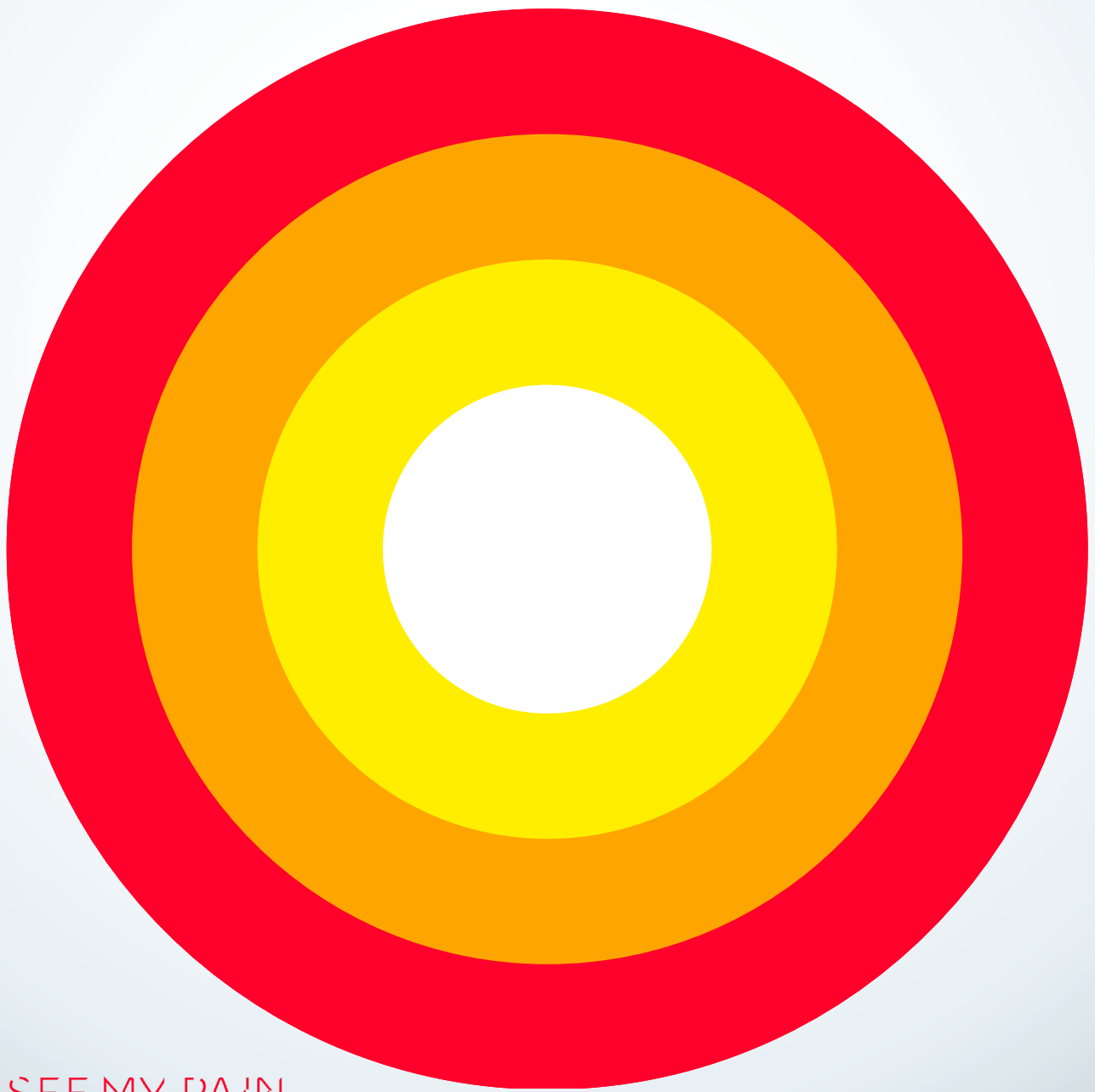


# GENDER PAIN GAP INDEX REPORT **YEAR 3**

October 2024



SEE MY PAIN  
**NUROFEN**



# BREAKING THE BIAS

**DR. ANGELA NAEF**

Chief Research  
and Development  
Officer, Reckitt



**Two years ago, we revealed a 'Gender Pain Gap' exists in the UK – a phenomenon in which pain in women is more poorly understood and more mistreated compared to pain in men – and we committed to measuring and closing it over time. This is now our third Gender Pain Gap Index Report, and it reveals that a gap still exists – and that women's pain is being ignored or dismissed from as young as ten years old to until they retire.**

Clearly, we are still a long way from achieving a level playing field when it comes to women's experiences of pain treatment. And it is affecting women's lives.

The news is filled with stories around the need for gender equality in many other areas – sports, politics, business, and education – but, until we revealed the gender pain gap a couple of years ago, little had been discussed on the lack of gender equality when it comes to pain management in the UK.

When we first revealed the gender pain gap in 2022, we outlined a list of commitments to help close it. One of those commitments was to keep drawing awareness to the gap – and measuring it – with these reports, so we can keep pushing for change.

Since then, we have released two more reports, which show the gap is fluctuating.

Our report in 2023 showed the gender pain gap contributes to longer diagnosis times for women. And, this year, as well as revealing the true longevity of the gender pain gap, we show the impact it is having on women's lives, including their mental health, and even their careers.

And it is not just our data showing this: this year the NHS Confederation revealed that absenteeism due to severe pain for women such as period pain and endometriosis is estimated to cost the economy almost £11 billion per year<sup>1</sup>, while we also collaborated with researchers at Imperial Consultants, London, to conduct the first in-depth study into gender pain bias, which discovered that medical students recognise the existence of the gender pain gap, but feel there is a lack of any formal teaching on this topic<sup>2</sup>.

We cannot continue this way. Everyone should have the same experience with pain, and should feel confident that they will get a diagnosis and resolution for it, regardless of gender.

Understanding the situation has always been the first step. We know we're talking about a wide systemic issue, one that needs continued measurement, dedicated research, and new approaches to education that consider women's health.

The insights from this year's report make us more determined than ever to drive change, and we will continue to research this important issue. But it is a journey we cannot make on our own. It is time for other organisations to take note of these insights and join the mission with us. Together, we can make progress – and we will not stop until the gap is closed.

<sup>1</sup> <https://www.nhsconfed.org/publications/womens-health-economics>

<sup>2</sup> Brown ME, Costache C, Parker SB, Parekh R, Laughy W, Kumar S. Exploring the perceptions of senior medical students on gender and pain: a qualitative study of the interplay between formal and hidden curricula. *BMJ open*. 2024 Aug 1;14(8):e080420.

# EXECUTIVE SUMMARY

**Our first two Gender Pain Gap Index Reports not only revealed women feel like their pain is disproportionately ignored or dismissed compared with men, but showed there are consequences – the gap is leading to women experiencing longer diagnosis times than men for the same pain. This report is the third iteration in our ongoing commitment to tracking – and ultimately closing – the gender pain gap.**

**With the research this year, we wanted to build on the above – and to delve into the longevity of women’s pain dismissal.**

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Conducted by Toluna in May 2024, the research included 5,072 UK adults across demographically diverse backgrounds. Of the respondents, **49%** were men, **50%** were women and **1%** were of nonbinary/alternative gender identities.

Participants were asked to fill out an online questionnaire with questions designed to ask about their attitudes to, and experiences with, pain and its treatment.

Ultimately, we found there is still a gender pain gap, with an average gap of **7% across the three years**<sup>i</sup>. But perhaps the most concerning finding this year was when and where women’s pain is being dismissed at different stages of their life, including in their younger years, in the workplace, and as they get older.

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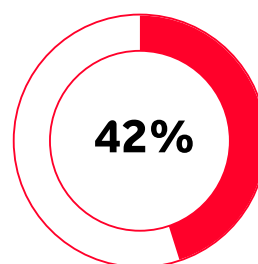
Women say their pain is dismissed from as young as ten years old, with one in ten saying they first had pain dismissed or ignored by a healthcare professional (HCP) when they were aged 10-15<sup>ii</sup>, while a third (**33%**) who have had pain dismissed were under 21<sup>iii</sup>.



**Four in five women aged between 18 – 24 said they had experienced pain being dismissed or ignored<sup>iv</sup>.**

And dismissals continue to impact women at various stages in their lives. Indeed, the vast majority (**81%**) of women in pain aged between 18 – 24 felt they had experienced pain being dismissed or ignored<sup>iv</sup>, compared to **73%** of men<sup>v</sup>, while more women aged over 45 years old (**56%**) with pain have been ignored or dismissed than men aged over 45 years old (**49%**) with pain<sup>vi</sup>.

**42% of women going through the menopause had related pain<sup>3</sup> dismissed<sup>vii</sup>, while one in six had to wait more than a year to have menopause-related pain diagnosed<sup>viii</sup>.**



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The report builds on previous findings which show just how much pain dismissal is taking its toll throughout women’s lives. One in five women felt their career has been impacted<sup>4</sup> after their pain was dismissed<sup>ix</sup>, and a third felt it has affected their mental health<sup>x</sup> (this is up from a quarter last year<sup>xi</sup>).

<sup>3</sup>i.e. Muscle aches, joint pains, headaches

<sup>4</sup>i.e. Taking sick days / changing career

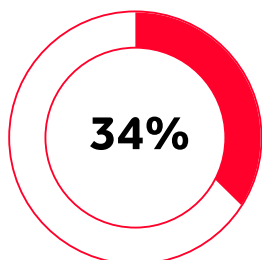
# EXECUTIVE SUMMARY

Furthermore, many feel gaslit when it comes to their pain; a quarter say they've ended up questioning their own sanity, believing their pain wasn't serious or real after being dismissed<sup>xii</sup> – and it has resulted in their physical health getting worse.

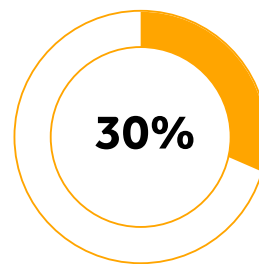
Over the coming pages, we share more detail on these findings, as well as outlining other factors which continue to contribute to the gender pain gap. These include women being dismissed as 'too emotional'<sup>xiii</sup> or simply feeling like they are 'expected to suffer' with pain more than men<sup>xiv</sup>.

It is clear that there is still a need for drastic change, two years after we revealed the gap. But the issue is significant. It will continue to require government, regulators, industry and other stakeholders, to help close the gap through a series of steps - from the way that healthcare companies conduct clinical research and how their products are approved for use, through to product innovation and investment in research and education around women's pain.

**For example, a third (34%) of women in this year's research agree they would like HCPs to have more training into the different types of pain men and women experience<sup>xv</sup>.**



**While a third (30%) would like HCPs to have more training so gender bias does not impact their medical judgement<sup>xvi</sup>.**



For our part, you can see our commitments to making change happen over the coming months and years at the end of this report. We reiterate Nurofen's dedication to raising awareness and working with others, showing what steps have been taken to date, as well as outlining what still needs to happen to close the gap.

It is one of the reasons why we are launching a partnership with the Royal College of General Practitioners (RCGP) to offer gender bias training to HCPs. The partnership builds on the work we are already doing with Superdrug to train its pharmacists in the same way.

But, of course, this report itself is the result of one of our core commitments; to keep tracking the gap until it is closed for good. This is just the third in what will continue to be a long line of reports. With it, we are calling on policymakers, the healthcare industry and the wider public to take note of these findings, work out where action is required, and make changes to support women. We will not stop until we see change. Until all women feel like their pain matters.



# THE GENDER PAIN GAP PREVAILS

Two years on from our first report, the third iteration of the Gender Pain Gap Index shows that British citizens remain a nation of pain sufferers. In fact, 29% of men and women now say they suffer pain daily – an increase on last year, when 22% felt the same<sup>xvii</sup>.

% of people suffering pain daily<sup>xvii</sup>

2023



2024



And yet, women's pains are still being dismissed more than men's – with the gender pain gap averaging out at **7%** over the three years we have conducted the research<sup>xviii</sup>.

The gender pain gap has stood at **7%** in 2022, **11%** in 2023, and **2%** in 2024<sup>xix</sup>. While we welcome the news that the gap has narrowed since 2023, tracking it over a number of years is important for us to identify whether this is a trend that continues to create equity between men and women across pain.

Indeed, and perhaps most concerningly, despite the narrowing of the gap in 2024, a higher number of UK women actually felt like their pain has been dismissed or ignored in 2024 (**62%**) than in 2023 (**49%**) and 2022 (**56%**)<sup>xx</sup>. The rate of women's pain being ignored or dismissed has worsened since 2023, with an increase of **13%** in the past year<sup>xxi</sup>. The number of men who felt like their pain has been dismissed or ignored in 2024 is **60%**<sup>xxii</sup>, compared to **38%** in 2023 and **49%** in 2022<sup>xxiii</sup>.

## The Gender Pain Gap over the years:

2022

Women

56%

Men

49%

2023

Women

49%

Men

38%

2024

Women

62%

Men

60%

7%  
gap

11%  
gap

2%  
gap

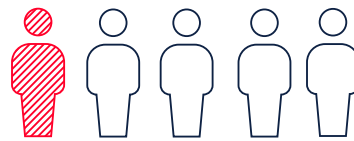
7%  
across  
3 years



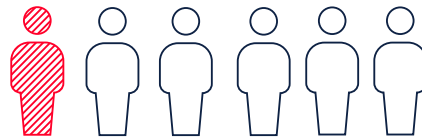
# THE GENDER PAIN GAP PREVAILS

Our research shows that dismissals continue to impact women at various stages in their lives, with the vast majority (**81%**) of women aged between 18 – 24 feeling they had experienced pain being dismissed or ignored<sup>xxiv</sup>, compared to **73%** of men<sup>xxv</sup>, while more women aged over 45 years old (**56%**) with pain felt they have been ignored or dismissed than men aged over 45 years old (**49%**) with pain<sup>xxvi</sup>.

Interestingly, the impact is more pronounced in women during their early and later years, and in contrast more men with pain aged between 25-44 (**74%**) felt they have been ignored or dismissed than women with pain aged between 25-44 (**70%**)<sup>xxvii</sup>.

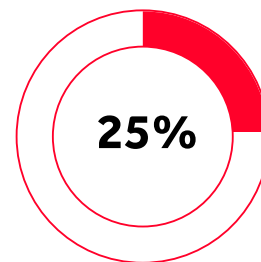


**One in five women say their pain was dismissed by HCPs for more than five years<sup>xxviii</sup>.**

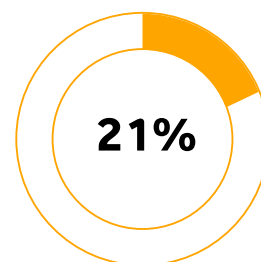


**Compared to one in six men say their pain was dismissed by HCPs for more than five years<sup>xxix</sup>.**

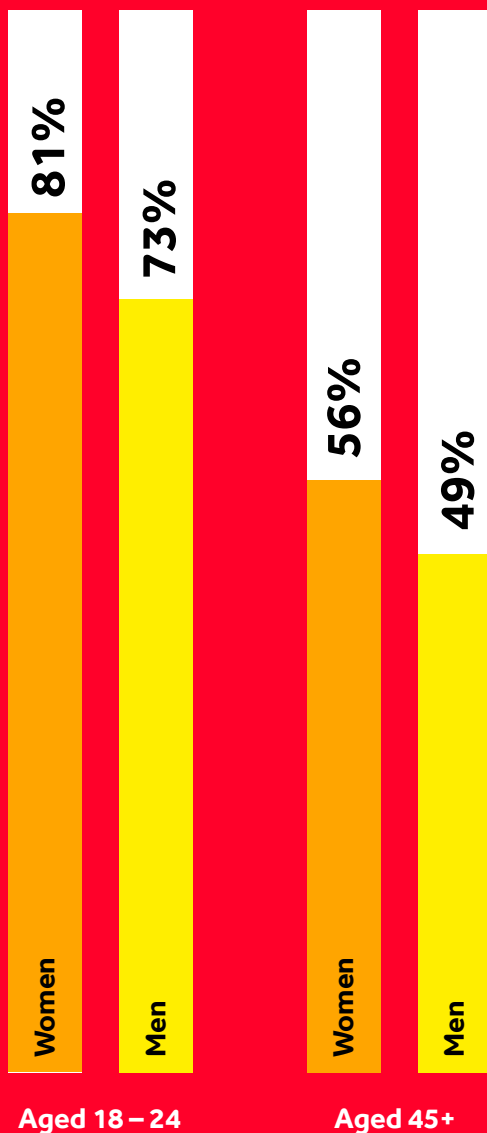
And it is hindering women accessing treatment – a quarter (**25%**) have felt disadvantaged because of their gender when it comes to treatment of their pain<sup>xxx</sup>.



Meanwhile a fifth (**21%**) actually feel like their gender has on at least one occasion been a disadvantage to them accessing medical care<sup>xxxi</sup>.



Percentage that said they had experienced pain being dismissed or ignored





# THE LONGEVITY OF PAIN DISMISSAL

As well as finding out if women were still feeling dismissed when it came to their pain, we wanted to understand the full extent of the problem – to see if it was something women endured at key points throughout their lives. Indeed, this year's survey showed that pain dismissal affects women from as young as ten years old, with young, old and those in the workplace affected.

One in ten (**12%**) women first had their pain dismissed by an HCP as young as between the ages of 10-15<sup>xxxiv</sup>, while a third (**33%**) of the women in the UK who felt they have had pain dismissed were under 21 when it first happened<sup>xxxv</sup>. By the time women reach adulthood (18-24), an overwhelming majority (**81%**) say they have had pain dismissed or ignored, compared to **73%** of men<sup>xxxvi</sup>.

People aged 18-24 whose pain has been dismissed or ignored



Dismissals continue throughout people's lives, and is notably present when women reach the menopause. In fact, over two fifths (**42%**) of women going through the menopause say they have had related pain dismissed<sup>xxxvii</sup>, with one in six menopausal women waiting more than a year to have pain related to the menopause diagnosed<sup>xxxviii</sup>.

Emma Thompson-O'Dowd,  
Senior Programme Manager,  
Plan International UK

*Plan International UK is a global children's charity that advances equality for girls and young people through health and education campaigns.*



For children and  
equality for girls

**"For too long, girls and young women have been expected to suffer pain more than their male counterparts, with their complaints or concerns downplayed. To see from this report that girls are feeling their pain is dismissed from as young as ten years-old is really saddening.**

Through our work we have heard from young women that their pain can be trivialised as 'something they'll grow out of'. Girls feel that period pain and periods are misunderstood at school and in wider society. This lack of awareness contributes to the gender pain gap we still see today.

To bridge the gap, we need to address the stigma and taboo nature of talking about menstruation. The pain girls feel – whether period pain or otherwise – needs to be talked about and normalised, so that they can seek the help they need. In our partnership with Nurofen, we will take steps to address this.

**No one should feel like they have to struggle with pain. It's time to get rid of gender health inequality once and for all."**



# CASE STUDY

**ASHLEY**

AGE:57



## **I'VE BEEN DEALING WITH CHRONIC PAIN FOR OVER 30 YEARS, SINCE THE BIRTH OF MY FIRST SON.**

Initially, I experienced pain in my arms and legs, but I did not seek medical attention, thinking it was to be part of having a child and I wouldn't be taken seriously.

Throughout the years, I endured persistent muscle aches, pains, headaches and fatigue. I thought it was stress-related and didn't pursue a formal diagnosis. It wasn't until my daughter began experiencing similar symptoms ten years ago that I sought medical help. I felt more able to advocate for my child than for myself, fearing I wouldn't be taken seriously.

Once I was referred after reporting pain in my legs, feet, and arms, I was only offered an X-ray in one area, being asked, "Do you want your feet X-rayed or your arm?"

Five years ago, I was eventually diagnosed with fibromyalgia and then spinal stenosis two years ago, after seeking private care. The only cure for spinal stenosis is spinal surgery, and without it, I could lose my ability to walk. The diagnosis was both a relief and a burden, validating my pain but also presenting a daunting treatment option.

Living with chronic pain significantly impacts my daily life and mental health. I am hesitant to take on a full-time job, knowing it would be too exhausting and therefore negatively impacting my ability to spend meaningful time with friends and family, as well as be taxing on my mental wellbeing.







# THE IMPACT OF PAIN DISMISSAL ON WOMEN

Tracking the gap is just part of our plan. We wanted to understand the ramifications of it. Worryingly, this year's research shows pain dismissal is still affecting women throughout the course of their lives – and is impacting how they seek help for it.

But what is perhaps the most concerning is that pain is not just taking its toll physically – a third (34%) of women who had their pain dismissed said it had impacted their mental health<sup>xlii</sup>.

On top of this, over a quarter of women said they had started to question themselves; believing their pain was not serious or real after being dismissed<sup>xliii</sup> – which may have resulted in both their physical and mental health getting worse.

An additional insight from this year's research was the impact pain is having on women's careers. In fact, one in five (20%) said that pain has held them back in their career<sup>xliv</sup>, while four out of ten women said that the workplace is an area where their pain is most likely to have been overlooked<sup>xlv</sup>.

## IMPACT OF PAIN DISMISSAL

34% of women felt pain dismissal stopped them getting a diagnosis/waited longer for a diagnosis<sup>xxxvii</sup>.



35% of women felt pain dismissal delayed them from seeking further medical help<sup>xxxix</sup>.



34% of women who had their pain dismissed felt it had impacted their mental health<sup>xl</sup>.



20% of women felt pain dismissal had an impact on their career (sick days, change of career)<sup>xlii</sup>.



Janet Lindsey, CEO, Wellbeing of Women



“To learn that the gender pain gap starts affecting women from as young as ten years old is quite alarming. Especially as this turns into a lifelong impression for women that their pain doesn't matter, or that women and men have different pain thresholds.

When it leads to women avoiding seeking help for their pain, or when it's affecting their lives and careers, it's clear we need change. Everyone's pain should matter, regardless of what it is or where it is felt, their age, or their gender. Women should feel as confident as men that they can speak about their pain and not only be taken seriously but get a diagnosis, and the most appropriate treatment.”



# CASE STUDY

**IMOGEN**

**AGE:22**



## I WAS DIAGNOSED WITH ENDOMETRIOSIS AT THE AGE OF 22.

I started my period when I was 16, and since then, I suffered from extremely painful cycles causing debilitating pain. A few years later, I started to experience irregular bleeding. At age 18, I first went to a doctor about this, who said it was normal to have painful periods and irregular bleeds as I started my period late.

This continued, and at 19, the doctor referred me for my first ultrasound due to my irregular bleeding. They couldn't find anything and never followed up because of that. I saw another doctor who suggested the irregular bleeding could be due to the contraceptive I was using at the time, and I was told to 'see if my body adjusts to the hormones'.

During my first year of university, I was bleeding about every other week. I went back to the doctor, who referred me for another ultrasound, and they still couldn't find anything. The pain and bleeding affected my social life, my sex life and my relationships. It was distressing to deal with and being told this was normal was draining.

It wasn't until I was 21 that I spoke to a gynecologist who was certain it was endometriosis. I mentioned that they haven't found anything on ultrasounds, however he said the only definitive way of diagnosing this is through a laparoscopy. I had surgery, and they found endometriosis growing outside of my womb. After five years I finally felt validated for the pain I had been feeling.

I went on to have many more experiences with doctors still not taking my condition seriously, and I still am trying to find the best way to deal with it.

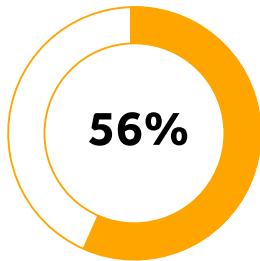




# WHY PAIN IS TREATED DIFFERENTLY

## So why do women think the gap prevails?

Many women see the impact of deeply-rooted, historic bias, with more than half (**56%**) of women who think there is a gender pain gap believing the idea that women are expected to naturally suffer pain contributes to it<sup>xlvi</sup>.

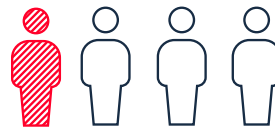


By contrast, men were more likely to believe the gap exists because women and men are considered to have different pain thresholds (**35%**)<sup>xlvii</sup>. Either that, or they thought that men are expected to be stoic and just get on with pain (**35%**)<sup>xlviii</sup>.

Worryingly, women still believe the idea that they are not taken seriously and viewed as emotional contributes to the gender pain gap. Over half (**55%**) of women surveyed thought this, while only a quarter (**27%**) of men felt the same<sup>xlix</sup>.

## But what does this mean for getting help?

### UNFORTUNATELY...



a quarter of British women felt they had not sought medical advice about their pain<sup>i</sup>.

### WHEN ASKED WHY...



a third felt they hoped that the pain would go away on its own<sup>ii</sup>.



while a fifth felt that they just do not prioritise themselves<sup>iii</sup>.

And women are still finding it uncomfortable to talk to healthcare professionals about their pain.



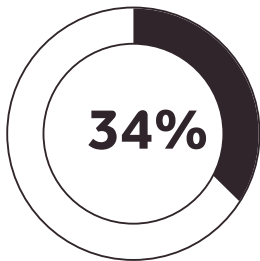
Nearly two fifths (**38%**) of women felt they find it uncomfortable to talk about their pain because they feel they may be judged as a complainer or moaner<sup>ii</sup>. Only 29% of men felt the same way<sup>liii</sup>.



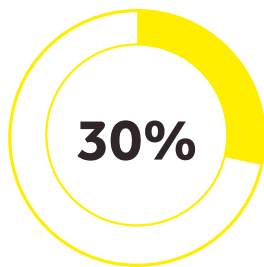
# HOW TO CHANGE THE SITUATION

**Women have had enough – they want to see action to change the situation.**

To achieve this, the biggest change women would like to see is healthcare providers getting more training on the gap. Indeed, **34%** of the women in this year’s research felt they thought healthcare providers should have more training into the different types of pain men and women experience<sup>liv</sup>.



**Meanwhile, a third (30%) would like HCPs to have training so gender bias does not impact their medical judgement<sup>lv</sup>.**



Nurofen has conducted research with Imperial Consultants, London, which has shown that medical students would welcome positive role-modelling from senior clinicians – demonstrating the value that peer insight can provide, as well as additional education to help with unconscious bias.

## Royal College of General Practitioners (RCGP) eLearning

*The RCGP is the professional membership body for GPs in the UK.*



**“Unfortunately, gender stereotypes can lead to women’s pain being underestimated in a medical context. The term for this is ‘gender bias’ – and understanding its reasons is the first step in recognition and addressing it.**

**With insights gained from the latest literature, we can help GPs identify and tackle their own biases so they can ensure they don’t under-treat women’s pain. We are always looking for new research to create up-to-date continuous professional development content to update our learners on this important topic and facilitate healthcare without gender bias.”**

When it comes to what women would like their healthcare provider to do, British women are more focused on the importance of healthcare providers listening to their specific needs over just providing tests: three quarters (**74%**) believe it is important they are listened to when speaking to them about their pain<sup>lvi</sup>, compared to only half who would like an offer for tests or treatment (**53%**)<sup>lvii</sup>.

Three in five (**58%**) of the women who were surveyed this year felt that everyone’s pain should be taken equally seriously. And men largely agree – around half (**49%**) thought the same<sup>lviii</sup>.



# WHERE DO WE GO FROM HERE?

One of the biggest goals when we first revealed the Gender Pain Gap was to draw attention to it. The good news is the research shows that awareness of the term 'Gender Pain Gap' in the UK, and what it means, has increased from 15% in 2023 to 21% in 2024<sup>lix</sup>.

"Gender Pain Gap" awareness:

2023



2024



Nurofen also launched the PAIN PASS tool in 2023: a free downloadable tool designed to help people track and articulate their pain and symptoms, supporting constructive conversations with their HCP and helping to tackle unconscious bias. The tool was developed in partnership with leading pain specialists and pain sufferers, and has been distributed in over 2,300 GP surgeries and across high street pharmacies, including Boots, Superdrug, and Tesco.

The great news is a quarter (25%) of people surveyed in the UK say they are aware of the PAIN PASS tool created by Nurofen or have used it<sup>lx</sup>.

This year, we collaborated with researchers at Imperial Consultants, London, to study students from six UK Medical Schools, which discovered:

- Medical students in the UK recognise the existence of the gender pain gap, but call out a lack of any formal teaching on this topic.
- There is a need for more training and reflection opportunities to prevent gender pain bias.
- Nurofen is fulfilling its commitments to women in pain through advancing research into health professional training.

## IT IS TIME TO ACT

It is clear that more needs to be done to help identify pain early on to support women at key life stages. That is why Nurofen, and our parent company Reckitt, will take a more active role in campaigning to not just raise awareness of the gender pain gap, but for action to be taken by parliamentarians and the wider public.

Building upon the research of the Gender Pain Gap Index Report and our experience in developing PAIN PASS, we will work with other advocates and healthcare experts to call for additional questions to be added to existing NHS health checks that could help identify conditions where pain is still seen to be dismissed, such as menopause-related pain.

The screenshot shows the PAIN PASS tool interface. It includes a title 'PAIN PASS' with a subtitle '1 IN 2 WOMEN FEEL THEY HAVE HAD THEIR PAIN DISMISSED BECAUSE OF THEIR GENDER.' Below this is a section for 'When feeling like remember the PAIN PASS acronym' with a grid of 'PAIN PASS' letters. There are instructions for each letter: P (Focus the conversation), A (Ask questions for clarity), I (Speak up), N (Seek another opinion), S (Share your story), and S (Seek support). There is also a 'PAIN WORDS' section with a grid of words to describe pain. At the bottom, there is a 'HOW MUCH DOES PAIN DISRUPT YOUR LIFE?' scale from 1 to 5, and a 'MY PAIN SUBMISSION' form with fields for Date, Time, and Doctor.



# WHERE DO WE GO FROM HERE?

## WE ARE ALSO PLEASED TO REVEAL TWO NEW PARTNERSHIPS.

Firstly, we are working with the **Royal College of General Practitioners** to support training for healthcare professionals in assessing and managing gender bias when treating pain in primary care settings. The partnership will look at evidence for the existence of bias, using these insights in addition to continuing our research work with **Wellbeing of Women** investigating health literacy levels and attitudes towards menstrual pain in adolescent girls and women.

The second partnership we are announcing is with **Plan International UK**. Together, we want to close the awareness and knowledge gaps on gender pain differences and biases through evidence-based education. We will harness the power of peer-led activities and peer support to break down period stigma and build girls' and young people's knowledge and confidence in managing their periods and period pain.

Together, we will tackle the culture of shame and silence that surrounds periods and encourage young girls to talk openly with their peers about their experiences.



Dr Bill Laughey,  
Senior Medical Scientist at Reckitt



**"It's time for women to feel listened to and valued. Our PAIN PASS is one tool to equip them to have conversations about their pain, but the survey results were illuminating when they continued to show a desire for medical professionals to be supported and trained in checking any unconscious bias when dealing with women patients so they can give their discomfort the gravitas it deserves.**

**We've been working hard in this respect – forging invaluable partnerships to offer training where it matters. In the UK, we worked with Superdrug to help train pharmacists to alleviate any gender bias and have the right approach to women's pain. Now we're building on that with further training courses through our partnerships with the RCGP and with Plan International UK.**

**We know closing the gap will require one step at a time. And this report, our third, shows that we are still a long way from equality when it comes to the way women and men experience pain. But awareness will play a big part, as will more like-minded organisations joining forces with us to make a change. We're confident that, together, we can close the gap – and we won't stop until we close it for good."**



# AN UPDATE ON COMMITMENTS

## 01 GENDER PAIN GAP INDEX REPORT

Nurofen is launching its Gender Pain Gap Index Report for the third year to raise awareness of the issue and delve deeper into understanding the bias that exists when it comes to women's and men's experiences and treatment of pain, honing in on the longevity of women's pain dismissal. By regularly updating the data, we can track the progress that is being made, and see which areas need more of a dedicated focus for improvement.

## 02 MAKING WOMEN MORE VISIBLE IN RESEARCH

Nurofen is continuing to fund its three-year research partnership with the charity Wellbeing of Women, investigating health literacy levels and attitudes towards menstrual pain in adolescent girls and women, donating money from every pack of Nurofen sold instore at Tesco.

Additionally, we collaborated with researchers at Imperial Consultants, London, to study students from six UK Medical Schools. The students shared their perspectives and stories on gender pain bias from their experience of observing clinical practice in hospitals and GP surgeries. The researchers – who are all medical educators – analysed the findings to suggest practical ways to improve medical training. The interview questions were co-designed with a women's Black and Minority Ethnic health forum group to ensure patient participation in study design<sup>ix</sup>.

## 03 PRODUCT INNOVATION

Nurofen is continuing to research and develop a long-term product pipeline of fit-for-purpose, bespoke options for women's pain.

<sup>5</sup>An educational grant was received from Reckitt by RCGP for the production of this course which sits on the RCGP Online Learning Environment. Editorial and content decisions were made solely by the RCGP

<sup>6</sup>As of September 2024

## 04 HEALTHCARE PROFESSIONAL TRAINING AND EDUCATION

In addition to the gender pain gap training for HCPs that Reckitt has been developing since 2023, the organisation has provided the Royal College of General Practitioners (RCGP) funding to produce a 'Gender Bias In Pain' course. The course looks at gender bias in the context of assessment and management of pain in the primary care setting and considers the evidence for the existence of this bias, with tips on how to recognise and address our own biases, and those of others<sup>5</sup>. More than 434 users<sup>6</sup> have accessed the course since launch as of September 2024<sup>ix</sup>.

## 05 TOOLS

Building upon the research of the Gender Pain Gap Index Report and our experience in developing PAIN PASS, we will work with other advocates and healthcare experts to call for additional questions to be added to existing NHS health checks that could help identify conditions where pain is still seen to be dismissed, such as menopause-related pain.

Nurofen launched its PAIN PASS tool in 2023 for people to use when speaking to their HCP, helping them track their pain, record their symptoms, and facilitate conversations with healthcare professionals. The PAIN PASS was designed to empower pain sufferers to get the support they need and ensure they are listened to. It was developed in partnership with leading pain specialists and frequent pain sufferers, and is available online for free download from the Nurofen website, as well as physical passes being available in selected pharmacies and at GP practices around the country, with more than 300,000 distributed to date.

Furthermore, through our work with Plan International UK, we aim to close awareness and knowledge gaps on gender pain differences and biases, giving girls and young people increased confidence to talk openly and seek advice and help when they experience pain, particularly period pain. Together, we will tackle the culture of silence, shame and stigma that surrounds periods, and equip girls with the tools and skills to find information they need, as well as to have the most effective conversations with HCPs.



# CLOSING STATEMENT

**CLARE KNOX**

CEO and Founder

See Her Thrive



**When it comes to pain, women feel dismissed throughout their lives – from as young as ten years old, when they first set out into their adult lives, into the menopause and then up until retirement.**

Consider that for a second. For most of their lives, women feel like they can't seek help for their pain, or that they will be dismissed when they do.

We can see from the data and testimonials that this is affecting the way women go about their lives: from family and social life into their careers.

How can we consider ourselves an equal society when this is the case?

So much is talked about the Gender Pay Gap – a similar issue, which needs fixing. But this report shows the Gender Pain Gap is also holding so many women back from reaching their true potential and climbing the career ladder.

We need to start supporting women to thrive in every aspect of their lives, whether that's helping them manage pain so they can carve out the career they want, or working with organisations to create environments which empower women's health in the workplace

At See Her Thrive, we have worked closely with women to create programmes that help them advocate for themselves. How their experience and trauma at being dismissed spills over into their work.

We can see from the data in this report, and through our own activity, that once a woman's pain is dismissed, they're less likely to declare this at work.

That means less support and fewer resources that can help create a more equitable workplace, whether that's in the office, or a service industry; the factory floor or on the road.

But self-advocacy is only half the battle. How can we work with business, government and the wider public to create a society that empowers women to ask for the help and support they need.

Closing the gap permanently will be a big job, but we're thankful to organisations like Nurofen and Reckitt for committing to conducting this research and bringing us these insights

Together, if we give this the dedicated focus it needs, we can support women to manage their pain, and thrive in and out of work.

**Together we can make a real difference.**





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