



Opportunities for health and wellness brands to create empowering connections with women.

There is a gender health gap in the UK, as highlighted by a recent report by Manual (2020). Women face higher prevalence of disease, poorer health outcomes and less access to health services.

Inequalities in the standard of care and treatment of women's health conditions, as well as access to health services and health information, all contribute to the gender health gap.

At the same time, rising health literacy and awareness, along with the growing economic power of women has resulted in women dominating the consumer economy.

Recognising this, health brands are now developing new products to serve women's diverse health needs. And more and more women across age groups, geographies and ethnicities are buying these products to serve their health needs.

There is a clear opportunity for change here. Could women's health brands leverage their expanding reach to play a role in bridging the gender health gap? And if so, how?

This white paper covers:

- ◆ The views and experiences of women in relation to healthcare
- ◆ The information gaps women face and how the internet is filling these gaps
- ◆ Whether there are any generational differences in women's views and experiences
- ◆ How brand communications can fill health information gaps
- ◆ To what extent language and tone matter to women in how they engage with health and lifestyle brands.



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Thrive's **data** and methodology



This paper is based on insights gained from a survey of 1,000 women in the UK and eight focus groups of women aged between 18 and 65 carried out by Thrive: Words that Change Lives.

The survey

A survey was conducted with 1,013 women in the UK, aged between 18 and 65 via Survey Monkey.

They answered **23** questions about their views on:

- 1 The healthcare they receive
- 2 The importance of language and communication when receiving healthcare
- 3 How women's health brands talk to them
- 4 Our data analysis included differences in terms of age, place of residence and ethnic background

Focus groups

We conducted eight focus groups, each with between five and nine participants. Women between 20 and 65 answered a series of questions on their experiences in relation to the healthcare they receive, and the barriers they face in accessing it. Specifically, women were also asked to discuss their views and experiences in relation to their menstrual health.

Age	
Gen Z (18-26)	23%
Millennial (27-40)	48%
Gen X (41-56)	21%
Baby Boomers (57+)	9%
Gender Identity	
Same as birth	99%
Different to at birth	1%
Ethnicity	
Black	3.5%
East Asian	2.5%
Mixed Ethnicity	4.5%
South Asian	3.2%
White	85%
Other	1%
Residence	
City	29%
Town	45%
Small town/village	21%
Rural	5.5%

Women's views on the healthcare they receive



According to Thrive's survey, the top five concerns women had with the healthcare they receive were:

- 1 Not being taken seriously
- 2 A lack of understanding of women's lives and experiences
- 3 A lack of understanding of female bodies
- 4 Poor communication
- 5 Lack of access to appointments and specialist services

In addition, an analysis of concerns based on age found that:

- ◆ 'Side effects of medication' is a concern for over a quarter of Gen Z women
- ◆ 'Healthcare professionals not listening to me, and my needs' was cited by over a fifth of older women (Gen X and Baby Boomers)
- ◆ 'A lack of understanding of how women talk about their bodies and pain' was mentioned by over a fifth of older women

These findings are similar to the results of a recent Department for Health and Social Care (DHSC 2021) study of 100,000 women, which found that more than four out of five women said they were not listened to by healthcare professionals.

Women said their symptoms were not taken seriously or dismissed from the start, or that they had to persistently advocate for themselves for a diagnosis over multiple visits, months, and years. If they did get a diagnosis, there were limited opportunities to discuss treatment options and often their preferences were ignored.

A recent European-wide study of chronic pain in men and women found that women experience more pain than men (Bimpong et al. 2022). Yet women get prescribed less pain medication than men after identical procedures, are less likely to be admitted to hospital when they complain of chest pain, and are more likely than men to be undertreated for pain by doctors (Hoffmann and Tarzian 2001).

In this context it is not surprising that over a fifth of Baby Boomer women in our survey felt that their pain was not understood by healthcare professionals.

“I've been backwards and forwards to the doctors about painful periods. I think there is an assumption that it's something you can deal with on your own.”

“I was having really painful periods. I went to the doctor, and he said, oh, well, one of the things that you could do to fix this is to have a baby! I thought that was completely inappropriate.”

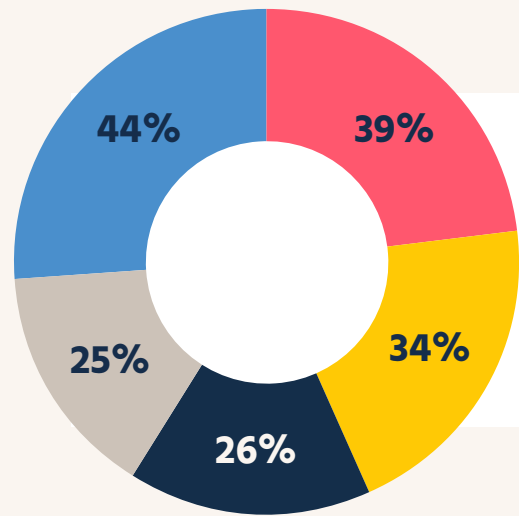
“I first had signs of depression when I was 16 and I went to see someone about it. They said that it was just teenage hormones, and I would grow out of it.”

We asked: What are the main issues you face in accessing healthcare?

Women's top five responses were:

- ◆ **44%** - Not taken seriously by HCP
- ◆ **39%** - A lack of understanding of women's lives and experiences
- ◆ **34%** - Lack of understanding of female bodies
- ◆ **26%** - Poor communication from HCP
- ◆ **25%** - Lack of access to appointments and specialist services

Other issues include a lack of child friendly areas within the health services, women's pain not taken seriously, dismissive attitudes to menstruation and condescending HCPs.



We asked: What one thing about healthcare would you change?

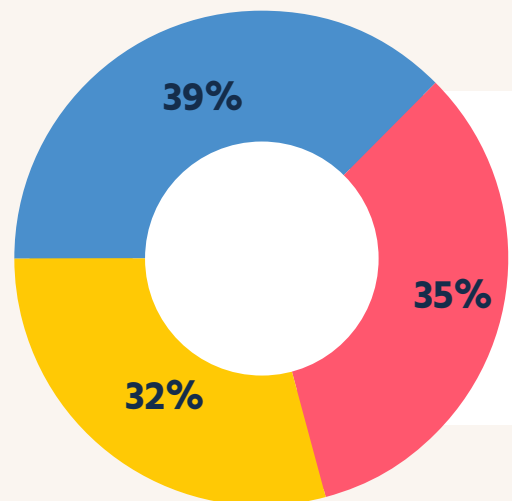
Women's top three choices were:

- ◆ **39%** - More specialist services for women
- ◆ **35%** - Easier access to appointments and services
- ◆ **32%** - Treatment and care that is adapted to women's needs

Older women wished there was better healthcare around menopause. Women, especially younger women (Gen Z and Millennials), also said they would like healthcare professionals to be empathetic and attuned to cultural sensitivities. Access to female health professionals was also important, especially to younger women.

These findings align with the recently published Women's Health Strategy for England (2022).

Other suggestions were honesty from HCPs, being listened to by HCPs and more focus on the menopause.



Just 4% of respondents said that no changes were needed.

37% of Gen Z women said that HCPs need to be more empathetic and attuned to cultural sensitivities.

Women's health information gaps



Our survey showed that sexual health and mental health topped the list of health topics women were embarrassed to talk to healthcare professionals about. Other topics included weight gain, eating disorders and incontinence. Younger women were more concerned about weight gain and eating disorders and older women were more concerned about incontinence.

Women living in the city were most embarrassed talking about gynaecological issues with healthcare professionals, and women living in rural areas were most embarrassed about bowel issues.

Over half the survey participants said they wished they had looked after their mental health better and over a third said they wished they had had a better understanding of their periods and their menstrual cycle. A quarter of women in the Baby Boomer category wished they had attended their cervical screening appointments regularly.

This is in line with the findings of the DHSC (2021) survey, where only **17%** of women in the UK felt they had enough information on menstrual wellbeing, and just **14%** felt they knew enough about gynaecological cancers. The DHSC survey also found that only **9%** of women felt that they had enough information on menopause.

One reason for this may be the lack of female-focused research as has been highlighted recently (Criado-Perez; Dusenbury). Clearly the health system is not adequately meeting the informational needs of women.

“There’s not enough information about the menopause. You get a long list of things that you could have as part of the transition, but not about what they mean... How will it manifest itself? How long will it go on for? When will I get better? There’s no detail and no light at the end of the tunnel.”

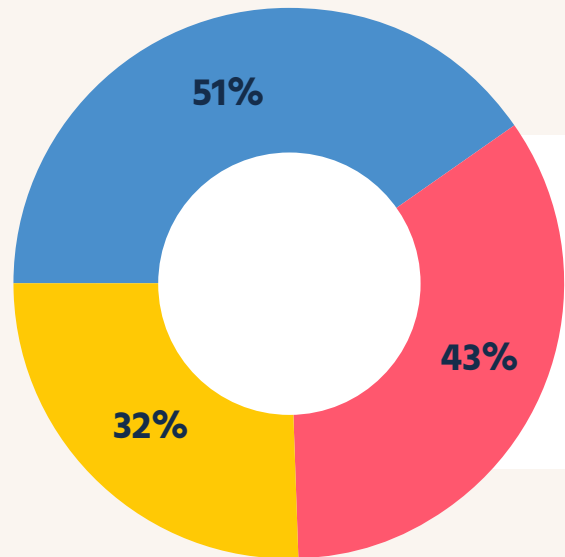
“I don’t remember learning about women’s bodies at school. I learned about wet dreams at an assembly, but I don’t know about periods. I didn’t know why I was having a period for a month; I had no idea why that was happening to me.”

“The worst advice I’ve had was from the NHS app. It said you can control weight gain during menopause by counting calories, which is so simplistic and just not true.”

We asked: What piece of health advice would you give your younger self?

Women's top three choices were:

- ◆ **51%** - Look after your mental health
- ◆ **43%** - Don't be embarrassed by your body
- ◆ **32%** - Better understand your period and cycle



Other topics included being yourself/being happy with who you are and doing your pelvic floor exercises.

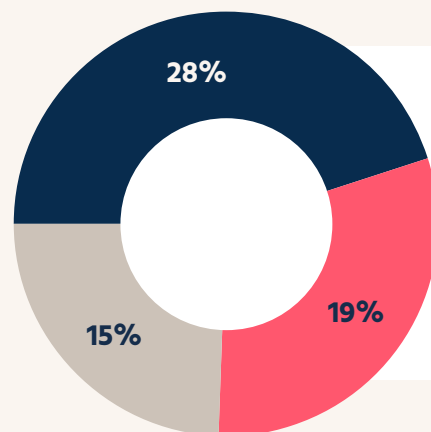
The top three pieces of advice broken down by age group were:

Gen-Z	Millennial	Gen-X	Baby Boomer
◆ 52% - Look after your mental health	◆ 55% - Look after your mental health	◆ 50% - Look after your mental health	◆ 34% - Don't be embarrassed by your body
◆ 44% - Don't be embarrassed by your body	◆ 48% - Don't be embarrassed by your body	◆ 34% - Don't be embarrassed by your body	◆ 25% - Attend cervical screening
◆ 36% - Better understand your period and cycle	◆ 38% - Better understand your period and cycle	◆ 24% - Don't delay booking a GP appointment	◆ 24% - Look after your mental health

We asked: What would you be embarrassed discussing with a healthcare professional?

Women's top three choices were:

- ◆ **28%** - Sexual health
- ◆ **19%** - I wouldn't be embarrassed
- ◆ **15%** - Mental health



The top three embarrassing subjects broken down by age group were:

Gen-Z	Millennial	Gen-X	Baby Boomer
◆ 26% - Sexual health	◆ 31% - Sexual health	◆ 28% - Sexual health	◆ 46% - I wouldn't be embarrassed
◆ 21% - Mental health	◆ 18% - I wouldn't be embarrassed	◆ 22% - I wouldn't be embarrassed	◆ 15% - Incontinence
◆ 10% - Unhealthy body weight – obesity and eating disorders	◆ 15% - Mental health	◆ 14% - Mental health	◆ 7% - Sexual health

Preferred sources of health information



Women are turning to the internet for health information. Our survey found that after healthcare professionals, and friends and family, the third most trusted source choice was health websites. The DHSC (2021) survey with its much larger sample of women also found that **71%** of women relied on Google search and **69%** on online search engines and blogs as a source of information, even ahead of GPs and healthcare professionals.

Our survey showed that women are very keen for health and lifestyle brands to provide more health information: **77%** of women agreed that brands should provide more health information. Only 3% of women surveyed said they did not want brands to provide health information and these were likely to be older women.

Only 3% of women surveyed said they did not want brands to provide health information

So how do women sift good information from bad? Several studies, including previous research by Thrive (2021) show that women are discerning consumers of health information.

These studies suggest that women make trust judgments online based on usability and navigability far more than men (Battineni et al, 2020). They also highly value transparency of motive, consistency of information and advice, and information delivered without adverts (Lupton & Maslen, 2019 and Bidmon & Terlatter 2015).

Once trust is built, women will often become regular users (Kim, 2016). Perhaps these are clues as to why women place greater trust in specific health websites, such as Healthline, than in health apps.

“There’s a lot on TikTok. Obviously, it’s not evidence-based, but there’s a lot of videos with normal women talking about their bodies. If it’s presented in this digestible way, with a community-based feel, I’m going to watch it”

“Sometimes it’s easier to just go on Google. I think GPs are general and won’t necessarily have the answers. And then it’s on my medical record.”

“I often read online health and lifestyle mags (such as Cosmopolitan, Refinery 29, Stylist) for information because I feel perhaps a woman has written it and it’s targeted to my age group. Not strictly medical but advice I can trust.”

“My friends always send these TikTok videos to each other, asking ‘is that normal for you?’, ‘Does your body do that?’; it creates these conversations. I think there is a great sense of empowerment that women get from talking to other women about it.”

“Sometimes I get my info from social media... often adverts get your age and demographic right.”

We asked: Where would you go for information on the impact of periods on exercise?

Women's top choices were:

- 1 Healthcare worker 2 Friend or family member 3 Specific health website such as Healthline
- 4 Period product brand 5 Social media / forums 6 Health apps 7 Activewear brands

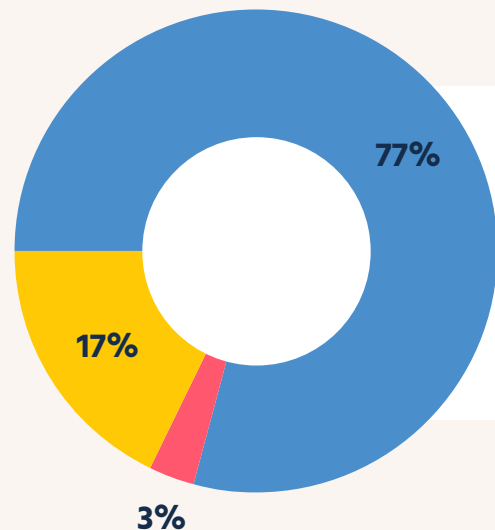
Broken down by age:

Gen-Z	Millennial	Gen-X	Baby Boomer
Healthcare worker	Healthcare worker	Healthcare worker	Healthcare worker
Friend or Family	Friend or Family	Friend or Family	Friend or family
Period product brand	Health website	Health website	Period product brand
Health website	Period product brand	Period product brand	Health website
Social media	Social Media	Health apps	Activewear brand
Health Apps	Health apps	Social media	Social media
Activewear brands	Activewear brands	Activewear brands	Health apps

We asked: Do you want brands to provide information on health and wellbeing rather than just product details?

Women's top choices were:

- 77% of women want brands to provide more health content
- 3% don't want content from brands
- 17% don't mind/don't know



The top responses broken down by age group were:

- | Gen-Z | Millennial | Gen-X | Baby Boomer |
|---|---|---|---|
| 77% of women want brands to provide more health content | 80% of women want brands to provide more health content | 77% of women want brands to provide more health content | 62% of women want brands to provide more health content |
| 4% don't want content from brands | 4% don't want content from brands | 15% don't want content from brands | 21% don't want content from brands |
| 19% don't mind/don't know | 16% don't mind/don't know | 9% don't mind/don't know | 18% don't mind/don't know |

Good health information needs to be experiential



The women we surveyed valued expert-led health information. However, of almost equal importance is health information that shows ‘understanding of the complexities of women’s lives and experiences.’

Women were asked how health and lifestyle brands should communicate with women.

- ◆ Almost half said that brands should talk about the experiences of real women (**44%**)
- ◆ Almost a quarter of women wanted brands to be open about discussing the realities of women’s bodies (**23%**)
- ◆ A fifth wanted brands to avoid using stereotypes (**20%**)

This finding is in keeping with Thrive’s (2021) research on how women engage with digital health platforms. For women, expert authorship boosts trust in health information; but at the same time, a large proportion of women also want to hear from other women’s experiences. This makes the information more relatable.

Quality information combined with peer support can empower women and give them far greater agency (APPG 2019). Hearing the experiences of other women, alongside accurate medical information, can encourage women to make positive health choices and develop better doctor-patient relationships (Bussey & Sillence 2019).

Where there are knowledge gaps in women’s health, it’s clear that women rely on learning from the experiences of other women. In our survey, ‘friends and family’ were the second most trusted source of information after healthcare professionals.

“I think the NHS site is too broad. I want more personal experiences. I didn’t know what my condition was. I didn’t know what I could do to improve it. So, I was off on a mission, tracking down Facebook groups, finding women in the same situation as me to try and understand what was going on, what I could do and what I could expect.”

“I think that the NHS is dumbing down a bit. I go to different sites, and patient forums. I prefer reading people’s lived experiences.”

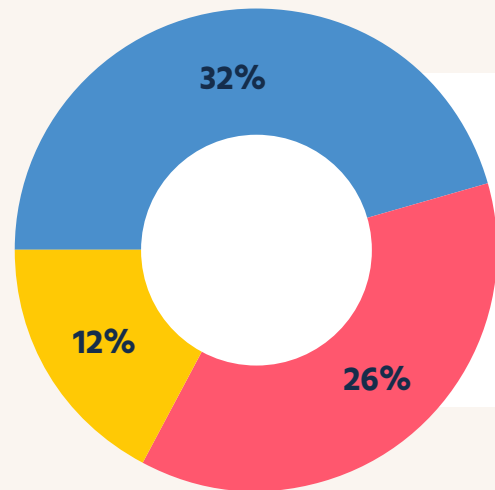
“When I wanted to switch contraceptives, I spent hours on online forums to hear about women’s experiences with different contraceptives.”

“I always feel more comfortable when information is coming from a woman, such as a female doctor or health expert. I feel they have a better understanding if it’s a women’s health condition.”

We asked: No matter the source, women's health info should always be...

Women's top three responses were:

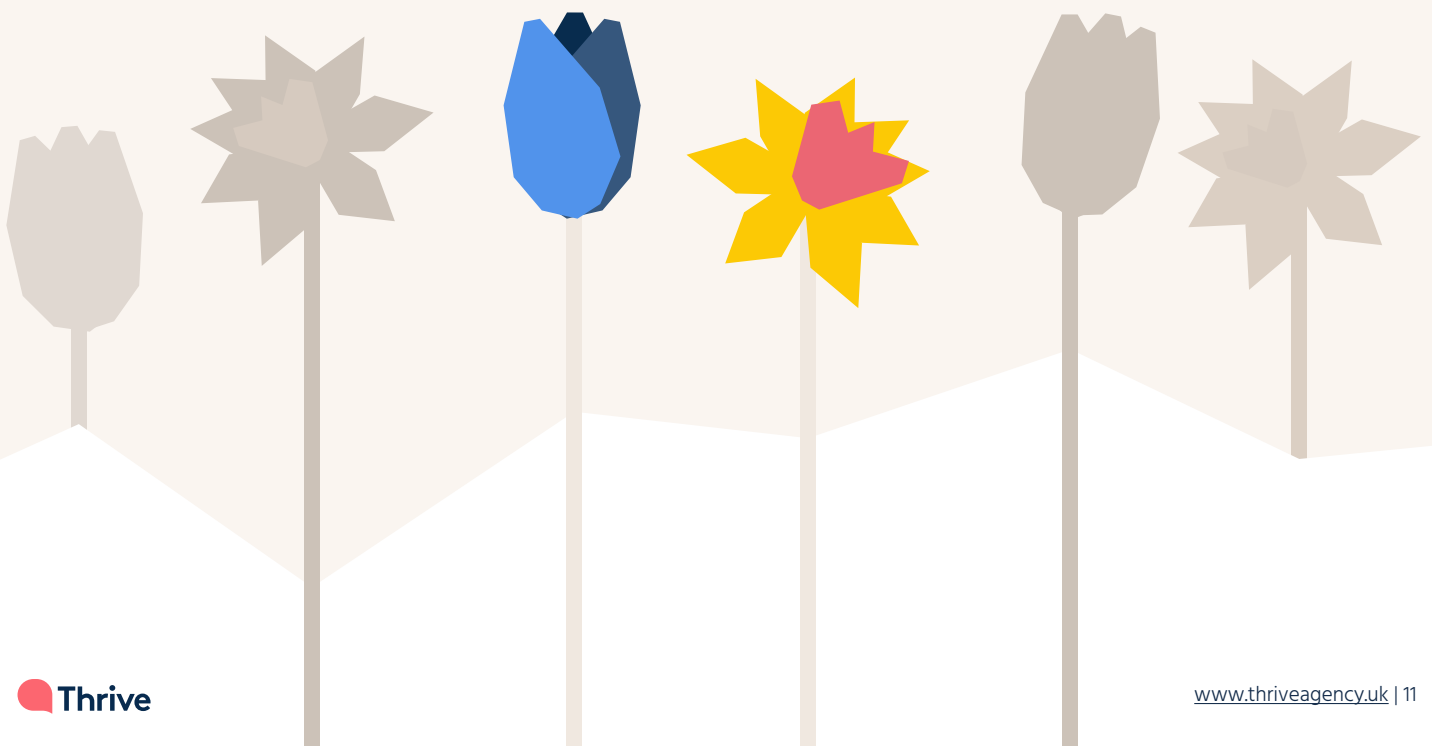
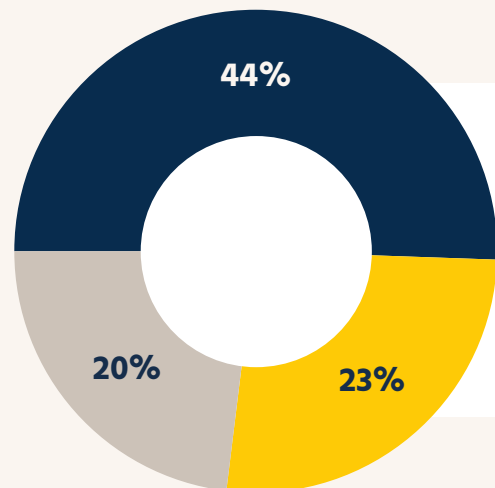
- ◆ **32%** - Expert-led
- ◆ **26%** - Understanding of the complexities and stresses of women's lives
- ◆ **12%** - Sympathetic



We asked: How can brands better communicate with women?

Women's top three choices were:

- ◆ **44%** - Use language and experiences of real women
- ◆ **23%** - Be more open in discussing realities of women's bodies
- ◆ **20%** - Avoid stereotypes



Importance of language and tone



The language and tone of health information is important to women. Just over **60%** of women we surveyed have had their health and wellbeing negatively impacted by poor communication and language use.

Women from minority groups, particularly those living in urban areas were more likely to have been negatively impacted by poor language. Women living in the city also cited 'lack of understanding of cultural sensitivities' as a problem with healthcare professionals.

Empowering language can give women more control in the management of their health. Language can also potentially alienate if it does not reflect the everyday realities of women, or if it is not inclusive. To inspire women to make positive health choices, language and tone need to reflect the nuanced experiences and challenges women face in their everyday lives.

One way to ensure this is to use authors from varied backgrounds and include a range of women's voices and experiences (RCOG 2019), including non-binary and transgender people. This can make the content more relevant and engaging (Meads 2019).

The language brands use in their communications with women can affect consumer behaviour, as our survey has found. The majority of women (**64%**), across all age groups, but especially younger women, agreed that their purchasing decisions were influenced by language. However, only **3%** of women surveyed described the language currently used by health lifestyle brand communications as 'inclusive'.

There were interesting generational differences in the way women described current brand communications. While younger women were positive about how health and lifestyle brands talk to them, older women were more likely to use negative terms such as:

- ◆ stereotypical
- ◆ patronising
- ◆ unrealistic
- ◆ inconsistent

Older women were also more likely to say that brands need to use language that is more reflective of their realities.

“I’m very aware that a lot of content is not adapted to my ethnicity or health background.”

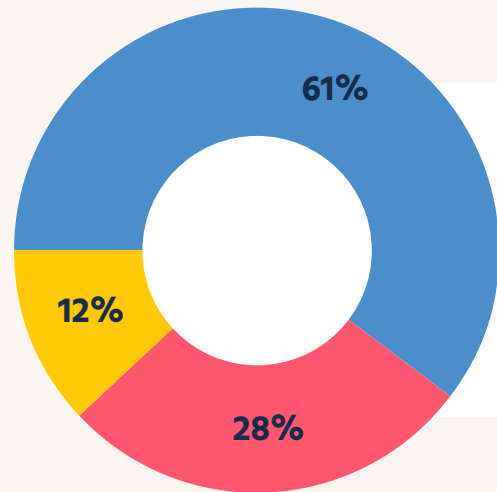
“When I’m having my period, all I want to do is curl up in bed and eat lots of chocolate. The last thing I want to do is go out and exercise.”

“I think period product ads that show women doing things no woman wants to do during their period, trivialises the period experiences that women have.”

We asked: Has poor language affected your health and wellbeing?

Most women agreed with this question:

- ◆ **61%** of women strongly agreed or agreed
- ◆ **28%** of women neither agreed nor disagreed
- ◆ **12%** of women strongly disagreed or disagreed



Broken down by age group:

Gen-Z

- ◆ **69%** of women strongly agreed or agreed

Millennial

- ◆ **65%** of women strongly agreed or agreed

Gen-X

- ◆ **54%** of women strongly agreed or agreed

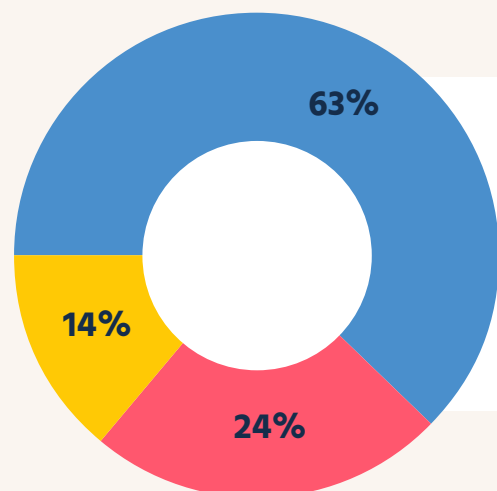
Baby Boomer

- ◆ **38%** of women strongly agreed or agreed

We asked: Does language use influence your purchasing decisions?

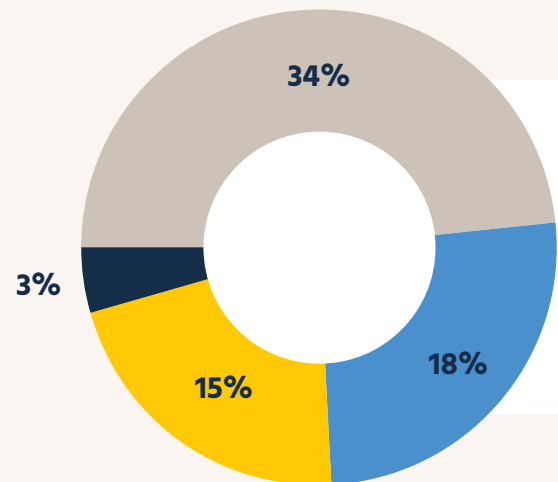
Only 16% agreed strongly, suggesting that although this is important to women's decision making it isn't crucial

- ◆ **63%** of women strongly agreed or agreed
- ◆ **24%** of women neither agreed nor disagreed
- ◆ **14%** of women strongly disagreed or disagreed



We asked: How do you think brands talk to women?

- **34%** said brand communications were empowering
- **18%** said brand communications were supportive
- **15%** thought brand communications were stereotypical
- **3%** thought brand communications were inclusive



If we break this down by age, there are significant differences, with only **8%** of older women describing brand communications as empowering compared to **49%** of the youngest women.

15% of older women thought brand language was patronising.

	Gen Z	Millennials	Gen X	Baby Boomers
Empowering	49%	36%	25%	8%
Supportive	13%	19%	17%	32%
Stereotypical	16%	16%	19%	8%
Inclusive	3%	4%	3%	0%

In another (unpublished) study carried out by Thrive we asked a group of brand managers to choose ‘which word best describes how your organisation speaks to women’ and compared this to the answers a group of women gave us.

Brand managers were ten times more likely than women to say their communications were inclusive, twice as likely to describe them as aspirational, and only a quarter as likely as women to think they were being patronising.

Almost two thirds (**64%**) of the women we spoke to across all ages – but especially younger women – agreed that their purchasing decisions are influenced by the language brands use, so there is considerable scope for improvement here.

	Brands	Consumers
Empowering	26%	35%
Supportive	23%	18%
Inclusive	29%	3%
Stereotypical	4%	16%
Aspirational	9%	4%
Patronising	2%	9%
Unrealistic	2%	5%

Conclusion: Key takeaways for women's health brands



Women are discerning consumers who make spending decisions based on a whole range of factors including emotional engagement. Brands can benefit by exploring ways to connect with women at a deeper level.

Top tip: cater to women holistically

Most brand communications focus on providing information about their various products. This paper shows that women are keen for brands to provide more. Women face many issues while accessing healthcare and they are looking for other ways to have their needs met.



If brand communications can go beyond products and provide more holistic content around women's health and wellbeing, they may well be able to make that emotional connection with their market, fulfilling women's needs in a safe and reliable way.

Top tip: be mindful of language and tone

It is not enough to provide information. This paper has shown that an overwhelming majority of women are influenced by how women's health and lifestyle brands communicate and the language and tone they use.



The use of 'empowering' and 'supportive' language that honestly portrays the realities of women's lives and experiences can help brands connect with audiences. Conversely 'stereotypical', 'patronising' and 'unrealistic' language can alienate.

Top tip: consider age, geography and ethnicity

Brands need to recognise that women are not one homogenous group, they have diverse needs. Older women are more likely to describe brand communications in negative terms. Brands have a long way to go in connecting with older women.



Acknowledging the diversity within womanhood and understanding and catering to their different needs will help brands really connect with women.

Top tip: leverage digital

The internet is a leading source of health information. It is also a place where women are looking to hear and learn from the experiences of other women. The use of social media is high across all age groups. Younger women are more likely to follow brands on social media.



Brands can leverage the internet via websites, blogs, and social media to reach their audiences in genuine and authentic ways. Digital also enables contextual, relevant, and personalised content to help women make decisions, as Thrive's (2021) research has previously shown.

References

- All Party Parliamentary Group on Sexual and Reproductive Health in the UK. (2020). [online]. <https://www.fsrh.org/policy-and-media/all-party-parliamentary-group-on-sexual-and-reproductive-health>
- Battineni, G. et al. (2020). Factors affecting the quality and reliability of online health information. DIGITAL HEALTH, 6, p.205520762094899
- Bidmon, S. and Terlutter, R. (2015). Gender Differences in Searching for Health Information on the Internet and the Virtual Patient-Physician Relationship in Germany: Exploratory Results on How Men and Women Differ and Why. Journal of Medical Internet Research, 17(6), p.e156.
- Bimpong K et al. (2022) The Gender Pain Gap: gender inequalities in pain across 19 European countries. Scand J Public Health . 2022 Mar;50(2):287-294. doi: 10.1177/1403494820987466. Epub 2021 Feb 10. <https://doi.org/10.1177/1403494820987466>
- Bussey, L.G. and Sillence, E. (2019). The role of internet resources in health decision-making: a qualitative study. DIGITAL HEALTH, 5, p.205520761988807
- Criado-Perez C (2019). Invisible Women: Exposing Data Bias in a World Designed for Men. Chatto.
- DHSC (2021) Results of the Women's health – Let's talk about it Survey. <https://www.gov.uk/government/consultations/womens-health-strategy-call-for-evidence/outcome/results-of-the-womens-health-lets-talk-about-it-survey>
- Dusenbury M (2019). Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick. HarperCollins.
- Hoffmann D and Tarzian AJ (2001). The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain, Faculty Scholarship. 145. <https://pubmed.ncbi.nlm.nih.gov/11521267>
- Kim, Y. (2014). Trust in health information websites: A systematic literature review on the antecedents of trust. Health Informatics Journal, 22(2), pp.355–369
- Lupton, D. and Maslen, S. (2019). How Women Use Digital Technologies for Health: Qualitative Interview and Focus Group Study. Journal of Medical Internet Research, 21(1), p.e11481
- Manual (2020). The Men's Health Gap. <https://www.manual.co/mens-health-gap>
- Meads, C., et al. (2019) 'A Systematic Review of Sexual Minority Women's Experiences of Health Care in the UK', International Journal of Research and Public Health, 16(17), pp. 30-32 [Online]. Available at: [ncbi.nlm.nih.gov/pmc/articles/PMC6747244](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC6747244)
- Thrive (2021) Digital opportunities for women's wellbeing How femtech and other digital platforms can overcome barriers to health access. <https://www.thriveagency.uk/digital-opportunities-for-womens-wellbeing>
- Meads, C., Hunt, R., Martin, A and Varney, J. (2019) 'A Systematic Review of Sexual Minority Women's Experiences of Health Care in the UK', International Journal of Research and Public Health, 16(17), pp. 30-32. [https://ncbi.nlm.nih.gov/pmc/articles/PMC6747244](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC6747244)
- RCOG (2019). Better for Women. <https://www.rcog.org.uk/better-for-women>
- UK government (2022). Women's Health Strategy for England. www.gov.uk/government/publications/womens-health-strategy-for-england

Thrive: Words that Change Lives is a value-driven agency specialising in powerful **health and behaviour change content, campaigns, and programmes**. For 20 years, our researchers, writers, medical and behavioural experts have been on a mission to inform and inspire people around the world, **motivating change for the better**.

Working with large brands such as J&J and global NGOs such as the UNICEF and WaterAid, we develop content and messaging that supports people through health changes. All our content is evidence-based and goes through rigorous checks with expert medical advisory boards. As a result, we have achieved Health on the Net accreditation and the PIF TICK quality mark for health information for some of our key clients.

We work with clients to help them create the very best content for consumers.

We create words, images, animation, and videos. We run campaigns on social media, create email packages, and develop text and voice-based behaviour change programmes.

Content we have created reaches **50 million women around the world**.

We speak 'fluent woman'.

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Contact our founder and Director **Daphne Metland** at daphnemetland@thriveagency.uk



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