

GENDER PAIN GAP INDEX REPORT

Fourth Edition



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THE GENDER PAIN GAP:

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Since 2022, Nurofen has tracked the **Gender Pain Gap** which outlines the perceived disparity between how pain is treated across men and women in the UK, examining not only whether the gap exists but also the impact it has on women and their health journeys.

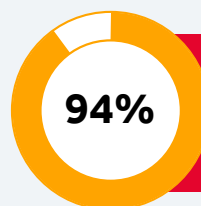
Four years of research have built one of the most comprehensive pictures of pain dismissal in the country, and in this time significant progress has been made in building awareness of the issue. Yet the Gap persists.

An important part of solving this problem is enabling right patient-doctor interactions that allow women to get diagnosis. By setting out to train 10,000 Boots pharmacists on gender pain dismissal and extending the reach of its Pain Pass tool, both online and across physical locations, Nurofen is facilitating health conversations which allow women to find a path forward.

This approach supports the NHS strategy outlined in the 10-year plan, which puts emphasis on care in the community, meeting women in spaces they already frequent and helping them access trusted guidance at a time when unregulated health information is more prevalent than ever before.

More than half

of women felt their pain was **ignored or dismissed** (5.1.1)



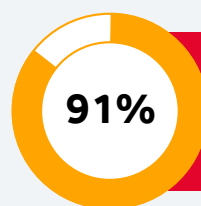
of women who experienced dismissal say it had a **negative impact** on them (10.1.1)



3 in 4 women who experienced dismissal reached out to alternative sources for health information (19.1.2)

1 in 5

used AI to search for health information (24.2.2)



of women acted on pain advice from **alternative sources** (22.2.2)

PAIN DISMISSAL CONTINUES

The Gender Pain Gap has persisted across all four years of measurement. While both men and women reported lower rates of pain dismissal compared to 2024, the gap between genders remains, which demonstrates that gender continues to shape how pain is treated, even as overall dismissal rates improve.

Who Experiences Dismissal



Women across demographics report different rates of pain dismissal. **73%** of young women aged 18-24 felt their pain was ignored or dismissed, compared to **40%** of those over 55 (5.3.1).

Race also influences experiences of dismissal. **Three in four** (74%) Black women and 65% of Asian women felt their pain was ignored or dismissed, compared to half (51%) of White women (5.3.2).

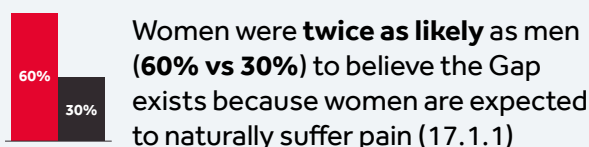
Where Dismissal Occurs

Women report feeling dismissed across multiple settings. **Nearly three in five** (57%) women say they felt dismissed by their GP (57%) (7.1.1), with **67%** of women feeling that they were dismissed by healthcare professionals (which includes GPs, specialist consultants, and pharmacists) compared to 53% of men (7.3.1).

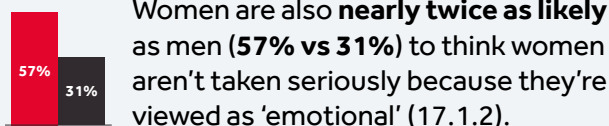
Dismissal also happens outside clinical settings. **More than a quarter** (28%) of respondents felt dismissed by family, and **one in four** (25%) by a partner or spouse (7.1.2). Young women aged 18-24 were particularly likely to feel dismissed by family (37%) compared to those over 65 (19%) (7.3.3). Those young women who feel unheard or ignored by those closest to them, are in turn more likely to put their trust in external sources.

Why Women Believe It Happens

Women and men hold different views about what contributes to the Gender Pain Gap:



Women were **twice as likely** as men (**60% vs 30%**) to believe the Gap exists because women are expected to naturally suffer pain (17.1.1)



Women are also **nearly twice as likely** as men (**57% vs 31%**) to think women aren't taken seriously because they're viewed as 'emotional' (17.1.2).

However, more respondents overall acknowledged the role of gender in pain dismissal, as **61%** identified gender discrimination as a contributing factor, up from 50% in 2024 (13.2.1). **Around a quarter** (24%) of women believed they were dismissed because of their gender, compared to 16% of men (8.1.1)

The Gap Over Time

While the Gap fluctuates over the years, pain dismissal continues to impact the majority of British women.

Year	Women Dismissed	Men Dismissed	Gap
2022	56%	49%	7%
2023	49%	38%	11%
2024	62%	60%	2%
2025	53%	48%	5%

Four-year average gap: 6.25% (5.2.6)

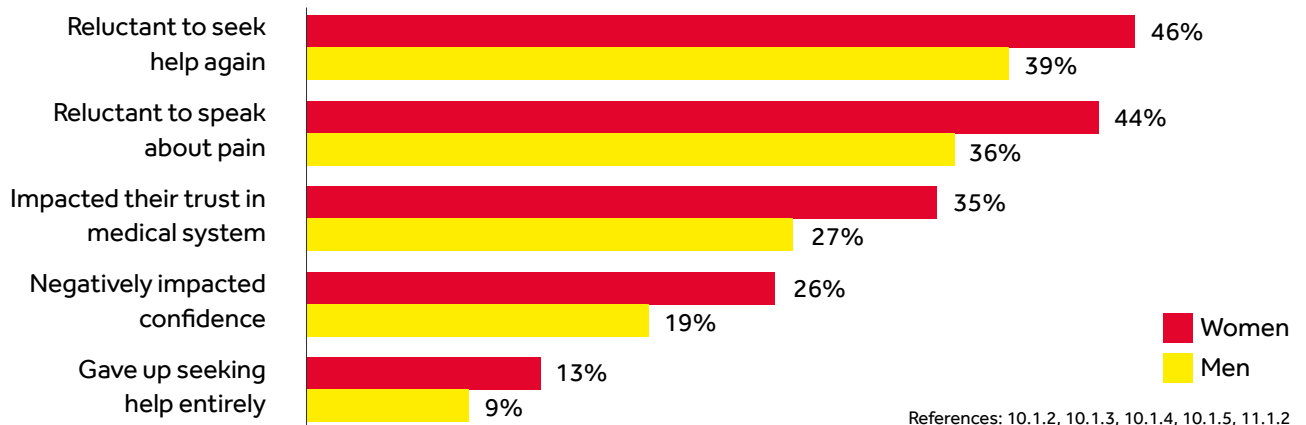
CONSEQUENCES OF PAIN DISMISSAL

Pain dismissal has a profound impact on women. When traditional healthcare pathways fail to provide answers, women seek support elsewhere - many turn to online sources, social media, and AI tools that cannot provide diagnosis or coordinated care they need. Others give up seeking help entirely, managing pain alone without guidance or support.

Impact of Dismissal

94%

of women who experienced pain dismissal say it had a negative impact on them (10.1.1). This near-universal figure shows that dismissal is far from a minor inconvenience. It's a significant event that affects women's wellbeing and fundamentally alters their relationship with healthcare.



Where Women Seek Help

When women's pain is dismissed, some may delay seeking care even when symptoms worsen, while others look for support outside of traditional healthcare channels, consulting unregulated sources that share unverified information.

40% of women consulted some form of online source after experiencing dismissal (19.3.1)

More than a fifth (22%) reached out to community members for advice and information (19.1.6).

1 in 5 women (22%) sought help from alternative health professionals such as osteopaths or nutritionists (19.1.5).

3 in 4 women (74%) women who experienced pain dismissal reached out to some form of an alternative source (19.1.2)

Women are also not passively consuming information they find; they are making health decisions based on guidance they receive.

91%

of women acted on pain advice from alternative sources (22.2.2)

SEEKING HELP ONLINE

Online and digital sites have become one of most popular sources of health advice. **More than a third** (37%) of respondents say they search for health or pain information online (24.2.1) and **one in five** (21%) use AI to search for health information.


Young women are especially likely to seek help online when they feel their pain was dismissed - **half** (49%) of women aged 18-34 sought help

online after dismissal, compared to just 19% of those over 65 (19.3.3).

While some online resources like the NHS website are safe and helpful, much of what women find online is unregulated and unverified. Navigating a digital environment where fact mixes with fiction means many women risk making important health decisions based on inaccurate information.


MISPLACED TRUST

Many women say they are concerned about the quality of health information they find online, but they continue to put their trust in it. This reflects a strong need for answers, which is then met with advice from unreliable sources.

 **A third** (35%) of women agreed that social media made them question their doctor's advice (25.1.5)

43%

of women don't know how to verify health information they see online (25.1.8)

 **Around two thirds** (67%) of women worry that some health advice online is dangerous (25.1.7)

Yet online remains an important source of information for many women. 64% of women said they understand their health condition better because of online content (25.1.2) and nearly half (48%) agreed they found online advice more helpful in managing pain than information they received from their healthcare provider (25.1.3). This emphasises the urgent need to facilitate better patient-doctor conversations that allow women to get diagnosis and treatment in a safe environment.

DIAGNOSTIC DELAYS

While advice women find outside of the traditional healthcare pathways may seem helpful, these sources cannot provide the medical diagnosis, evidence-based treatment, and coordinated care women need, contributing to delays in addressing the underlying issue.

17%

of women wait longer than a year for diagnosis, compared to 10% of men (14.1.1)

1 IN 3

(34%) respondents experiencing pain believe they have a pain condition but have not been diagnosed or have not tried seeking diagnosis (14.1.2)

NEARLY HALF

(47%) of women say more understanding from healthcare professionals would help close the Gender Pain Gap (18.1.1)

NUROFEN'S ROLE

Nurofen is providing practical support and creating trusted touchpoints that enable women's journeys within the healthcare system by facilitating right conversations in the safe environment.



Funding research into pain dismissal

Nurofen is continuing to fund academic research through charity partners and universities to help address the upstream causes of pain dismissal, such as gaps in medical education and systemic bias, including a multi-year partnership with Wellbeing of Women and grants supporting research at the University of Manchester and the University of Bath.



Extending the reach of Pain Pass

Pain Pass has already been downloaded and distributed over 100,000 times. In 2026, Nurofen will distribute Pain Pass to more physical locations and support more patients and healthcare professionals in using it to facilitate productive conversations and positive health outcomes.



Training 10,000 Pharmacists

Nurofen will train 10,000 pharmacists at Boots on recognising and addressing gender pain dismissal to create accessible, trusted touchpoints for women in their communities.

Conclusion

Four years of tracking the Gender Pain Gap have shown that awareness alone is not enough. While recognition of the issue has tripled since 2023, women continue to be dismissed, to lose trust, and to seek answers from sources that cannot fully meet their needs. Nurofen remains committed to facilitating the right conversations between patients and healthcare professionals. By creating practical tools and trusted touchpoints within the community, Nurofen is working to keep women connected to the evidence-based care they need.

REFERENCES & METHODOLOGY

All statistics cited are from Nurofen's 2025 Gender Pain Gap survey conducted by OnePoll among 5,000 UK adults in November 2025. Reference codes in parentheses (e.g. 5.1.1) correspond to the Headline Key Claims Document (December 2025).

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