Gender Data Gap In Health

The gender data gap is a 'gap' created by the fact that most data collected is centred around men's bodies and behaviours; it applies to a variety of sectors, and the consequences are both surprising and alarming. Examples of these consequences range from the inconvenient (e.g., the fact that the average woman cannot use the average smartphone one-handed because their hands are too small) to the deadly (e.g., women are 17% more likely to die and 47% more likely to be seriously injured in car crashes because 'male' dummies are used to test airbags and seatbelts). However, perhaps one of the greatest injustices to women regarding gender data gaps is found in health.

Simply put, the gender data gap exists in health because men are set as the 'default' in medical research. This is because the female body is seen as too complex to be tested on due to large hormonal fluctuations. However, what is dangerous is the fact that reputable scientific sources do not always acknowledge that the gender data gap exists, let alone recognise that it is highly significant. For example, a 2014 op-ed published in Scientific American suggested that including both women and men in experiments was a waste of resources. This is especially dangerous in instances where women are not included sufficiently (or at all) in medical research for female-prevalent conditions. For example, women are 70% more likely to suffer from depression than men, yet animal studies on brain disorders are five times as likely to be performed on male animals. Worryingly, this means that a significant amount of what women believe to be true about their bodies is most likely informed by data not collected on them, and this has inevitably had deadly consequences through inappropriate diagnoses and unexpected reactions to medication; as stated by Caroline Criado Perez in her book, Invisible Women: "real life isn't a study and in real life, those pesky hormones will be having an impact on outcomes".

However, scientific research methods are not the only issue concerning the gender data gap in health, what is being researched is also a problem. For example, there is five times more research into erectile dysfunction (which affects 19% of men) than premenstrual syndrome (which affects 90% of women). It is thought that this is because, historically, men have dominated the medical profession and occupied the most powerful decision-making positions. This, therefore, suggests that, until society has more women in these positions, the gender data gap in health (as well as other industries) will not close.

Recently, however, despite the historical domination of men in the medical profession, 'Femtech' has been on the rise. Femtech refers to the services, products and software that are created with a specific focus on women's health, and there is already evidence that some could be used to help narrow the gender data gap in health. An example of this would be Clue (a period-tracking app launched in 2013) because menstrual cycles have been found to impact female biology in numerous ways, from altering the effects of medication (e.g., antipsychotics, antibiotics, and heart medication) to changing susceptibility to motion sickness. The data collected by Clue is already making a difference to the gender data gap as they have been working with prestigious institutions (i.e., Stanford, Columbia, and Oxford) to better understand poorly researched conditions (i.e., endometriosis which currently takes an average of eight years to diagnose properly).

However, fixing the gender data gap is not as straightforward as simply having innovative ideas, and this is because entrepreneurial endeavours usually require data to prove that they are worth funding. This is a problem that was experienced by Tania Boler (the founder of the Elvie pelvic floor trainer that launched in 2013) because there was a lack of data to illustrate the variability in vaginas.

Overall, the data (and lack thereof) suggests that, whilst a few entrepreneurs have good ideas that could help to reduce the gender data gap in health, ultimately, more needs to be done systematically to close it for good. This will involve getting more women into powerful decision-making positions, including more women in medical trials, and funding more research into female-prevalent conditions such as endometriosis and premenstrual syndrome.

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