

GENDER PAIN GAP INDEX REPORT

Australia

February 2024

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COMMITTED TO DRIVING CHANGE



David Rankine,
General Manager of Reckitt ANZ

There is a Gender Pain Gap affecting the lives of women across Australia, with 55% of women feeling they have had their pain ignored or dismissed compared with 48% of men.¹ Moreover, among those who felt that way, 32% of women versus 20% of men believe it was because their general practitioner ("GP") didn't take their pain seriously.²

Our mission is to help close this gap.

Welcome to the first Nurofen Gender Pain Gap Index Report for Australia. This report is based on a nationwide survey of over 2,000 Australian respondents. It was created to provide a suite of evidence showing the extent of the gap between Australian women's and men's experiences and treatment of pain—and also to outline the impact the gap is having on women's lives.

The Australian government has announced commitments to advancing gender equality in a number of areas: in the workplace, in sport and in government.³ But for too long, the Gender Pain Gap has gone unnoticed.

It is encouraging to see that initial efforts are now being made to understand the impact gender bias is having on women's health across Australia. For example, in January 2023 **the Federal Government** established the Women's Health Advisory Council to improve outcomes.⁴ Specifically regarding pain, the state of Victoria recently **launched** its own inquiry into how women experience pain compared with men.⁵

But to date, there has been limited understanding on how the Gender Pain Gap is affecting women across the country as a whole.

Within this report, you'll find data on the reasons for the gap gathered from respondents from all over Australia, as well as the ramifications of it, and how it is taking its toll on women's daily lives.

We know closing the Gender Pain Gap won't be easy. Tackling such a big issue requires constant awareness, continued efforts into education and new research, as well as continued measurement of the situation over time. But if multiple institutions, organisations and industry bodies work together, we can make progress.

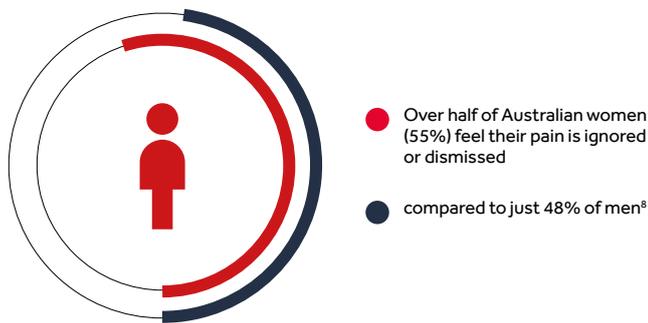
It's something we're already committed to as an organisation. Of course, making people aware of the issue is just one side of the coin. We know there are changes we can make ourselves by not only looking internally at how we do things within Nurofen, but also across the wider Reckitt business.

That's why, in the coming pages, you'll find our own commitments to help close the gap across Australia. We're already making significant changes, such as introducing our Nurofen Pain Pass, developing gender bias training for pharmacists, collaborating with Jean Hailes for Women's Health and partnering with Priceline Pharmacy. However, the findings show that there's still a lot more that can be done to help close the gap—for our company and beyond.

Over the coming months and years, we will commit to addressing the gap, with the hope of seeing a marked change in society and within healthcare for all women. We are dedicated to making this report an annual initiative so we can track progress, and we welcome others to join us on our journey of closing Australia's Gender Pain Gap.

EXECUTIVE SUMMARY

The Gender Pain Gap Index research paints a clear picture: **over half of Australian women (55%) feel their pain is ignored or dismissed, compared with just 48% of men.**⁶ Additionally, 32% of women who felt that their pain was ignored or dismissed believe that this was because their GP didn't take their pain seriously, compared with 20% of men.⁷



But why is this happening? More research is needed to better understand the reasons for the Gender Pain Gap. However, the disparity could potentially be influenced by several factors, including the need for increased training for healthcare professionals ("HCPs") on women-specific conditions such as menopause⁹, and underlying gender biases in society.¹⁰

When all of these factors come together, the impact isn't inconsequential. They're leading to an Australia where pain is having a greater impact on many aspects of daily life for women compared with men.¹¹ And that has serious consequences, as more women than men have waited 12 months or longer for a diagnosis for their pain (21% vs 13%).¹²

Nurofen's purpose is to put people, not pain, in charge of their lives. The Gender Pain Gap Index Report was launched to quantify the suspected gender gap across Australia when it comes to pain. We aimed to gain a better understanding of pain perceptions from a statistically significant sample of the entire Australian adult population in order to inform actions and drive a step change to help close the Gender Pain Gap.

But it's not just about shining a light on this important issue. Nurofen is also committed to identifying and implementing actions to help close the gap. By doing so, we hope we can encourage other organisations to join Nurofen's fight.

HOW THE GENDER PAIN GAP INDEX RESEARCH WAS CONDUCTED AND TOP-LINE CONCLUSIONS:

The Gender Pain Gap Index survey included 2,040 respondents (51% women, 49% men).

Survey results revealed the breadth of the Gender Pain Gap issue in Australia, with half (51%) of women surveyed believing there is a gap between genders when it comes to the identification and treatment of pains, compared with only 35% of men.¹³

According to the Australian adults surveyed who believe the gap exists, the top factors contributing to it include: women are not always taken as seriously because they're viewed as 'emotional' (49%); women are expected to naturally suffer pain (46%); women experience very different hormones to men (39%); men and women have different pain thresholds (38%); and women's pain is seen to be psychological (36%).¹⁴

In this report, we outline the impact these perceptions are having on women's lives, as pain is disproportionately affecting both their mood and other aspects of daily life compared with men.¹⁵

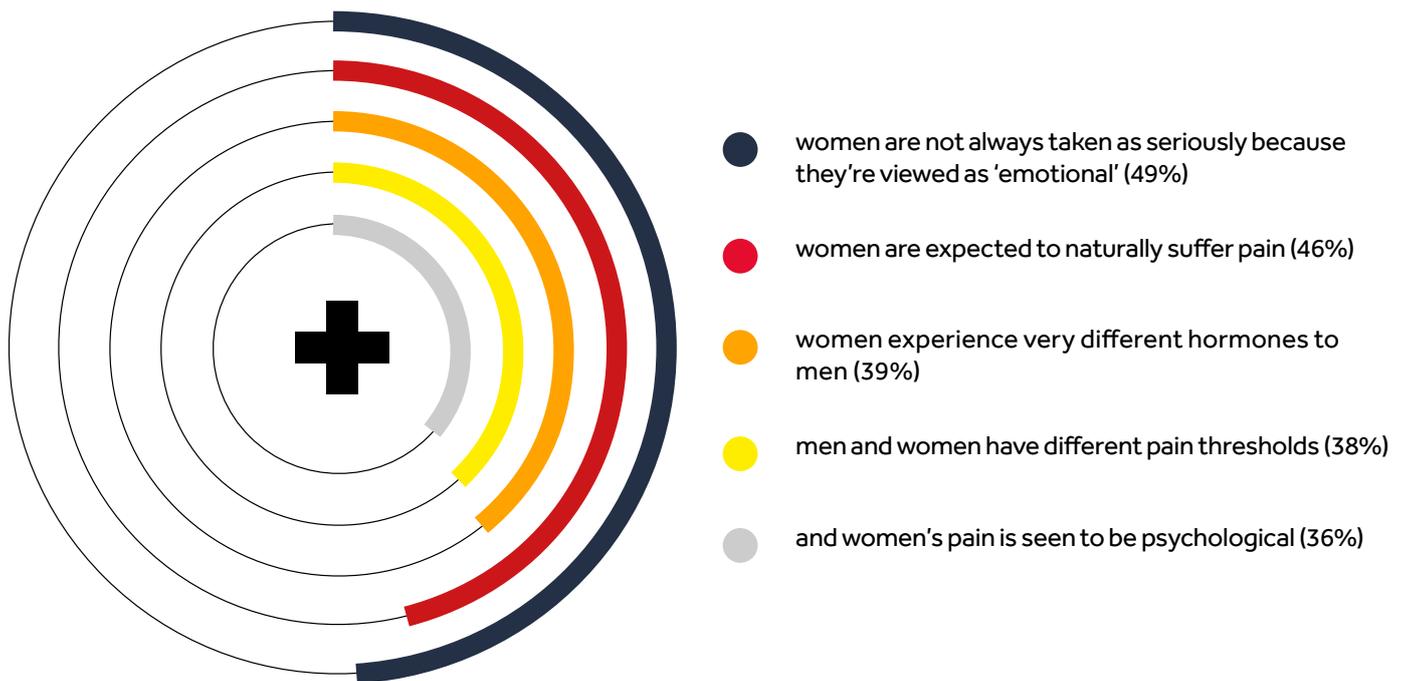
We also show that the gap is leading to women not receiving a diagnosis as quickly as men. More women than men have waited 12 months or longer for a diagnosis for their pain (21% vs 13%)¹⁶—and significantly more women than men surveyed think the reason they haven't received a diagnosis yet for their pain or is taking longer to receive a diagnosis is due to the Gender Pain Gap (44% of women vs 24% of men).¹⁷ Furthermore, HCPs feel the same: Australian GPs and pharmacists treating people in pain have seen gender bias manifest in female pain being underdiagnosed (49%), misdiagnosed (45%) and taking too long to be diagnosed (45%) by HCPs.¹⁸

SO WE'VE SHOWN A GAP EXISTS AND SHOWN THE TOLL IT IS TAKING. WHERE DO WE GO FROM HERE?

We want to spread the word of the Gender Pain Gap far and wide. Our first goal is to reach women, informing them about the realities of the gap and reassuring them that they are not alone in feeling unheard or untreated. We want them to learn about the Nurofen Pain Pass tool and encourage them to download it to help them get the appropriate treatment for their pain.

Secondly, we hope to work towards a goal where government, regulators, industry and other stakeholders will come together to help close the gap across Australia. This could be achieved through a series of steps, which might include reforming the way that healthcare companies conduct clinical research. Additionally, promoting product innovation and investing in research and education around women's pain would be vital components to this effort.

THE TOP FACTORS CONTRIBUTING TO THE GENDER PAIN GAP ACCORDING TO THE AUSTRALIAN ADULTS SURVEYED WHO BELIEVE THE GAP EXISTS ¹⁹



WHAT WE'RE DOING —THE COMMITMENTS WE'RE MAKING

This research is part of Nurofen's commitment to identifying and implementing solutions for the long term, striving to drive real change for women when it comes to pain. As well as revealing the Gender Pain Gap, Nurofen Australia is announcing an initial suite of commitments to help close it.

COMMITMENTS BEING MADE TODAY



The Pain Pass

Nurofen is launching the Pain Pass, a free downloadable PDF tool designed to help people track and articulate their pain and symptoms, aid more constructive conversations with their HCP and help tackle unconscious bias.



Gender balance in the design, conduct and analysis of our clinical research

We commit to including, studying and understanding women in our research.²⁰



We will always consider gender

When interpreting our findings, publishing the results where appropriate to improve pain management and research. Gender representation in the last 30 years of Nurofen clinical research has been very encouraging, with 53% female and 47% male subjects being included in 50 studies.²¹



Nurofen will commission its Gender Pain Gap Index Report annually

To track progress on closing the gap over time.



Donations to Priceline Pharmacy

Where for every Nurofen pack sold, Nurofen will donate 50 cents, up to a total of \$40,000.²² The donation will go to Priceline's Sisterhood Foundation, which works to provide support to women and their families through its charity partners.



Donating \$200,000 towards Jean Hailes for Women's Health

A national not-for-profit organisation dedicated to improving women's health across Australia through every life stage. The donation will enable the charity to identify gaps in consumer health knowledge and seed a new programme that develops and disseminates practical, evidence-based health information to help women understand and manage pain.



Developing Gender Pain Bias training

For pharmacists, hosting five education programmes in 2024—in person and online—with the aim of achieving 9,150 completions by the end of 2024.

“ I am very proud to not only be launching the Nurofen Gender Pain Gap Index Report for Australia but also to be implementing tangible measures to help close the gap nationwide. Across the Reckitt business, we are committed to delivering real changes that aim to improve women's experience with, and treatment of, pain. We welcome other organisations to join us in our mission. ”

David Rankine, General
Manager of Reckitt ANZ

HOW PAIN IS EXPERIENCED

The Gender Pain Gap Index shows that a quarter (26%) of adults surveyed experience pain several times a week, while 28% experience pain daily. Only one in 10 (9%) don't tend to experience pain in their daily life.²³ These figures reflect a vast population of Australian pain sufferers.

Of the adults surveyed who experience pain, the pain types they are most likely to self-manage include period pains (86%), headaches (85%), pain related to cold and flu symptoms (e.g. sore throat and body aches) (75%) and sinus pain (71%).²⁴

Of those surveyed who experience mild pain, almost a third (30%) treat using pain relievers they self-select from their local grocer/pharmacy, and for those who have moderate pain, a quarter (25%) treat this way.²⁵

When we looked specifically at women, we found that of those experiencing pain, more women than men are likely to experience pains such as headaches (42% vs 31%), abdominal or stomach pains (19% vs 11%) and sinus pain (12% vs 8%).²⁶

For women surveyed aged 18–34, two in 10 (22%) experience pain daily, nearly three in 10 (29%) experience pain several times a week, and 18% experience pain once a week.^{27*}

But even though that's the case, women are less likely than men to see an HCP for pains they suffer from such as headaches (11% of women vs 17% of men), abdominal or stomach pain (36% of women vs 47% of men) and joint pain (37% of women vs 40% of men).^{28*}

THE GENDER PAIN GAP REVEALED

Only 26% of Australian adults had heard of the term 'gender pain gap' before taking this survey.²⁹ Yet, our research clearly shows the gap exists across the country and is impacting women.

Despite being more likely to experience certain types of pain than men,³⁰ women's pains tend to be dismissed more frequently than their male counterparts: 55% of women feel they have had their pain ignored or dismissed compared with 48% of men.³¹ And it's not just a one-off occurrence: having pain ignored or dismissed on multiple occasions is also more prevalent among women (33%) compared with 26% of men.³²

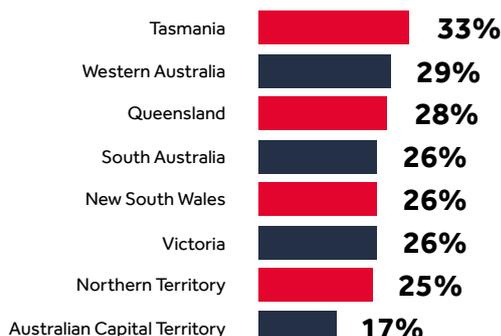
So why is this the case? Well, 32% of women who felt that their pain was ignored or dismissed believe that this was because their GP didn't take their pain seriously, compared to 20% of men.³³ In fact, almost a quarter of women believe HCPs take men's pain more seriously (23%), compared to just 1 in 10 (10%) of men.³⁴ And, of those who believe that men's pain is taken more seriously by HCPs, nearly seven in 10 (67%) women believe it's due to gender discrimination, compared with less than half (49%) of men.³⁵

With these views in mind, it's interesting to see that among women surveyed who chose self-care over consulting from HCPs for regular pain(s), 13% report they do so because they felt ignored by their healthcare provider on a previous occasion, whereas less than one in 10 (8%) men surveyed feel this way.³⁶

PERCENTAGE OF AUSTRALIAN ADULTS WHO FEEL THEIR PAIN HAS BEEN IGNORED OR DISMISSED^{37*}



THE PERCENTAGE OF AUSTRALIAN ADULTS WHO FEEL THEIR PAIN HAS BEEN IGNORED OR DISMISSED BY A GP BECAUSE THEY DID NOT TAKE THEIR PAIN SERIOUSLY^{38*}



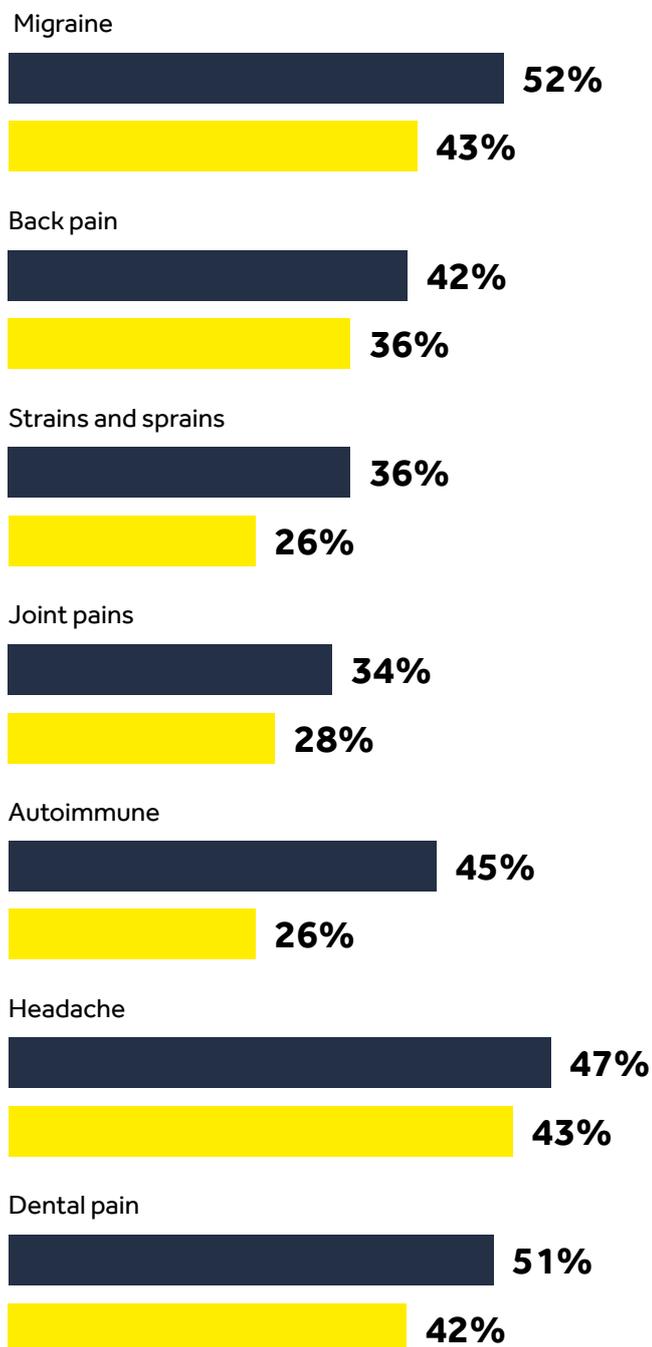
THE IMPACT ON DAILY LIFE

We didn't just want the study to confirm the existence of a Gender Pain Gap. We wanted to truly understand its ramifications too.

Unfortunately, the research showed that pain is having a bigger impact on many aspects of daily life for women compared with men—including their working lives, sleep, social life, relationships and general mood.³⁹ This highlights

WHEN IT COMES TO THE IMPACT OF PAIN ON DAILY LIFE, THE RESULTS SHOW THAT PAIN NEGATIVELY AFFECTS THE MOOD OF WOMEN MORE THAN MEN FOR THOSE EXPERIENCING:^{41*}

■ Women ■ Men



the real and pressing need to close the gap and ensure that women are supported and listened to when it comes to pain.

HCPs also admitted that this is an issue. In a survey of GPs and Pharmacists, 73% responded that gender bias would likely affect female pain sufferers by worsening their mental health, and 63% think that it would likely affect female pain sufferers by worsening their pain condition.⁴⁰

FOR THOSE WHO EXPERIENCE PAIN:^{42*}

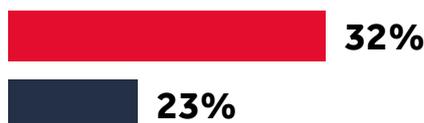
51% of women state it causes them to have trouble sleeping compared to **37% of men**



56% of women report it has affected their mood in a negative way vs **42% of men**



32% of women say it stops them from working versus **23% of men**



39% of women state it impacts their social life vs **27% of men**



44% say it makes doing everyday tasks difficult (e.g. getting chores done, daily movement/exercise) vs **36% of men**



29% of women report it impacts their relationships and/or family life compared to **22% of men**



BETTINA'S STORY

"One of the hardest things about living with migraine is what it takes from your life. It's not just missing the big events because you're in pain, but also the smaller things. Day-to-day moments with family and friends."

"It's also the time that you're waiting. My doctors have been fantastic, but there's so much time spent waiting to even get to that point and get some direction."

"The thing with migraine is there's no one-size-fits-all treatment plan, and the way through it is trial and error, but that trial and error impacts the way you live because you still need to work, to parent, to enjoy life."

"One of the things that it takes away is spontaneity. You're often planning around what might be a trigger,

and so it takes away that spark of joy you get from spontaneity. I miss being able to do something on a whim and trust that I'm going to be fine."

"While migraine is experienced by both men and women, potentially due to hormonal effects, women tend to suffer from migraine more than men.⁴³ I feel that if men experienced the hormonal changes that women go through during menstruation, perimenopause and menopause, there would have been more research into the effects already. We're only just starting to look into it for women now, and it feels very frustrating that it has taken so long for this to be recognised as a significant health issue. It needs to be addressed and properly funded, then we can really look at making an impact on women's lives."

“ We know that pain can have a significant impact on people's physical and mental health, as well as their general wellbeing. This research shows how women are being disproportionately affected by pain in many areas —which needn't be the case. We must ensure women's pains are taken as seriously as men's, to allow them to get a diagnosis and the most appropriate treatment before it impacts their quality of life. ”

Kelly-Ann Jolly,
Head of Partnerships
at Jean Hailes for Women's Health

THE IMPACT ON DIAGNOSIS TIMES

So, we can see that the Gender Pain Gap is disproportionately affecting many aspects of women's daily lives. Sadly, we also found that the consequences of women being ignored or dismissed are resulting in longer diagnosis times too.⁴⁴

The research shows more women than men have waited 12 months or longer for a diagnosis for their pain (21% vs 13%).⁴⁵ For strains and sprains, more than double the number of women surveyed had to wait more than a year to receive a diagnosis than men (15% vs 7%); while 21% of women, compared with 11% of men, had to wait more than a year to receive a diagnosis for abdominal or stomach pain.^{46*}

Women themselves have called out the Gender Pain Gap as the reason behind these longer diagnosis times.

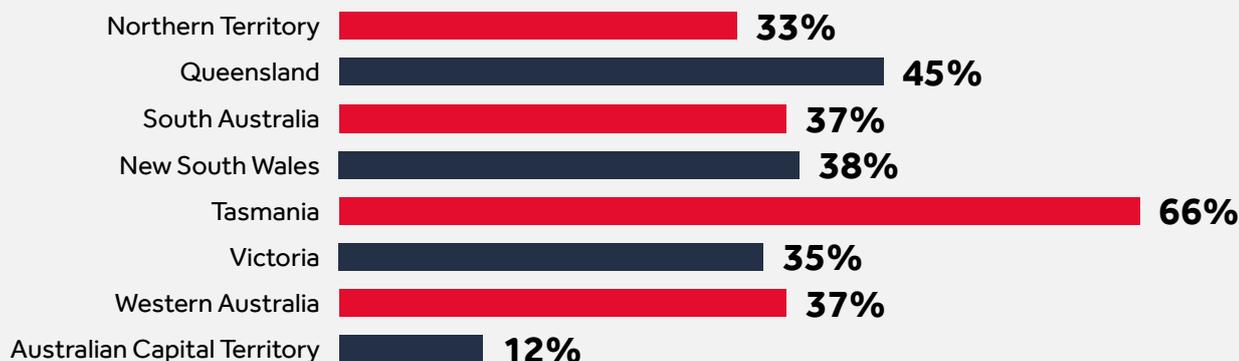
Significantly more women than men surveyed think the reason they haven't received a diagnosis yet for their pain or is taking longer to receive a diagnosis is due to the Gender Pain Gap (44% of women vs 24% of men).⁴⁷

Indeed, half (51%) of women surveyed believe there is a gap between genders when it comes to the identification and treatment of pains, compared with only 35% of men.⁴⁸

But it's not just women who feel this way. HCPs themselves agree there's a problem, as Australian GPs and pharmacists treating people in pain have seen gender bias manifest in female pain being underdiagnosed (49%), misdiagnosed (45%) and taking too long to be diagnosed (45%) by HCPs.⁴⁹

“ More women than men have waited 12 months or longer for a diagnosis for their pain (21% vs 13%).⁵⁰ ”

NUMBER OF AUSTRALIAN ADULTS SURVEYED WHO THINK THE REASON THEY HAVEN'T RECEIVED A DIAGNOSIS YET FOR THEIR PAIN OR IS TAKING LONGER TO RECEIVE A DIAGNOSIS IS DUE TO THE GENDER PAIN GAP:^{51*}



SHIKHA'S STORY

"I feel like society rarely talks about the pain women feel in the postpartum phase. After giving birth to all of my children, I was in physical pain for weeks after, but with my third child, it was especially bad. I experienced such excruciating post-birth pain that it was hard to just get on with things day-to-day. Sometimes it was so bad that I couldn't even get out of bed. I couldn't easily go to the toilet or get myself food. It would sometimes be so intense that it took away from the time I should have been spending bonding with my baby."

"People talk about the pain during birth, but not how much it will affect you afterwards. I think it's not really discussed because women are expected to experience this pain and just get on with it. We're expected to tolerate pain right from the moment we hit puberty,

and the menstrual cycle begins, through to when we go through the menopause."

"If more people felt like they could share these experiences, I feel we could better prepare both mentally and physically for the pain. That would mean more of the post-birth experience could be channelled into the joy of having a newborn."

"Pain is especially hard when you're a mother because you're juggling so many things. Finding the time to rest or even to go and seek help for it is tough. Plus, you worry that you'll see a professional and be dismissed: like you shouldn't have bothered seeking advice because it's 'normal' to be in pain for certain things. From a young age, women are conditioned to feel like they just have to endure pain as part of life and, as you get older, that conditioning continues to the point where you learn to ignore it and see no point in seeking help."

"It's been interesting to witness the perception the general public have for women when they talk about their pain versus when it's men. It's like there's this perceived stoicism in men. If they say they're in pain, it's listened to. It definitely has not felt that way for me. I do believe that if a man had been in the same level of pain I was, it would be handled differently."

BARRIERS TO TALKING ABOUT PAIN

Women are clearly facing multiple barriers when it comes to talking about their pain and getting the help they need.

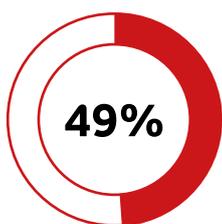
The research shows that women feel they aren't taken as seriously as men when it comes to their pain as they are viewed as emotional, or are expected to naturally suffer some occasions of pain differently than men.⁵²

Of the Australian adults surveyed who believe the Gender Pain Gap exists, the top factors for contributing to the gap include: women are not always taken as seriously because

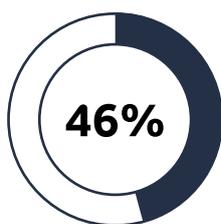
they're viewed as 'emotional' (49%); women are expected to naturally suffer pain, for instance period pain or childbirth (46%); women experience very different hormones to men (39%); men and women have different pain thresholds (38%); and women's pain is seen to be psychological (36%).⁵³

Of the women surveyed who believe there is a Gender Pain Gap, six in 10 (61%) think a contributing factor is that women are not always taken as seriously (in the identification and treatment of pain) because they're viewed as 'emotional'.⁵⁴

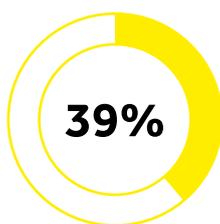
THE TOP FACTORS CONTRIBUTING TO THE GENDER PAIN GAP ACCORDING TO THE AUSTRALIAN ADULTS SURVEYED WHO BELIEVE THE GAP EXISTS⁵⁵



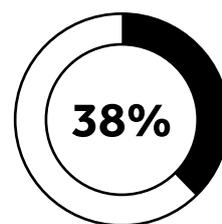
Women are not always taken as seriously because they're viewed as 'emotional' (49%)



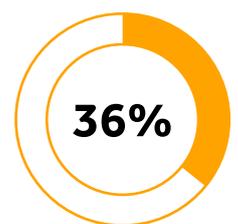
Women are expected to naturally suffer pain, for instance period pain or childbirth (46%)



Women experience very different hormones to men (39%)



Men and women have different pain thresholds (38%)



And women's pain is seen to be psychological (36%)

A big problem we can see emerging is that women feel like they won't be taken seriously when it comes to seeking help.

Of the men and women who feel uncomfortable talking to certain people about their pain, the survey showed nearly half (44%) of women said the reason is because they feel like they may be judged as a complainer/ moaner, compared with over a third (37%) of men.^{56*} It's a similar story for women aged 18–34 too, with four in 10 (43%) feeling this way.^{57*}

Additionally, for women in this age group who feel uncomfortable talking to certain people about their pain,

OF THE WOMEN SURVEYED WHO EXPERIENCE PAIN(S) IN THEIR DAILY LIVES:

most comfortable talking about it with HCPs
 **80%**

most comfortable talking about it with family
 **65%**

most comfortable talking about it with friends
 **61%**⁶¹

they are least comfortable talking to HR or their manager at their workplace
 **20%**⁶²

a quarter (25%) say it is because they feel other people don't understand their pain.^{58*}

But women are also being held back from seeking help as they struggle to explain their pain to their HCP; two-thirds (65%) of men find it easy to explain the pain they experience to their healthcare provider, compared with just 57% of women.⁵⁹

These barriers are proving concerning in terms of treatment too. Of those who experience pain, twice the number of women than men have not tried to seek a diagnosis for the pain they experience (14% of women vs 6% of men).⁶⁰

FOR WOMEN AGED 18-34 WHO EXPERIENCE PAIN:

are comfortable talking about it with HCPs
 **74%**

are comfortable talking about it with friends
 **61%**^{63*}

ELYSSA'S STORY

"Last year, I fractured my pelvis, while playing futsal on tour in New Zealand. My iliac crest was displaced and, despite the professionals at the hospital telling me the scans were showing a really bad injury, I was told to just go home and get through it. I wasn't offered any pain relief whatsoever."

"I'm only 19 and was at the peak of my sporting career. But, after the injury, things fell apart quite quickly. What was most upsetting was feeling like I just had to live with the pain. To tough it out on my own."

"Living with constant pain is obviously not easy. I had to focus on just getting through each day. It was hard to do the most basic things. I'm a pretty independent person and it's hard when you can't tie your own laces, walk on your own or even get out of bed. Everything is uncomfortable, everything is difficult, but you just have to get used to it."

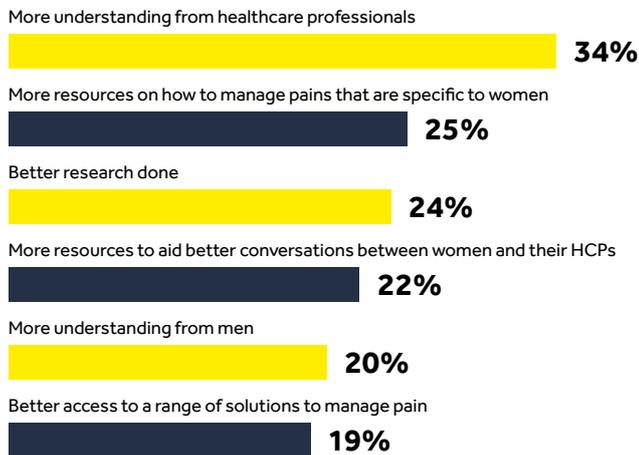
"I wasn't able to go out with friends and do things like sit down and have a picnic because I couldn't get up or down. Plus, I was not living with family. I felt almost stranded."

"My treatment plan had been "do whatever doesn't cause pain". That was it. It's a tough guideline to follow; even sneezing would leave me in tears. Ultimately, I felt insignificant, or I was made to feel like I was being dramatic and exaggerating the pain. I know that the men in my life who have been through smaller medical inconveniences or injuries have been provided much more detailed care than I was, despite everyone acknowledging the severity of my injury."

HOW WE CLOSE THE GAP

So where do we go from here? How can we support women to get the help for their pain that they need?

Of those Australian adults who feel there is a Gender Pain Gap, the top five changes they would like to see to close the gap include:⁶⁴



Thankfully, HCPs want to see a difference too. Over 90% of Australian GPs and Pharmacists are willing to receive training aimed at reducing or removing biases in the treatment of patients with pain.⁶⁵

To help support people in having these conversations, Nurofen has launched the Pain Pass—a free PDF tool that can be downloaded online. It has been created to aid conversations between pain sufferers and their healthcare professionals, helping them get the right support for their pain.

“ We see a lot of patients come in to our pharmacies seeking advice and treatment for pain. Our Priceline Pharmacists are always on hand to provide fair and unbiased support, whether that’s through treatment, creating a management plan, or even just connecting through a moment of care and compassion. We’re looking forward to working with Nurofen on extended training for our Pharmacists so we can continue to deliver the high-quality support we’re known for, and play our part in closing the Gender Pain Gap. ”

Cathi Scarce, General Manager, Priceline Customer Operations



“ At Nurofen, we’re committed to taking steps to close the gap. That’s why we’ve developed the Pain Pass in collaboration with pain specialists and women who experience pain, ensuring we’re creating something that empowers women to get the support and treatment they need. However, we can’t close this gap alone. That’s why we’re calling on industry and medical stakeholders, alongside government policymakers, to come together to discuss the problem at hand and implement meaningful changes, including effective gender bias training for HCPs. ”

David Rankine, General Manager of Reckitt ANZ



CLOSING STATEMENT



Kelly-Ann Jolly,
Head of Partnerships
at Jean Hailes for Women's Health

Shining a light on the Gender Pain Gap is crucial to closing it.

It is simply unacceptable that some women in pain aren't receiving the care they need, when they need it. In 2024, it is disheartening that we're still having this conversation. Women deserve to be heard and supported in managing their pain. It is evident that prompt action is necessary to address this situation.

With Nurofen's Gender Pain Gap Index Report drawing attention to the issue on a national level, we hope that a wider awareness and understanding will drive real change in how women's pain is believed and treated.

To do this, we all need to pull together to ensure women are empowered to openly discuss their pain, ensure they are heard attentively, and provide them with the tools to facilitate these conversations. On one hand, we aim to equip women with information they can use to amplify their voices. Simultaneously, it's crucial to offer HCPs specialised training in gender bias, enabling them deliver optimal care.

Jean Hailes for Women's Health is proud to collaborate with Nurofen in its pioneering efforts to address the Gender Pain Gap. We encourage other organisations, healthcare industry stakeholders and governments to join forces in closing this disparity.

REFERENCES:

All statistics quoted are from Nurofen's 2023 Gender Pain Gap Survey conducted by One Poll in December 2023. The survey included 2,040 Australian adults across all states and territories. Of the respondents, 51% were women and 49% were men.

*While data is not statistically significant due to a smaller base of respondents, it has been included as the group of statistics show a clear trend.

1. Reference 1, 2023 Gender Pain Gap Survey (Australia) compared to 37% of men; 56% of women report it has affected their mood in a negative way vs 42% of men; 32% of women say it stops them from working versus 23% of men
2. Reference 22, 2023 Gender Pain Gap Survey (Australia)
3. Status of Women Report Card 2023, Australian Government, Department of the Prime Minister and Cabinet (<https://www.pmc.gov.au/resources/status-women-report-card-2023#:~:text=Australia%20is%20ranked%2043rd%20for,28.3%25%20were%20born%20overseas>)
4. Women's health experts appointed to tackle 'medical misogyny' (<https://www.health.gov.au/ministers/the-hon-ged-kearney-mp/media/womens-health-experts-appointed-to-tackle-medical-misogyny>)
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6. Reference 1, 2023 Gender Pain Gap Survey (Australia)
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13. Reference 41, 2023 Gender Pain Gap Survey (Australia)
14. Reference 43, 2023 Gender Pain Gap Survey (Australia)
15. Reference 11, 2023 Gender Pain Gap Survey (Australia). For example, for those who experience pain, 51% of women state it causes them to have trouble sleeping compared to 37% of men; 56% of women report it has affected their mood in a negative way vs 42% of men; 32% of women say it stops them from working versus 23% of men
16. Reference 4, 2023 Gender Pain Gap Survey (Australia)
17. Reference 2, 2023 Gender Pain Gap Survey (Australia)
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20. Reckitt data on file – Gender bias in clinical trials, Nurofen data and brief scientific context. Medical sciences report, 2022
21. Reckitt data on file – Gender bias in clinical trials, Nurofen data and brief scientific context. Medical sciences report, 2022
22. T&Cs: 30c from every pack of Nurofen for Adult (excludes other Nurofen products) sold in Priceline between 1 April to 30 June, up to \$40,000
23. Reference 9, 2023 Gender Pain Gap Survey (Australia)
24. Reference 34, 2023 Gender Pain Gap Survey (Australia)
25. Reference 14, 2023 Gender Pain Gap Survey (Australia)
26. Reference 10, 2023 Gender Pain Gap Survey (Australia)
27. Reference 55, 2023 Gender Pain Gap Survey (Australia)
28. Reference 36, 2023 Gender Pain Gap Survey (Australia)
29. Reference 40, 2023 Gender Pain Gap Survey (Australia)
30. Reference 10, 2023 Gender Pain Gap Survey (Australia). Of those experiencing pain, more women than men are likely to experience pains such as headaches (42% vs 31%), abdominal or stomach pains (19% vs 11%), sinus pain (12% vs 8%)
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60. Reference 5, 2023 Gender Pain Gap Survey (Australia)
61. Reference 50, 2023 Gender Pain Gap Survey (Australia)
62. Reference 51, 2023 Gender Pain Gap Survey (Australia)
63. Reference 56, 2023 Gender Pain Gap Survey (Australia)
64. Reference 45, 2023 Gender Pain Gap Survey (Australia)
65. Gender Bias among Healthcare Professionals, Research, Toluna Research for Reckitt, December 2023

ALWAYS READ THE LABEL AND FOLLOW THE DIRECTIONS FOR USE. INCORRECT USE COULD BE HARMFUL.

These are real women's stories. For short term, mild to moderate pain and inflammation relief.

WE ARE
COMMITTED
TO CLOSING
THE GENDER
PAIN GAP

