

Women's Health

Barriers to Care, Barriers to Opportunity



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Foreword

When I think about the state of women's health in the U.S., I think about a woman in her doctor's office, waiting to be seen. I think about what it's taken her to get there: money she may not have, time away from work she may not be able to afford, the effort of arranging care for her children or aging parents at home.

I think about how she sits there, armed with every piece of information she can gather, advocating for herself, describing the symptoms that have been plaguing her for weeks or months. And I think about how often her pain is minimized or dismissed. How often she has to push to be taken seriously. How often she's sent home without answers or next steps.

Then the cycle starts again. More meetings missed at work for the second, third or fourth appointment in search of a diagnosis and treatment plan. More time spent navigating the impacts of her health challenges — searching for a more flexible job, dealing with the financial strain of an unexpected unpaid break from work, stepping back from activities and communities she loves or missing out on family holidays and weddings. More limitations on her dreams and ambitions.

Too many women have lived this story — every new barrier to care becoming another barrier to the opportunities they deserve.

When we fail to invest in women's health, and they can't get the care or even the information they need, the consequences ripple through their entire lives.

They live with the daily realities of chronic pain, autoimmune diseases and insomnia. They feel the weight of postpartum mental health challenges on their ability to care for themselves and their children, spend time with friends and family and return to work. They see firsthand how untreated menopause symptoms can make it difficult to live up to their full potential at what should be the peak of their career.

Women know the cost of a system that overlooks their health because they feel it. But with this survey from Gallup and Pivotal, we can prove it. We can put numbers to women's experiences and, in doing so, begin to change them.

Together, Pivotal and Gallup have fielded one of the most expansive surveys on women's health and opportunity. We've collected the data that show women are being blocked from the care they need at scale, at critical moments in their lives and in ways that impact their careers, families and communities. That means these barriers are impacting *all* our families, workplaces and communities. And that every single one of us is paying the price of a system that doesn't work for women.

At Pivotal, we believe that when women can make decisions, control resources and shape policies and perspectives, it lifts up their families and communities and propels our entire society forward. But it's a lot harder to do that when they're up against a health system that wasn't built for them.

For too long women have been advocating for themselves, describing their pain points with the health system, and getting dismissed. But these data, this overwhelming proof that the health system is not meeting women's needs, makes it impossible to continue minimizing or dismissing this problem or moving on without answers or next steps.

This report is not only a validation of what women have been saying for decades, it is a call to action to government, the private sector and philanthropy. These findings make it clear: investing in women's health must be a national priority.

Women deserve better: better care, better information and better access to opportunity as a result. Now is the time to deliver it.



A handwritten signature in black ink that reads "Melinda French Gates".

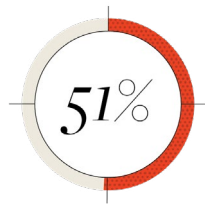
Melinda French Gates

Philanthropist and Founder, Pivotal

Table of Contents

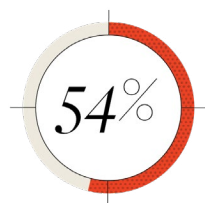
1	Foreword
3	Key Findings
4	Introduction
6	The State of Women's Health
8	Women's Experiences Accessing Care
14	Access to Care and Information Across Critical Life Stages
22	How Health Shapes Women's Family Lives, Work and Communities
28	Americans' Attitudes Toward Women's Health
30	Methodology

Key Findings



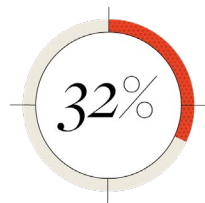
More than half of women report at least one negative experience with healthcare providers.

Fifty-one percent report an experience such as having symptoms dismissed, being misdiagnosed or not getting needed answers, compared with 39% of men.



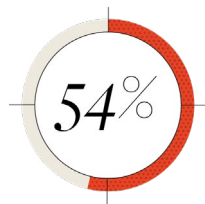
Women's health affects family life, work and community participation.

More than half report an impact on family life or relationships, 42% on work or career and 32% on community participation or voice.



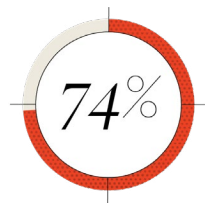
One in three women (32%) reported delaying their care because it's too expensive, compared to 25% of men.

And one in six women (16%) said that family caregiving responsibilities have prevented them from seeking care, compared to 10% of men.



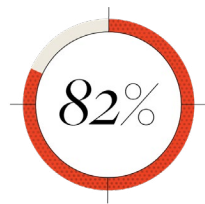
Pregnancy and postpartum mental health challenges are common, while few women rate the care they receive as very helpful.

Among women who gave birth in the past 20 years, **54% experienced a mental health challenge during pregnancy or in the year after birth**. Among those who sought care, 29% say it was very helpful.



Menopause symptoms are widespread by midlife, but diagnosis and treatment knowledge lag behind.

Nearly three in four women aged 45 to 54 report current or past symptoms. More than one in three women (37%) learn about the symptoms of menopause for the first time when they are experiencing them for themselves.



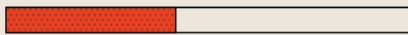
Americans broadly prioritize improving women's health.

Eighty-two percent say ensuring a safe, healthy pregnancy and birth should be a high or top priority, and 81% say the same about access to quality healthcare.

Introduction

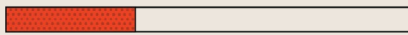
Women's health is not confined to the clinic; it can shape whether women can care for themselves and others, earn income, make decisions and have a voice in their communities.

42%



More than four in 10 women (42%) report their health has **negatively impacted their work or career** in at least one way in the past five years.

32%



Nearly one in three (32%) report **an impact on their community participation or voice**.

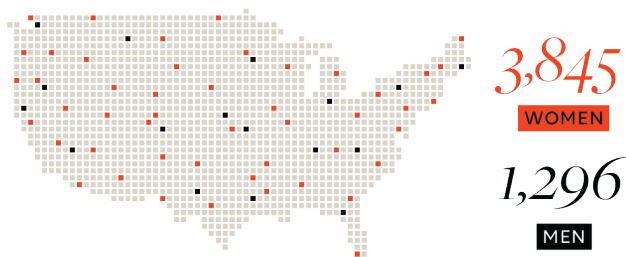
54%



More than half of U.S. women (54%) say their health has had a **negative effect on their family life or relationships**.



To understand the connection between women's health, healthcare experiences and participation in daily life, Gallup and Pivotal conducted the Gallup-Pivotal Women's Health Survey from July 14-22, 2026. Gallup surveyed 5,232 U.S. adults through the probability-based Gallup Panel™, including 3,845 adults who identified as women and 1,296 who identified as men. Gallup weighted responses to represent the U.S. adult population.

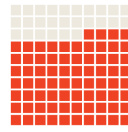


Healthcare experiences are an important part of this broader picture.

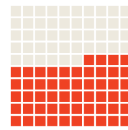
More than half of women participating in the Gallup-Pivotal Women's Health Survey **(51%) report at least one negative experience with healthcare providers in the past five years**, including having symptoms or pain minimized or dismissed, being misdiagnosed or having a provider unable to give a diagnosis, not getting needed answers or next steps or receiving conflicting provider recommendations.

Women reporting a negative care experience also more often report health-related effects on their family lives, work and community participation.

Women also report varied health needs at different stages of life.



Nearly three in four women aged 45 to 54 (74%) report current or **past symptoms of menopause or perimenopause.**



Among women who gave birth in the past 20 years, 54% say they **experienced a mental health challenge during pregnancy or in the 12 months after giving birth.**

The survey also examines reproductive health and contraception, pregnancy and postpartum care, chronic pain, mental health and the information and care women receive across these experiences.

Americans broadly recognize the importance of improving women's health. Majorities believe specific women's health goals, including access to quality healthcare and the opportunity for safe, healthy pregnancy and birth, should be a high or top priority for government, businesses and philanthropies. At the same time, women's reported experiences point to persistent gaps in access, information and care. Meaningful progress will require matching public support for women's health with care that delivers on those priorities.

The State of Women's Health

1 in 4

Women Rate Their Physical Health as Fair or Poor

Most U.S. women describe their physical health in positive terms, but one in four rate it as fair or poor. Mental health assessments are similar, with 27% of women rating their mental health as fair or poor. Men's overall ratings of their physical and mental health are broadly similar.

FIGURE 1

Few U.S. Women Describe Their Health as Excellent

Would you say your _____ in general, is...?

■ % Poor ■ % Fair ■ % Good ■ % Very good ■ % Excellent

Own health



Mental health



Rows may not sum to 100% due to rounding.



Physical and mental health ratings are less positive for some groups.

Black women (35%) and Hispanic women (28%) are more likely than White women (22%) to rate their physical health as fair or poor. Differences in mental health are most pronounced by age. Among women aged 18 to 34, 40% rate their mental health as fair or poor, compared with 33% of women aged 35 to 44, 29% of those aged 45 to 54, 19% of those aged 55 to 64 and 12% of women aged 65 and older.

Overall ratings do not fully capture how often health limits daily life. In all, 29% of women say they have health problems that prevent them from doing things people their age can normally do, compared with 25% of men.

Nearly Half of Women Report Current or Past Mental Health Conditions

Beyond overall health ratings, mental health, sleep and pain stand out in women's reports of specific conditions. Nearly half of women (48%) report a current or past mental health condition such as depression, anxiety or PTSD. Sleep issues (45%) and chronic pain such as back or joint pain, fibromyalgia or migraines (42%) are nearly as common. The percentages include conditions whether or not they were diagnosed by a healthcare provider.

Current or past mental health conditions are reported by 48% of women and 34% of men, while chronic pain is reported by 42% of women and 34% of men. Smaller differences appear for immune and inflammatory conditions (19% vs. 13%), metabolic conditions (25% vs. 20%) and gastrointestinal conditions (21% vs. 16%). Men are somewhat more likely than women to report current or past cardiovascular conditions (30% vs. 26%), although 45% of women aged 65 and older report a cardiovascular condition.

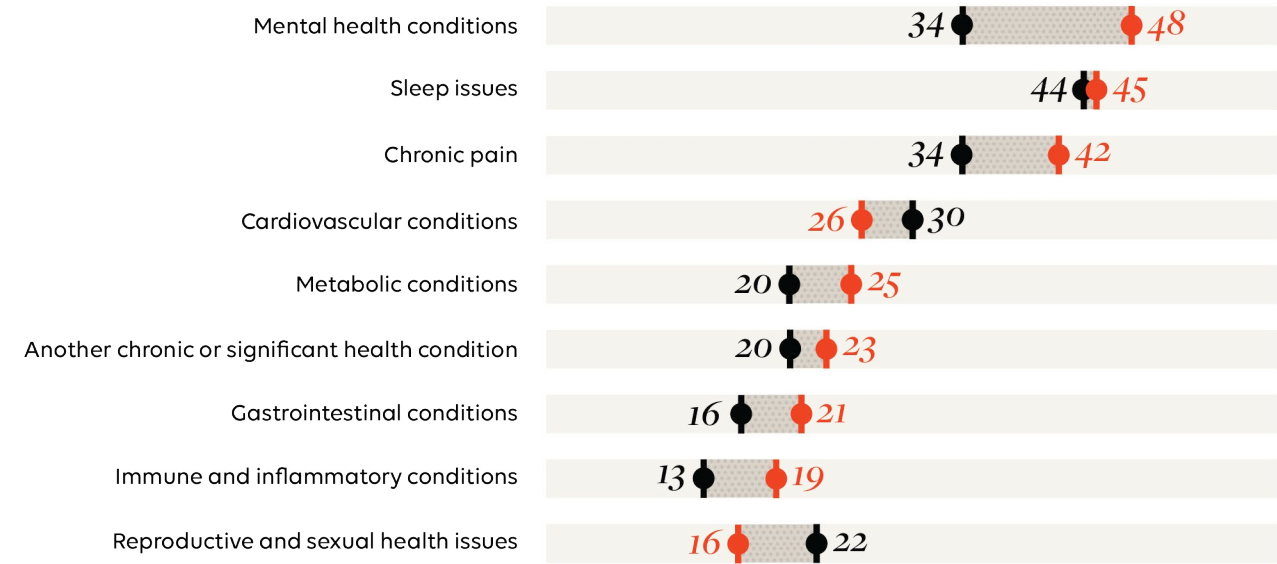
The largest differences between women and men center on mental health and pain.

FIGURE 2
Women Report Most Health Conditions at Higher Rates Than Men

Do you currently or have you previously had any of the following?

% Yes

● Women ● Men ■ Gender gap



(% Yes) includes respondents who report having each condition with or without a provider diagnosis.

Several common conditions are concentrated at particular life stages.

Overall, 37% of women report current or past symptoms of perimenopause or menopause, including 74% of women aged 45 to 54.

About one in three women aged 18 to 34 (30%) and 35 to 44 (35%) report reproductive health issues other than pregnancy, such as very painful or heavy periods, PCOS, endometriosis, fibroids or infertility.

Women's Experiences Accessing Care

More Than Half of Women Report at Least One Negative Care Experience

At a broad level, most women view their care positively: 70% agree they generally received high-quality care that addressed their needs, similar to 73% of men. But positive overall ratings coexist with specific negative experiences.

Fifty-one percent of women agree that they had at least one negative experience with healthcare providers in the past five years, compared with 39% of men.

This measure includes having symptoms or pain minimized or dismissed, being misdiagnosed or having a provider unable to give a diagnosis, not getting needed answers or next steps and receiving conflicting or inconsistent provider recommendations.

Dismissal and diagnostic uncertainty stand out.

About one in three women say a provider has minimized or dismissed their symptoms or pain (34%) or that a provider has misdiagnosed them or could not give a diagnosis (33%). Roughly three in 10 women (31%) say they could not get the answers or next steps they needed, while one in four women (25%) say their providers gave them conflicting or inconsistent recommendations. Each of these experiences is more common among women than men.

FIGURE 3

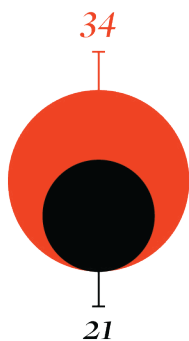
Women More Often Experience Barriers to Diagnosis and Care

Thinking about your personal experiences with your health and healthcare providers during the past 5 years, to what extent do you agree or disagree with each of the following statements?

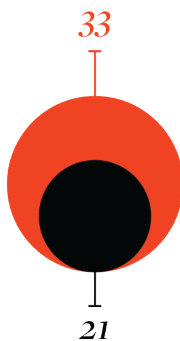
% Strongly or somewhat agree

● Women ● Men

A provider has
minimized or dismissed
my symptoms or pain



A provider has
misdiagnosed me or
could not give a diagnosis



I could not get the
answers or next
steps I needed



My providers give
conflicting or inconsistent
recommendations



Three in 10 Women Say They Had to Push to Be Taken Seriously

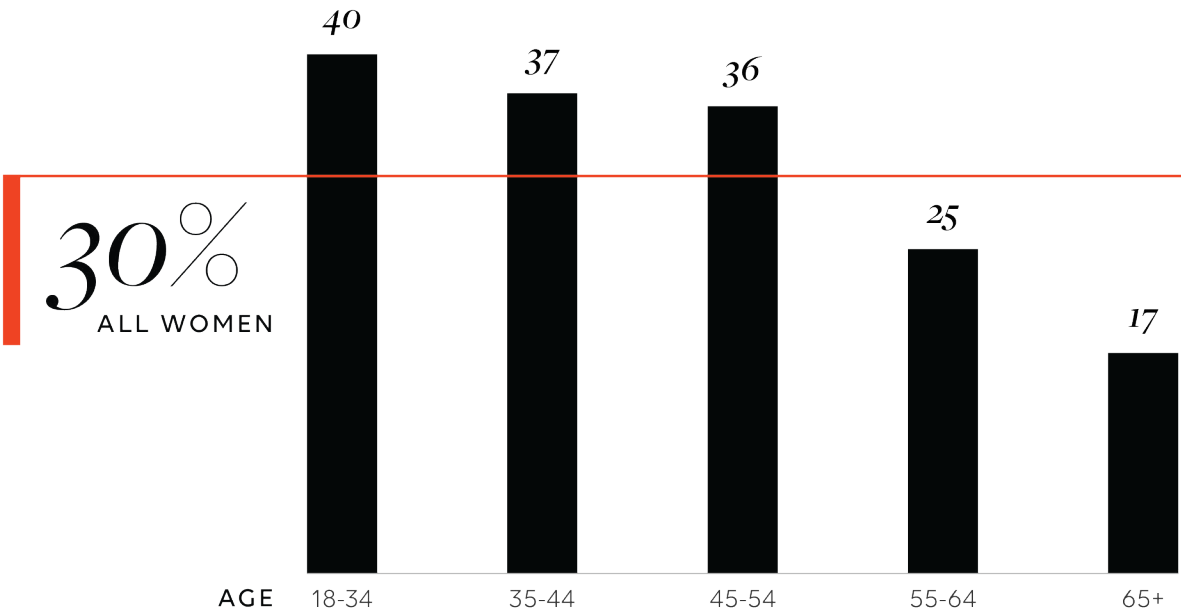
For many women, getting care also requires pushing to be heard. Among adults who have sought care for a health condition, three in 10 women (30%) agree they had to push to be taken seriously or receive treatment, compared with 23% of men. One in four women (25%) agree they were unable to get the care they felt they needed despite trying, compared with 19% of men.

Younger women are the most likely to say they had to push to be taken seriously. Forty percent of women aged 18 to 34 agree, as do 37% of women aged 35 to 44 and 36% of women aged 45 to 54. Agreement falls to 25% among women aged 55 to 64 and 17% among women aged 65 and older.

FIGURE 4
Four in 10 Women Under 35 Have Had to Push to Be Taken Seriously in Care

When it came to getting care for this health issue, to what extent do you agree or disagree: I had to push to be taken seriously or to receive treatment.

% Strongly or somewhat agree



Among women who reported any health condition, asked about their most recent condition.

Difficulty obtaining needed care also varies by race and ethnicity.

Hispanic women (30%) are somewhat more likely than White women (23%) or Black women (23%) to report being unable to get the care they felt they needed despite trying.

One in Three Women Have Recently Skipped or Delayed Care Because of Cost

For many women, barriers arise before they reach a provider. About one in three women (32%) say that in the past 12 months they skipped or delayed healthcare they needed because of cost or an inability to afford care, compared with 25% of men. Cost is the most common reason women report going without needed care.

Women are also more likely than men to have skipped or delayed care because they could not find a nearby provider or specialist (20% vs. 16%), could not find time because of family responsibilities (16% vs. 10%) or could not take time off work (15% vs. 12%).

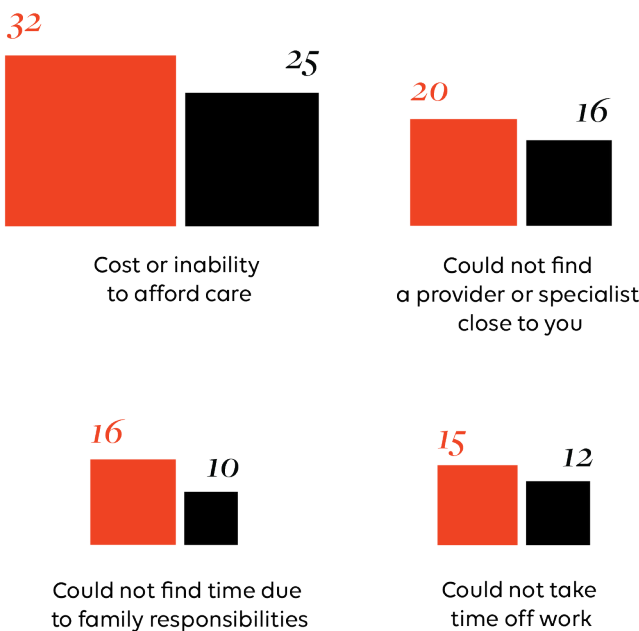
FIGURE 5

Women More Often Experience Barriers to Care

In the past 12 months, have you skipped or delayed healthcare you need for any of the following reasons?

% Yes

■ Women ■ Men



32%

say that in the past 12 months they skipped or delayed healthcare they needed because of cost or an inability to afford care.

Barriers to accessing healthcare vary by household income.

Among women in households earning less than \$50,000, 39% report skipping or delaying care because of cost, compared with 36% of women in households earning \$50,000 to \$99,999 and 23% of women in households earning \$100,000 or more. Women in households earning less than \$50,000 are also more likely than women in households earning \$100,000 or more to say they could not find time because of family responsibilities (23% vs. 11%) or could not find a nearby provider or specialist (27% vs. 16%).

Cost and caregiving barriers also vary by race and ethnicity.

Cost-related delays are more common among Hispanic women (41%) and Black women (35%) than among White women (29%). Hispanic women (24%) and Black women (19%) are also more likely than White women (13%) to say family responsibilities kept them from getting care.



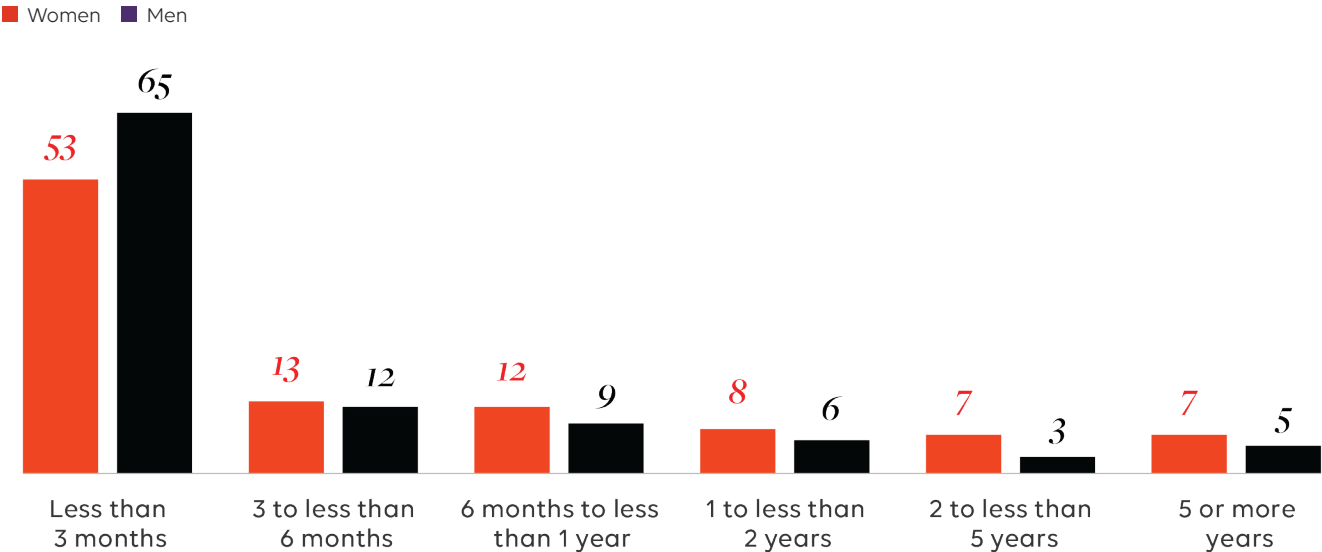
Women Report Longer Waits to Receive a Diagnosis

Even when women reach care, the path to an answer can be longer. Among respondents whose most recent health condition was diagnosed, about half of women (53%) say it took less than three months to receive a diagnosis, compared with about two in three men (65%).

Meanwhile, 22% of women say their diagnosis took a year or longer, compared with 14% of men who report waiting a year or longer. Seven percent of women say they waited five years or more for their diagnosis.

FIGURE 6
Women More Often Wait 3 Months or Longer for a Diagnosis

Please think about your experiences with (a recent health condition), approximately how long did it take to receive a diagnosis?



Among respondents who reported a health condition and received a diagnosis.
Percentages may not sum to 100% due to rounding

Women more often report conditions that can involve longer diagnostic paths, including mental health conditions and chronic pain.

Yet the difference in time to diagnosis remains when women and men with the same type of condition are compared. This suggests the gap is not explained solely by differences in the conditions women and men report and may also reflect differences in their experiences navigating the healthcare system.

Access to Care and Information Across Critical Life Stages

Women's needs for information and care can change across specific health experiences, including contraception, pregnancy and postpartum recovery and menopause.

Not every woman experiences each one, and no single sequence defines women's health across the life course. In each area, women report a mix of trusted guidance, information gaps and challenges getting their needs addressed.



Doctors Are the Most Common and Most Trusted Source of Contraception Information

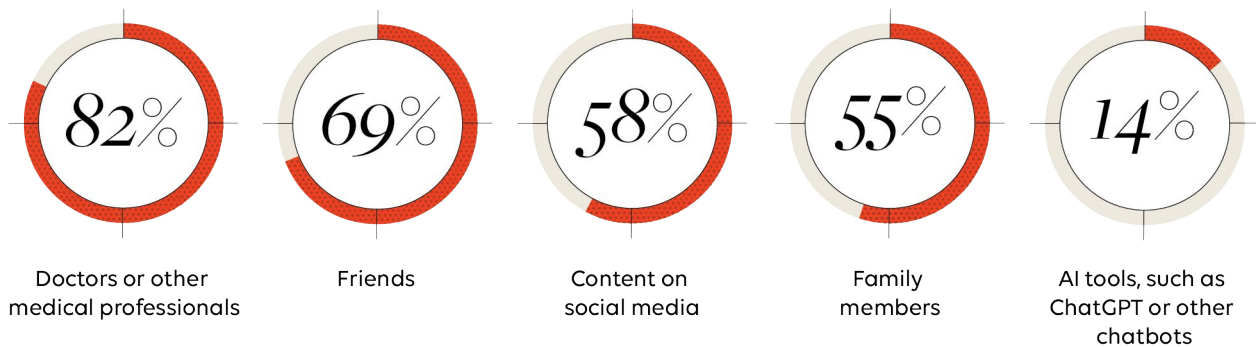
Fifty-four percent of women aged 18 to 44 indicate that they or a sexual partner used contraception to avoid pregnancy in the last 12 months. Seventeen percent of all women reported that they personally sought contraceptive services or supplies in the last 12 months. Among women who sought contraceptive services or supplies, 8% reported not being able to access the contraception services or supplies they needed.

Women who use contraception or try to obtain it encounter information from both medical professionals and a wide range of informal sources. Most (82%) have encountered contraception information from doctors or other medical professionals. Many also encounter information outside medical settings, including from friends (69%), social media (58%), family members (55%) and AI tools (14%).

FIGURE 7
Nearly Six in 10 Women Have Seen Contraception Information on Social Media

Have you heard, read or seen information about contraception from any of the following sources?

% Yes



Among women who tried to get contraception services or supplies in the past 12 months.

Trust in contraception information is concentrated among medical professionals.

Two-thirds of women who used contraception or personally tried to obtain it (66%) trust doctors or other medical professionals a great deal to provide contraception information, over three times the rate of any other source.

Younger women navigate a different information environment. Among women aged 18 to 34 who used contraception or personally tried to obtain it, 68% have encountered contraception information through social media, compared with 55% of women aged 35 to 44 and 35% of women aged 45 to 54.

The age difference extends to trust. About half of women aged 18 to 34 (45%) trust social media content somewhat or a great deal, compared with 31% of women aged 35 to 44 and 28% of women aged 45 to 54. Social media is both more common and more trusted as a contraception information source among younger women than among women in the older age groups measured.

Many Women Say They Must Do Their Own Research Around Contraception

Access to contraception information alone does not eliminate uncertainty. Even with medical professionals serving as the most trusted source, 56% of women who used contraception or personally tried to obtain it agree that they have to do a lot of their own research to make informed contraception decisions.

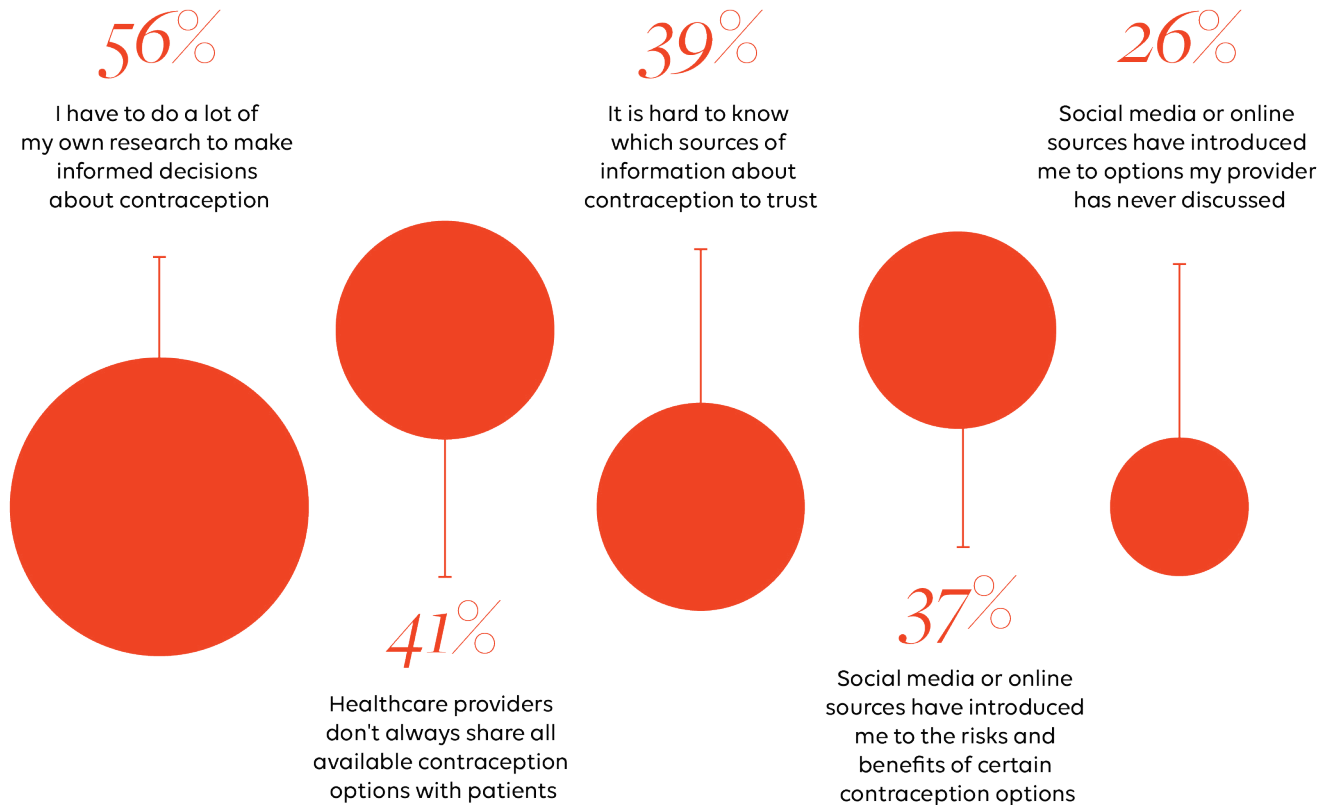
Online sources also can provide information women say they did not receive from their providers. Twenty-six percent say social media or online sources introduced them to options their provider never discussed, while 37% say social media or online sources introduced them to risks and benefits their provider never mentioned.

About four in 10 women agree that healthcare providers do not always share all available contraception options (41%) or that it is hard to know which sources of contraception information to trust (39%).

FIGURE 8
About Four in 10 Women See Gaps in the Contraception Information Providers Share

Please indicate your level of agreement or disagreement with each of the following statements.

% Strongly or somewhat agree



Among women who tried to get contraception services or supplies in the past 12 months.

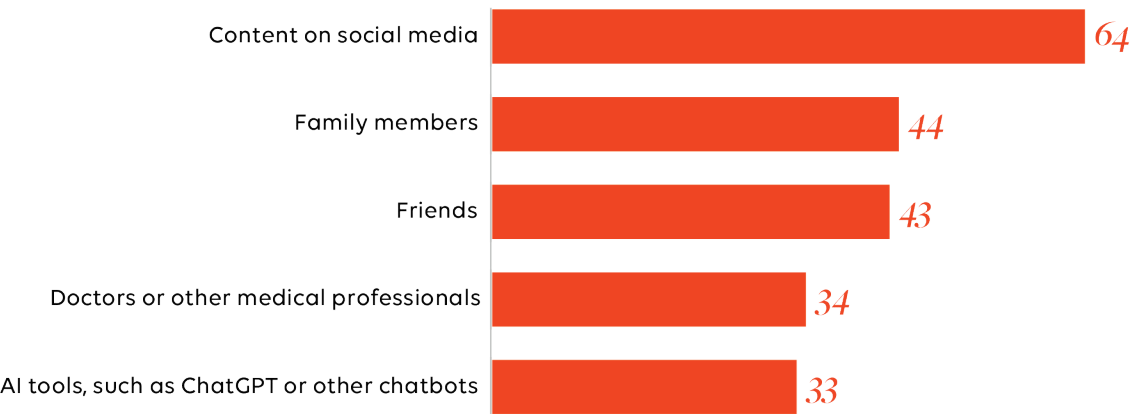
Social media is also the source most often associated with contraception information women considered inaccurate or misleading.

Among women who encountered contraception information on social media, 64% say the content felt inaccurate or misleading. The corresponding percentages are lower for family members (44%), friends (43%), doctors or other medical professionals (34%) and AI tools (33%).

FIGURE 9
Women Most Often Find Social Media to be a Misleading Source of Information About Contraception

Have you ever seen, read or heard information about contraception or reproductive health, from any of the following sources, that you felt was inaccurate or misleading?

% Yes



Among women who have sought or used contraception services or supplies.

Fewer Than Three in 10 Women Who Seek Care for Pregnancy or Postpartum Health Challenges Rate the Care as Very Helpful

Physical health issues beyond typical recovery affected 24% of women who gave birth in the past 20 years. Most of those women (81%) sought support or care from a healthcare provider.

The experiences among women who sought care were mixed. Seven in 10 say their providers proactively addressed their symptoms, yet nearly half (49%) had to push to be taken seriously or receive treatment and 37% were unable to get the care they felt they needed despite trying. Only 28% describe the care they received as very helpful.

Mental health challenges related to pregnancy and the postpartum period were more common than abnormal physical symptoms. More than half of women who gave birth in the past 20 years (54%) say they experienced depression, anxiety or another mental health challenge during pregnancy or the 12 months after giving birth. Two-thirds (66%) say a doctor, nurse or other provider asked about their mental health or emotional wellbeing during their most recent pregnancy and birth. Yet among women who experienced a mental health challenge, just over half (57%) sought care. Of those who did, 29% say the care was very helpful.

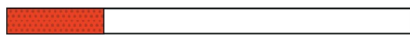
About Half of Women With Menopause Symptoms Receive a Diagnosis

By midlife, most women will experience the transition to menopause, but not all receive a formal diagnosis. Nearly three in four women aged 45 to 54 (74%) report current or past symptoms of menopause, including perimenopause. Across all women who report current or past symptoms, about half say they have been diagnosed by a healthcare provider.

Most women who access treatment for menopause have positive experiences, yet a sizable minority still describe difficulty getting their needs addressed. Among women aged 35 and older who sought or received treatment for menopause symptoms, 78% say their providers proactively addressed their symptoms.

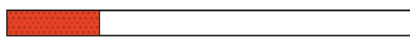
EVEN SO,

24%



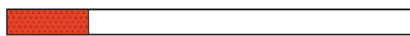
say they had to push to be taken seriously or receive treatment.

23%



had to see multiple providers before their symptoms were addressed or diagnosed.

20%



were unable to get the care they felt they needed despite trying.



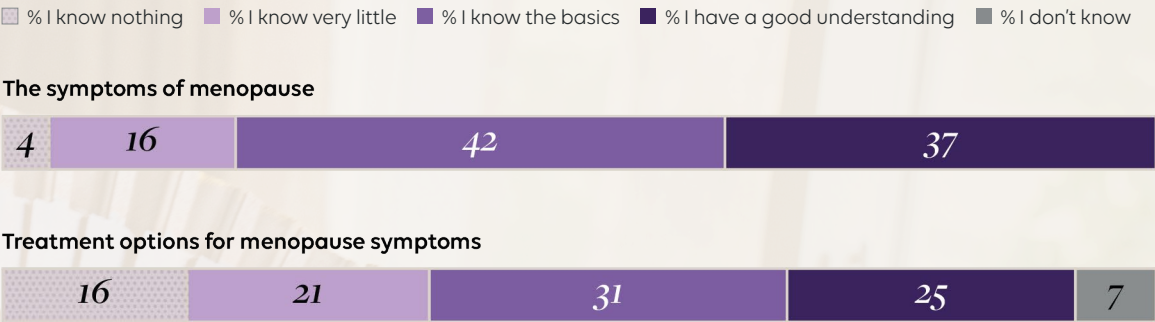
Women Report Greater Knowledge of Menopause Symptoms Than Treatment Options

Women rate their knowledge of menopause symptoms considerably higher than their knowledge of how those symptoms can be treated. About four in 10 women (37%) say they have a good understanding of menopause and its symptoms, and 42% say they know the basics. Another 20% say they know very little or nothing.

Knowledge of menopause treatment options is lower. Twenty-five percent of women say they have a good understanding of treatment options for menopause symptoms and 31% say they know the basics, while 37% know very little or nothing and another 7% say they do not know.

FIGURE 10
Only One in Four Women Feel They Have a Good Understanding of Menopause Treatments

How knowledgeable are you about the (symptoms of menopause|treatment options for the symptoms of menopause)?



Among women. Rows may not sum to 100% due to rounding.
"I don't know" was an option only presented for treatment options.

Knowledge of both menopause symptoms and treatment options rises with age but often comes only after symptoms begin.

Among women aged 18 to 34, 14% say they have a good understanding of menopause symptoms, compared with 34% of women aged 45 to 54 and 69% of women aged 65 and older. However, among women who have experienced menopause, 37% say they first learned about menopause and its symptoms only when they experienced symptoms themselves.

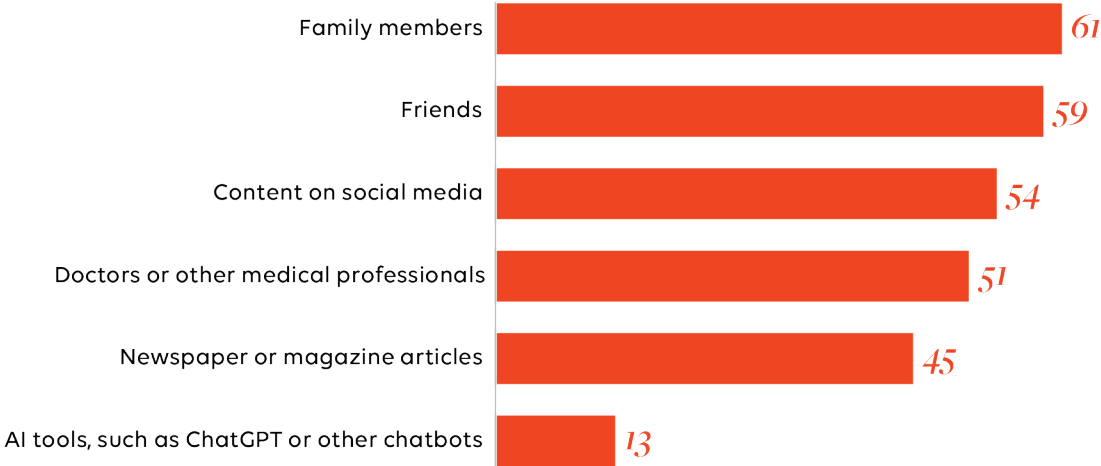
Family and Friends Are the Most Common Sources of Menopause Information

Among all women, personal networks are the most common sources of menopause information, ahead of medical professionals. About six in 10 women have heard, read or seen information about menopause from family members (61%) or friends (59%), and 54% have encountered it in content on social media.

About half (51%) have gotten information about menopause from doctors or other medical professionals, 45% from newspaper or magazine articles and 13% from AI tools such as ChatGPT or other chatbots.

FIGURE 11
Just Half of Women Have Encountered Menopause Information From Medical Professionals
Have you ever heard, read or seen any information about menopause from any of the following sources?

% Yes, among women



Exposure to medical sources rises sharply with age.

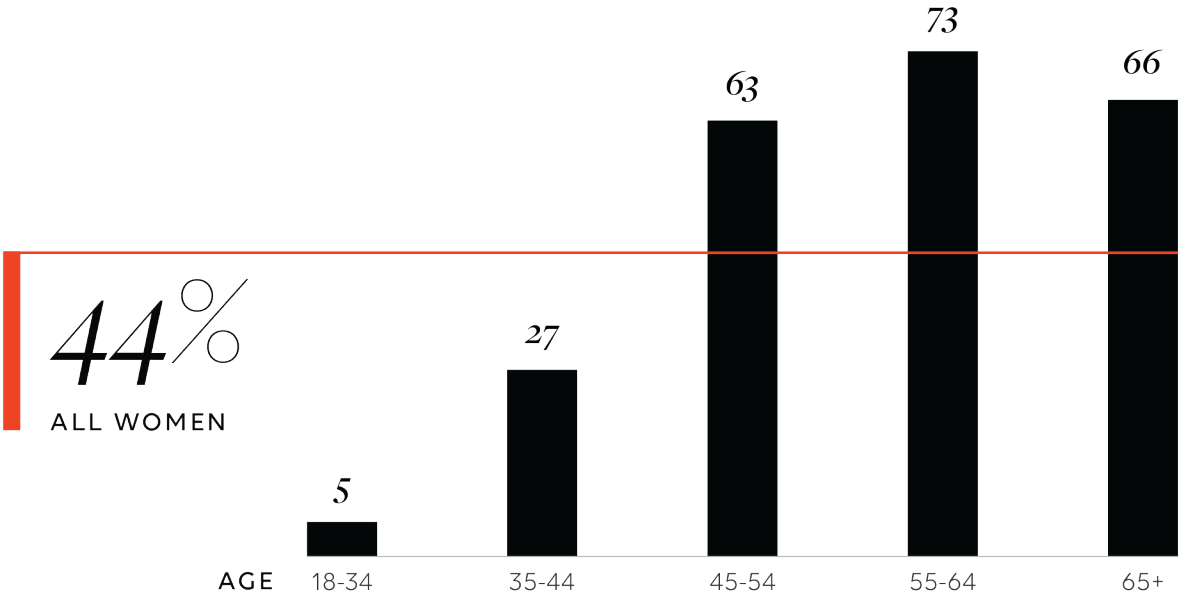
About one in four women aged 18 to 34 (27%) have encountered menopause information from doctors or other medical professionals, compared with 57% of women aged 45 to 54 and about seven in 10 women aged 55 to 64 (71%) and 65 and older (70%).

Direct conversations with healthcare providers follow a similar age pattern. Overall, 44% of women have ever personally discussed menopause with a healthcare provider, with those conversations becoming more common with age.

FIGURE 12
Menopause Conversations With Providers Most Often Happen as Symptoms Appear

Have you ever discussed menopause with a healthcare provider?

% Yes, among women



Women who have discussed menopause with a healthcare provider generally rate the provider's knowledge positively. Among women who have discussed menopause with a provider, 67% describe the provider as very knowledgeable about menopause, and another 26% say the provider was somewhat knowledgeable.

How Health Shapes Women's Family Lives, Work and Communities

Women's health affects far more than symptoms and appointments.

Health-related consequences reach into the places where women care for others, earn a living and participate in public life. More than half of women (54%) report at least one health-related impact on their family life or relationships in the past five years, while 42% report at least one impact on their work or career and 32% report at least one impact on their community participation or voice. Among men, 46% report a family life or relationship impact, 34% a work or career impact and 25% a community participation or voice impact.

Family life or relationships

54%

WOMEN

46%

MEN

Work or career

42%

WOMEN

34%

MEN

Community participation or voice

32%

WOMEN

25%

MEN

At the broadest level, 42% of women say their health caused them to feel they could not do everything they wanted to do in life, compared with 35% of men.



The negative healthcare experiences described earlier are also closely associated with broader effects on daily life.

Women who report at least one negative care experience with a provider more often report impacts across family life, work and community participation than women who report none. The association does not establish causation, but it shows that difficulty navigating healthcare and wider constraints on women's daily lives often occur together.

More Than Half of Women Report at Least One Health-Related Impact on Family Life or Relationships

Health-related effects are most widespread closest to home. Overall, 54% of women report at least one of seven health-related impacts on their family lives, relationships or ability to care for themselves.

The most common family-life or relationship impact is being less able to pursue activities that interest them (42%). About three in 10 women say their health made taking care of themselves harder (32%) or caused them to feel lonely or socially isolated (29%).

About one in four say their health made it harder to care for their family (27%) or caused them to miss events with family or friends (26%). Another 22% say close personal relationships were harmed, and 16% say their health changed their plans about whether or when to have children. These experiences show that health can affect both the care women provide and the relationships, activities and connections that sustain them.

FIGURE 13
Health More Often Impacts Women's Wellbeing and Relationships

Still thinking about your health, in the past 5 years, has your health caused you to do any of the following?

% Yes

● Women ● Men ■ Gender gap



Figures are percentages among respondents who answered yes or no. Does not apply responses are excluded.

Four in 10 Women Report at Least One Health-Related Work or Career Impact

After family life or relationships, work or career is the next most common area in which women report a health-related impact. Overall, 42% of women report at least one of nine health-related impacts on their work or career.

Health-related work and career effects range from day-to-day adjustments to longer-term limits on opportunity.

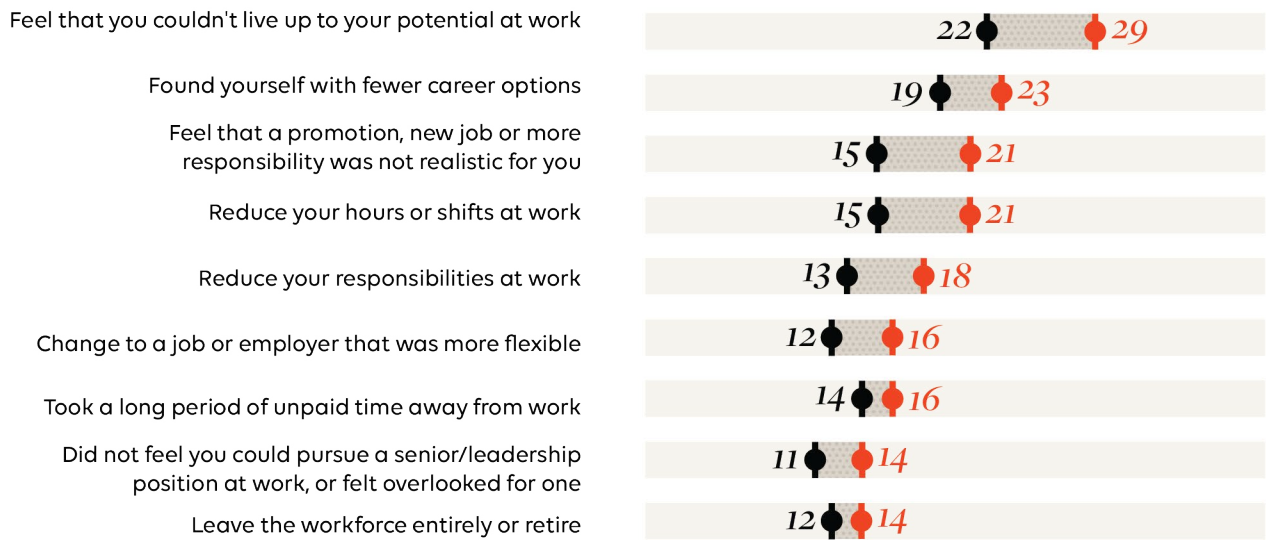
Women most commonly report that their health caused them to feel they could not live up to their potential at work (29%) or that they had fewer career options (23%). About one in five say their health led them to feel that a promotion, new job or more responsibility was not realistic (21%) or caused them to reduce their hours or shifts at work (21%).

FIGURE 14
Three in 10 Women Say Health Has Interfered With Their Potential at Work

Still thinking about your health, in the past 5 years, has your health caused you to do any of the following?

% Yes

● Women ● Men ■ Gender gap



Figures are percentages among respondents who answered yes or no. Does not apply responses are excluded.

Several workplace changes are more common among Black women than White women. These include reducing their hours (26% vs. 19%), reducing their responsibilities (23% vs. 16%), changing to a more flexible job (23% vs. 15%), taking a long period of unpaid time away from work (22% vs. 15%) and leaving the workforce entirely or retiring earlier than planned (20% vs. 14%).

Menopause-Related Health Challenges Can Have Long-Term Career Impacts

Menopause offers a concentrated example of how health at a specific life stage can spill into work, self-care and community life. Among women who have experienced menopause, 28% say related physical or mental health challenges left them feeling limited in how much effort they could give at work. Another 23% say menopause made it harder to care for themselves, 22% stepped back from involvement in their community, 21% took more frequent or longer breaks at work and 19% made changes or accommodations to their work environment.

For some women, menopause-related workplace adjustments extend into longer-term career decisions. In all, 15% decided not to pursue a promotion or leadership position, 12% reduced their hours, 11% felt overlooked for a promotion or leadership position and 10% changed jobs. Another 10% took an extended leave from work or did not return to work.

FIGURE 15
Menopause Symptoms Can Lead to Disruption Across Life

Has menopause caused any physical or mental health challenges that resulted in the following?

% Yes



Among women who reported symptoms of menopause.
Figures are percentages among respondents who answered yes or no. Does not apply responses are excluded.

Nearly One in Three Women Report Any Impact on Community Participation or Voice

Health-related effects also extend into community participation and voice. Overall, 32% of women report at least one of four health-related impacts on their community participation or voice.

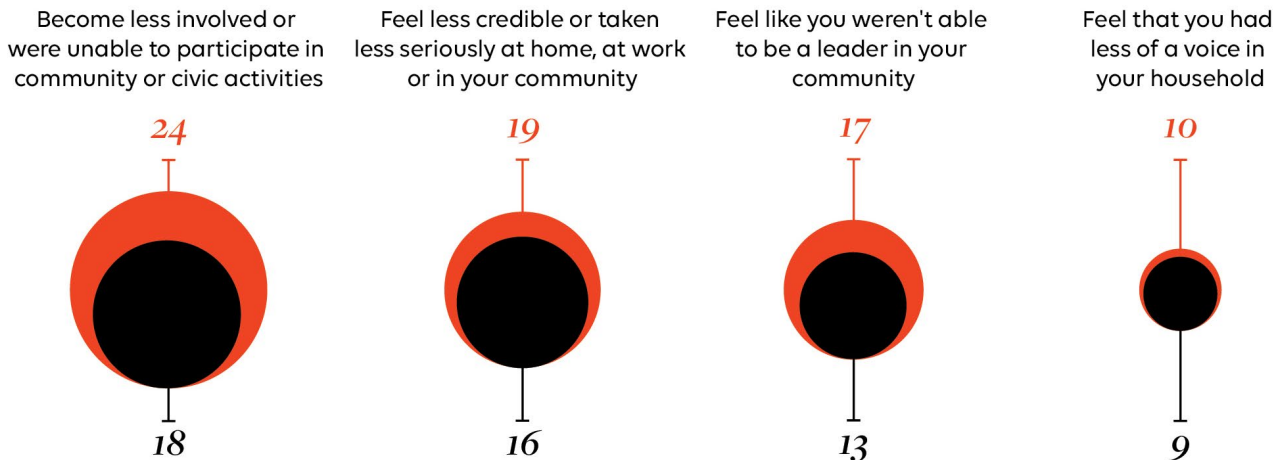
One in four women (24%) say their health caused them to become less involved or unable to participate in community or civic activities, while 19% say it caused them to feel less credible or taken less seriously at home, at work or in their community. Another 17% say their health caused them to feel they were unable to be a leader in their community.

FIGURE 16
One in Four Women Say Health Has Prevented Them From Being Involved in Their Community

Still thinking about your health, in the past 5 years, has your health caused you to do any of the following?

% Yes

● Women ● Men



Figures are percentages among respondents who answered yes or no. Does not apply responses are excluded.

Health can also affect voice inside the household.

One in 10 women say their health caused them to feel they had less of a voice in their household. Although women and men report losing voice in the household at similar rates overall, the experience is about twice as common among Black women (15%) and Hispanic women (16%) as among White women (8%).

Negative Health Impacts on Work and Community Involvement Are More Prevalent at Lower-Income Levels

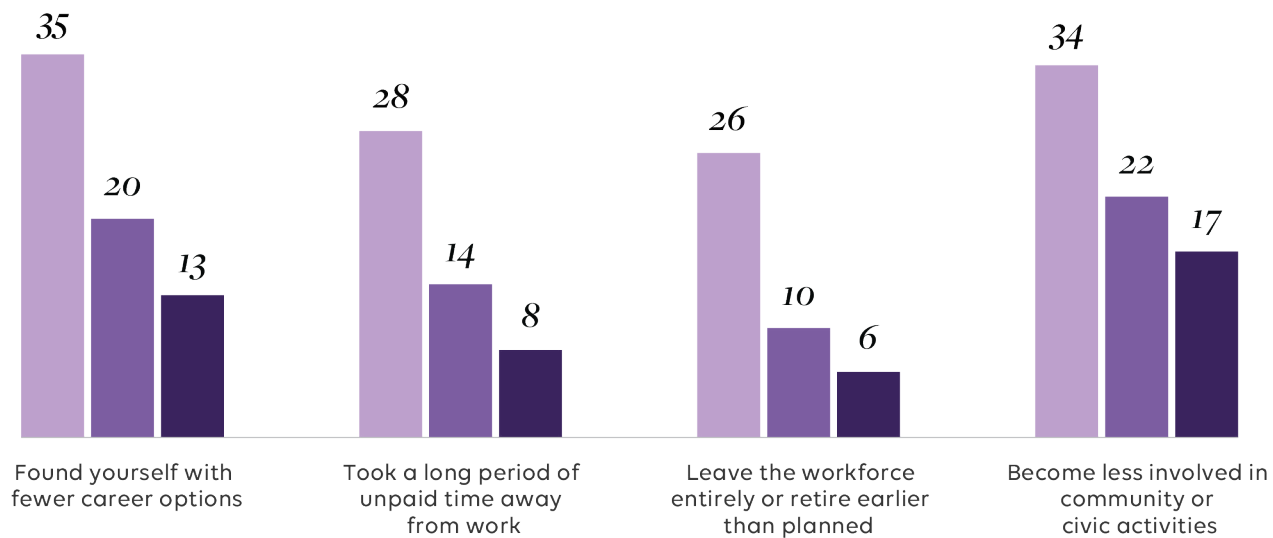
Health-related consequences are more common among women in lower-income households. Across nearly all experiences measured, women in households earning less than \$50,000 annually are the most affected. About half of women (51%) in households earning less than \$50,000 say their health kept them from doing everything they want to do in life, compared with 35% of women in households earning \$100,000 or more.

Income differences are especially wide for career consequences. Women in households earning less than \$50,000 annually are about three times as likely as women in households earning \$100,000 or more to say their health caused them to find themselves with fewer career options (35% vs. 13%), take a long period of unpaid time away from work (28% vs. 8%) or leave the workforce entirely or retire earlier than planned (26% vs. 6%) or leave the workforce entirely or retire earlier than planned (26% vs. 6%).

FIGURE 17
Women in Lower-Income Households Report the Most Health-Related Career Disruption
Still thinking about your health, in the past 5 years, has your health caused you to do any of the following?

% Yes

■ Less than \$50,000 ■ \$50,000 to \$99,999 ■ \$100,000 or more



Menopause-related consequences follow a similar income pattern.

Among women who have experienced menopause, women in households earning less than \$50,000 are about three or four times as likely as women in households earning \$100,000 or more to say menopause led them to reduce their hours (20% vs. 7%), change jobs (19% vs. 5%) or take an extended leave or not return to work (20% vs. 5%), and about twice as likely to say they stepped back from community involvement (34% vs. 15%).

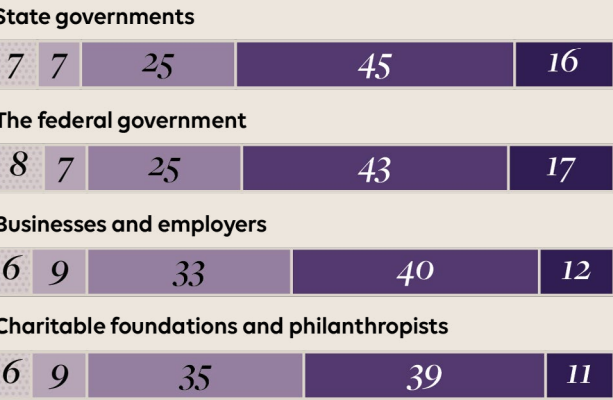
Americans' Attitudes Toward Women's Health

Six in 10 Say Improving Women's Health Should Be a High Priority for Government

Americans broadly believe that improving women's health should be a priority for the nation's major institutions. State and federal governments receive the highest expectations: about six in 10 U.S. adults say improving women's health should be a high priority or the top priority for state governments (61%) and the federal government (60%). About half of U.S. adults believe that improving women's health should be a high or top priority for businesses and employers (52%) and charitable foundations and philanthropists (50%).

FIGURE 18
Most Americans Feel Women's Health Should be a High or Top Priority
How much of a priority should improving women's health be for each of the following?

■ % Not a priority at all ■ % A low priority ■ % A moderate priority
■ % A high priority ■ % The top priority



Rows may not sum to 100% due to rounding.



Most Americans Rate Each of Five Women's Health Goals a High or Top Priority

Support extends from the general goal to each of the five specific health goals measured. Majorities rate all five as a high priority or the top priority, ranging from 62% to 82%.

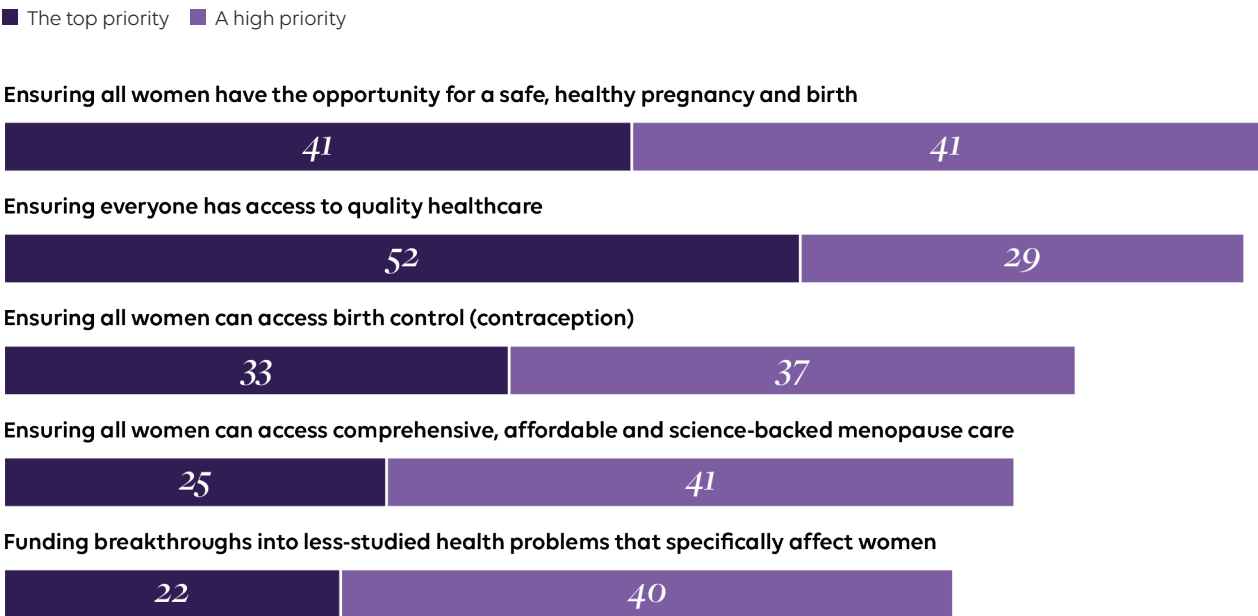
Ensuring all women have the opportunity for a safe, healthy pregnancy and birth ranks highest, with 82% of Americans calling it a high or top priority, including 41% who say it should be the top priority. Ensuring everyone has access to quality healthcare follows closely at 81%.

Fifty-two percent call access to quality healthcare the top priority, the largest top-priority share for any of the five goals.

Seven in 10 Americans say ensuring all women can access birth control should be a high or top priority, while 66% say the same about ensuring all women can access comprehensive, affordable and science-backed menopause care. Funding breakthroughs into less-studied health problems that specifically affect women is rated a high or top priority by 62% of Americans.

FIGURE 19
Americans Rank Safe Pregnancy and Healthcare Access as Top Women's Health Priorities

How much of a priority should each of the following be in the United States?



Few Americans dismiss any of the five health goals outright.

The share saying a goal should not be a priority at all ranges from 2% for safe, healthy pregnancy and birth to 6% for access to birth control. Across institutions and specific health needs, the public response is consistent: improving women's health is widely viewed as a national priority.

Methodology

Results for the Gallup-Pivotal Women's Health Survey are based on a web survey of U.S. adults aged 18 or older. Gallup collected responses July 14-22, 2026, from 5,232 U.S. adults, of whom 3,845 identified as women and 1,296 identified as men. The remaining respondents identified as nonbinary or did not provide a response to the gender item. Gallup conducted the Gallup-Pivotal Women's Health Survey in English using the Gallup Panel[®], a probability-based panel of U.S. adults.

Gallup weighted the sample to correct for unequal selection probability and nonresponse. Gallup weighted responses to match national demographics of age, race, Hispanic ethnicity, education and region for women and men in the U.S. aged 18 and older. Demographic weighting targets are based on the most recent American Community Survey (ACS) figures, the ACS 1-Year Estimates 2024. Gallup then projected the weights to the respective population sizes for men and women aged 18 and older, according to ACS estimates, before stacking and normalizing the male and female weights to produce the final analysis weights.

For the sample of 3,845 women, the margin of sampling error is ± 2.0 percentage points at the 95% confidence level. For the sample of 1,296 men, the margin of sampling error is ± 3.4 percentage points at the 95% confidence level. For the sample of 5,232 U.S. adults, the margin of sampling error is ± 1.7 percentage points at the 95% confidence level. All reported margins of sampling error include the computed design effects for weighting. Margins of error for subgroups are higher. In addition to sampling error, question wording and practical difficulties in conducting surveys can introduce error or bias into public opinion poll estimates.



About Pivotal

Founded by Melinda French Gates in 2015, Pivotal is a group of organizations working to accelerate the pace of social progress for women and young people in the U.S. and around the world. We use philanthropy, investments, advocacy, and partnerships to drive momentum where we see the biggest opportunities for impact. Pivotal includes Pivotal Philanthropies, Pivotal Initiatives Fund, and Pivotal Ventures.

About Gallup

Gallup delivers analytics and advice to help leaders and organizations solve their most pressing problems. Combining more than 90 years of experience with its global reach, Gallup knows more about the attitudes and behaviors of employees, customers, students and citizens than any other organization in the world. Gallup has studied public health topics for decades, exploring issues of financial, social, community, purpose and physical wellbeing, healthcare accessibility, quality and affordability and disease burden in the U.S. and globally.

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