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Women here spend 12 per cent more time in poor health across their lives than men, according to a 2024 report that looked at the health gender gap globally

Stephanie Yeo
Senior Correspondent

By many measures of health, women in Singapore have it good. Thanks to a world-class healthcare system, they can expect to live to 85.2 years old at birth, one of the highest life expectancies in the world.

The Republic has one of the lowest maternal mortality rates, which is the ratio of women who die from pregnancy-related causes for every 100,000 live births. Women here also outlive men by almost five years.

However, disparities exist, especially in conditions that affect mainly or only women.

Women in Singapore spend 12 per cent more time in poor health across their lives than men, according to a report by the McKinsey Health Institute in collaboration with the World Economic Forum in 2024. The report looked at the health gender gap globally.

This is half the global average of 25 per cent, but the costs to individuals and society cannot be underestimated.

Contributors to this gap include conditions such as endometriosis and menopause, which are often under-diagnosed and under-treated, leading to prolonged suffering and a reduced quality of life for many women, according to Ms Anouk Petersen. She is a partner at McKinsey & Company, an American-headquartered multinational strategy and management consulting firm, and director of Equity & Health at the McKinsey Health Institute.

"Addressing these nuanced and specific health needs of women is not just a health imperative which leads to holistic well-being, but also an economic one. Closing the gap could inject more than US$3 billion (S$4.01 billion) in annual incremental gross domestic product for Singapore by 2040," she says.

More than two-thirds of the health gap here afflict women in their working years, from ages 20 to 50, rather than later in life, the report revealed.

This includes conditions ranging from period-related issues like premenstrual syndrome, commonly known as PMS, and endometriosis, to gaps in care and treatment for maternal health, menopause management and mental health issues, which impact women's healthcare costs and productivity.

Similar to other developed Asian economies such as South Korea and Japan, gaps in treatment and care are the result of insufficient research into women's health conditions, a lack of gender-specific healthcare services and societal norms, such as women tending to put the family or community before themselves, Ms Petersen says.

If such conditions were better managed, society could reap economic benefits such as lower rates of absenteeism in schools and workplaces and higher productivity overall.

INSUFFICIENT RESEARCH ON WOMEN

Women make up half the world's population, but the reality is that science still does not know enough about how their bodies work, say women healthcare leaders.

Female participation in medical research globally has traditionally been poor, as males have always been the default specimens.

However, women are not smaller-sized men. They are more likely than men to suffer adverse side effects when they take medications, according to a 2020 study of several thousand medical journal articles. It was conducted by researchers at the University of California – Berkeley and the University of Chicago and looked at 86 medications approved by the US Food and Drug Administration.

"Women have been neglected," says Professor Andrea Maier, a German longevity research expert, citing as an example the different ways men and women present the classic symptoms of a heart attack.

Chest pain is the most obvious sign, but women may feel extreme fatigue and shortness of breath instead. Cardiovascular disease is the top cause of death among women here.

"It's the same cardiac issue, but the symptomology is different, and that's the reason, very often, it's under-diagnosed and later-diagnosed. We have to change that," says Prof Maier, co-founder of longevity clinic Chi Longevity.

That means not only educating women that they should seek help early, but also educating family doctors so they can pick up the differences in symptoms between the sexes, she adds.

Conforming to damaging societal expectations also shapes women's priorities, often to their detriment.

In their 20s, women should be eating healthily and exercising to bank their health reserves for their later years since they outlive men, says Dr Low Yen Ling, senior director of international nutrition science, global research and innovation for Abbott, a US-headquartered healthcare multinational company.

"The secret to healthy ageing is not what you do when you're old, it's what you do when you're young," she says.

"Unfortunately, the period when they should be building their health reserves is the time when women face the highest social pressure to be trim and pretty. Many go on restrictive diets."

Skipping a meal like breakfast and eating two meals a day instead of three naturally makes it harder to get enough protein and essential vitamins and minerals such as vitamin C, calcium and iron.

"Poor nutrition through the years will lead to low bone and muscle banks, causing health problems to emerge much faster than they might otherwise," Dr Low says.

Women's traditional role as caregivers to the young and elderly also means they often place their own needs last, Dr Low adds.

"Self-care for women is not a big thing. You almost feel like you are a bad mum, wife or daughter if you take care of yourself."

Professor Lee Soo Chin, a senior consultant from the Department of Haematology-Oncology at the National University Cancer Institute, Singapore and a former head of the department, says: "The fact that women in Singapore outlive men yet spend a decade in poor health is a stark reminder that longevity alone is not enough. We need to focus on improving healthspan, not just lifespan."

Healthspan refers to the years of good health in one's life.

"The societal expectation for women to prioritise caregiving over self-care, combined with cultural pressures around appearance, often means that women delay seeking medical attention until their conditions have progressed," she says.

For instance, an American study on acute myocardial infarction or heart attacks in 2018 found that a third of the women delayed seeking treatment.

"This is particularly concerning in diseases like cancer, where early detection and timely intervention significantly impact outcomes."

TAKING CHARGE OF ONE'S HEALTH

The good news is that there is a growing emphasis on women's health issues.

Instead of treating women only when they are ill, the strategy at KK Women's and Children's Hospital (KKH) now is to take a "life course approach" at all stages, says Associate Professor Chan Yoke Hwee, chairman of KKH's medical board and a workgroup member of the Ministry of Health's Taskforce on Child and Maternal Health and Well-being.

This line of action puts in interventions at critical periods and works with the community, including schools, to see how to improve health literacy and empower females of all stages to look after their own health, she says.

For instance, KKH launched the Maternal and Child Health Research Institute in 2021 to translate findings from research studies into real-life strategies.

Prof Chan cites how growing evidence shows that when women are exposed to risk factors for metabolic disease, such as being overweight before they get pregnant, it can shape their unborn baby's health and increase the risks of those diseases across generations.

The institute's Healthy Early Life Moments In Singapore programme, for instance, uses the latest research updates to improve women's metabolic and mental health through lifestyle modifications and interventions before they conceive. In this way, it breaks the vicious circle of disease and chronic conditions for their children and grandchildren.

In addition to regular public outreach activities, the hospital has since 2018 rolled out guidelines on women's health topics, including gestational diabetes, nutrition, mental health and exercise in pregnancy. These guidelines are disseminated to all doctors through the various medical societies to better equip them to manage their female patients.

At the primary care level, there is now more focus not just on the health of newborns, but also that of their mothers. One example of this is the Integrated Maternal and Child Wellness Hub at Punggol Polyclinic – a collaboration between KKH, SingHealth Polyclinics and Temasek Foundation – which launched in 2019.

Prof Chan, who is also a senior consultant at KKH's Children's Intensive Care Unit, says: "We know that developmental problems are still picked up late, that maternal mental health is very key to a child's development and that our breastfeeding rate can improve. So, we brought the care of mothers and their babies together in an integrated manner."

Beyond screening babies for developmental milestones and vaccinating them, the hub also offers breastfeeding advice to mothers, screens them for postnatal depression and coaches them on what to expect as their child grows.

The idea was so successful that this mother-child model of care has been adopted by more polyclinics. It has also evolved into a family-centric approach at four Family Nexus sites. These are one-stop wellness hubs where couples can get information and help on everything from pre-conception health to child development to marital well-being.

KKH also set up a dedicated Menopause Centre in October 2023, as the menopause transition is set to be a big problem in a fast-ageing population, says Prof Chan.

NURTURING WOMEN IN HEALTHCARE

With more women in leadership positions in healthcare today, it is easy to forget that female representation has been a hard-won battle.

For instance, it was only in 2003 that the National University of Singapore (NUS) lifted a 24-year quota limiting the number of women entering its under-

INTEGRATED APPROACH

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ASSOCIATE PROFESSOR CHAN YOKE HWEE, on the Integrated Maternal and Child Wellness Hub at Punggol Polyclinic, which launched in 2019

KK Women's and Children's Hospital is looking at a "life course approach" to help empower females of all ages to look after their health, says Associate Professor Chan Yoke Hwee, chairman of its medical board. ST PHOTO: CHONG JUN LIANG

Professor Andrea Maier, a longevity research expert, says family doctors should be educated so they can pick up the differences in medical symptoms between the sexes. ST PHOTO: KEVIN LIM

'Don't suffer in silence':

Professor Lee Soo Chin, a senior consultant from the Department of Haematology-Oncology at the National University Cancer Institute, Singapore, says societal expectation for women to prioritise caregiving over self-care often means they delay seeking medical attention until their conditions have progressed. ST PHOTO: BRIAN TEO

FOCUS ON HEALTHSPAN

The fact that women in Singapore outlive men yet spend a decade in poor health is a stark reminder that longevity alone is not enough. We need to focus on improving healthspan, not just lifespan.

PROFESSOR LEE SOO CHIN

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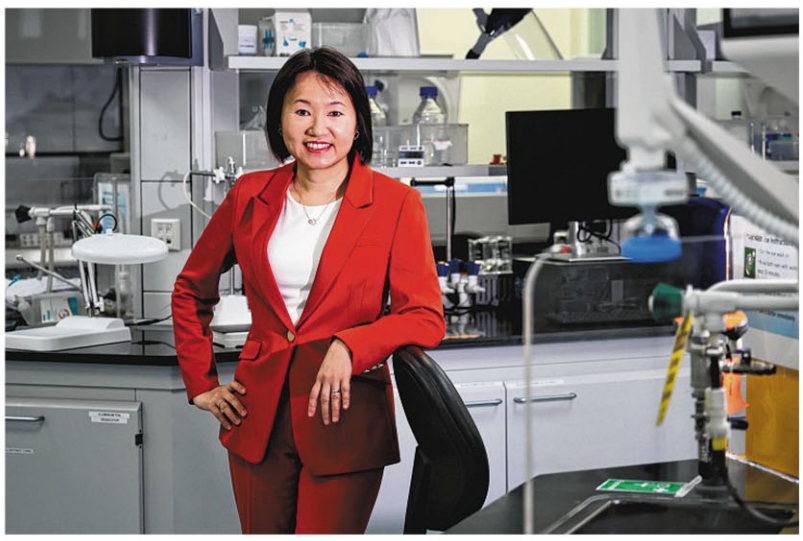
Associate Professor Shefaly Shorey is president of the National University Health System's Wish initiative, which was launched in 2017 to promote gender equity and empower women in healthcare leadership and research. ST PHOTO: SHINTARO TAY

Women leaders working to bridge health gender gap in Singapore

Ms Lindsay Davis, founder of industry network FemTech Association Asia, says women's health is under-researched, underserved and underfunded. PHOTO: COURTESY OF LINDSAY DAVIS



Dr Low Yen Ling, senior director of international nutrition science, global research and innovation for healthcare multinational Abbott, notes that the higher up the career ladder she went, the fewer female peers she had. ST PHOTO: JASON QUAH

WOMEN IN STEM

Girls lack confidence and role models, so we need to dispel the misconception that science jobs are for men, and empower them to make an informed choice.

DR LOW YEN LING

graduate medical programme to one-third of its annual cohort. NUS was the only medical school here at that time.

The reason behind the quota was that women would marry, have babies and leave the profession, so it was a waste to train them.

Fast forward two decades, and the situation is looking up. Women comprised 60 per cent of the 286 students in the 2024 intake at the National University of Singapore Yong Loo Lin School of Medicine (NUS Medicine), says its spokesperson.

Seeing a female doctor or healthcare expert can help women deal with the distress arising from their medical conditions, says Associate Professor Shefaly Shorey, president of the National University Health System's (NUHS) Women in Science and Healthcare (Wish) initiative.

Launched in 2017, Wish aims to promote gender equity and empower women in healthcare leadership and research.

One woman that Prof Shorey interviewed in her research felt stressed about menopause, as her mother had developed cancer and died during that period of her life. She was afraid she would go through the same thing as her mother, but felt reassured when her female gynaecologist shared her own menopause experience and reassured her she would be fine.

"When they see another female researcher or a clinician telling them, 'We have gone through this and there are ways to manage it so you don't have to suffer in silence', it becomes very relatable," says Prof Shorey, who is also the vice-dean of administration at NUS Medicine and undergraduate programmes director for year four at the NUS Alice Lee Centre for Nursing Studies.

ROLE MODELS SHOW THE WAY

Women are still under-represented in Stem (science, technology, engineering and mathematics) careers, but leaders like Dr Low are hoping to change that.

She champions Abbott's multiple Stem programmes for students. The company is aiming to create 200,000 programmes and internships worldwide for young people by 2030.

In Singapore, Abbott has a number of GoStem-Champs programmes and internships for secondary school students and undergraduates. It created a high school internship programme in 2021 that has provided more than 60 internship opportunities to students – with mostly girls participating – in junior colleges and integrated programme schools. The programme was such a success that it has since expanded to Vietnam and India, too.

Such initiatives are important for girls who are just as passionate as boys about Stem subjects at an early age, but subsequently choose other career paths at the tertiary level, says Dr Low. "Girls lack confidence and role models, so we need to dispel the misconception that science jobs are for men, and empower them to make an informed choice."

As women progress in their careers, balancing a highly demanding job with family life often means trade-offs have to be made. More often than not, women – and not their husbands – are the ones who make career sacrifices.

Dr Low, 48, who has two teenage children, notes that the higher up the career ladder she went, the fewer her female peers. "That's not good because science thrives on a diversity of views," she says.

Women in medicine, who spend years studying for their undergraduate, postgraduate and specialist certifications, often face conflicting work-life demands as they start a family, notes Prof Chan, 53.

"That period when your career begins to take off, and when the family requirements and time commitments are quite demanding, pose a great challenge."

She had initially planned to become a clinician-scientist, but her work managing critically ill children and the growing needs of her two sons, now in their 20s, were also important to her. Mentors, such as Professor Ivy Ng, then chief executive officer of KKH, helped her work through her self-doubt and gave her opportunities to excel as a leader in her field.

"It is important for women at that stage of their career to reflect on what is really important and to prioritise," Prof Chan says.

Prof Lee says the field of science and technology is largely merit-based and the women she has worked with have demonstrated strong leadership.

However, because they usually take on a larger share of family responsibilities, many have to adjust their career progression to accommodate pregnancy, childcare and other caregiving duties.

"As a result, they may need to work harder or take longer to reach the same level as their male counterparts. These factors highlight the importance of institutional support, flexible work arrangements and strong mentorship to help women balance career growth with personal and family responsibilities," Prof Lee says.

As a senior clinician and healthcare leader, she says she actively mentors young clinicians and scientists, particularly women, to help them navigate career development, research opportunities and leadership pathways.

At an institutional level, NUHS' Wish has launched initiatives to boost opportunities for female doctors and scientists.

These include the Lunch & Learn series, which are informal regular knowledge sessions, and two white papers written in collaboration with NUS Medicine's Equal Opportunities and Career Development (EOCD), which help to make the workplace more inclusive.

In 2024, it launched a year-long Women's Leadership Programme to develop leadership skills among female academics, together with the EOCD and the Clinician Scientist Development Unit.

Recent changes to the tenure probation process, called the tenure clock, now allow female academics to take a year off to care for their babies without fear of jeopardising their chances of gaining a permanent faculty position, a process which can take many years.

Such policies will help to address the "leaky pipeline" of women dropping out before they have a chance to attain top roles, Prof Shorey says.

Wish is launching more initiatives in 2025, such as job shadowing and identifying champions of diversity, equity and inclusion across NUHS.

Male allies are an important part of Wish's work in helping to uplift female healthcare workers, Prof Shorey adds, citing the support given by Professor Chong Yap Seng, dean of NUS Medicine.

Under his tenure as dean, Prof Chong appointed an equal number of male and female vice-deans, whereas as recently as 15 years ago, such positions were all held by men, she says.

As a testament to the impact of Wish, Prof Shorey says: "People reach out to me whenever they see that there is a lack of representation at different levels. They ask, 'Where are all the females?'"

RISE OF FEMTECH

In 2016, Danish entrepreneur Ida Tin, who co-founded popular menstruation app Clue, coined the term "femtech" to describe technologies and innovation targeting women's health issues.

Despite taboos surrounding such issues, especially in a male-dominated venture capital industry, femtech is set to be a US$1 trillion industry worldwide by 2027. This is according to a FemTech Landscape Report 2021 co-authored by American non-profit FemTech Focus and women-focused American venture capital firm Coyote Ventures.

"Women's health has historically been under-researched, underserved and underfunded," says Ms Lindsay Davis.

She founded FemTech Association Asia, a regional industry network for professionals and investors, which launched in October 2021. It now has more than 80 members across 10 countries in Asia, including 36 Singapore-based start-ups that make up the majority of the members.

About half of women in Singapore are femtech users, with menstrual care products and period apps being the most popular choices, Ms Davis says.

Since the changes in social egg freezing regulations in 2023, she has seen more reproductive health and pregnancy care start-ups forming.

"The main barrier for non-femtech-users in South-east Asia in adopting femtech products or services is a lack of awareness or understanding (42 per cent). We can reference the example of women in Singapore who feel they are less knowledgeable about hormonal health changes throughout various life stages, compared with our South-east Asian neighbours," says Ms Davis, citing figures from the association's 2024 Insights Into The Femtech Landscape In South-east Asia report.

"Across South-east Asia, 52 per cent of women feel it's considered culturally unacceptable to discuss women's health issues in public – particularly due to fear of judgment or shame. An increasingly open dialogue means more women are empowered with awareness about their own health."

A rising star in the local femtech scene is Zora Health, a regional fertility, reproductive and family health platform which has raised US$869,000 in funding since its launch in 2023.

Its founder, Ms Anna Haotanto, says she has had to correct the misconception that femtech is a niche market. She educated potential investors about the US$54 billion fertility market globally and how 44 per cent of treatments happen in Asia, as well as why corporate health benefits are shifting towards fertility and menopause support.

Bias in fund-raising was another big challenge, but she kept her focus and let the numbers do the talking.

"As a female founder pitching a women's health company, I faced scepticism that my male counterparts didn't. I remember one investor asking, 'Is this really a big enough problem?'," she says. "Fund-raising took persistence – 158 pitches to get the right investors on board – but I never let rejections deter me."

Ms Haotanto sees more companies adopting femtech benefits to support their staff's reproductive health in the same way they do with wellness perks like gym memberships. "This shift is already happening globally, and Singapore is catching up."

The stigma around women's health topics is also changing, she adds.

"Right now, fertility and menopause are still taboo topics. But as awareness grows – driven by data, education and real success stories – we'll see femtech becoming as normalised as any other health tech sector. The demand is there. It's just a matter of breaking down barriers and building solutions that truly serve people's needs."

Even as healthcare leaders push the agenda for more representation, funding and research, they say women also need to advocate for themselves.

Women should take proactive steps to safeguard their health, such as exercising regularly, eating a balanced diet, going for routine health screenings and addressing health issues early, Prof Lee says.

"By prioritising their own well-being, women not only enhance their own quality of life, but also ensure they have the strength and resilience to care for their loved ones."

Prof Maier says women should track their menstrual cycles and physiology, including when they are tired and when they have to take sick leave, so they can work with healthcare experts to find ways to mitigate such symptoms. "We can change it, we can help women age much more gracefully," she says.

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