

Fertility Knowledge Index

A national benchmark of what the UK knows about fertility –
and what needs to change.



Research findings
and recommendations

November 2026



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Foreword from our research lead

Last year, the Fertility Futures Project published its first Pulse Report, exploring how often fertility was discussed and how comfortable people felt talking about it. The findings pointed to a subject that remained private, sensitive and too often approached only when it became urgent.

Since then, fertility has become more visible, both in public discourse and popular culture. IVF, egg freezing, reproductive health in sport, the commercialisation of fertility products, male fertility and the possible effects of environmental factors are all receiving greater attention¹. The topic of fertility is beginning to become more prominent in mainstream television, with a central storyline in BBC drama 'This City Is Ours' and as the crux of Netflix's 'The Plastic Detox' documentary. All coupled with the reality that 1 in 7 couples struggle with fertility and need support conceiving whilst experiencing the financial burden of fertility support^{2,3}. Yet greater visibility does not necessarily translate into greater understanding, and the conversation can still feel fragmented. A recent survey by the Fertility Alliance found that 74% of respondents had used social media to source fertility information. However, research suggests that accurate information and misinformation can coexist on these platforms, making it difficult for people to distinguish reliable guidance from potentially misleading claims^{2,3}.

That led us to a more fundamental question: beyond the growing noise, what does the UK actually know about fertility?

To answer it, we launched a national research programme and developed the **Fertility Knowledge Index** with clinical review from our Medical Advisor, Dr Kat Kriedt. The Index brings together ten questions covering conception, reproductive biology, age-related change, fertility treatment and male fertility. It gives us a benchmark from which to identify gaps and track progress over time.

The results reveal a striking disconnect. While 91% of UK adults say they feel informed about how pregnancy happens, the average Index score is just 2.8 out of 10. This is not a challenge confined to one demographic. Fertility knowledge is consistently low across regions, ages and life stages. People also do not engage with fertility education until it is potentially too late and 7 in 10 find these discussions pressurising. There is a role in reframing how we position fertility as part of a broader aspect of health, rather than solely in relation to having children.

Our purpose is not to tell people whether or when to have children. It is to make sure everyone can access clear, trustworthy information early enough to understand their body and make informed choices. Fertility should not begin and end with baby planning. It is part of basic body literacy.

Marie Binet

Fertility Futures Project Research Lead &
Global Head of Data & Analytics, Fuse International

91%

Feel informed on how pregnancy happens biologically

2.8/10

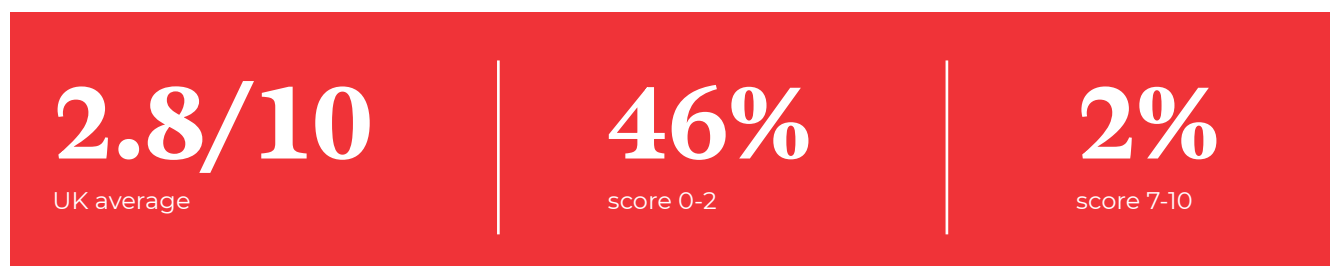
average Fertility Knowledge Index score



A national issue - with important differences

The Index points to two findings of equal importance: fertility knowledge is low throughout the UK, and some audiences are starting from an even lower base. A credible national response needs to address both.

1. Low knowledge is widespread



Regional scores range from 2.57 in the East of England and increasing to 2.96 in the South East. Age scores range from 2.43 among adults aged 75+ to 2.95 among 35–44-year-olds. The differences are real, but the wider picture is more important: no region or major age group performs strongly.

Knowledge also remains low across different family-planning stages. Scores remain under 3, regardless of whether people are trying for or considering children, or do not plan to have them.



The UK's fertility confidence gap:

2.8/10

Our research reveals a fertility confidence gap as UK adults score just 2.8 out of 10 when tested on key fertility information, yet 9 in 10 feel 'informed' about how pregnancy happens.

Visibility is growing, but understanding is not:

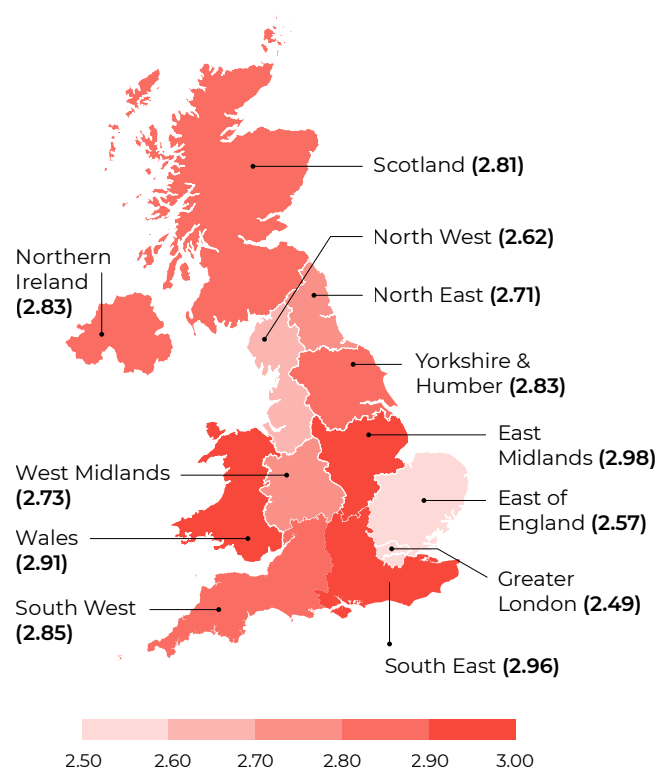
20%

Fertility is more visible than it was, with Google trends showing a 20% rise in fertility related search terms compared to 2025. But public understanding has not yet caught up. The challenge is to turn awareness into useful knowledge - without pressure, judgement or false certainty.

Fertility knowledge across the UK

Regional scores out of 10. All regions score below 3.

Average UK score: **2.8/10**



Age	Index
16-24	2.55
25-34	2.78
35-44	2.95
45-54	2.90
55-64	2.87
65-74	2.56
75+	2.43

Gender	Index
Female	2.99
Male	2.52

Currently trying	Might want	Not sure	Do not plan
2.76	2.85	2.33	2.79

2. Some audiences need additional attention

Within this nationally low picture, the Index identifies differences that should shape how information is made available:

- Women score 2.99 on average, compared with 2.52 among men. The gap is particularly visible in knowledge of ovulation and reproductive biology, while male fertility itself remains poorly understood across the population, particularly among men (only 10% of men can identify the age at which their fertility begins to decline).
- Adults aged 16–24 score 2.55. At the same time, 34% say people their age are open to learning but do not know where to start, and 34% say the topic can feel sensitive or intrusive.
- ABC1 audiences score 2.94, compared with 2.49 among C2DE audiences.
- Respondents grouped as Ethnic minority groups in the survey reporting score 2.38 on average.

These differences do not change the main conclusion that fertility literacy is a national challenge. They show why a universal response must also be inclusive in delivery - with additional effort to ensure information reaches those currently showing lower knowledge, so existing gaps do not persist or widen.



We recognise the topic. We are less clear on the biology.

The public performs better on broad lifestyle messages than on probabilities, reproductive timelines and treatment outcomes. Four recurring misconceptions account for much of the knowledge gap identified in the Index.

Conception is less predictable than many people assume

- Just **24%** correctly identify the monthly chance of conception for a healthy woman in her early 30s.
- More than one in three (**37%**) overestimate that chance, while **13%** simply do not know.
- Understanding of the average fertile window is also limited: only **33%** correctly identify it as around five to six days per month, while fewer than half (**43%**) correctly identify that ovulation typically occurs mid-cycle in a 28-day cycle.

“I guess, growing up, you’re almost scared into the risk and the chance of getting pregnant, so you assume the percentage is going to be much higher.”

Female, 24, UK - qualitative research

We are taught to think of pregnancy as something that can happen easily, but the biology is more complex. With fewer than half correctly understanding some of the fundamentals of conception, it is easy to see how expectations can become disconnected from reality. Overestimating the chance of conception - while not fully understanding ovulation or the fertile window - can create unrealistic expectations about how quickly pregnancy should happen.

Age matters - but the timing is poorly understood

- Just **16%** correctly identify the early 30s as the point when female fertility begins to decline noticeably.
- Only **10%** correctly identify the late 30s for male fertility decline.
- Perhaps most strikingly, **45% do not feel that age-related fertility decline applies to them personally.**

Most people understand at a broad level that fertility changes with age. But the research suggests a gap between knowing the general rule and applying it to ourselves.

The qualitative research also suggests that population-level statistics can feel like a “one size fits all” message, with people sometimes turning to personal experiences, family stories or reassuring examples that feel more relevant to them.

This sits within a wider environment where positive stories about later parenthood, IVF and egg freezing are increasingly visible. While these stories can help open up the fertility conversation, they can also make the biological impact of age - and the limitations of fertility treatment - harder to put into perspective.





Treatment creates options, not guarantees

- **Only 25%** correctly estimate typical IVF success rates while **17%** say they simply do not know, showing how uncertain public understanding of IVF outcomes remains.
- Knowledge of egg freezing is similarly limited: **just 25%** correctly identify the number of frozen eggs typically needed to provide a reasonable chance of one baby, while **almost one in three (29%)** say they do not know.

“I think everyone sees it as a safe backup if you can’t get pregnant, so maybe assume it’s almost like 80%.”

Male, 23, UK - qualitative research

The issue is not simply that people overestimate what fertility treatment can achieve - it is that most people do not have a realistic understanding of the probabilities involved. IVF and egg freezing have created important new options, but outcomes are not certain and vary depending on factors including age and individual circumstances.

As IVF and egg freezing become more visible, people need clear information about both their possibilities and their limitations. Without it, treatment can be seen as a more predictable safety net than it really is, potentially shaping decisions about fertility and future family planning around unrealistic expectations.

Male fertility remains in the background

Fertility is still largely framed as a women’s issue, despite evidence that male factors contribute substantially to fertility outcomes.

- **Only 10%** correctly identify at what age male fertility begins to decline
- **Only 20%** correctly identify that male factors contribute to approximately half of fertility difficulties.
- **25%** say they don’t know the proportion of fertility difficulties involving male factors
- While age is highly linked to women’s infertility with **less than 1%** respondents agreeing that age doesn’t affect women’s fertility, conversely when it comes to men’s fertility, **11%** thought it didn’t decline with age.

24%

Are able to correctly identify the probability of conception each month

16%

Are able to correctly identify the age of female fertility decline

10%

Are able to correctly identify the age of male fertility decline

20%

Are able to correctly identify the impact of male lifestyle factors on fertility

Overall, the issue is not a lack of awareness of fertility as a topic. Rather, it is that understanding has failed to keep pace with visibility and basic biology knowledge is misunderstood. As fertility becomes a more prominent part of public conversation, closing these misconceptions and providing trusted sources of verified information will be critical to helping people understand their body and biology and make informed decisions about their health, relationships and futures.



Not everyone starts from the same place

While fertility literacy is low across the population, some groups face greater knowledge gaps than others.

Men are being left behind on fertility literacy

A clear gender gap exists in fertility knowledge, with women scoring 2.99 compared with 2.52 among men, giving women a 20% higher level of fertility literacy.

This reflects a long-standing tendency to frame fertility as a women's issue, leaving many men less informed about their role in fertility outcomes. Men were significantly more likely to believe that lifestyle and health factors are the primary drivers of fertility, while women were more likely to recognise the influence of factors outside individual control, such as age and genetics.

Most notably, men showed the greatest knowledge gaps when it came to understanding male fertility itself, with only 10% correctly answering the question relating to the age at which male fertility begins to decline.

Social and cultural barriers may contribute to this gap. Male fertility is often closely tied to perceptions of masculinity, making it a difficult topic to discuss openly. At the same time, fertility-related content linked to testosterone, semen retention and sexual performance has attracted billions of views online despite concerns over accuracy, creating an environment where misinformation can flourish.

These knowledge gaps matter. Fertility decisions are shared decisions, yet when awareness is uneven, women can carry a disproportionate share of the responsibility while men feel excluded from the conversation. Improving male fertility literacy is therefore essential to supporting informed, collaborative decision-making.

Young adults want information but don't know where to start

Adults aged 16-24 score just 2.55 on the Fertility Index, despite being the generation most recently exposed to formal education on reproductive health in school.

The issue appears to be less about willingness to learn and more about knowing where to start. One-third (34%) of 16-24 year olds say they would like to learn more about fertility but do not know where to find reliable information. The same proportion describe the topic as sensitive or intrusive.

This suggests a clear opportunity for earlier, more accessible fertility education that helps young people engage with the subject before it becomes personally relevant or emotionally charged.

Knowledge gaps persist even among those planning a family

Knowledge tends to increase once people begin actively thinking about having children, yet those considering future parenthood only score 2.85, higher than the national average, but still low given the relevance of the information to their life-stage.

Only 33% of people who are actively trying to get pregnant rightly recall the window for ovulation. Worryingly, they are the group most likely to think medical treatment has the biggest impact on fertility 14% and 19% of them agree that egg freezing would guarantee a future pregnancy.

Women feel like fertility conversations are on them

Although women demonstrate higher fertility knowledge than men, they also experience greater pressure around fertility-related conversations.

Eight in ten women aged 25-34 say fertility discussions can feel like a source of pressure, while 82% of women aged 16-24 believe people should be able to learn about fertility independently of trying to conceive, compared with 67% of men.

Women are also 22% more likely than men to say that framing fertility as body literacy rather than "baby planning" would make the topic easier to engage with.

These findings suggest that positioning fertility as a broader aspect of health education, rather than solely a pathway to parenthood, could help reduce barriers to learning and encourage earlier engagement.

Why fertility still feels like a future problem

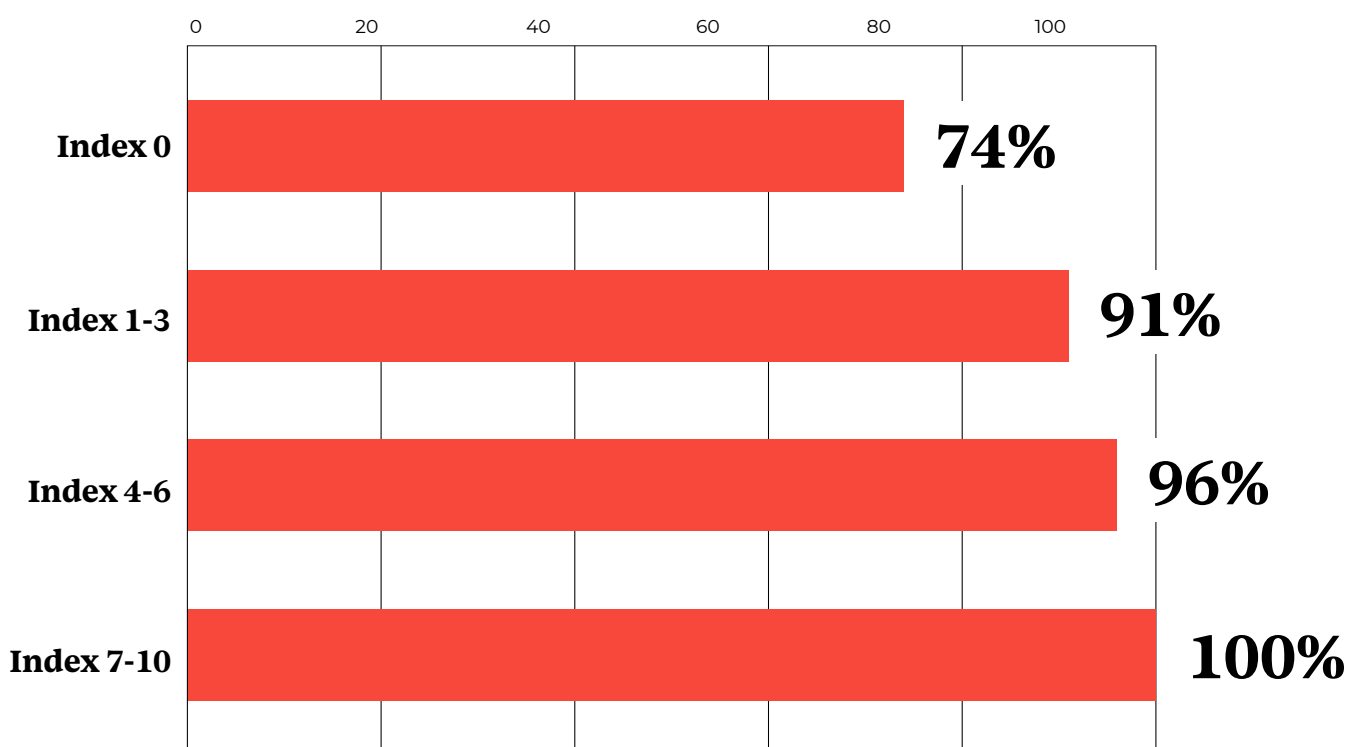
Familiarity is not the same as knowledge - and knowing that fertility matters is not the same as feeling that it matters now.

A gap between confidence and knowledge

Despite the national average being 2.8/10, with 91% describing themselves as knowledgeable about pregnancy, the gap is clearly hard to see: if the basics feel familiar, there may be little reason to look more closely and become more informed.

The quantitative findings also show that knowledge increases only modestly around the life stages when fertility might be expected to feel most relevant. Those considering future parenthood score 2.85; those currently trying score 2.76. Among people currently trying, only 33% correctly identify the fertile window, and the group remains divided in its understanding of treatment and reproductive timelines.

Fertility Knowledge Index vs. How informed they feel about how pregnancy happens



Knowledge often arrives only when needed

The qualitative research helps explain the pattern. Participants commonly described fertility as something they expected to learn about when they began thinking seriously about children, started trying to conceive or experienced a problem. Before that point, it could feel distant from everyday life.

“I think if you haven’t started that journey, then it’s hard to know all the nuances of it.”

Female, 32, UK - qualitative research

For women, fertility can feel more visible and more pressurised from an earlier age. For many men, it remains distant from daily life until they begin thinking about having children or encounter fertility challenges themselves.

Despite these different experiences, the outcome is often the same: people only start building fertility knowledge once fertility feels personally relevant.

“I just wouldn’t consider it. Even when I’ve had conversations about having kids one day, it hasn’t crossed my mind.”

Male, 23, UK - qualitative research

This “not yet” framing was visible across ages and genders. It matters because decisions can become emotionally and practically urgent at the same point that people are trying to build their knowledge. Information may then be sought selectively - through personal stories, online communities or commercial sources - rather than through a clear foundation learnt earlier.

The implication is not that fertility should be made urgent for everyone. It is that the foundations should be available before urgency arrives. That requires a different frame: fertility as body literacy, not simply a future parenting decision.





More conversation doesn't mean higher confidence

Fertility is entering public conversation, but it remains difficult to discuss – and greater visibility has not closed the knowledge gap.

13% → 16%

discuss fertility often, 2025 to 2026

44% → 44%

feel comfortable discussing fertility

The share of adults who say they discuss fertility often rose by three percentage points between 2025 and 2026. Yet, only 4 in 10 are comfortable discussing this, which remains unchanged since last year. The direction of travel is therefore mixed: fertility is being talked about more frequently by some groups, but it has not yet become an easy or normal conversation for the population as a whole.

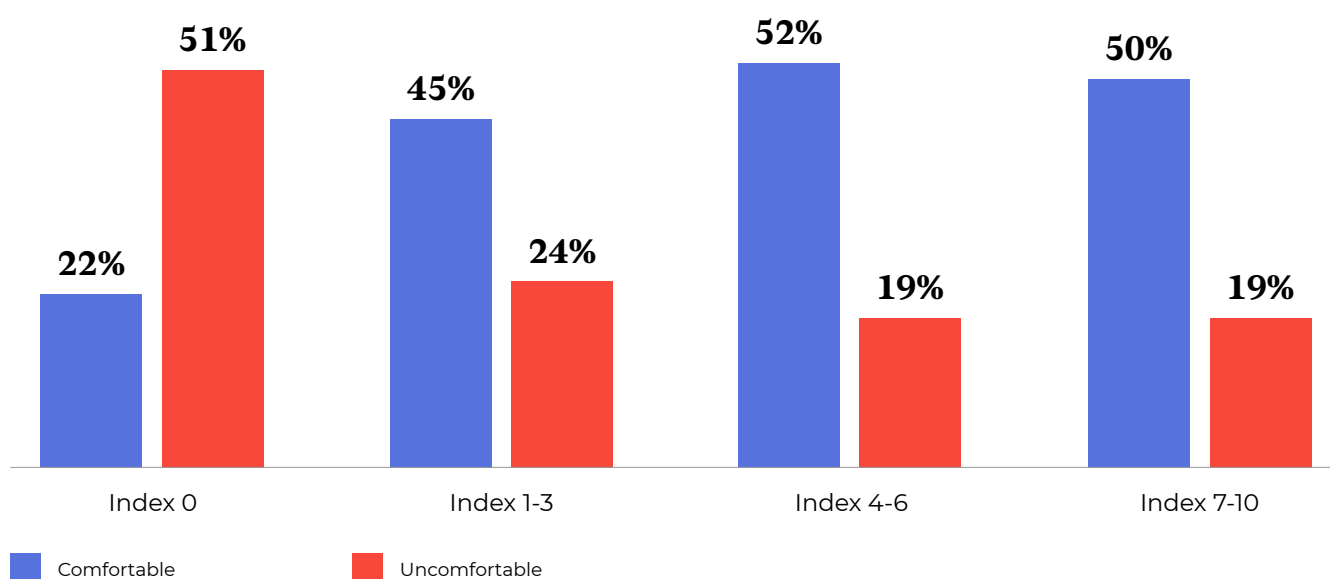
Knowledge, comfort and conversation are connected

The strongest knowledge group is more likely to discuss fertility often than the lowest knowledge group (26% compared with 5%), and they are more likely to feel comfortable discussing it (50% compared with 22%). Among respondents with no demonstrated knowledge, 51% feel uncomfortable.

These are associations, not proof that one factor causes another. But they point to a connected challenge: people with the least knowledge are also least likely to be part of the conversations where misconceptions might be questioned or reliable information shared.

Fertility Knowledge Index vs. Level of comfort

Question: How comfortable are you in talking to others about the following topics?



Public-health messages are familiar; reproductive detail is not

There are areas where awareness is much stronger. More than eight in ten recognise alcohol and smoking as factors that can affect fertility, **78%** recognise stress, and around eight in ten recognise sperm count, sperm quality and lifestyle as relevant to male fertility.

This contrasts sharply with knowledge of conception probabilities, the fertile window, reproductive ageing, and treatment outcomes. The pattern suggests that broad, repeated health messages are more familiar than the reproductive detail people may need for future decisions.

Body literacy, not baby pressure

The public is not asking for fertility education to be tied more closely to parenthood. Eight in ten agree that people should be able to learn about fertility independent of conception, while **47%** see fertility as basic body knowledge everyone should have. Only **31%** say it is mainly relevant when planning children.

People also identify practical ways to make learning easier: **47%** want clear NHS-backed information not linked to trying for a baby; **45%** want fertility taught more clearly at school as body literacy; **40%** want to feel able to ask a GP or healthcare professional without awkwardness; and **39%** want more focus on men as well as women.

“I just found it really useful - having the confidence to talk about it. With the knowledge, you take that away and can have more in-depth conversations with your partner.”

Male, 29, UK - qualitative research



Turn visibility into useful understanding

The Index does not point to a need for more noise. It points to a need for earlier, clearer and more trusted fertility knowledge - available to everyone and relevant before family planning becomes urgent.

1. Build fertility into body and health education

Fertility and reproductive health should have a clearer place in the school curriculum alongside contraception and pregnancy prevention. Education should cover conception, reproductive ageing, male and female fertility, treatment realities and where to find reliable support. The aim is informed choice, not encouragement towards any particular life decision.

2. Create a trusted, free route to accurate information

Clear, evidence-based fertility information should be freely available, easy to understand, and easy to find. The research points to a strong role for the NHS and government in providing or assuring information that is separate from commercial services and relevant whether or not someone is trying to conceive.

3. Make universal access genuinely inclusive

The national score makes the case for action across the population. The lower scores among younger adults, men, C2DE audiences and respondents grouped as Ethnic minority groups in the survey

reporting show where additional reach and monitoring may be needed. Progress should be judged not only by whether the national average improves, but by whether gaps between audiences narrow rather than widen.

4. Make fertility a shared issue

Male fertility should be included from the start - in education, public information and campaign activity - rather than introduced only when conception difficulties emerge. At the same time, communications should avoid placing further responsibility or pressure on women.

5. Communicate probabilities and treatment honestly

Public information should explain conception chances, age-related change, IVF and egg freezing clearly and without sensationalism. The right tone is realistic but not deterministic: population statistics describe chances, not individual outcomes; treatment can expand options, but cannot guarantee them.



From evidence to action

The Fertility Knowledge Index establishes a national baseline. The task now is to use these findings to campaign for better education, clearer public information and informed choices.

Fertility Futures Project will focus on four priorities.

1. Make knowledge accessible.

Launching during National Fertility Week 2026, *Know your Window* translates the findings into a ten-question quiz, with clinically reviewed explanations and further reading. Advertising, social content and expert voices will help reach people who are not already seeking fertility information, particularly young adults.

2. Strengthen education.

With Professor Joyce Harper joining as Education Advisor, we are developing resources that place fertility within everyday body and health literacy. The aim is to help people understand reproductive biology, ageing and treatment before the information becomes urgent, whether or not they plan to have children.

3. Inform policy and practice.

Alongside the Index, our reviews of education and healthcare literature will inform practical recommendations. We will use this evidence to engage educators, healthcare professionals and policymakers, and advocate for a dedicated parliamentary voice for fertility.

4. Track progress.

We intend to repeat the Index to assess whether understanding improves and gaps between audiences narrow. The findings will guide our work and help partners direct support where it is most needed.

Across these priorities, male fertility must be part of the conversation from the outset, without adding to the pressure on women.

Fertility knowledge should give people greater agency over their futures. That starts with reliable information, available early enough to be useful.

Take the Know Your Window quiz.



THE CENTRAL CHALLENGE

Fertility is becoming more visible. The next step is to make it more understandable. Earlier education, trusted public information and inclusive communication can give people a stronger foundation from which to understand their bodies and make the choices that are right for them.





Glossary

Core fertility terms

- **Fertility** – the ability to conceive and have children
- **Infertility** – not getting pregnant after 12 months of regular, unprotected sex (6 months if 35+)
- **Primary infertility** – never having conceived
- **Secondary infertility** – difficulty conceiving after previously having a child
- **Age-related infertility** – reduced chance of pregnancy as egg/sperm quality and quantity decline with age
- **Fertility window** – the days in each menstrual cycle when pregnancy is most likely (around ovulation)
- **Reproductive ageing** – biological changes with age that reduce fertility (e.g., fewer, older eggs)
- **Assisted Reproductive Technology (ART)** – medical treatments that help people conceive (e.g., IVF)
- **IVF (In Vitro Fertilisation)** – eggs and sperm are combined in a lab; an embryo is then placed in the womb
- **Fertility testing** – checks of reproductive health (e.g., semen analysis; hormone tests like AMH; ultrasound of ovaries)
- **Ovarian reserve** – estimate of remaining eggs, often inferred from AMH levels and antral follicle count
- **Male infertility** – fertility problems due to sperm quantity, movement, or shape, or other male factors

Menstrual & contraception terms

- **Menstrual cycle** – monthly cycle preparing the body for pregnancy; typically 21–35 days
- **Ovulation** – release of an egg about 12–16 days before the next period
- **Hormonal contraception / “the Pill”** – medications that prevent ovulation or fertilisation
- **Endometriosis** – tissue similar to the womb's lining grows elsewhere, often causing pain and sometimes infertility
- **Cycle tracking / period-tracking apps** – tools to record cycles and predict fertile days

Demography & population terms

- **Fertility rate** – average number of children a woman is expected to have over her lifetime
- **Replacement level (≈2.1)** – fertility rate needed to keep a population size stable without immigration
- **Population peak** – the estimated year global population reaches its highest point before declining

References

1. Google Trends: Fertility 2025-2026
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3. <https://www.telegraph.co.uk/real-life/2026/10/19/ivf-is-like-a-gambling-addiction-fertility/>
4. <https://thefertilityalliance.org.uk/information-survey-for-european-fertility-week/>
5. <https://doi.org/10.1093/humrep/deaf097.1029>
6. Based on answers from Fertility Futures Project: Wave 2 UK Survey 2026
7. Fertility Futures Pulse Report 2025
8. Google Trends

About the research

The quantitative research was a 15-minute online survey of 5,336 UK adults aged 16+, with quotas and weighting by age, gender, region and socioeconomic group. The Fertility Knowledge Index combines performance across ten clinically reviewed questions covering conception and reproductive biology, age-related fertility decline, fertility treatment and male fertility. The research also included 32 individual interviews of 45–50 minutes using an AI interviewer with researcher review, followed by four 75-minute mini-groups with selected participants aged 18–45. The qualitative work was exploratory and provides context for the national survey findings; it is not nationally representative.