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RESEARCH ARTICLE

Fertility Awareness, Knowledge, and Understanding in the United Kingdom: A Systematic Review

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ABSTRACT: Introduction: Globally, the average age at first childbirth continues to rise. In England and Wales in 2020, the mean age at first conception was 30.7 years for women and 33.7 years for men record highs. Evidence from international studies consistently demonstrates that people of reproductive age harbour significant knowledge deficits regarding infertility risk factors and the consequences of delayed childbearing. Fertility awareness (FA) encompassing knowledge of reproductive biology, recognition of infertility risk factors, and understanding of assisted reproductive technologies (ART) is therefore a crucial public health concern.**Objective:**To review and synthesise existing UK-based literature examining fertility awareness, knowledge, and understanding across diverse population subgroups.**Methods**:A systematic search of electronic databases (PubMed, EMBASE, CINAHL, MEDLINE, Scopus, Cochrane CENTRAL, Web of Science, and others) was performed for literature published up to September 2022. Searches combined MeSH terms and free-text keywords related to fertility awareness, infertility knowledge, ART, and the United Kingdom. Two independent reviewers applied predefined eligibility criteria; a narrative synthesis was performed on included publications.**Results**:Twenty-three publications met the eligibility criteria. Overall fertility awareness in UK adults was low to moderate. Men demonstrated consistently lower levels of FA than women and were rarely included in fertility-focused discourse. Higher education and prior experience of fertility treatment correlated with greater awareness. Age-related fertility decline was poorly understood across all subgroups, and an unfounded belief that ART can fully compensate for ageing was prevalent. Young people possessed adequate biological knowledge of reproduction but could not apply it to their own reproductive timelines. Engagement with fertility preservation was minimal among optimally aged women. General practitioners felt underprepared to counsel patients on fertility matters.**Conclusions**: Targeted fertility awareness interventions are urgently needed in the United Kingdom. School-based programmes should be strengthened to bridge the gap between biological knowledge and practical reproductive decision-making. Male-directed information should be delivered through healthcare settings and online platforms. Culturally sensitive resources for minority populations, improved GP training, and a reconsideration of national curricula are all warranted. Further high-quality, representative research is required to strengthen the evidence base.

Keywords: fertility awareness; infertility; reproductive knowledge; assisted reproduction; United Kingdom; fertility education; age-related fertility decline.

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1. INTRODUCTION

The decision to have children is profoundly personal, yet it is one that requires accurate and timely information. In England and Wales in 2020, the mean age at first conception reached record highs of 30.7 years for women and 33.7 years for men [1]. This trend mirrors patterns across the Organisation for Economic Co-operation and Development (OECD), where the average age of first birth exceeds 30 years in the majority of member countries [2]. The OECD data further illustrate a marked shift in fertility across age groups, with birth rates among 20–29-year-olds substantially lower in 2020 compared with 1970.

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Infertility defined by the World Health Organisation (WHO) as a disease of the reproductive system characterised by failure to achieve a clinical pregnancy after 12 or more months of regular unprotected sexual intercourse affects an estimated 48 million couples worldwide [3,4]. In the United Kingdom (UK), approximately one in seven heterosexual couples experiences difficulty conceiving [5].) Recognised aetiologies include male-factor infertility, tubal damage, anovulation, endometriosis, unexplained subfertility, and multifactorial causes [6].) Many aetiologies have a preventable or modifiable component; lifestyle risk factors including obesity, smoking, alcohol consumption, and exposure to environmental toxins adversely affect fecundity in both sexes [7].) Additionally, as the age of first attempted conception increases, the prevalence of age-related infertility inevitably rises [8,9,10].

The advent of reliable oral contraception in the 1960s decoupled sexuality from reproduction, transforming parenthood from a biological inevitability into a matter of choice [11]. Women across the world are now prioritising higher education, career advancement, and personal stability before embarking on childbearing [12,13]. Three dominant themes emerge in the literature to explain childbearing postponement among UK women: the desire for relational and personal readiness, a belief that reproductive choices remain within their control, and the aspiration to "live life first" before committing to parenthood.(14) These motivations are common to high-income countries globally and reflect a coherent socioeconomic rationale; however, they are predicated on a misunderstanding of the biological reality of reproductive ageing.

Female fertility begins to decline in the late twenties and falls sharply after the age of 35 years [15]. The impact of age on oocyte quality and ovarian reserve is irreversible, and no degree of healthy living negates this biological trajectory [16]. Modelling by Leridon demonstrated that ART, including in vitro fertilisation (IVF), cannot fully compensate for age-related fertility loss [17]. Despite this, media narratives surrounding high-profile celebrity pregnancies in older women have propagated unrealistic expectations of both natural conception and ART success at advanced reproductive ages [18,19]. Similarly, the widely observed social phenomenon of older men fathering children with younger partners may obscure the well-documented age-related decline in male fecundity and the associated increase in offspring morbidity [20].

Fertility awareness (FA) encompasses knowledge of reproductive biology, recognition of infertility risk factors (both modifiable and non-modifiable), awareness of the reproductive lifespan, and understanding of the capabilities and limitations of ART. Deficient FA has tangible public health consequences: delayed childbearing increases population-level demand for fertility treatment, which carries substantial financial costs and psychological burdens. In the UK, the fertility services market is valued at approximately £170 million per annum, with the NHS spending an estimated £68 million annually on fertility treatments yet this covers only around 37% of all IVF cycles performed in the country [21,22]. Access to NHS-funded fertility treatment is inconsistent across regions, governed by local Integrated Care Boards, resulting in a well-documented "postcode lottery" [22,23]. Given this context, population-level interventions to improve FA could simultaneously improve reproductive outcomes and reduce the economic burden on healthcare systems.

International systematic reviews have established that FA deficits are not confined to the UK [24,25]. However, evidence specific to the UK population with its distinctive healthcare infrastructure, educational system, and demographic characteristics is important to inform targeted national policy. This review therefore aims to synthesise the available evidence on fertility awareness, knowledge, and understanding within UK populations, examining differences by sex, age, educational attainment, and clinical status, and to draw implications for policy and clinical practice.

2. METHODS

2.1 Design and Registration

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines [26]. An a priori protocol was established prior to the search.

2.2 Information Sources and Search Strategy

A comprehensive search of electronic databases was conducted for literature published up to September 2022. Databases searched included PubMed Europe, EMBASE, CINAHL, MEDLINE and MEDLINE Complete (via EBSCO), Scopus, Cochrane CENTRAL, Web of Science, Epistemonikos, The Lancet, Medscape, ResearchGate, Research into Higher Education Abstracts, and the ISRCTN Trial Registry. A combination of Medical Subject Headings (MeSH) terms and free-text keywords was used, covering concepts related to fertility awareness, fertility knowledge, infertility, assisted reproduction, fertility education, reproductive intentions, and the United Kingdom. No language restrictions were

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applied.

2.3 Eligibility Criteria

Studies were eligible for inclusion if they: (i) focused on fertility awareness, fertility knowledge, or reproductive intentions in UK populations or included separately reportable UK data; (ii) included participants of any age or clinical status; (iii) used any primary or secondary research design; and (iv) were published in any peer-reviewed or grey literature format. Studies were excluded if: (i) they did not include a UK population or separately reportable UK data; (ii) they focused solely on clinical interventions for infertility rather than knowledge or awareness; or (iii) they could not be retrieved in full text or as an informative abstract.

2.4 Selection Process and Data Collection

Following removal of 844 duplicates from an initial yield of 2,116 records, 1,272 unique records remained. Two independent reviewers screened titles and abstracts, discarding 1,249 records that did not meet eligibility criteria. Full-text assessment of the remaining records resulted in the inclusion of 23 publications. Discrepancies between reviewers were resolved by consensus. Data were extracted by the primary reviewer using a standardised template capturing: author(s), year, study design, participant characteristics, sample size, outcome measures, and key findings.

2.5 Synthesis Methods

Owing to the substantial heterogeneity in study designs, populations, and outcome measures, a quantitative meta-analysis was not feasible. A narrative synthesis was therefore performed, organising findings thematically by population subgroup: (i) men aged over 18 years; (ii) women aged over 18 years; (iii) mixed-sex adults aged over 18 years (excluding healthcare professionals); (iv) teenagers and young adults aged under 24 years; and (v) healthcare professionals.

3. RESULTS

3.1 Study Characteristics

The 23 included publications were published between 2007 and 2022 and were conducted across the UK, with some studies localised to specific regions (England, Scotland, Wales, or Northern Ireland). Three studies also incorporated data from other countries, but UK data were available in isolation. Study designs included 19 primary research studies (qualitative, quantitative, and mixed methods), one narrative review, two conference abstracts, and one commentary. Eleven papers used questionnaire or survey methods, five were interview-based, and four adopted mixed methods (questionnaire plus follow-up interview). Sample sizes for cross-sectional studies ranged from 577 to 2,006 participants. The majority of studies (78%) recruited participants aged 18–60 years. Four studies recruited male-only samples, seven recruited female-only samples, and ten included both sexes.

3.2 Fertility Awareness in Men

Four studies examined fertility awareness exclusively in men [27,28,29,30]. Despite infertility being attributable to male-factor causes in 30–50% of affected couples, men consistently demonstrated lower levels of FA compared with women. Key findings included a poor understanding of the lifestyle factors affecting male fertility, a reluctance to seek early medical advice for suspected infertility, and a tendency to attribute infertility primarily to women.

Dolan et al. explored the lived experience of male infertility through qualitative interviews with 22 men, finding that participants reported feeling marginalised and unsupported within fertility services, which were perceived as female-centred [27]. Stevenson et al., drawing on a robust sample of 2,006 UK men, found that even those who acknowledged the adverse effects of lifestyle factors including alcohol, smoking, obesity, and anabolic steroid use often continued to engage in these behaviours, suggesting a disconnect between knowledge and behaviour change [28]. Jayasena et al. recruited 1,149 men undergoing investigation for subfertility and found persistent misconceptions about the relative contributions of male and female factors to couple infertility [29]. Biswakarma et al. compared men from the UK, Greece, and Nepal, noting that UK men showed notably low rates of online health information seeking a finding with important implications for the design of educational interventions [30].

Across all four studies, a common conclusion was that male-directed fertility education is urgently needed. Men are more likely to seek health information online rather than through primary care, suggesting that digital platforms represent a high-priority channel for targeted communication [28,30].

3.3 Fertility Awareness in Women

Six studies enrolled female-only participants aged over 18 years, examining topics including timing of first pregnancy, fertility preservation attitudes, and the experience of minority women with infertility [31,32,33,34,35,36].

Maheshwari et al. compared 362 pregnant women with 362 subfertile women attending fertility services in Aberdeen (31). Both groups demonstrated reasonable awareness that fertility declines with age, but a substantially smaller proportion understood that IVF success rates also

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decrease with advancing age (53% among subfertile women and 46% among pregnant women). Critically, women in both groups believed that IVF could overcome any age-related difficulties a finding reflective of a broader societal misconception propagated by media coverage of high-profile "late" pregnancies [31].

Cooke et al. conducted qualitative interviews with 18 women aged over 35 years and found that delayed childbearing was rarely a conscious decision [32] Rather, women reported that complex social and economic circumstances including the absence of a stable relationship, financial insecurity, and career imperatives determined the timing of first conception. Awareness of the reproductive health risks associated with advanced maternal age was poor. Lavender et al. similarly found that women's reproductive decision-making was governed predominantly by social comparability rather than biological awareness; the belief that reproductive choice would always remain available, either naturally or through ART, was pervasive [33].

Sousa-Leite et al. conducted a two-year longitudinal follow-up of women's attitudes towards fertility preservation [34]. Despite high reported approval of egg cryopreservation as a strategy for social fertility preservation, women of optimal age for the procedure did not follow through with it, reflecting a low perceived personal vulnerability to age-related infertility. Bracewell-Milnes et al. surveyed 635 women and found substantial knowledge gaps regarding egg donation and egg sharing, concluding that a lack of public awareness is a contributing factor to the persistent donor shortage in the UK [35]. Gameiro et al. explored the experience of minority ethnic women with infertility, highlighting the additional barriers they face and the acute need for culturally sensitive information and care [(36].

3.4 Fertility Awareness in Mixed-Sex Adult Populations

Six studies examined FA in mixed-sex adult populations, addressing topics including ART attitudes, family intentions, knowledge of risk factors, and the role of digital technology [37,38,39,40,41,42].

Bunting and Boivin recruited 149 participants from Cardiff University (mean age 24 years) and found that while respondents could identify broad categories of infertility risk factors, they tended to underestimate the severity of the impact of obesity relative to smoking and alcohol despite obesity being a major and increasingly prevalent modifiable risk factor in the UK [37]. Participants were also susceptible to common fertility myths and overestimated the efficacy of healthy lifestyle modifications in protecting fertility.

Vassard et al. conducted an internet-based population survey in the UK and Denmark (n=1,237) and found that UK respondents overestimated IVF success rates, believing them to be approximately 40%, compared with real-world rates of 25–35%.(38) Fauser et al., in a larger cross-national study (n=6,610), found that UK respondents demonstrated awareness that female fertility begins to decline around 25–30 years of age, but significantly underestimated the steepness and clinical relevance of this decline thereafter [39].

Grace et al. conducted two complementary studies using a mixed-methods design with 1,082 participants [41,42]. The first, examining reproductive intentions across six fertility "intention types", found that even among those actively trying to conceive, knowledge of age-related fertility was limited [41]. The second identified that while 89% of respondents recalled receiving biological information about reproduction and contraception at school, 76% reported no knowledge of fertility preservation or infertility risk factors a stark illustration of the gap between basic reproductive education and FA education [42]. Healthcare professionals were regarded as the most trusted sources of fertility information, yet were perceived as insufficiently available. The internet was the most commonly used information source but was poorly trusted, with respondents reporting that online information was abundant yet conflicting and difficult to navigate.

Grenfell et al. explored the use of the fertility tracking application Natural Cycles among 24 cisgender women, finding that digital technology had partly compensated for deficits in formal fertility education, empowering women to monitor their cycles and identify fertile windows [40]. However, daily monitoring was associated with increased anxiety and relational pressure in some users, and the study highlighted the need for inclusive app design and robust health literacy to accompany technology use.

3.5 Fertility Awareness in Teenagers and Young Adults

Four studies specifically examined FA in populations aged under 24 years [43,44,45,46].

Goundry et al. conducted focus groups with 16–24-year-old college and university students in south-east England and found that participants were aware of a general link between sexually transmitted infections (STIs) and infertility, but had

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little mechanistic understanding of why or how untreated STIs particularly chlamydia can lead to tubal damage and anovulation [43]. Male participants were particularly uninformed about the impact of STIs on male fertility.

Littleton interviewed 13 girls aged 16–17 years and found that while they possessed correct biological knowledge of the reproductive cycle, they lacked the ability to contextualise this knowledge within their own reproductive lifespan or socio-cultural environment.(44) This finding that declarative biological knowledge does not translate into practical reproductive self-awareness has been consistently replicated across studies.

Boivin et al. conducted a qualitative investigation with adolescents and young adults (aged 16–24 years), finding that this cohort had poor awareness of what constitutes optimal reproductive age and of the fertility-related consequences of medical conditions such as polycystic ovary syndrome and endometriosis [45]. Most participants felt that fertility education at school was inadequate and expressed a desire for more comprehensive, age-appropriate information.

Maslowski et al. conducted a systematic analysis of GCSE and A-level biology specifications across examining boards in England, supplemented by a survey of 244 Year 12 students [46]. Whilst specifications covered STIs, contraception, and the basic mechanisms of reproduction, critical topics including endometriosis, the impact of age on fertility, LGBTQ+ reproductive health considerations, and fertility preservation were conspicuously absent. The authors concluded that current curricula, while providing accurate biological foundations, fail to equip young people with the fertility literacy required to make informed reproductive decisions.

3.6 Fertility Awareness Among Healthcare Professionals

Only one included study specifically examined FA among UK healthcare professionals [47]. Wilkes et al. conducted focus groups with general practitioners (GPs) and found that whilst GPs acknowledged significant professional responsibilities towards infertile couples, many reported a lack of clinical confidence in fertility management [47]. Key barriers identified included time pressures in primary care consultations, infrequent exposure to fertility-related presentations, rapid advances in ART that outpaced their knowledge, and inadequate channels for knowledge transfer from fertility specialists to general practice. Some GPs reported uncertainty about whether fertility management was appropriately their domain or that of secondary care specialists. Despite these limitations, GPs were identified across multiple studies as trusted and accessible sources of fertility information, suggesting that investment in GP education could have a significant public health impact.

4. DISCUSSION

This systematic review of 23 UK-based publications confirms that fertility awareness among people of reproductive age in the United Kingdom is low to moderate a finding consistent with findings from global reviews by Bunting et al. and Pedro et al., which similarly documented widespread FA deficits across diverse national populations [24,25]. The evidence presented here permits a more granular examination of the specific patterns and determinants of FA within a UK context.

4.1 Age-Related Fertility Decline: A Persistent Knowledge Gap

The most consistent and clinically significant finding across included studies is a systematic underestimation of the rate and onset of age-related fertility decline. Whilst most participants in included studies acknowledged in general terms that fertility declines with age, they consistently placed the onset of significant decline later than is biologically accurate, and substantially overestimated the probability of achieving natural conception and IVF success at advanced ages [31,33,39]. This aligns with international evidence; Hammarberg et al.'s 2017 global review reached identical conclusions [25].

The media plays a significant role in shaping public perceptions of reproductive ageing. Extensive coverage of celebrity pregnancies in the fourth and fifth decades of life often facilitated by donor oocytes without public disclosure has normalised late parenthood and reinforced the erroneous belief that medical technology can effectively reverse the clock on reproductive ageing [18,19]. This has direct behavioural consequences: women who believe that ART will reliably compensate for deferred childbearing are less likely to engage with fertility preservation at an optimal age, and are more likely to experience significant distress and financial burden if ART is ultimately unsuccessful.

The gap between awareness and behaviour is perhaps most clearly illustrated by the fertility preservation data. Sousa-Leite et al. found that while women of optimal age for elective oocyte cryopreservation approved of the practice in principle, the vast majority did not pursue it [34]. This "intention-action gap" appears to be driven by low perceived personal vulnerability to infertility, financial barriers, and inadequate proactive counselling from healthcare providers.

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4.2 Sex Differences in Fertility Awareness

A robust finding across included studies is that men demonstrate significantly lower levels of FA than women, are less likely to participate in fertility-related research, and are rarely addressed by fertility education programmes [27,28,29,30]. This reflects a broader cultural framing of infertility as primarily a female issue a framing that is both empirically inaccurate (male-factor infertility contributes to 30–50% of cases) and practically harmful, since delayed help-seeking by men with treatable causes of subfertility reduces the probability of successful treatment [28,29].

The evidence also points to specific knowledge deficits among men: poor understanding of the mechanisms by which lifestyle factors such as anabolic steroids, alcohol, and obesity impair spermatogenesis; limited awareness of age-related declines in male fecundity and associated offspring health risks; and a tendency to view infertility as a female problem even when personally diagnosed with subfertility [28]. Importantly, UK men demonstrated particularly low rates of online health information seeking compared with men from other countries, suggesting that familiar channels used in other populations may not be effective in this context [30].

4.3 Education, Socioeconomic Status, and Fertility Awareness

Higher educational attainment was consistently associated with greater FA across included studies, echoing findings from international literature [25]. This association likely reflects multiple pathways: greater access to information, higher health literacy enabling more effective navigation of online resources, and a greater tendency to plan pregnancies and thereby engage more actively with fertility-relevant information. However, this relationship carries a paradox: the most highly educated women are also the most likely to defer childbearing in pursuit of career and personal goals, and to be overly optimistic about the capacity of ART to overcome the resulting fertility challenges [31].

Ethnic minority women face compounded disadvantages: lower baseline FA, additional cultural barriers to seeking care, linguistic and health literacy challenges, and a healthcare system that is not always equipped to deliver culturally competent fertility counselling [36]. Hudson et al.'s analysis of public perceptions of gamete donation further identified the underrepresentation of minority ethnic populations in fertility research, limiting the transferability of existing evidence to these groups [37].

4.4 The Role of Formal Education

The analysis of included studies relating to formal education in fertility spanning secondary school curricula, university students, and young adults generates a consistent and concerning picture [43,44,45,46]. Current school biology curricula in England provide students with a sound foundation in the biology of reproduction and contraception, but systematically fail to address: the trajectory of the reproductive lifespan; the impact of specific medical conditions (endometriosis, polycystic ovary syndrome) on future fertility; the consequences of STIs for long-term reproductive health; the nature and limitations of ART; and LGBTQ+ reproductive health considerations.

Consequently, young people leave compulsory education with knowledge of how reproduction works biologically, but without the conceptual tools to understand how their own choices, health behaviours, and life circumstances will interact with their reproductive capacity. This represents a missed opportunity of substantial public health significance. Sex and Relationship Education (SRE) has demonstrably reduced rates of unintended teenage pregnancy in the UK [48]. There is good reason to believe that similarly structured, evidence-based fertility literacy education could improve reproductive planning and reduce population-level demand for ART. The inclusion of fertility awareness within mandatory school health education curricula at both GCSE and A-level would represent a high-impact, cost-effective public health intervention.

4.5 The Role of Healthcare Professionals

Healthcare professionals and GPs in particular are consistently identified across included studies as the most trusted sources of fertility information [42,47]. This positions primary care as a critical conduit for the delivery of evidence-based FA education. Yet the evidence also reveals a significant gap between the public's confidence in GPs as information sources and GPs' own confidence in fertility-related clinical knowledge [47]. Advances in reproductive medicine have been rapid, and many GPs feel inadequately equipped to provide contemporary, accurate guidance on fertility preservation, ART success rates, or the biological determinants of age-related fertility decline.

Investment in GP continuing professional development in reproductive medicine including practical tools for initiating fertility conversations proactively, rather than reactively would leverage the existing trust patients place in their primary care providers. There is also a compelling case for pre-conception care models that incorporate structured fertility counselling as a component of routine reproductive health consultations, rather than limiting this to couples who present with a

defined fertility problem.

4.6 Technology and Information Sources

Digital technology and the internet have emerged as important, if imperfect, sources of fertility information. The majority of respondents across relevant studies used the internet as their primary fertility information source, yet reported low trust in online content due to its volume, inconsistency, and perceived commercial bias [42]. Fertility tracking applications, such as Natural Cycles, have provided some women with improved cycle awareness and a sense of reproductive agency, but are not a substitute for comprehensive fertility education, and carry risks of heightened anxiety and relationship stress [40].

The potential of digital health platforms to deliver validated, evidence-based FA education at population scale particularly to population groups (such as men) who are reluctant to engage with traditional healthcare settings warrants serious consideration by policymakers and health technology developers alike.

4.7 Implications for Policy and Practice

The findings of this review collectively support the following priority actions: (i) integration of fertility literacy education within mandatory secondary school health curricula, including content on age-related fertility decline, modifiable risk factors, ART limitations, and fertility preservation options; (ii) development of male-specific FA resources delivered through online platforms, workplace settings, and opportunistic GP encounters; (iii) training and supporting GPs to initiate proactive pre-conception fertility conversations; (iv) development of culturally competent fertility information resources for minority ethnic populations; and (v) stricter regulation of media representations of late fertility and ART success to counteract the propagation of misleading expectations.

5. LIMITATIONS

This review has several limitations that should be acknowledged. First, the included studies are characterised by methodological heterogeneity, varying considerably in design, sample size, population, and outcome measurement, precluding quantitative synthesis. Second, the majority of included studies relied on self-selected, convenience samples with overrepresentation of higher-educated, white, and female participants, limiting the generalisability of findings to the broader UK population. Volunteer and participation biases are inherent in survey-based research on sensitive topics. Third, two included publications were conference abstracts, limiting the depth of methodological scrutiny possible. Fourth, the search was conducted up to September 2022; more recent publications are not captured. Fifth, qualitative studies — several of which involved small samples from single locations — have limited transferability. Future research should prioritise large, nationally representative, population-based surveys incorporating validated FA measurement instruments, with adequate sampling of men, minority ethnic groups, and lower socioeconomic strata.

6. CONCLUSION

This systematic review demonstrates that fertility awareness among people of reproductive age in the United Kingdom is low to moderate, with consistent deficits in knowledge of age-related fertility decline, modifiable risk factors, and the realistic capabilities of assisted reproductive technologies. Men have lower FA than women, are rarely targeted by educational interventions, and are more likely to rely on digital sources for information. Young people acquire biological reproductive knowledge through formal education but are not equipped to apply it to their own reproductive decision-making. Healthcare professionals, while trusted, frequently lack the knowledge and resources to provide proactive fertility counselling.

The consequences of these deficits are both personal manifesting in delayed help-seeking, unfulfilled reproductive aspirations, and unnecessary recourse to expensive and emotionally demanding ART and systemic, placing increasing pressure on NHS fertility services and the public health infrastructure. Comprehensive, evidence-based fertility literacy education, integrated into school curricula, primary care, and digital health platforms, represents a high-priority, potentially high-impact public health intervention. The case for national action is clear.

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