Research Square

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Reels vs Reads: Social Media Videos Compared With Brochures for Fertility Awareness Education

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Abstract

Purpose

To compare the effectiveness of short-form social media-style videos and a text-based brochure for improving fertility awareness among graduate students.

Methods

In this randomized, two-group study, 160 graduate students aged ≥ 18 years received fertility education via seven short-form video clips (n = 77) or a brochure containing equivalent content (n = 83). Fertility knowledge was assessed at baseline and immediately post-intervention using a modified 21-item Fertility and Infertility Treatment Knowledge Score (FIT-KS). The primary outcome was change in total knowledge score; secondary outcomes examined three knowledge domains (fertility factors, behaviors affecting fertility, and infertility treatments) using mixed-effects linear models.

Results

Total knowledge scores increased significantly in both groups (brochure: +3.87; video: +3.12; both $p < 0.0001$). The brochure group showed a statistically significant, though modest, advantage in total score (group-by-time interaction $p = 0.021$); this difference (0.75 points on a 21-item scale) was small in absolute terms, and its clinical or practical significance is uncertain. Domain-specific gains were comparable between groups for fertility factors ($p = 0.917$) and infertility treatments ($p = 0.866$); the brochure group showed a larger gain in knowledge of behaviors affecting fertility ($p = 0.001$). Most participants in both groups rated their assigned materials as effective, and video participants more often reported changed perceptions of their own fertility timelines.

Conclusions

In this study of reels vs reads, there was meaningfully improved fertility knowledge in both groups, with broadly comparable overall effectiveness. However, the reads had a modest but statistically significant edge in total knowledge gain to the reels.

Capsule Summary

Both reels and reads produced comparable improvements in fertility knowledge; however the reads had a small but statistically significant advantage over reels.

INTRODUCTION

Fertility awareness is a critical component of reproductive health, yet substantial knowledge gaps persist across multiple populations. In one cross-sectional study, fewer than half of reproductive-aged women and medical trainees correctly identified the age at which female fertility begins to decline, and misconceptions were widespread regarding risk factors and treatments. [1] Similar deficiencies have been documented internationally among Swedish high school students, [2] Israeli university students, [3] and American undergraduates. [4] Even highly educated populations, such as non-medical graduate students, demonstrate significant gaps in understanding assisted reproductive technologies (ARTs). [5]

Various questionnaires have been established to assess fertility awareness. The Fertility and Infertility Treatment Knowledge Score (FIT-KS) is a 29-item questionnaire encompassing reproductive physiology, risk factors, infertility evaluation, and ART. [1] Construct validity was demonstrated by progressively higher scores among medical students, residents, and fellows, with acceptable internal consistency (Cronbach's $\alpha \geq 0.7$). Surprisingly, mean FIT-KS scores among trainees and physicians were only 69%, with frequent overestimation of fecundability, miscarriage risk, and ART success rates, [6] underscoring the need for effective educational interventions.

Several modalities – including brochures, classroom instruction, and web-based programs – have been tested to improve fertility awareness. [7–9] Although some, such as brief online interventions, significantly increase knowledge, the optimal delivery format remains uncertain. Social media platforms like TikTok™ have become increasingly popular for health education, [10, 11] yet there are no prior studies the effectiveness of social media videos for fertility education nor comparing the efficacy of these videos to traditional formats.

We aimed to compare social media videos to brochures in improving fertility knowledge among graduate students, hypothesizing greater knowledge gains in the social media group.

MATERIALS AND METHODS

This study employed a randomized, two-group experimental design to evaluate the effectiveness of social media-based educational interventions compared with a text-based brochure on fertility knowledge among graduate students. Participants completed assessments at baseline (T0) and immediately post-intervention (T1). All participants provided informed consent prior to participation. Graduate students were recruited through university email lists and department announcements. Eligible participants were graduate students aged 18 years or older. Study materials and assessments were only available in English. Following baseline assessment, participants were randomly assigned to one of two intervention groups using a computer-generated random number sequence (**Qualtrics; Supplemental Fig. 1**).

The educational interventions were created by the study team. Seven video-based clips were created in the style of short-form social media video posts featuring fertility-related information and infographics (Fig. 1). Due to an institutional ban on the use of the TikTok™ application on campus WiFi, these videos were not administered on a social media platform but rather sent directly to participants in this group as video files. The education brochure was created to contain identical content regarding fertility, reproductive health, and family planning considerations (Fig. 2). Content of each intervention was reviewed and determined to be

equivalent by two independent reproductive endocrinology and infertility (REI) physicians who were not associated with the project.

Fertility awareness was assessed using an abbreviated version of the Fertility and Infertility Treatment Knowledge Score (FIT-KS). [1] The original FIT-KS is a 29-item questionnaire assessing reproductive physiology, infertility risk factors, and assisted reproductive technologies.

For this study, a 21-item version was administered; eight higher-level questions from the original 29-item FIT-KS were removed (**Supplemental Fig. 2**). The abbreviated FIT-KS was designed to focus on foundational fertility concepts more applicable to the general public while reducing participant burden and survey fatigue. The items removed from the survey primarily assessed advanced clinical knowledge regarding assisted reproductive technologies and infertility management (e.g., detailed success rates of in vitro fertilization in specific age groups and technical aspects of treatment protocols) that were considered less relevant to a non-medically trained graduate student population. The goal of modification was to enhance relevance and feasibility for a non-clinical audience rather than to alter the conceptual domains of the instrument. The internal consistency measure was performed for our modified FIT-KS survey to assess how similarly the questions performed as a group. Internal consistency reliability was evaluated using the Kuder–Richardson Formula 20 (KR-20). For our modified FIT-KS, the pre-intervention reliability was modest ($\alpha = 0.41$), and post-intervention reliability improved to $\alpha = 0.52$ (standardized $\alpha = 0.57$). The original FIT-KS KR-20 was 0.57. Several items demonstrated limited variance (e.g., one item endorsed correctly by 100% of participants at baseline), and a small number of items exhibited low or negative item–total correlations.

A baseline assessment (T0) was administered to participants, combining demographic questions (age, gender identity, race/ethnicity, relationship status and academic program) with assessment of fertility knowledge using the modified FIT-KS.

Immediately following intervention exposure, participants completed the modified FIT-KS again. Additionally, a 5-item satisfaction survey was conducted to assess participants' experience with their assigned educational medium. These included questions on perceived fertility course, the informativeness of the intervention, whether the materials influenced personal fertility perceptions or family planning, likelihood of sharing the information with others, and comparative preferences regarding content delivery format (social media vs. plain text).

The primary outcome was the comparison of change in fertility knowledge scores from baseline (T0) to immediate post-intervention (T1) between the two intervention groups, measured using the modified FIT-KS assessment. [1] The assessment items were classified into three themes, or sub-domains: 1) Fertility Knowledge, 2) Factors Related to Infertility, and 3) Infertility Interventions. FIT-KS items were organized according to the original conceptual subdomains described in the initial FIT-KS validation study. While these subdomains were not originally analyzed as separate scored outcomes, they were used in the present study to facilitate domain-level analyses.

The abbreviated FIT-KS has not been independently validated; therefore, results should be interpreted as exploratory and intended to assess relative changes in fertility awareness within the study population rather

than absolute knowledge levels or direct comparability with studies using the full FIT-KS.

Statistical Analysis Plan

Baseline characteristics were summarized using means and standard deviations for continuous variables and frequencies and percentages for categorical variables. Groups were compared using appropriate statistical tests to assess randomization success.

To evaluate the effectiveness of two educational interventions – brochure and social media video – on fertility-related knowledge outcomes, we conducted a series of mixed-effects linear models for repeated measures (T0 to T1). The primary outcomes were: Total Knowledge Score (sum of the three domains), Fertility Factors, Conditions/Behaviors that Decrease Fertility, and Infertility Treatments. Each outcome was treated as a continuous dependent variable in its own model.

All analyses were conducted using SAS version 9.4. Statistical significance was set at $p < 0.05$.

RESULTS

Participant Characteristics

A total of 160 graduate students enrolled and completed both baseline (T0) and immediate post-intervention (T1) assessments. Of these, 83 participants were randomized to the brochure group and 77 to the video group. Baseline demographic characteristics were balanced between the two groups (all $p > 0.05$) (**Table 1**). The mean age was similar between the two intervention groups, with the majority (53.8%) between 25–34 years. Most participants identified as female (85.6%), white (62.5%), and heterosexual (83.1%). Most of the participants (86.3%) were in a science, technology, engineering, or mathematics academic program. Notably, there was no significant difference on social media use between the video or brochure groups ($p = 0.363$).

Table 1. Descriptive Characteristics of Sample at Baseline (T0) and Post-Intervention (T1)

Demographic	Brochure (n=83)		Video (n=77)		P-value
Age, N, %					
18-24 years old	36	(43.4)	30	(39.0)	0.852
25-34 years old	43	(51.8)	43	(55.8)	
35-44 years old	4	(4.8)	4	(5.2)	
Gender, N, %					
Female	67	(80.7)	70	(90.9)	0.243
Male	14	(16.9)	7	(9.1)	
Non-binary/third gender	1	(1.2)	0	(0)	
Prefer not to say	1	(1.2)	0	(0)	
Race, N, %					
Asian	19	(22.9)	26	(33.8)	0.201
Black or African American	2	(2.4)	0	(0)	
Prefer not to say	1	(1.2)	0	(0)	
White	54	(65.1)	46	(59.7)	
White, Asian	4	(4.8)	1	(1.3)	
White, Black or African American	0	(0)	2	(2.6)	
None of the above	3	(3.6)	2	(2.6)	
Education, N, %					
Graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS etc.)	33	(39.8)	24	(31.2)	0.349
Bachelor's degree	49	(59.0)	52	(67.5)	
Associates or technical degree	0	(0)	1	(1.3)	
Some college, but no degree	1	(1.2)	0	(0)	
STEM field, N, %					
Yes	72	(86.7)	66	(85.7)	0.850
No	11	(13.3)	11	(14.3)	
Experience with infertility? N, %					
No	80	(96.4)	70	(90.9)	0.292

Yes	2	(2.4)	3	(3.9)	
Prefer not to say	1	(1.2)	4	(5.2)	
Social Media Use, N, %					
No	56	(67.5)	57	(74.0)	0.363
Yes	27	(32.5)	20	(26.0)	
Sexual Orientation, N, %					
Straight	69	(83.1)	64	(83.1)	0.589
LGBTQIA+	12	(14.5)	9	(11.7)	
Prefer not to say	2	(2.4)	4	(5.2)	
Marital Status, N, %					
Never been married	57	(68.7)	44	(57.1)	0.255
Married	10	(12.0)	9	(11.7)	
Living with a partner	16	(19.3)	23	(29.9)	
Divorced/Separated	0	(0)	1	(1.3)	
Children, N, %					
No	82	(98.8)	74	(96.1)	0.353
Yes	1	(1.2)	3	(3.9)	
Trying to conceive, N, %					
No	81	(97.6)	76	(98.7)	>0.9999
Prefer not to say	1	(1.2)	0	(0)	
Yes	1	(1.2)	1	(1.3)	
Prior TikTok™ use, N, %					
Yes	42	(50.6)	46	(59.7)	0.269
No	41	(49.4)	31	(40.3)	

Abbreviations: T0 = baseline; T1 = post-intervention; N = number; MA = Master of Arts; MS = Master of Science; MBA = Master of Business Administration; PhD = Doctor of Philosophy; JD = Juris Doctor; MD = Doctor of Medicine; DDS = Doctor of Dental Surgery; STEM = science, technology, engineering, and mathematics; LGBTQIA+ = lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and other sexual or gender minority identities.

Baseline to Post-Intervention (T0→T1)

Firstly, the overall total knowledge score was compared between the two intervention groups from baseline (T0) to immediately post-intervention (T1) (***Table 2***). Total knowledge increased significantly in both groups, and surprisingly to a greater extent in the brochure group (from 14.50 ± 0.24 [69.1%] to 18.37 ± 0.24 [87.5%]; +3.87, p<0.0001) than in the video group (from 14.45 ± 0.25 [68.8%] to 17.57 ± 0.25 [83.7%]; +3.12, p<0.0001). Using the mixed methods analysis, the increase in FIT-KS score in the brochure group was statistically significantly higher than the social media video group (F(1,158)=5.39, p=0.021). However, the absolute difference in total knowledge score between groups was modest (0.75 points on the 21-item scale), and the p-value for this comparison was close to the conventional threshold for statistical significance; the clinical meaning or practicality of this difference is therefore uncertain. Then, to understand whether the increase in knowledge occurred in certain topics, the score of each domain of the FIT-KS was analyzed separately in a similar way to the total knowledge score (***Table 2***).

Table 2. Changes in Knowledge Scores from Baseline (T0) to Post-intervention (T1) by Group (Brochure vs. Video)

Outcome	Group	T0 (Mean ± SE)*	% †	T1 (Mean ± SE)	%	Mean Change‡	Group x Time Interaction F(df), p
Total Knowledge Score (max =21)	Brochure	14.50 ± 0.24	69.1%	18.37 ± 0.24	87.5%	+3.87	F(1,158)=5.39, p=0.021
	Video	14.45 ± 0.25	68.8%	17.57 ± 0.25	83.7%	+3.12	
Fertility Factors (max = 8)	Brochure	5.20 ± 0.13	65.0%	7.07 ± 0.13	88.4%	+1.87	F(1,158)=0.01, p=0.917
	Video	5.23 ± 0.13	65.4%	7.08 ± 0.13	88.5%	+1.84	
Conditions/Behaviors that Decrease Fertility (max = 9)	Brochure	6.88 ± 0.13	76.4%	7.75 ± 0.13	86.1%	+0.87	F(1,158)=26.64, p=0.001
	Video	6.88 ± 0.14	76.4%	7.00 ± 0.14	77.8%	+0.12	
Infertility Treatments (max = 4)	Brochure	2.42 ± 0.08	60.4%	3.55 ± 0.08	88.8%	+1.13	F(1,158)=0.037, p=0.866
	Video	2.33 ± 0.09	58.4%	3.49 ± 0.09	87.3%	+1.16	

Abbreviations: T0 = baseline; T1 = post-intervention; LS = least squares; SE = standard error; F(df) = F statistic (degrees of freedom); p = p-value.

** Values are least squares (LS) means ± standard errors (SE) from mixed-effects models assuming compound symmetry covariance.*

† Percentages were calculated as the LS mean divided by the maximum possible subscale score (Total Knowledge = 21; Fertility Factors = 8; Conditions/Behaviors that Decrease Fertility = 9; Infertility Treatments = 4). Percentages reflect model-adjusted estimates rather than raw observed proportions correct.

‡ Mean change represents post-intervention minus baseline values.

The fertility factors domain assessed knowledge of key concepts such as the age at which women are most fertile, the age at which fertility declines most rapidly, and the optimal timing of intercourse for conception. Both the brochure and video groups demonstrated significant improvements in fertility factors knowledge from T0 to T1 (Brochure: 5.20 ± 0.13 to 7.07 ± 0.13; +1.87, p<0.0001; video: 5.23 ± 0.13 to 7.08 ± 0.13; +1.84, p<0.0001), with no statistical difference between groups (F(1,158)=0.01, p=0.917).

The next domain evaluated was awareness of lifestyle and health factors that influence fertility. Interestingly, the participants in the brochure group showed a statistically greater increase in knowledge in this domain (from 6.88 ± 0.13 to 7.75 ± 0.13; +0.87, p<.0001) whereas the video group had non-significant increase in score (from 6.88 ± 0.14 to 7.00 ± 0.14; +0.12, ns). Therefore, in this domain, the brochure group had a significant improvement in knowledge compared to the social media video group (F (1,158) = 26.64, p=0.001).

The infertility treatments domain included questions such as correctly identifying the definition of in vitro fertilization and estimating pregnancy rates for women over 44 years undergoing IVF with their own eggs. Both the brochure and social media video groups demonstrated comparable improvements in infertility treatments knowledge from T0 to T1 (Brochure: 2.42 ± 0.08 to 3.55 ± 0.08; +1.13, p<0.0001; Video: 2.33 ± 0.09 to 3.49 ± 0.09; +1.16, p<0.0001), with no significant difference between groups (F(1,158)=0.037, p=0.866).

In summary, both intervention groups had a significant improvement in their FIT-KS score post intervention. Compared to the social media video group, the brochure group showed a statistically significant, but modest, advantage in total score, driven primarily by the domain assessing knowledge of behaviors that decrease fertility. The other two domains showed knowledge gains statistically equivalent between groups.

Participant Satisfaction and Qualitative Feedback

At the immediate post-intervention assessment, 158 of 160 participants completed a brief satisfaction survey evaluating the perceived effectiveness, relevance, and preferred format of the educational materials. Across both video and brochure groups, most respondents (81.58% vs 81.7%, respectively) rated the interventions as either moderately or very effective for improving fertility understanding, with a larger proportion of video participants selecting “very effective” compared with brochure participants (51.3% vs 36.6%). More participants in the video group reported that the materials changed their perceptions of their own fertility or family-planning timeline (55.3% vs 32.9%; p=0.006). When asked about preferred learning format, a majority indicated a preference for social-media-based education (53.2%), which was especially prominent among those assigned to the video group (72.4% vs 35.4% in the brochure group; p<0.001).

Participants were given the option to provide an open-ended response if they selected ”Yes” to the question, “Did these educational materials change your perceptions of your own fertility or current family planning?" Participants described both interventions as informative and easy to understand, noting that the materials clarified misconceptions about fertility decline, male-factor infertility, and treatment costs. Several brochure participants highlighted the usefulness of visual graphs and written explanations for information retention. In contrast, video participants frequently commented on the engaging and concise presentation style, the ease of sharing with peers, and a stronger sense of urgency to consider reproductive timelines. One participant noted, “The videos provided quick and clear information to share with the public about their general health.” Others expressed that the information prompted earlier family-planning considerations: “Didn’t know the chances of getting pregnant for people under 35 were so low,” and “Highly considering freezing my eggs. Considering doing it even quicker now.” Collectively, these findings suggest that while the gains in knowledge were significantly greater in the brochure group, the social media videos also led to a significant increase in fertility knowledge post intervention. Therefore, social-media-style videos may represent a new, engaging, and personally impactful medium for fertility education.

DISCUSSION

This study is the first to assess the utility of using social media videos to provide fertility awareness education as well as assessing whether social media videos are a better tool than a traditional brochure.

There is growing evidence that social media specifically TikTok™ is an effective and potentially a superior way to teach students in the classroom due to the engaging format and use of bite-sized learning. [12,13] Therefore, we hypothesized that social media videos would outperform traditional brochures. Both modalities significantly increased fertility awareness from baseline in the post-intervention period. Contrary to our predicted hypothesis, social media-based interventions did not outperform the brochure. Rather, our findings show that both formats represent feasible modalities for delivering fertility education, with largely comparable effectiveness. The brochure group showed a statistically significant advantage in total knowledge gain, but the absolute magnitude of this difference was small, and its practical significance is uncertain.

At baseline, the participants demonstrated limited knowledge, consistent with prior literature documenting widespread fertility misconceptions. Kudesia et al. [1] validated the FIT-KS questionnaire and reported mean scores of 16.2/29 (55.9%) among reproductive-aged women and 18.8/29 (64.9%) among female medical trainees. More recently, Doxsey et al. [6] found that medical trainees and physicians averaged 20/29 (69%), with persistent gaps in knowledge of miscarriage rates, fecundability, and IVF success. Although we used an abbreviated version of the FIT-KS, baseline findings in our graduate student sample similarly reflect substantial fertility knowledge gaps (67%), supporting prior observations that limited fertility awareness extends beyond the general population and medical trainees to non-medical graduate students.
Our study builds on prior work showing that brief educational interventions can improve fertility knowledge. Wojcieszek and Thompson, [8] for example, demonstrated that a single brochure intervention among Australian undergraduates increased knowledge of both fertility and IVF effectiveness and influenced desired childbearing age. Similarly, our study confirms that concise educational tools can significantly

increase awareness in young adult populations. The magnitude of short-term improvement was greater in the brochure group, aligning with prior evidence that structured written materials may facilitate reflective processing of information. [8]

Although brochures produced greater immediate gains, social media-style video also resulted in meaningful short-term knowledge improvement. This finding is important because prior studies have highlighted the growing role of social media in fertility information-seeking. Peyser et al. [10] showed that on Instagram, the majority of fertility-related content is generated by patients (67%), with only 10% authored by physicians, and only 8% of posts categorized as educational. This highlights a critical gap: while social media is increasingly where people turn for fertility information, reliable, evidence-based educational content is underrepresented. Our study contributes to this knowledge and is the first to show evidence that short-form video can effectively increase fertility awareness when designed with standardized, evidence-based content.

Beyond quantitative improvements, participants' qualitative feedback offered insight into how format influences engagement and personal relevance. Although quantitative knowledge gains were comparable between groups, participants' open-ended comments suggest that the video format may have fostered greater engagement and personal relevance. Many respondents in the video group described feeling newly aware of their own fertility timelines and motivated to plan proactively, including consideration of fertility preservation. This sense of immediacy and self-reflection aligns with the educational value of social media – its ability to translate factual information into personally meaningful insight. These observations reinforce that short-form video interventions may better capture attention and stimulate reflection, key precursors to behavioral change.

Unlike organic TikTok™ videos embedded in a native platform with interactive features, our intervention was delivered in a controlled setting, limiting engagement. Prior commentary has suggested that TikTok's™ unique features – brevity, entertainment value, algorithmic reach, and "microlearning" potential – could make it a powerful vehicle for public health and medical education. [11] Accordingly, the observed effects of the video intervention in this study may underestimate the potential impact of platform-native dissemination. Future studies should test whether dissemination of fertility education via actual social media platforms, rather than experimental delivery, amplifies engagement and knowledge gains.

Another consideration is that most participants reported not using TikTok™ regularly. This may have attenuated video effectiveness, as familiarity with platform norms could influence receptivity. Indeed, social media-based interventions may be most impactful when matched to the natural media consumption patterns of the target demographic. Many prior studies on usefulness of TikTok in education enrolled a younger adult population who may use social media more substantially than our study participants. In the future, carrying out a similar study in the undergraduate student population who may be more avid users of social media may yield different results.

Strengths of our study include its randomized design and standardized educational content. By directly comparing short-form video and written educational formats using identical content, this study provides controlled evidence regarding short-term fertility knowledge acquisition. Importantly, no prior work has

tested social media-based interventions for fertility education in a controlled trial.
Limitations of our study include the homogeneity of the participants, who were predominantly white, female STEM graduate student population which decreases the generalizability of our findings.

Additionally, fertility knowledge was assessed using an abbreviated version of the FIT-KS. This resulted in a modest internal consistency estimate due to multidimensional content coverage and variation in item difficulty. Unlike reflective psychometric scales designed to measure a single latent trait, knowledge assessments function as formative indices in which items represent distinct content domains. Therefore, KR-20 values should be interpreted cautiously and in conjunction with item difficulty and discrimination statistics. The absence of behavioral or decision-making outcomes precludes conclusions regarding real-world impact. In addition, the non-native delivery of TikTok™-style videos may have underestimated the potential impact of true social media engagement.

Despite these limitations, our findings suggest that social media-style videos and brochures are broadly comparable tools for fertility education. Although brochures produced a statistically significant advantage in total knowledge gain, the absolute difference was small, and both formats meaningfully improved fertility awareness. These findings suggest that the choice of educational format may be guided less by differences in knowledge acquisition and more by the preferences and media habits of the target population. Given the high prevalence of misinformation online [10] and the demonstrated reach of platforms like TikTok™, [11] integrating accurate, validated fertility content into these spaces is essential.

Future research should explore platform-native dissemination, larger and more diverse populations, and whether knowledge gains translate into earlier reproductive decision-making or health-seeking behaviors.

Declarations

Author Contribution

J.D. contributed to study conception and design, development of educational materials, data collection, data interpretation, and drafting of the manuscript. J.S. contributed to study conception and design, development of educational materials, data collection, data interpretation, and drafting of the manuscript. M.A. contributed to statistical analysis, interpretation of data, and critical revision of the manuscript. C.S. and A.T. contributed to the development of educational materials. W.M. contributed to study conception and design, supervision of the project, interpretation of data, and critical revision of the manuscript. All authors read and approved the final manuscript.

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Data Availability

All data supporting the findings of this study are available within the paper and its Supplementary Information.

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Figures

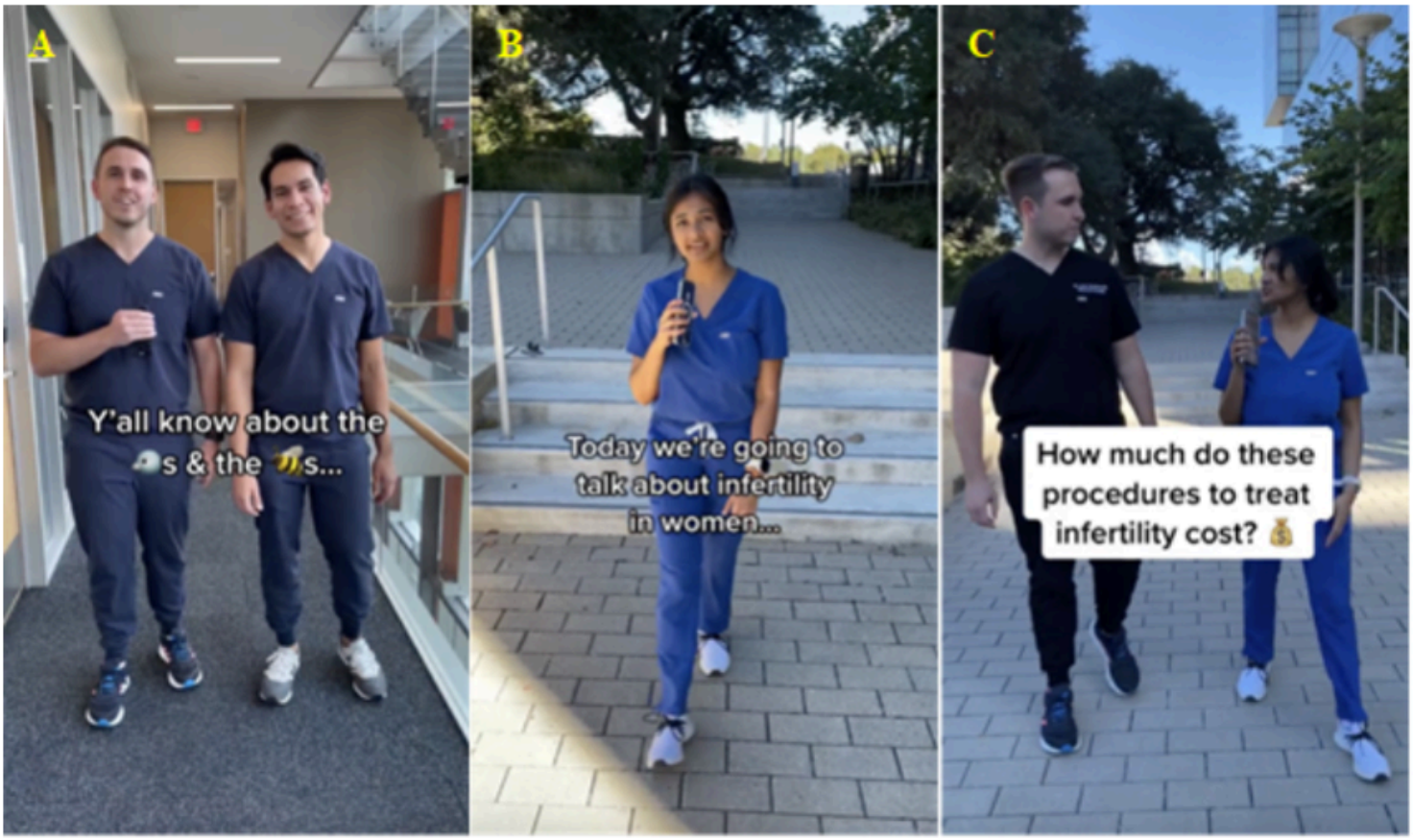


Figure 1

Sample frames of the TikTok™-style video educational interventions.

Seven short educational video clips were developed by the study team in the style of TikTok™ social-media posts to deliver fertility-related information in a concise, conversational format. Each clip featured scripted dialogue among medical trainees addressing common questions about infertility and reproductive health. Panels A–C show representative frames illustrating the tone and visual presentation of the video intervention. All individuals pictured are study team members, not patients, and no identifying information is shown.



Figure 2

Sample pages of the fertility education brochure.

The educational brochure contained identical fertility-related content as the video intervention, presented in a visually engaging, text-based format. Panels A–C show representative pages illustrating the design and organization of the brochure: A, "Infertility 101," defining infertility and optimal timing for conception; B, "Infertility Myths," clarifying misconceptions about common causes; and C, "Common Causes of Infertility," summarizing modifiable risk factors for both men and women. All illustrative images are stock graphics or schematic depictions, and no patient-identifying information is included.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- JARGFertilityEdSupplementalFigure1.pdf
- JARGFertilityEdSupplementalFigure2.docx