Fertility, Embryo Research and Genome Editing: Public Attitudes in Europe

July 2026

Commissioned by

PET
Fertility • Genomics • Clarity

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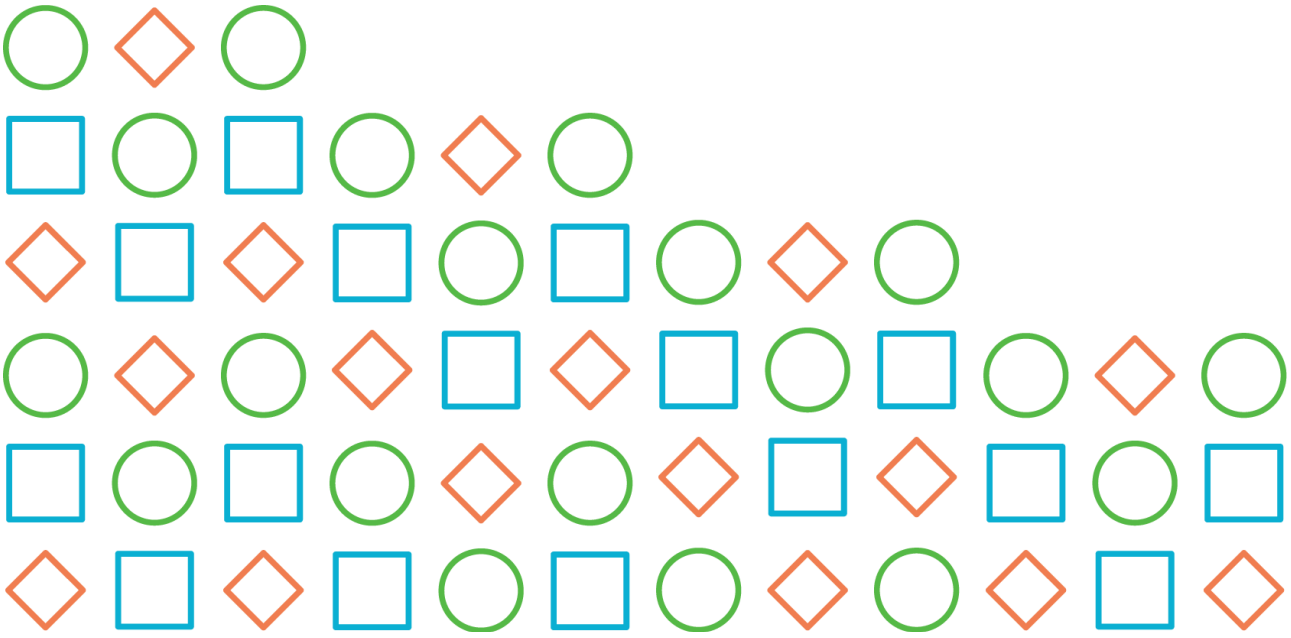

This work was commissioned by the
Progress Educational Trust
and was made possible by the generous support of the
European Society of Human Reproduction and Embryology

The aim of this research is to better understand where public opinion lies regarding important developments in assisted conception, and in the use of human embryos in research and treatment.

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ESHRE

The European Society of Human Reproduction and Embryology (ESHRE) is a nonprofit organisation, registered in Belgium, that brings together healthcare professionals and scientists working in reproductive medicine and biology.

ESHRE aims to advance infertility care and improve knowledge in reproductive biology and medicine. It does this by organising conferences, courses and certifications, by issuing clinical and ethical guidance and data reports, and by advocating – at a European level – for better regulation and improved access to care. Recently, ESHRE has committed to educate and inform the general public in relation to broader themes connected to reproductive health.

ESHRE has supported the Progress Educational Trust (PET) from the beginning, and many of our members are regular readers of the weekly PET publication BioNews. ESHRE always has a prominent place at the PET Annual Conference, where our speakers feel welcome and greatly enjoy the high level of scientific and societal discourse.

ESHRE was keen to support this survey, because it is so timely. Despite decades of dismissive attitudes from policymakers, fertility care is increasingly considered a part of patients' basic rights to healthcare. The survey also comes at a time when various scientific breakthroughs are changing the way we conceive and conduct our research, and it is important that these changes are accompanied by public awareness and consensus.

The report that follows provides insights into public attitudes and understanding concerning access, care and research in reproductive science and medicine. These findings will inform ESHRE's ongoing work in Europe, linked to the implementation of the European Union's Substances of Human Origin (SoHO) Regulation and to the ethical considerations that arise in our field.

Professor Karen Sermon

Immediate Past Chair, European Society of Human Reproduction and Embryology

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PET

The Progress Educational Trust (PET) is an independent charity based in the UK.

PET provides impartial and accurate information to people affected by infertility or genetic conditions, and provides platforms for them – and relevant experts, practitioners, researchers, lawyers and policymakers – to discuss scientific, ethical, legal and policy developments.

This is achieved primarily through publishing BioNews (a free online news and comment digest) – www.progress.org.uk/bionews/ – and by producing events (most of which are free to attend), in addition to other forms of public engagement and policy work.

Our overarching aim at PET is to improve choices for people affected by infertility and/or genetic conditions.

PET was founded as a charity in 1992, and has a proud history of influencing public discussion and debate about fertility, genomics and embryo research.

These are some of the highlights of our work.

- PET was instrumental in changing UK law to permit the use of mitochondrial donation in treatment, to avoid the transmission of mitochondrial disease.
- As a result of the successful PET #ExtendTheLimit campaign, UK law was also changed to extend the maximum storage period for cryopreserved eggs, sperm and embryos from 10 years to 55 years, for all patients.
- Together with Cambridge Reproduction, PET published the Code of Practice for the Generation and Use of Human Stem-Cell-Based Embryo Models, which supports the development of best practice for the generation and use of human stem-cell-based embryo models (SCBEMs) in the UK.

PET has always enjoyed a close relationship with the European Society of Human Reproduction and Embryology (ESHRE). For many years, we have sent BioNews editors to cover the latest developments at ESHRE Annual Conferences. ESHRE input and support has, in turn, enriched PET Annual Conferences.

As the ESHRE Annual Conference 2026 is taking place in London, it seemed the perfect opportunity to build upon the earlier PET report Fertility, Genomics and Embryo Research: Public Attitudes and Understanding – published in 2022 – and commission a similar piece of wide-ranging, representative research.

This time, the research covers three additional European countries – the Netherlands, Spain and Italy – as well as the UK. I am sure that you will find this report of the public's views fascinating.

Sarah Norcross

Director, Progress Educational Trust

PET

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Executive Summary

Methods

- This research survey explored public attitudes by asking 14 questions to samples of the public in the UK, the Netherlands, Spain and Italy. Samples were representative of each population with quotas on age, gender, region and working status. Data has been weighted to the known offline population proportions for age within gender, gender within working status, region, and education
- The research was carried out online by Ipsos in February 2026. There were 8688 responses, submitted by more than 2000 people aged 16-75 within each country (see p75-77 for fuller survey details).
- In March 2022, PET commissioned Ipsos to carry out similar research within the UK only. That research was published by PET in June 2022, in a report entitled *Fertility, Genomics and Embryo Research: Public Attitudes and Understanding*.
- Where very similar questions were asked in the 2022 and 2026 surveys, this has been noted in our accompanying commentary.

Findings

- PET thinks that there was a high level of public engagement in relation to all 14 questions in the survey, with less than 10% of respondents in each country responding *'Prefer not to answer'* to every question.
- The survey findings also suggest that the public may feel open about letting it be known when they are unsure, or do not have a fully formed view. A significant proportion of respondents said *'Don't know'* in response to several of the questions in the survey, which may indicate willingness to engage further.
- Marked generational divides are apparent in responses to several of the survey questions. This may mean that with time, there will be a shift in views, and potential changes in policy.

Fertility treatment

- In all four countries, a majority of respondents answered either *'Yes, definitely'* or *'Yes, probably'* when asked whether the state should fund fertility treatment for people who are infertile and wish to conceive.
- A substantial proportion of respondents in all four of the countries surveyed – a majority in every country except Spain – did *not* support permitting people to choose the biological sex of their child, based on personal preference.
- When considering self-funded fertility treatment, in all four countries more people thought that there *should* be upper age limits – such that a person cannot have private fertility treatment, if they are older than the relevant age limit – than thought that there should *not* be such age limits.
- Specifically, 48% of respondents on average across the four countries said that there *should* be an upper age limit for a biological female (who will give birth), vs 19% of respondents on average who said that there should *not*. Meanwhile, 43% of respondents on average across the four countries said that there *should* be an upper age limit for a biological male in a relationship/partnership where they are having children via IVF (but are not the person giving birth), vs 20% of respondents on average who said that there should *not*.
- Respondents who said that there *should* be upper age limits were asked what they thought these age limits should be. With regard to both a biological female and a biological male, an age limit of 45 was most popular overall.

Gamete donation

- At least half of the men surveyed in each of the four countries said that they would consider donating gametes to help others have children, in one or more circumstances. On average across the countries, 56% of men and 45% of women said they would consider doing this.

Averages across countries are mean values calculated by PET

- All respondents who said that they would consider donating gametes were asked whether they would *still* consider doing so, if donor-conceived people were legally entitled to find out the identity of the relevant donor(s) upon reaching the age of 18. This led to some reduction in the willingness of these particular respondents to consider donating. Even so, more than half of the respondents in each country who would consider donating gametes – and in the Netherlands, more than two-thirds of these respondents – were *not* deterred by the prospect of identifiability.

Surrogacy

- The proportion of respondents who said that surrogacy should *'definitely'* or *'probably'* be legally permitted in their country varied according to whether surrogacy was *already* permitted in their country (this is the case in the UK and the Netherlands, where 68% on average said that surrogacy *should* be permitted) or was *not* already permitted (this is the case in Spain and Italy, and yet even in those two countries, 43% on average said that surrogacy *should* be permitted).
- More respondents said that surrogates *should* receive some form of monetary compensation or payment – either payment of overall reasonable expenses (33% on average across the four countries said this), or payment of overall reasonable expenses *plus* a salary (21% on average across the four countries said this) – than said that surrogates should *not* be paid anything at all for being a surrogate (9% on average across the four countries said this).

Embryo research

- In relation to the use of human embryos in scientific and medical research, to help understand and develop treatments for congenital disease, there was broad alignment across all four countries. More respondents said that they either *'Strongly support'* or *'Tend to support'* the use of human embryos in research (46% on average across the four countries said this), than said that they either *'Strongly oppose'* or *'Tend to oppose'* the use of human embryos in research (20% on average across the four countries said this).
- Respondents who said that they supported – or that they neither supported nor opposed – the use of human embryos in research, were asked whether the current 14-day limit on using human embryos in research is too long, too short or about right. The most popular answer in each of the four countries – given by 51% of these respondents on average across the four countries – was *'About right'*.
- At the same time, a significant proportion of these same respondents – 27% on average across the four countries – answered *'Don't know'* in relation to the 14-day limit.
- The same respondents were asked for which reasons, if any, they thought it would be justifiable to extend the 14-day limit to 28 days. The most-popular answer in each of the four countries – given by 43% of these respondents on average, across the four countries – was *'Finding new treatments for congenital diseases'*.

Genome editing

- The survey asked respondents whether they supported or opposed the use of genome editing in human embryos, in three different scenarios. In all four of the countries surveyed, more respondents supported than opposed all three of the uses of genome editing that were presented to them.
- In all four countries, the most supported use of genome editing in human embryos was in embryos that will be used to establish pregnancy, to help eliminate a severe or life-threatening condition. This particular use of genome editing is *not* legally permitted in any of the four countries surveyed, and yet it was supported by a majority of respondents in every country except Italy.

Moving forward

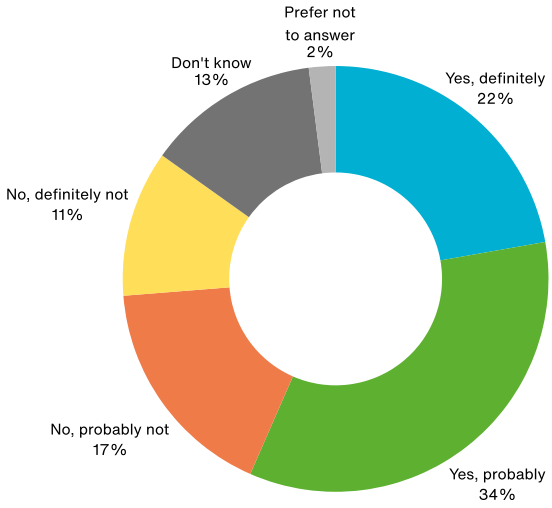
- In response to several of the questions, a significant proportion of respondents in all four countries answered *'Don't know'*. This may indicate a need – and also an opportunity – for public engagement and discussion.
- PET looks forward to working with ESHRE and others on wide-ranging public engagement, so that more people can formulate their views.

Averages across countries are mean values calculated by PET

Section 1

Assisted Conception

1.1. Should the state offer funded/paid for fertility treatment*, for people in the UK who are infertile and wish to conceive?



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

UK

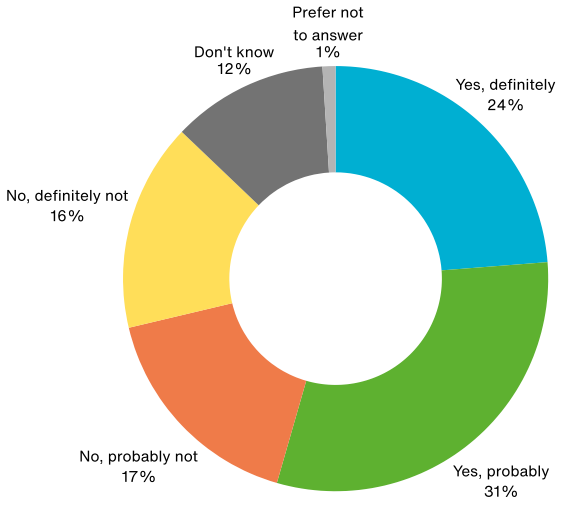
The majority of respondents in the UK showed support for the state – that is, the country's National Health Service (NHS) – offering funded/paid for fertility treatment. 57% of respondents said that such treatment should be offered (22% *'Yes, definitely'* and 34% *'Yes, probably'*).

Although both men and women were supportive, there was a higher proportion of *'Yes, definitely'* responses from women in the UK (26%) compared with men (18%), and a greater overall tendency for women than men to say either *'Yes, definitely'* or *'Yes, probably'* (61% vs 52%).

Younger respondents in the UK were more likely than older respondents to say that the NHS should offer funded/paid for fertility treatment.

This question was also put to respondents in the UK as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. As is the case in this 2026 survey, the majority of UK respondents in 2022 supported the NHS offering funded/paid for fertility treatment.

1.1. Should the state offer funded/paid for fertility treatment*, for people in the Netherlands who are infertile and wish to conceive?



Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

Netherlands

The majority of respondents in the Netherlands showed support for the state – that is, the country's state healthcare system – offering funded/paid for fertility treatment. 54% of respondents said that such treatment should be offered (24% *'Yes, definitely'* and 31% *'Yes, probably'*).

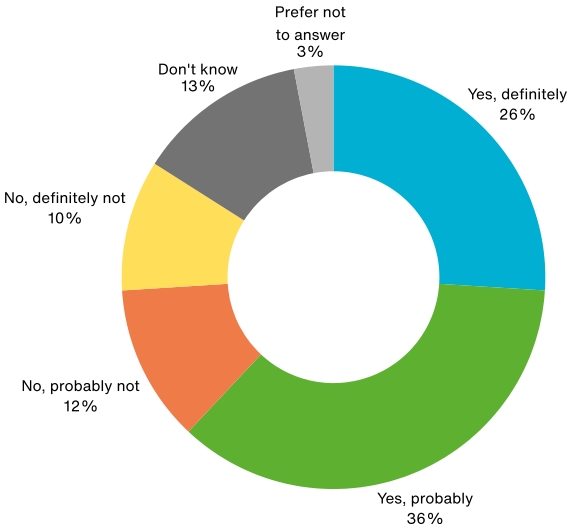
Although both men and women were supportive, there was a higher level of *'Yes, definitely'* responses from women in the Netherlands (27%) compared with men (20%).

Younger respondents in the Netherlands were more likely than older respondents to say that the country's state healthcare system should offer funded/paid for fertility treatment.

Subgroup sample sizes are provided for the UK and the Netherlands, including gender and age group splits, on p75

* A definition of *'fertility treatment'* was provided – see p76

1.1. Should the state offer funded/paid for fertility treatment*, for people in Spain who are infertile and wish to conceive?



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

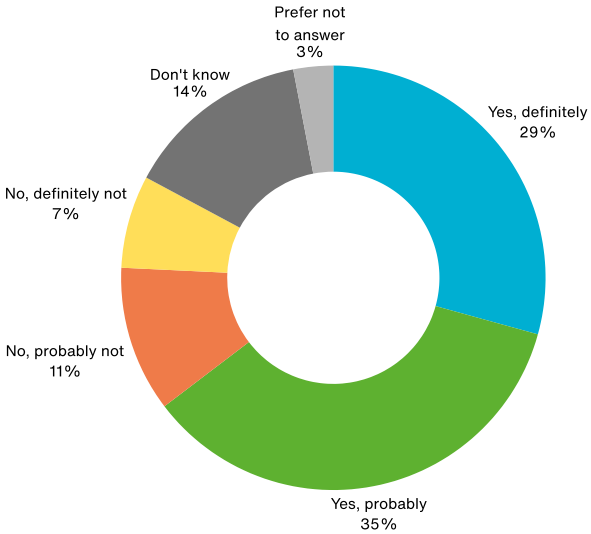
Spain

The majority of respondents in Spain showed support for the state – that is, the country's Sistema Nacional de Salud (SNS) – offering funded/paid for fertility treatment. 62% of respondents said that such treatment should be offered (26% *'Yes, definitely'* and 36% *'Yes, probably'*).

Although both men and women were supportive, there was a higher level of *'Yes, definitely'* responses from women in Spain (30%) compared with men (23%), and a greater overall tendency for women in Spain than men to say either '*Yes, definitely*' or '*Yes, probably*' (66% vs 59%).

Older respondents in Spain were more likely than younger respondents to say that the SNS should offer funded/paid for fertility treatment.

1.1. Should the state offer funded/paid for fertility treatment*, for people in Italy who are infertile and wish to conceive?



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

The majority of respondents in Italy showed support for the state – that is, the country's Servizio Sanitario Nazionale (SSN) – offering funded/paid for fertility treatment. Almost two-thirds of respondents (64%) said that such treatment should be offered (29% *'Yes, definitely'* and 35% *'Yes, probably'*).

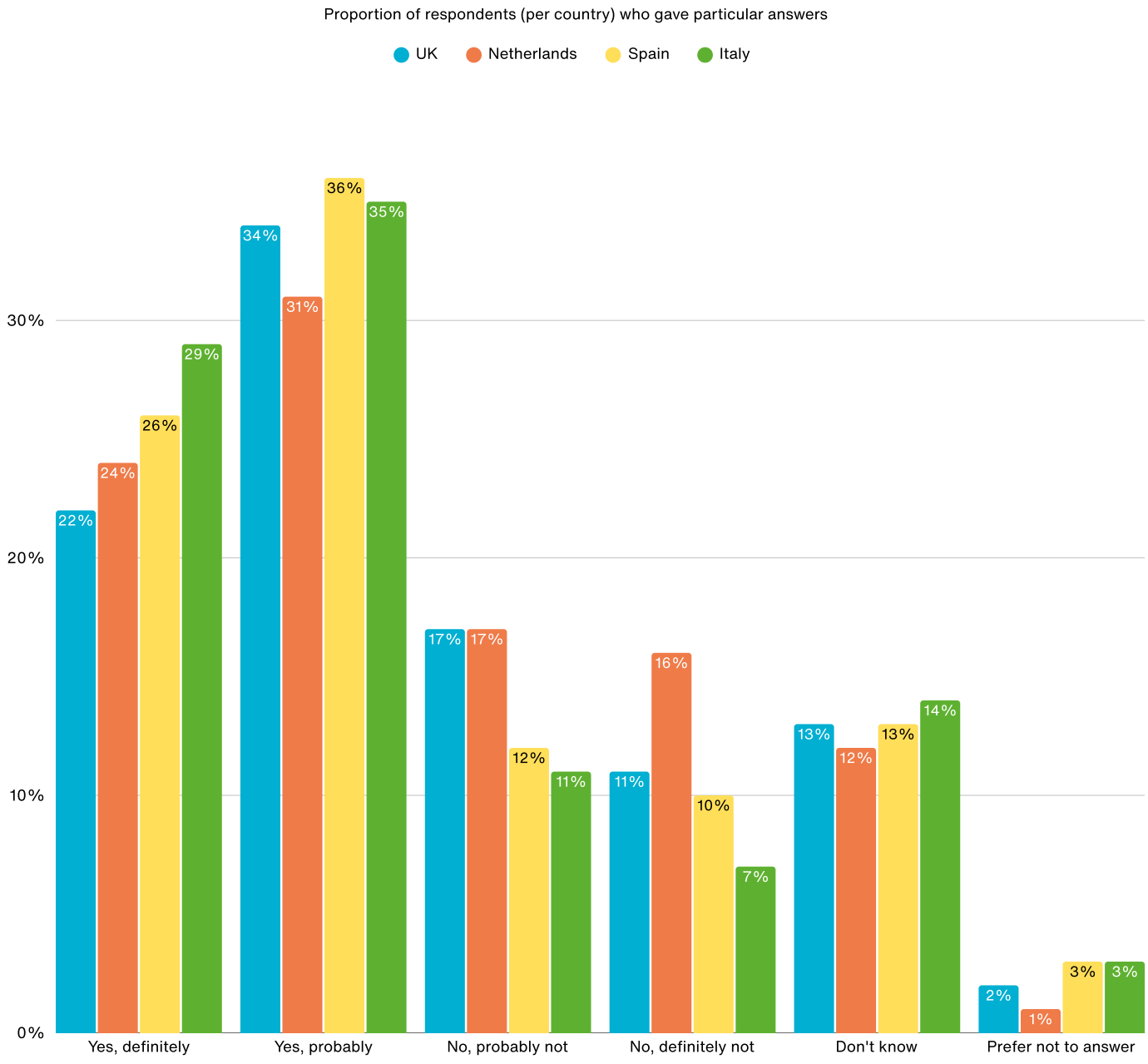
Although both men and women were supportive, there was a higher level of *'Yes, definitely'* responses from women in Italy (33%) compared with men (25%).

There was a consistently high level of support for SSN funding of fertility treatment among respondents in all age groups, from 16-75.

Subgroup sample sizes are provided for Spain and Italy, including gender and age group splits, on p76

* A definition of *'fertility treatment'* was provided – see p76

1.1. Should the state offer funded/paid for fertility treatment*, for people who are infertile and wish to conceive?



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

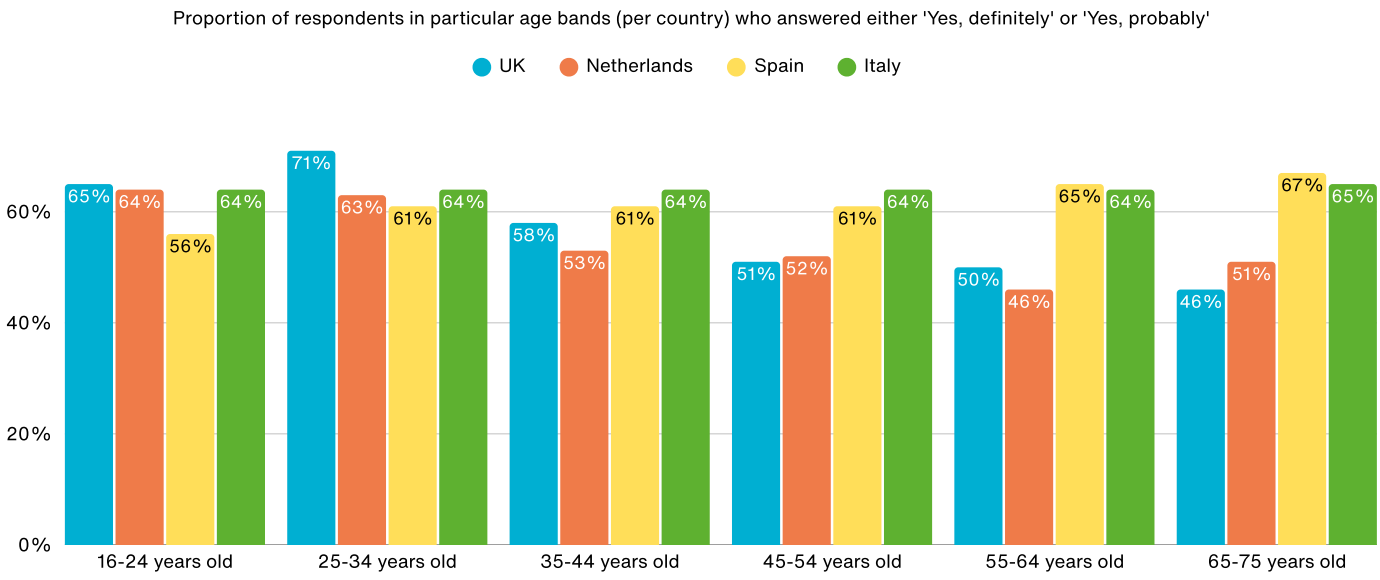
Country comparison

The majority of respondents in all four of the countries surveyed supported the state offering funded/paid for fertility treatment, for people who are infertile and wish to conceive. This was supported by 64% in Italy, 62% in Spain, 57% in the UK and 54% in the Netherlands.

Where support for state-funded fertility treatment was lower in a particular country (albeit still representing the majority view), this corresponded with opposition to state-funded fertility treatment being higher, rather than with a higher proportion of respondents saying *'Don't know'*.

* A definition of *'fertility treatment'* was provided – see p76

1.1. Should the state offer funded/paid for fertility treatment*, for people who are infertile and wish to conceive?



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

Except in Italy, where there were consistent levels of support across all age bands, answers to this question tended to vary with age in every country. Both the UK and the Netherlands saw support for state-funded fertility treatment – that is, *'Yes, definitely'* or *'Yes, probably'* responses – start to fall off in respondents older than 34. The reverse trend was seen in Spain, where respondents older than 54 were more likely to be supportive than respondents aged 16-24. Answers to this question also tended to vary according to gender. In all four of the countries surveyed, women were more likely than men to support state-funded fertility treatment, while men were more likely than women *not* to support state-funded fertility treatment. This difference between responses from men and from women was most apparent in the UK and in Spain.

PET says:

It is encouraging to see a majority of respondents, across all four of the countries surveyed, support state funding of fertility treatment. It is also good news that younger respondents are generally supportive of this.

All four of the countries surveyed provide some level of state-funded fertility treatment, but the offer varies by country. Most patients in the Netherlands and in Spain can access three cycles of state-funded fertility treatment, but the UK and Italy have regional variations in what is available, and to whom. The UK – where England has 42 separate commissioning bodies, resulting in an infamous *'postcode lottery'* – is an extreme example of this.

ESHRE resources

ESHRE Policy Brief: Public Funding for Medically Assisted Reproduction

ESHRE Writing Group on Public Funding

Expected summer 2026

www.eshre.eu/Europe/Position-statements

European Atlas of Fertility Treatment Policies

Fertility Europe, in conjunction with the European Parliamentary Forum for Sexual and Reproductive Rights

June 2024

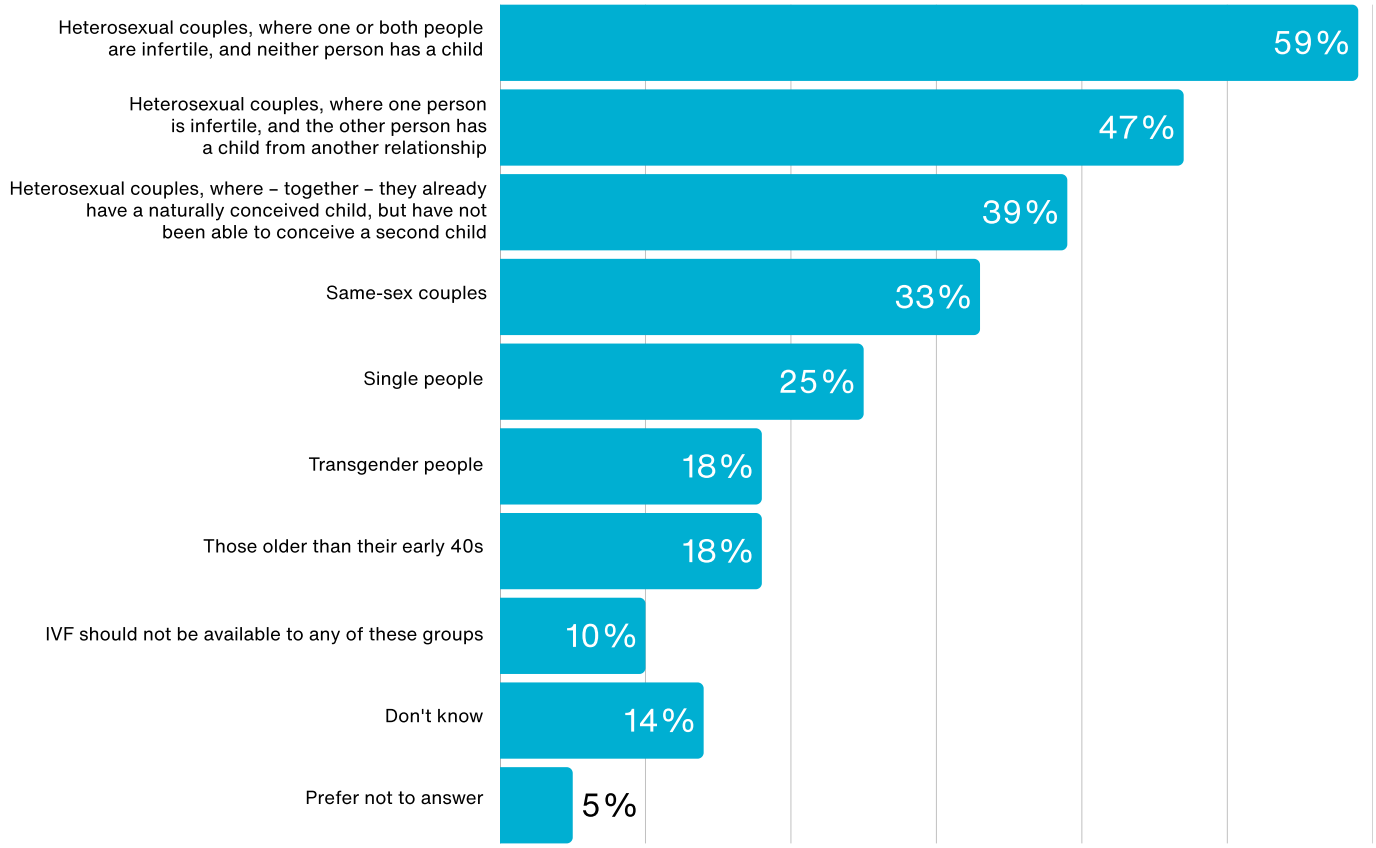
fertilityeurope.eu/atlas2024/

Further resources are listed on p78

Subgroup sample sizes are provided for each country, including gender and age group splits, on p75-76

* A definition of *'fertility treatment'* was provided – see p76

1.2. Which, if any, of the following groups do you think IVF* should be available to via the UK's healthcare system (ie, through the NHS)?



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

UK

This question investigated public attitudes to different groups of people who may need to access state-funded fertility treatment in the UK.

The group most selected in responses to this question was childless heterosexual couples (59%). Women in the UK were more likely than men to support this group of people (64% vs 54%). This group received similar levels of support from respondents of all ages.

Women in the UK were also more supportive than men in the UK in relation to nearly every other group of people mentioned in the survey. This difference was particularly strong in relation to support for same-sex couples (39% vs 26%) and support for single people (32% vs 19%).

Younger respondents in the UK were more likely than older respondents to be supportive in relation to same-sex couples, single people, transgender people, and those older than their early 40s.

This question was also put to UK respondents as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. The pattern of responses was similar in 2022, in terms of which groups of people received the greatest and the least support.

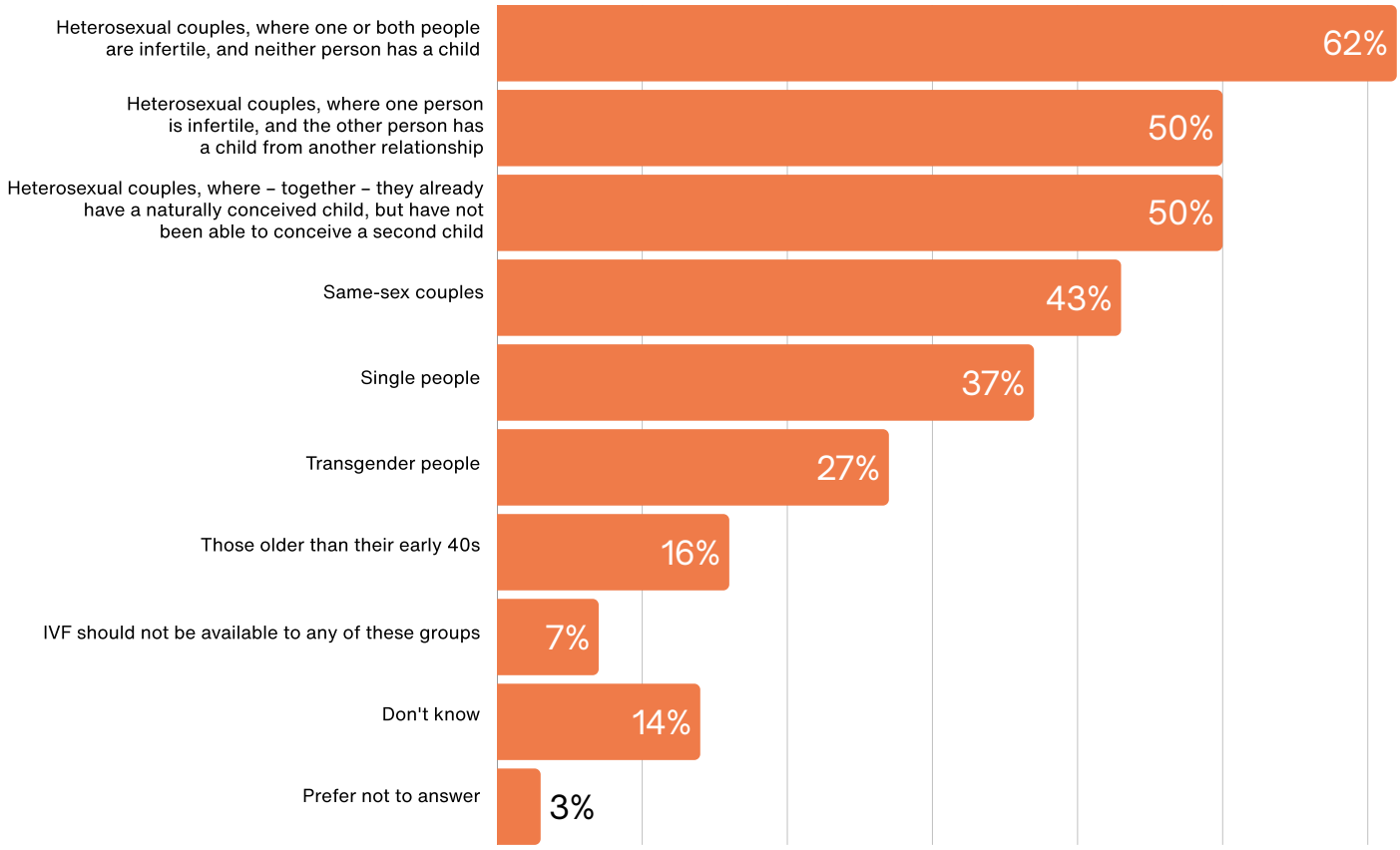
Although the 2022 survey (and therefore the context for the question) was slightly different to this 2026 survey, the results of the two surveys suggest that support for childless heterosexual couples may have increased from 49% (in 2022) to 59% (in 2026). Support for the other two types of heterosexual couple – where one person has a child from another relationship, and where the couple already has one naturally conceived child – may have increased as well, from 37% to 47% and from 29% to 39% respectively.

Meanwhile, the 2022 and 2026 surveys suggest a possible modest increase in support for same-sex couples and for single people, from 28% to 33% and from 19% to 25% respectively.

Subgroup sample sizes are provided for the UK, including gender and age group splits, on p75

* A definition of *'IVF'* was provided, together with background information – see p76

1.2. Which, if any, of the following groups do you think IVF* should be available to via the Netherlands' healthcare system?



Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

Netherlands

This question investigated public attitudes to different groups of people who may need to access state-funded fertility treatment in the Netherlands.

The group most selected in responses to this question was childless heterosexual couples (62%). Women in the Netherlands were more likely than men to support this group of people (67% vs 56%). This group received majority support from respondents of all ages, but respondents aged 35 or older were most likely to be supportive.

Aside from childless heterosexual couples, no other group of people mentioned in this question received support from a majority of respondents in the Netherlands.

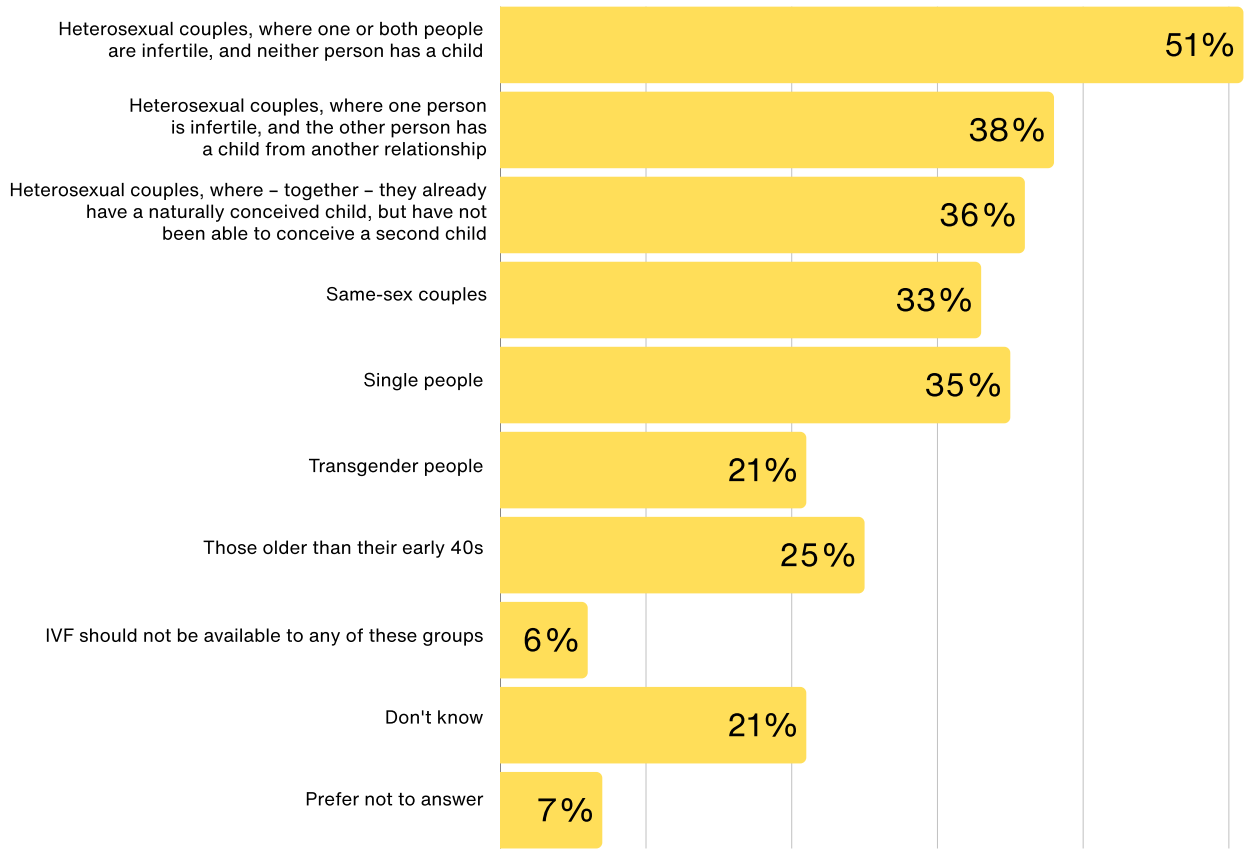
The lowest levels of support among respondents in the Netherlands were for those older than their early 40s (16%) and for transgender people (27%). That said, it is notable that more than a quarter of respondents in the Netherlands supported access to state-funded fertility treatment for transgender people.

Women in the Netherlands were more supportive than men in relation to every group of people mentioned in this question.

Subgroup sample sizes are provided for the Netherlands, including gender and age group splits, on p75

* A definition of *'IVF'* was provided, together with background information – see p76

1.2. Which, if any, of the following groups do you think IVF* should be available to via Spain's healthcare system (ie, through the Sistema Nacional de Salud/SNS)?



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

Spain

This question investigated public attitudes to different groups of people who may need to access state-funded fertility treatment in Spain.

The group most selected in responses to this question was childless heterosexual couples (51%). Women in Spain were more likely than men to support this group of people (56% vs 45%). This group received majority support from respondents in some age bands (encompassing respondents aged 25-44 and aged 55-75), but not from respondents in other age bands (not from respondents aged 16-24 or aged 45-54).

Aside from childless heterosexual couples, no other group of people mentioned in this question received support from a majority of respondents in Spain.

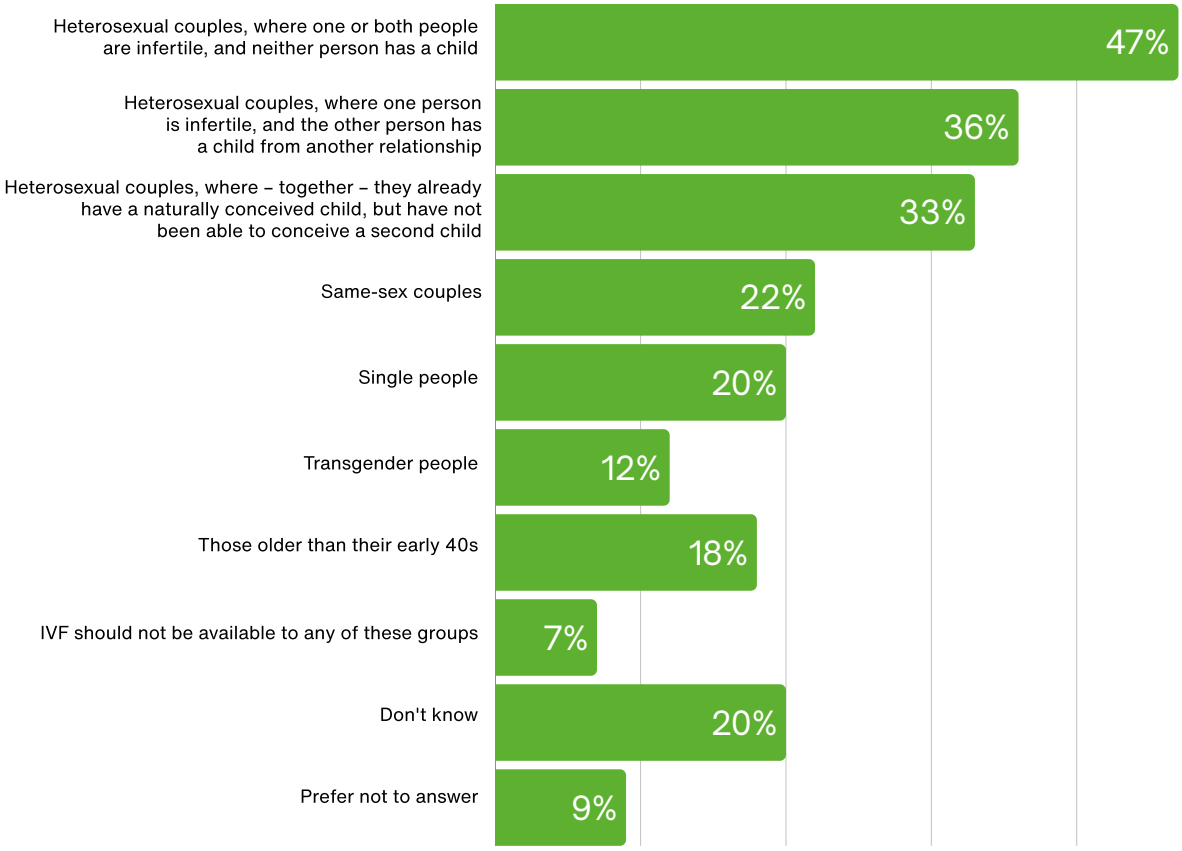
Younger respondents in Spain were more likely than older respondents to be supportive in relation to same-sex couples and transgender people.

More than a fifth of respondents in Spain (21%) said *'Don't know'* in response to this question, and older respondents in Spain were more likely to answer *'Don't know'* than younger respondents. For example, almost a quarter of respondents in Spain aged 45-54 (24%) gave the answer *'Don't know'*, whereas 15% of respondents in Spain aged 25-34 gave the answer *'Don't know'*.

Subgroup sample sizes are provided for Spain, including gender and age group splits, on p76

* A definition of *'IVF'* was provided, together with background information – see p76

1.2. Which, if any, of the following groups do you think IVF* should be available to via Italy's healthcare system (ie, through the Servizio Sanitario Nazionale/SSN)?



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

This question investigated public attitudes to different groups of people who may need to access state-funded fertility treatment in Italy.

The group most selected in responses to this question was childless heterosexual couples (47%). There was one particular age band – namely respondents aged 35-44 – in which 50% of respondents supported that particular group.

Aside from that one exception, however, less than half of respondents in Italy – within every gender and age category – expressed support for each of the groups of people mentioned in the survey. This is despite the strong support for state-funded fertility treatment expressed by respondents in Italy in response to a different question in this survey (see p10-12).

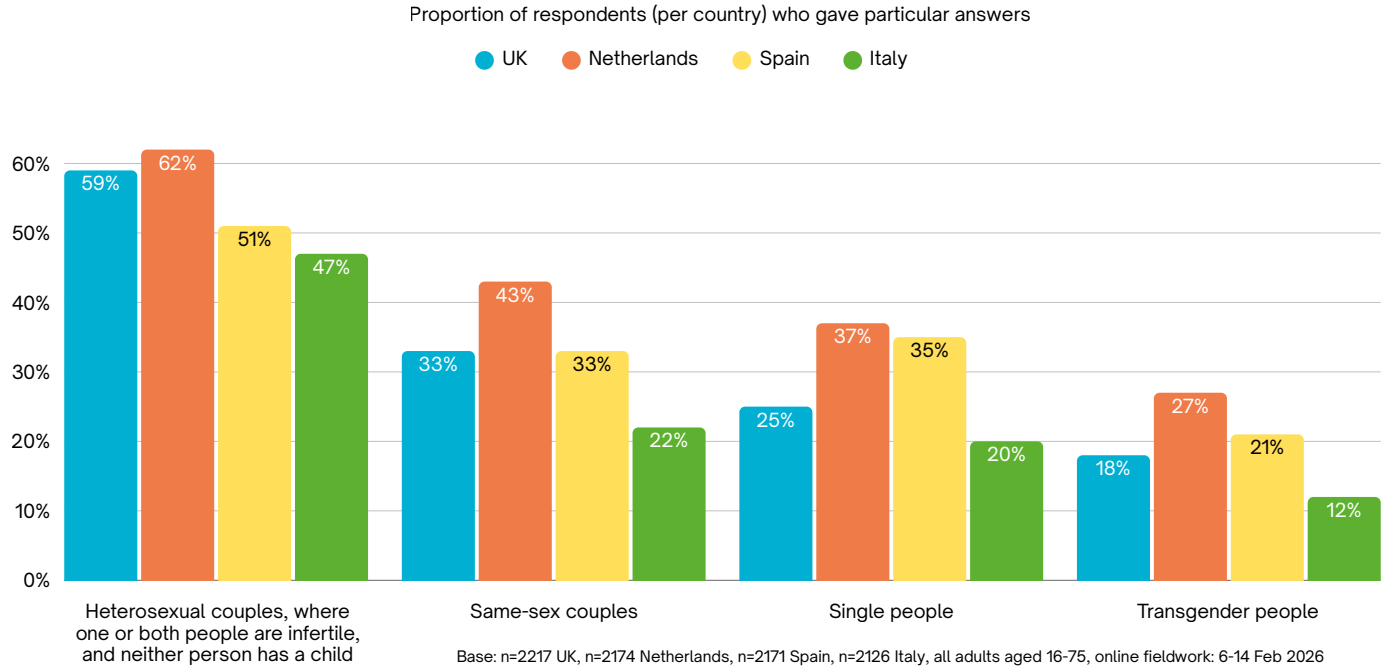
In general, younger respondents in Italy were more likely than older respondents to be supportive of various groups receiving state-funded fertility treatment. Furthermore, women in Italy were more likely than men to be supportive in relation to same-sex couples (25% vs 18%), single people (25% vs 16%), transgender people (14% vs 10%) and people older than their early 40s (20% vs 16%).

A fifth of respondents in Italy (20%) said *'Don't know'* in response to this question.

Subgroup sample sizes are provided for Italy, including gender and age group splits, on p76

* A definition of *'IVF'* was provided, together with background information – see p76

1.2. Which, if any, of the following groups do you think IVF* should be available to via your country's healthcare system?



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

In all four countries, the group most selected in responses to this question was childless heterosexual couples. The highest proportion of respondents selecting this group (62%) was in the Netherlands, while the lowest proportion of respondents selecting this group (47%) was in Italy. A higher proportion of respondents selected same-sex couples than selected single people in the UK, the Netherlands and Italy, while the reverse was true in Spain. A higher proportion of respondents selected those older than their early 40s than selected transgender people in Spain and Italy, while the reverse was true in the Netherlands, and in the UK the same proportion of respondents selected those two groups.

PET says:

State-funded fertility treatment was supported by a majority of respondents in all four of the countries surveyed, but respondents were not equally supportive of every group of people having access to such treatment.

The greatest support was for three different categories of heterosexual couples who may need fertility treatment. However, groups including same-sex couples, single people and transgender people often received greater support from younger respondents than from older respondents, while a fifth of respondents in two countries surveyed (Spain and Italy) said *'Don't know'*. This picture may change with time.

ESHRE resources

Ethical Considerations on Medically Assisted Reproduction in Singles, Same-Sex Couples, Transgender People and People Aspiring to Polyparenthood

Writing Group on behalf of the ESHRE Ethics Committee, Veerle Provoost, Guiliana Baccino *et al*

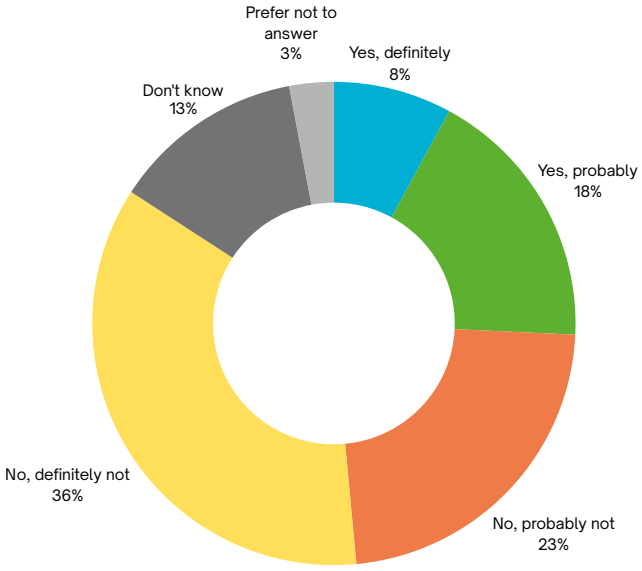
Human Reproduction, expected 2026

academic.oup.com/humrep

Further resources are listed on p78

* A definition of *'IVF'* was provided, together with background information – see p76

1.3. Should people undergoing private (ie, not paid for by the state) fertility treatment* in the UK be able to choose the biological sex of their child, based on their personal preference?



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

UK

The majority of respondents in the UK did *not* support people undergoing private fertility treatment being able to choose the biological sex of their child, based on personal preference.

59% of respondents in the UK said that sex selection should *not* be permitted (36% *'No, definitely not'* and 23% *'No, probably not'*).

There was a significant difference between men and women on this issue. Two-thirds of women in the UK (66%) said that sex selection should *not* be permitted (42% *'No, definitely not'* and 24% *'No, probably not'*). By contrast, just over half of men in the UK (52%) said that sex selection should *not* be permitted (29% *'No, definitely not'* and 22% *'No, probably not'*).

A corresponding difference was seen among those respondents in the UK who thought that sex selection *should* be permitted. 31% of men in the UK said that sex selection *should* be permitted (8% *'Yes, definitely'* and 22% *'Yes, probably'*) compared with 21% of women in the UK (7% *'Yes, definitely'* and 13% *'Yes, probably'*).

An equal proportion of men in the UK – 22% – thought that sex selection *'probably'* should, and *'probably'* should not, be permitted.

Overall, more than a quarter of respondents in the UK (26%) thought that sex selection *should* be permitted (8% selected *'Yes, definitely'* and a further 18% selected *'Yes, probably'*).

There was a significant generational divide, with younger respondents in the UK more likely than older respondents to say that sex selection *should* be permitted.

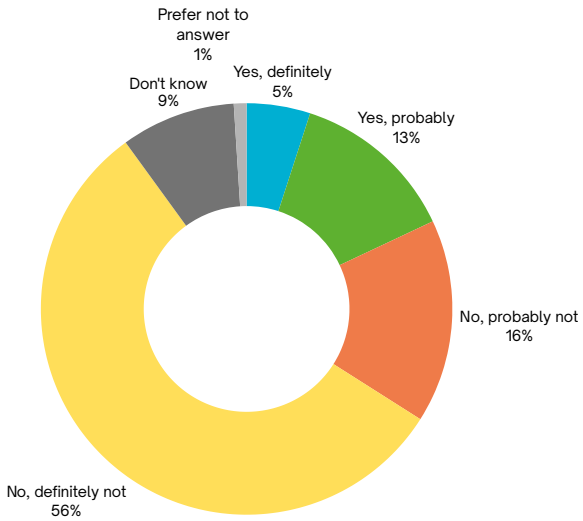
This question was also put to UK respondents as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. Responses to the question in this 2026 survey are very similar to responses received in 2022, which suggests that UK public attitudes to this issue have not changed substantially during the interim.

The same generational trend – whereby younger respondents in the UK were more likely than older respondents to say that sex selection *should* be permitted – was observed in both 2022 and 2026.

Subgroup sample sizes are provided for the UK, including gender and age group splits, on p75

* A definition of *'fertility treatment'* was provided – see p76

1.3. Should people undergoing private (ie, not paid for by the state) fertility treatment* in the Netherlands be able to choose the biological sex of their child, based on their personal preference?



Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

Netherlands

The majority of respondents in the Netherlands did *not* support people undergoing private fertility treatment being able to choose the biological sex of their child, based on personal preference.

72% of respondents in the Netherlands said that sex selection should *not* be permitted (56% *'No, definitely not'* and 16% *'No, probably not'*).

There was a significant difference between men and women on this issue. Four-fifths of women in the Netherlands (82%) said that sex selection should *not* be permitted (66% *'No, definitely not'* and 15% *'No, probably not'*). By contrast, 63% of men in the Netherlands said that sex selection should *not* be permitted (46% *'No, definitely not'* and 17% *'No, probably not'*).

A corresponding difference was seen among those respondents who thought that sex selection *should* be permitted. Just over a quarter of men in the Netherlands (26%) said that sex selection *should* be permitted (7% *'Yes, definitely'* and 18% *'Yes, probably'*), compared with 10% of women (3% *'Yes, definitely'* and 7% *'Yes, probably'*).

A similar proportion of men in the Netherlands said that sex selection *'probably'* should be permitted (18%) as said that sex selection *'probably'* should not be permitted (17%).

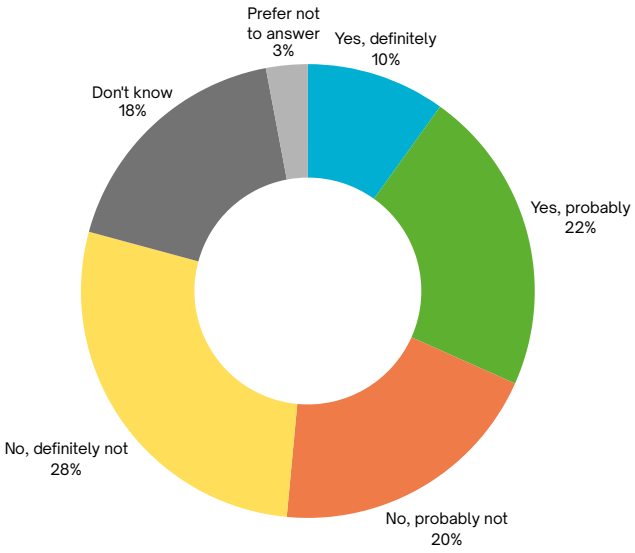
Overall, less than a fifth of respondents in the Netherlands (18%) thought that sex selection *should* be permitted (5% *'Yes, definitely'* and 13% *'Yes, probably'*).

There was a significant generational divide, with younger respondents in the Netherlands more likely than older respondents to say that sex selection *should* be permitted.

Subgroup sample sizes are provided for the Netherlands, including gender and age group splits, on p75

* A definition of *'fertility treatment'* was provided – see p76

1.3. Should people undergoing private (ie, not paid for by the state) fertility treatment* in Spain be able to choose the biological sex of their child, based on their personal preference?



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

Spain

Almost half of respondents in Spain did *not* support people undergoing private fertility treatment being able to choose the biological sex of their child, based on personal preference.

47% of respondents in Spain said that sex selection should *not* be permitted (28% *'No, definitely not'* and 20% *'No, probably not'*).

There was a significant difference between men and women on this issue. The majority of women in Spain (52%) said that sex selection should *not* be permitted (31% *'No, definitely not'* and 21% *'No, probably not'*). By contrast, 42% of men in Spain said that sex selection should *not* be permitted (24% *'No, definitely not'* and 18% *'No, probably not'*).

A corresponding difference was seen among those respondents who thought that sex selection *should* be permitted. More than a third of men in Spain (36%) said that sex selection *should* be permitted (10% *'Yes, definitely'* and 25% *'Yes, probably'*). By contrast, 28% of women in Spain said that sex selection *should* be permitted (8% *'Yes, definitely'* and 19% *'Yes, probably'*).

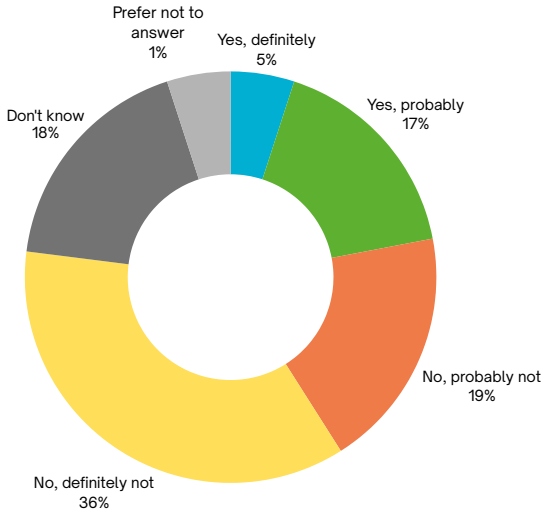
A greater proportion of men in Spain said that sex selection *'probably'* should be permitted (25%) than said that sex selection *'probably'* should not be permitted (18%).

Overall, almost a third of respondents in Spain (32%) thought that sex selection *should* be permitted (10% *'Yes, definitely'* and 22% *'Yes, probably'*).

Subgroup sample sizes are provided for Spain, including gender and age group splits, on p76

* A definition of *'fertility treatment'* was provided – see p76

1.3. Should people undergoing private (ie, not paid for by the state) fertility treatment* in Italy be able to choose the biological sex of their child, based on their personal preference?



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

The majority of respondents in Italy did *not* support people undergoing private fertility treatment being able to choose the biological sex of their child, based on personal preference.

55% of respondents in Italy said that sex selection should *not* be permitted (36% *'No, definitely not'* and 19% *'No, probably not'*).

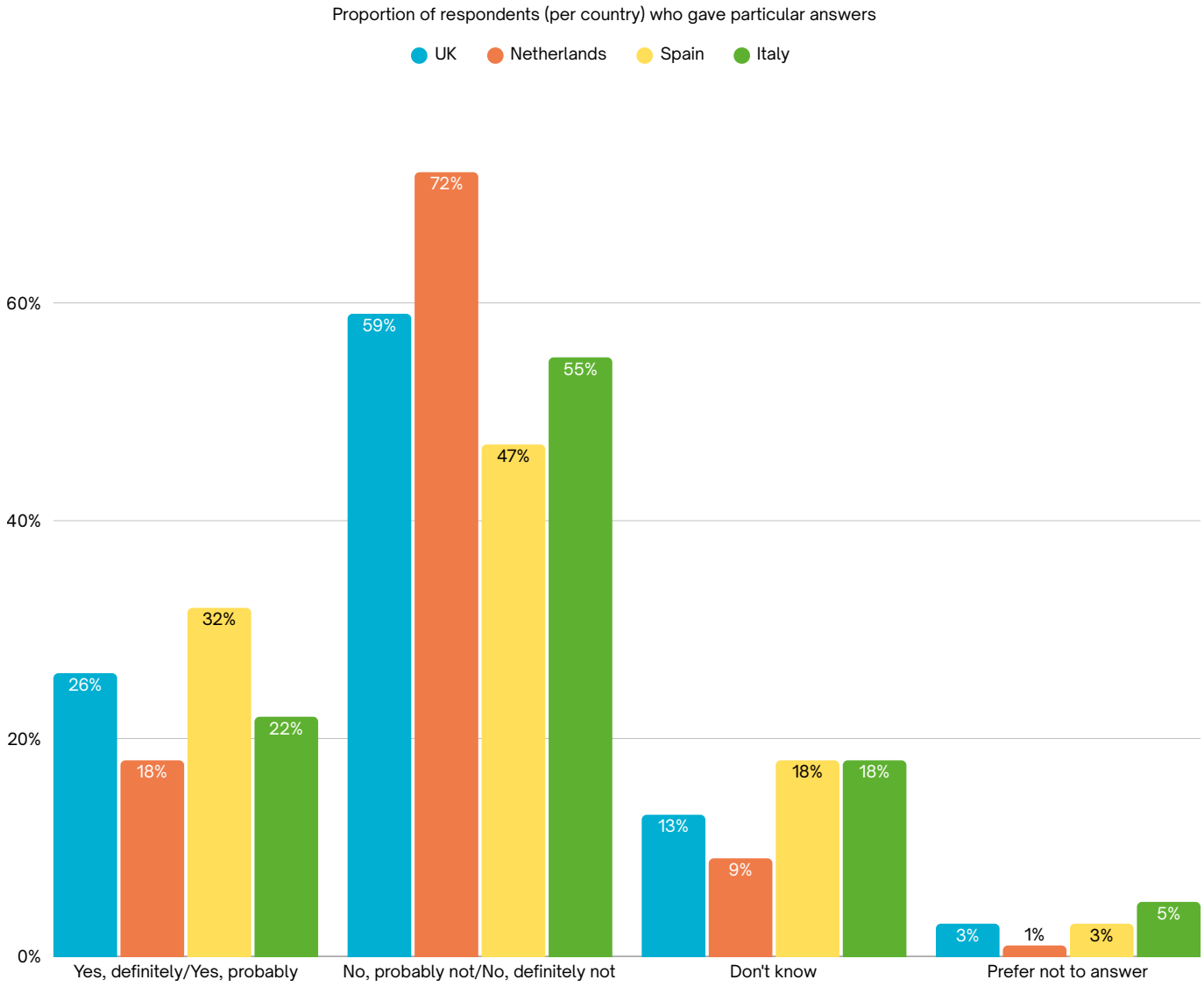
There was a significant difference between men and women on this issue. 60% of women in Italy said that sex selection should *not* be permitted (41% *'No, definitely not'* and 19% *'No, probably not'*). By contrast, just half of men in Italy (50%) said that sex selection should *not* be permitted (32% *'No, definitely not'* and 19% *'No, probably not'*).

A corresponding difference was seen among those respondents who thought that sex selection *should* be permitted. More than a quarter of men in Italy (26%) said that sex selection *should* be permitted (5% *'Yes, definitely'* and 21% *'Yes, probably'*). By contrast, less than a fifth of women in Italy (18%) said that sex selection *should* be permitted (5% *'Yes, definitely'* and 13% *'Yes, probably'*).

A slightly greater proportion of men in Italy said that sex selection *'probably'* should be permitted (21%) than said that sex selection *'probably'* should not be permitted (19%).

Overall, more than a fifth of Italian respondents (22%) thought that sex selection *should* be permitted (5% *'Yes, definitely'* and 17% *'Yes, probably'*).

1.3. Should people undergoing private (ie, not paid for by the state) fertility treatment* be able to choose the biological sex of their child, based on their personal preference?



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

A substantial proportion of respondents in all four of the countries surveyed – a majority in every country except Spain – did *not* support people undergoing private fertility treatment being able to choose the biological sex of their child, based on personal preference.

Opposition to sex selection being permitted was strongest in the Netherlands (72%) followed by the UK (59%), Italy (55%) and Spain (47%).

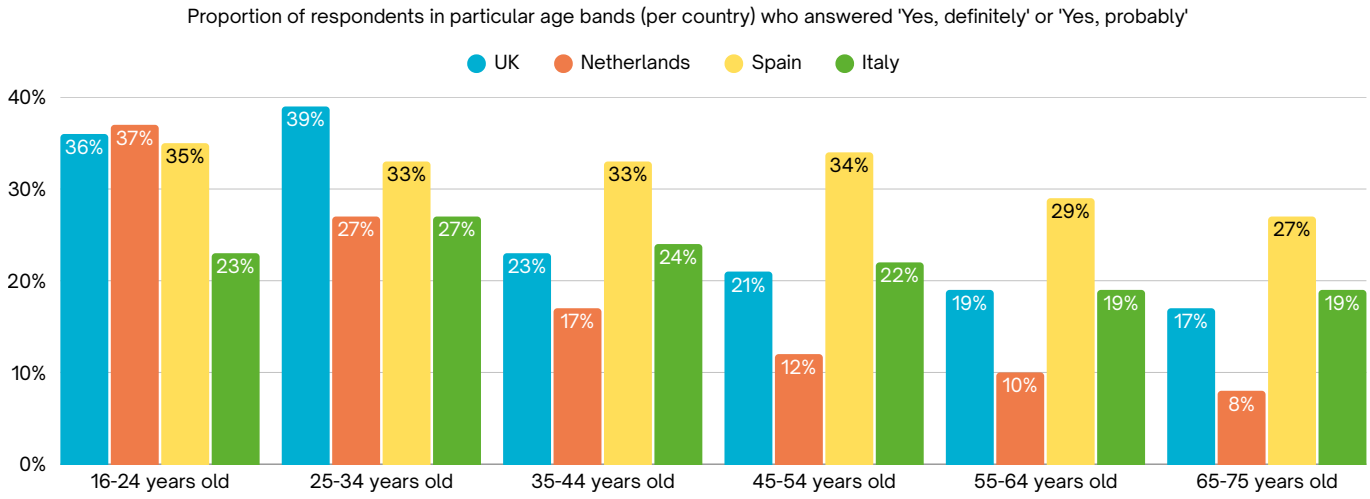
At the same time, a significant minority of respondents in all four of the countries surveyed expressed support for sex selection being permitted. This support was strongest in Spain (32%) followed by the UK (26%), Italy (22%) and the Netherlands (18%).

In all four of the countries surveyed, women were more likely than men to oppose sex selection being permitted, while men were more likely than women to support sex selection being permitted.

Subgroup sample sizes are provided for each country, including gender and age group splits, on p75-76

* A definition of *'fertility treatment'* was provided – see p76

1.3. Should people undergoing private (ie, not paid for by the state) fertility treatment* be able to choose the biological sex of their child, based on their personal preference?



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

A general trend in all four of the countries surveyed – illustrated above – is that younger respondents are more likely than older respondents to say that sex selection should be permitted.

This trend is clearest in the Netherlands, where support for sex selection begins at 37% among respondents aged 16-24, and then decreases steadily to 8% among respondents aged 65-75.

In the UK, support for sex selection rises from 36% among respondents aged 16-24 to 39% among respondents aged 25-34, and diminishes thereafter.

In Spain, by contrast, support for permitting sex selection does not decline until we reach respondents aged 55 or older.

PET resources

Fertility, Genomics and Embryo Research: Public Attitudes and Understanding

Progress Educational Trust, June 2022

See in particular p11

www.progress.org.uk/engagement/resource/fertility-genomics-and-embryo-research-public-attitudes-and-understanding/

Sex Selection Technique 80% Effective

Dan Jacobson

BioNews, Issue 1184, March 2023

www.progress.org.uk/sex-selection-technique-80-percent-effective/

Further resources are listed on p78

PET says:

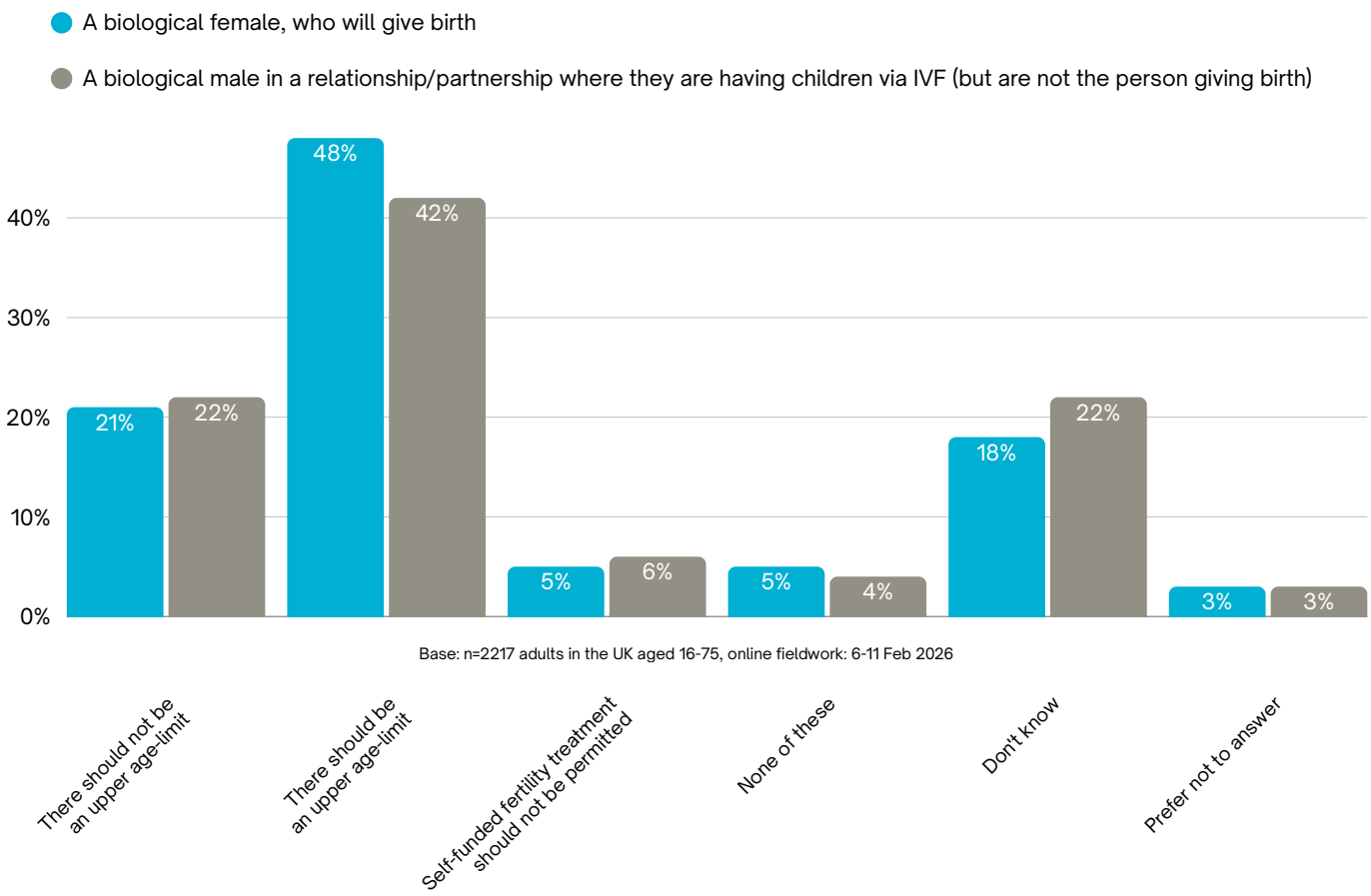
Fertility patients in the UK, the Netherlands, Spain and Italy are not currently permitted to choose the biological sex of their child based on personal preference. On this issue, then – unlike other issues explored in this survey, where public opinion in Europe runs ahead of current law (see p72-74) – prevailing opinion is consistent with present-day policies.

We note with interest that there is greater support for permitting sex selection among younger respondents. Any move to permit sex selection in future – even if it were limited to so-called *'family balancing'* – could have significant ethical ramifications, and would require thoroughgoing discussion and debate.

Subgroup sample sizes are provided for each country, including gender and age group splits, on p75-76

* A definition of *'fertility treatment'* was provided – see p76

1.4. Thinking about self-funded fertility treatment*, do you think there should be an upper age limit when it comes to each of the following, or not?



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

UK

Almost half of respondents in the UK (48%) said that there *should* be an upper age limit, such that a biological *female* (who will give birth) *cannot* have private fertility treatment if they are older than the relevant age limit. Women in the UK were more likely than men to hold this view (52% vs 45%).

More than a fifth of respondents in the UK (21%) said that there should *not* be an upper age limit for a biological *female*. Women and men were about equally likely to hold this view. 18% of respondents in the UK answered *'Don't know'*.

Older respondents in the UK were more likely than younger respondents to say that there *should* be an upper age limit for a biological *female*. 60% of respondents in the UK aged 65-75 held this view, whereas just 36% of respondents in the UK aged 16-24 held this view.

42% of respondents in the UK said that there *should* be an upper age limit, such that a biological *male* in a relationship/partnership where they are having children via IVF (but are not the person giving birth) *cannot* have private fertility treatment if they are older than the relevant age limit.

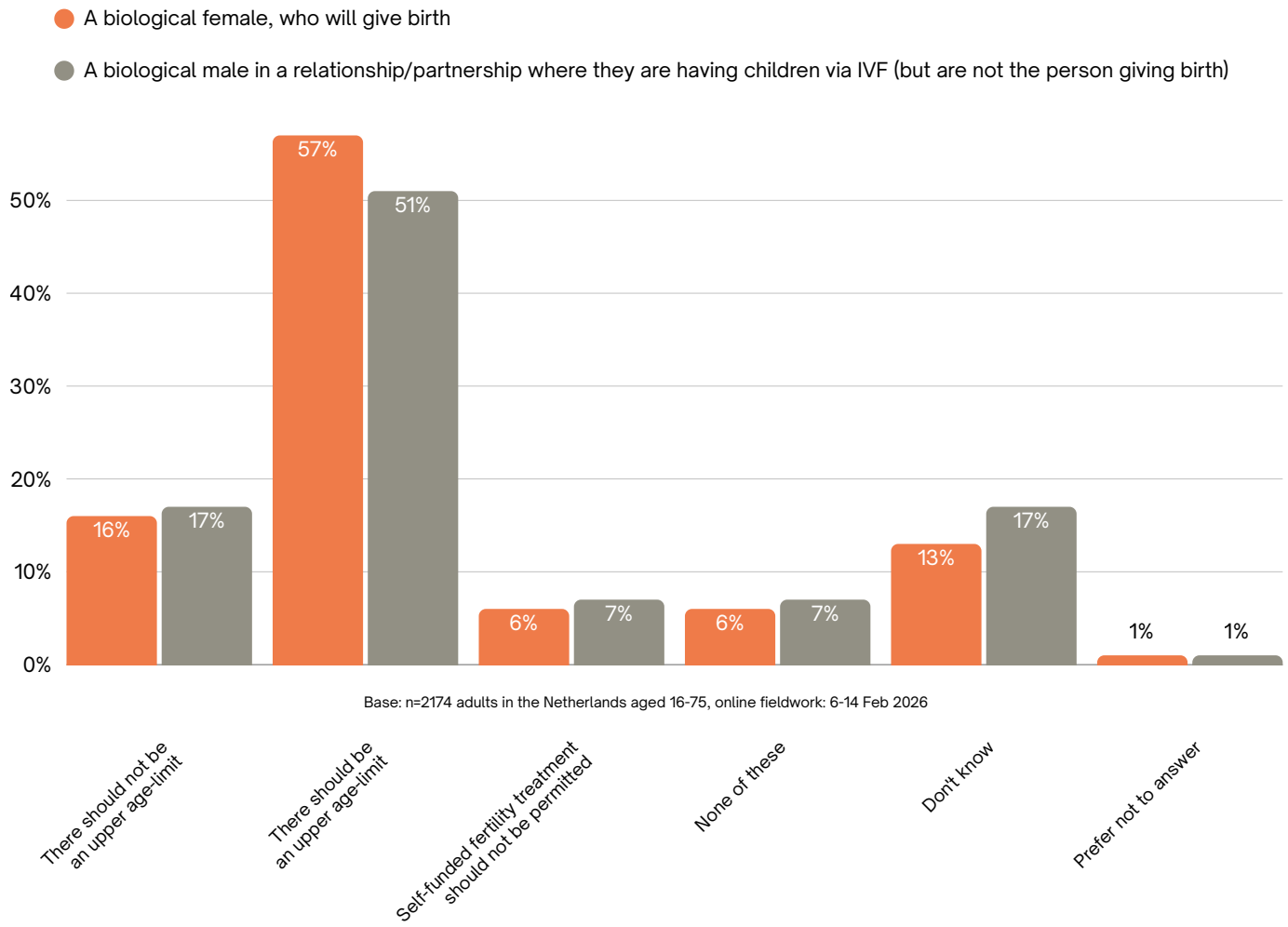
Conversely, more than a fifth of respondents in the UK (22%) said that there should *not* be an upper age limit for a biological *male*. Women and men in the UK were about equally likely to hold this view. The same proportion of respondents in the UK (22%) answered *'Don't know'*.

Half of respondents in the UK aged 45-54 (50%) said that there *should* be an upper age limit for a biological *male*. This view was held by less than half of respondents in every other age band in the UK.

Subgroup sample sizes are provided for the UK, including gender and age group splits, on p75

* A definition of *'fertility treatment'* was provided – see p76

1.4. Thinking about self-funded fertility treatment*, do you think there should be an upper age limit when it comes to each of the following, or not?



Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

Netherlands

The majority of respondents in the Netherlands (57%) said that there *should* be an upper age limit, such that a biological *female* (who will give birth) *cannot* have private fertility treatment if they are older than the relevant age limit. Women in the Netherlands were more likely than men to hold this view (62% vs 52%).

Conversely, 16% of respondents in the Netherlands said that there should *not* be an upper age limit for a biological *female*. Men in the Netherlands were more likely than women to hold this view (19% vs 14%).

Older respondents in the Netherlands were more likely than younger respondents to say that there *should* be an upper age limit for a biological *female*. 69% of respondents in the Netherlands aged 65-75 held this view, whereas just 42% of respondents aged 16-24 held this view.

The majority of respondents in the Netherlands (51%) said that there *should* be an upper age limit, such that a biological *male* in a relationship/partnership where they are having children via IVF (but are not the person giving birth) *cannot* have private fertility treatment if they are older than the relevant age limit. Women were more likely than men to hold this view (56% vs 45%).

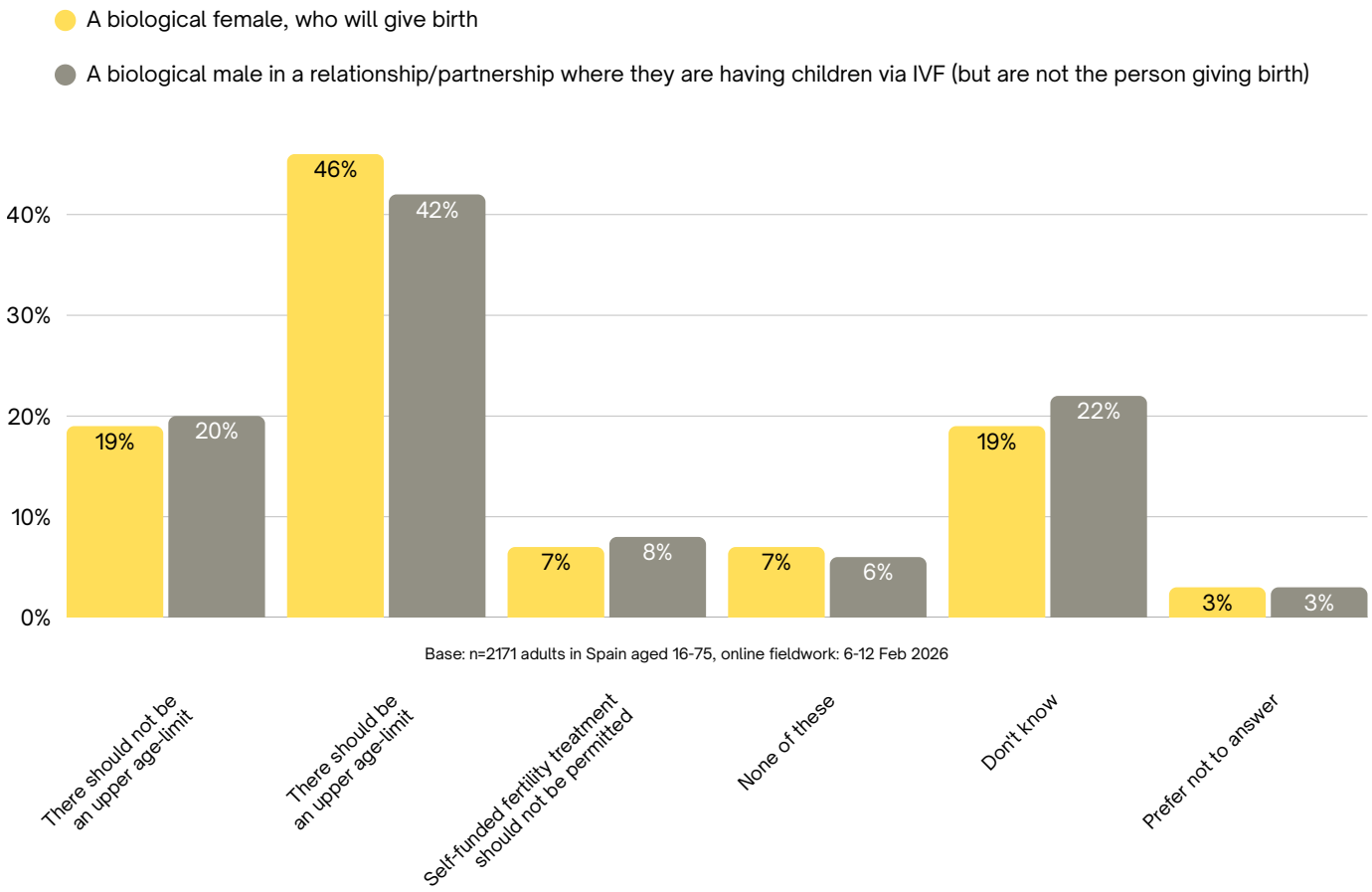
Conversely, 17% of respondents in the Netherlands said that there should *not* be an upper age limit for a biological *male*. Men were more likely than women to hold this view (19% vs 15%).

Older respondents in the Netherlands were more likely than younger respondents to say that there *should* be an upper age limit for a biological *male*. 59% of respondents aged 65-75 held this view, compared to 40% of respondents aged 16-24.

Subgroup sample sizes are provided for the Netherlands, including gender and age group splits, on p75

* A definition of *'fertility treatment'* was provided – see p76

1.4. Thinking about self-funded fertility treatment*, do you think there should be an upper age limit when it comes to each of the following, or not?



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

Spain

46% of respondents in Spain said that there *should* be an upper age limit, such that a biological *female* (who will give birth) *cannot* have private fertility treatment if they are older than the relevant age limit.

Conversely, 19% of respondents in Spain said that there should *not* be an upper age limit for a biological *female*. Women and men in Spain were about equally likely to hold this view. The same proportion of respondents in Spain (19%) answered *'Don't know'*.

The majority of respondents in Spain in age bands spanning 55-75 said that there *should* be an upper age limit for a biological *female*, whereas less than half of respondents in Spain in age bands spanning 16-54 held this view.

42% of respondents in Spain said that there *should* be an upper age limit, such that a biological *male* in a relationship/partnership where they are having children via IVF (but are not the person giving birth) *cannot* have private fertility treatment if they are older than the relevant age limit. Women in Spain were more likely than men to hold this view (46% vs 37%).

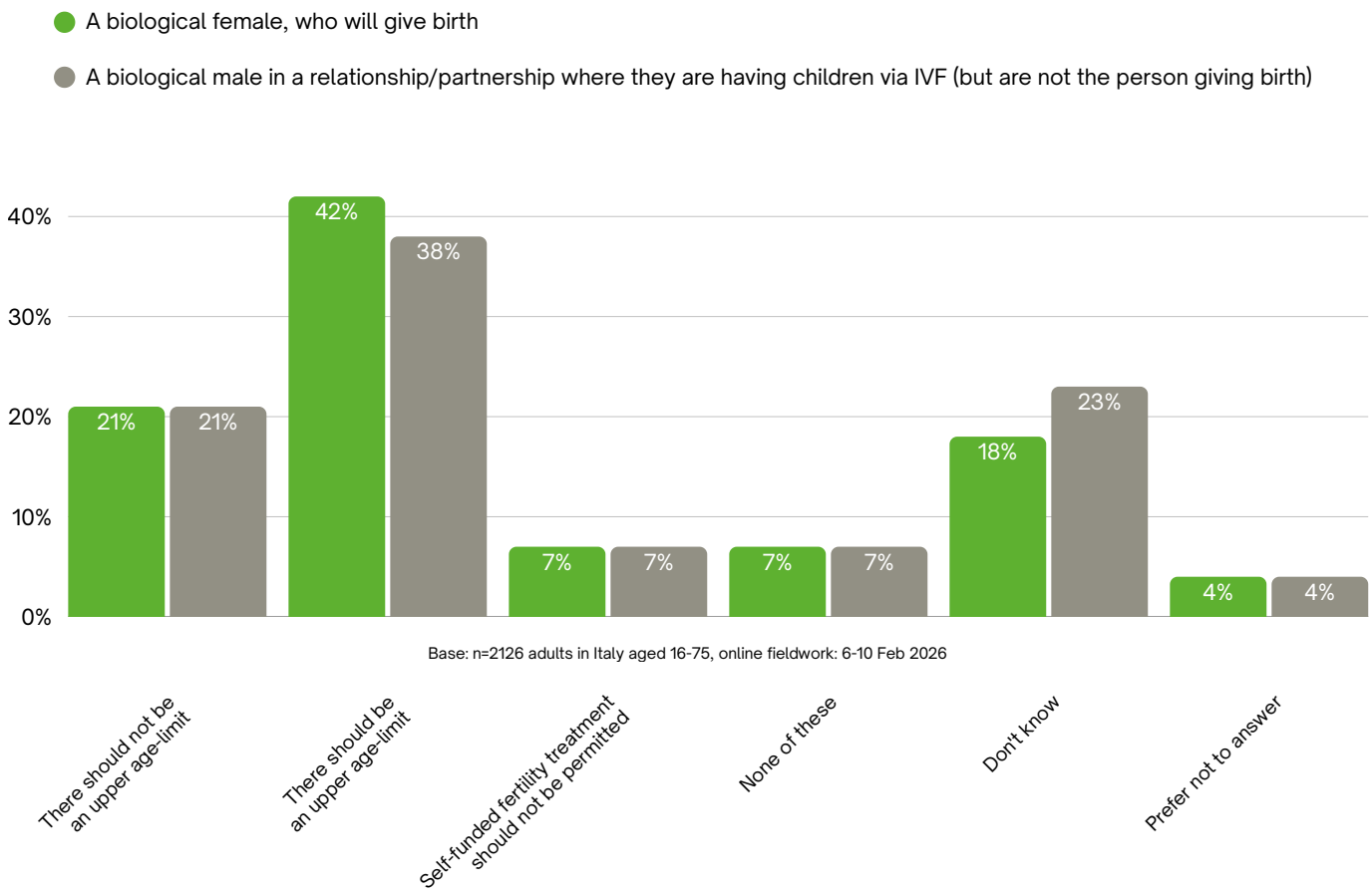
Conversely, a fifth of respondents in Spain (20%) said that there should *not* be an upper age limit for a biological *male*. Women and men were about equally likely to hold this view.

An even greater proportion of respondents in Spain (22%) said *'Don't know'*, in relation to whether there should be an upper age limit for a biological *male*.

Subgroup sample sizes are provided for Spain, including gender and age group splits, on p76

* A definition of *'fertility treatment'* was provided – see p76

1.4. Thinking about self-funded fertility treatment*, do you think there should be an upper age limit when it comes to each of the following, or not?



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

42% of respondents in Italy said that there *should* be an upper age limit, such that a biological *female* (who will give birth) *cannot* have private fertility treatment if they are older than the relevant age limit.

More than a fifth of respondents in Italy (21%) said that there should *not* be an upper age limit for a biological *female*. Women and men in Italy were about equally likely to hold this view.

Older respondents in Italy were more likely than younger respondents to say that there *should* be an upper age limit for a biological *female*. Half of respondents in Italy aged 65-75 (50%) held this view, whereas less than a third of respondents in Italy aged 16-24 (31%) held this view.

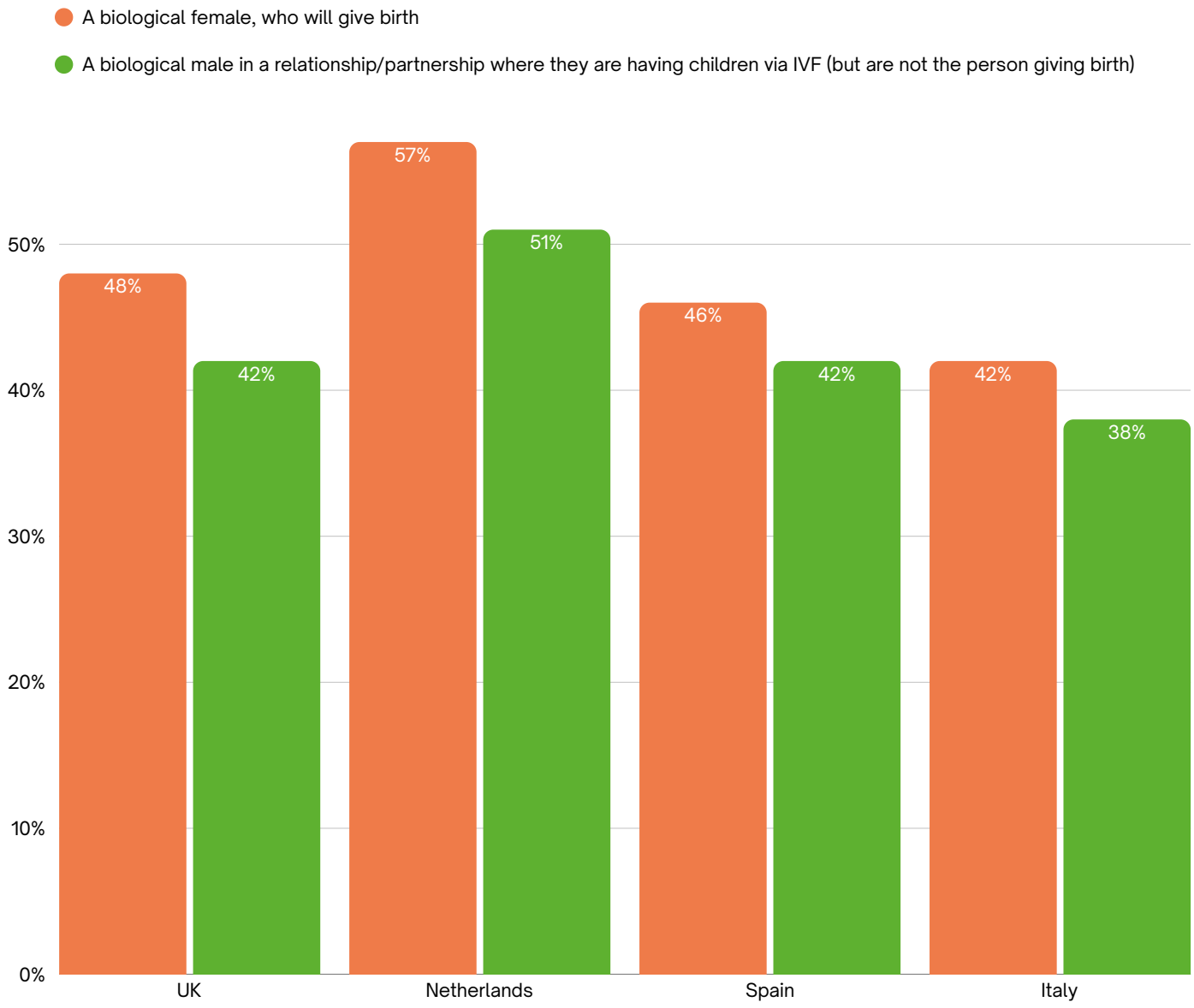
38% of respondents in Italy said that there *should* be an upper age limit, such that a biological *male* in a relationship/partnership where they are having children via IVF (but are not the person giving birth) *cannot* have private fertility treatment if they are older than the relevant age limit. Women and men in Italy were about equally likely to hold this view.

Conversely, more than a fifth of respondents in Italy (21%) said that there should *not* be an upper age limit for a biological *male*. Again, women and men in Italy were about equally likely to hold this view.

An even greater proportion of respondents in Italy (23%) said *'Don't know'*, in relation to whether there should be an upper age limit for a biological *male*.

1.4. Thinking about self-funded fertility treatment*, do you think there should be an upper age limit, or not?

Proportion of respondents (per country) who answered 'There *should* be an upper age-limit', when asked whether there should be an upper age limit for self-funded fertility treatment in relation to...



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

As illustrated above, in all four of the countries surveyed, more respondents said there *should* be upper age limits – particularly with regard to a biological *female*, but also with regard to a biological *male* – than said there should *not* be such limits.

This opinion was most evident in the Netherlands, which was the only country in which a majority of respondents held this view.

As illustrated on the following page, around a fifth of respondents in every country surveyed – except Italy, where the figure was slightly lower – said that there should *not* be an upper age limit for either a biological *female* or a biological *male*.

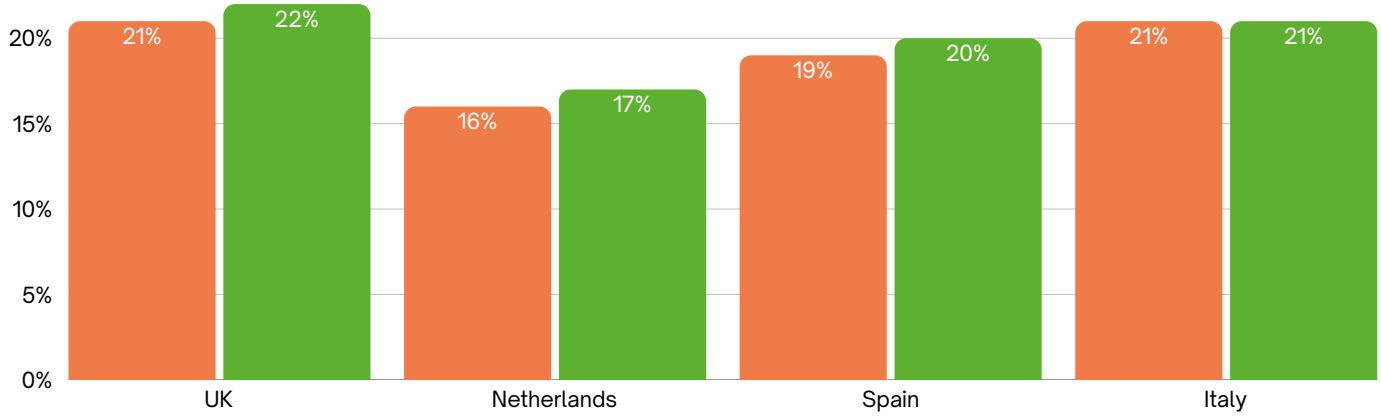
Respondents who thought that there *should* be upper age limits were asked what they thought these limits should be. With regard to both a biological *female* and a biological *male*, an age limit of 45 was most popular overall (see p30-31).

* A definition of *'fertility treatment'* was provided – see p76

1.4. Thinking about self-funded fertility treatment*, do you think there should be an upper age limit, or not?

Proportion of respondents (per country) who answered 'There should *not* be an upper age-limit', when asked whether there should be an upper age limit for self-funded fertility treatment in relation to...

- A biological female, who will give birth
- A biological male in a relationship/partnership where they are having children via IVF (but are not the person giving birth)



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

ESHRE/PET resources

Survey on ART and IUI: Legislation, Regulation, Funding and Registries in European Countries – An Update

European IVF Monitoring Consortium, Carlos Calhaz-Jorge, Jesper Smeenk *et al*

Human Reproduction, Volume 39, Issue 9, September 2024

doi.org/10.1093/humrep/deae163

Male Partner Age Affects Chance of Miscarriage after IVF

Jen Willows, *BioNews*, Issue 1295, June 2025

www.progress.org.uk/male-partner-age-affects-chance-of-miscarriage-after-ivf/

Human Eggs Acquire Fewer Mutations with Age than Previously Thought

Vanessa Burns, *BioNews*, Issue 1302, August 2025

www.progress.org.uk/human-eggs-acquire-fewer-mutations-with-age-than-previously-thought/

Sperm Deteriorates in Quality the Longer It Stays in the Body

Eleanor Brown, *BioNews*, Issue 1333, March 2026

www.progress.org.uk/sperm-deteriorates-in-quality-the-longer-it-stays-in-the-body/

Further resources are listed on p78

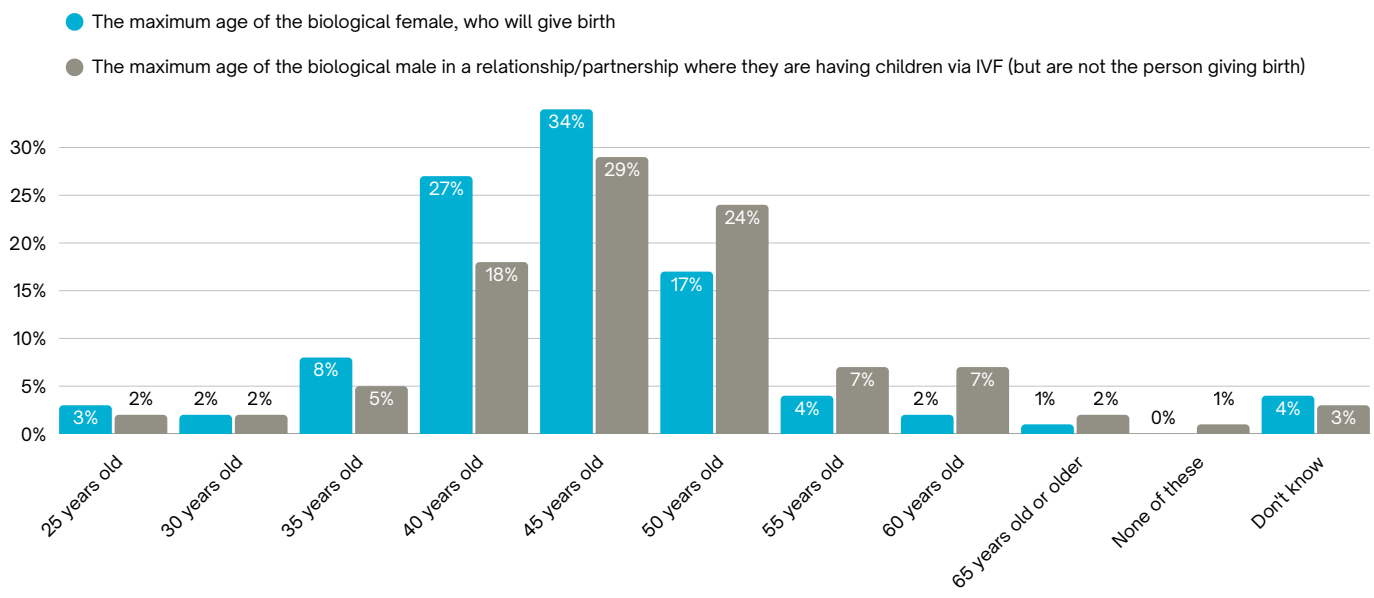
PET says:

Assisted conception increases the age at which it is feasible to have children. This has benefits, but it can also lead to increased medical risks during and after pregnancy. In extreme cases, it can entail a likelihood of parents becoming infirm – or even dying – while their children are still young.

In all four of the countries surveyed, many respondents seemed to be mindful of the challenges posed by increased parental age. This then prompts further questions. Are upper age limits on fertility treatment best set by national laws? By professional guidance? By the judgment of practitioners weighing up each specific case? Or by some combination of these?

* A definition of *'fertility treatment'* was provided – see p76

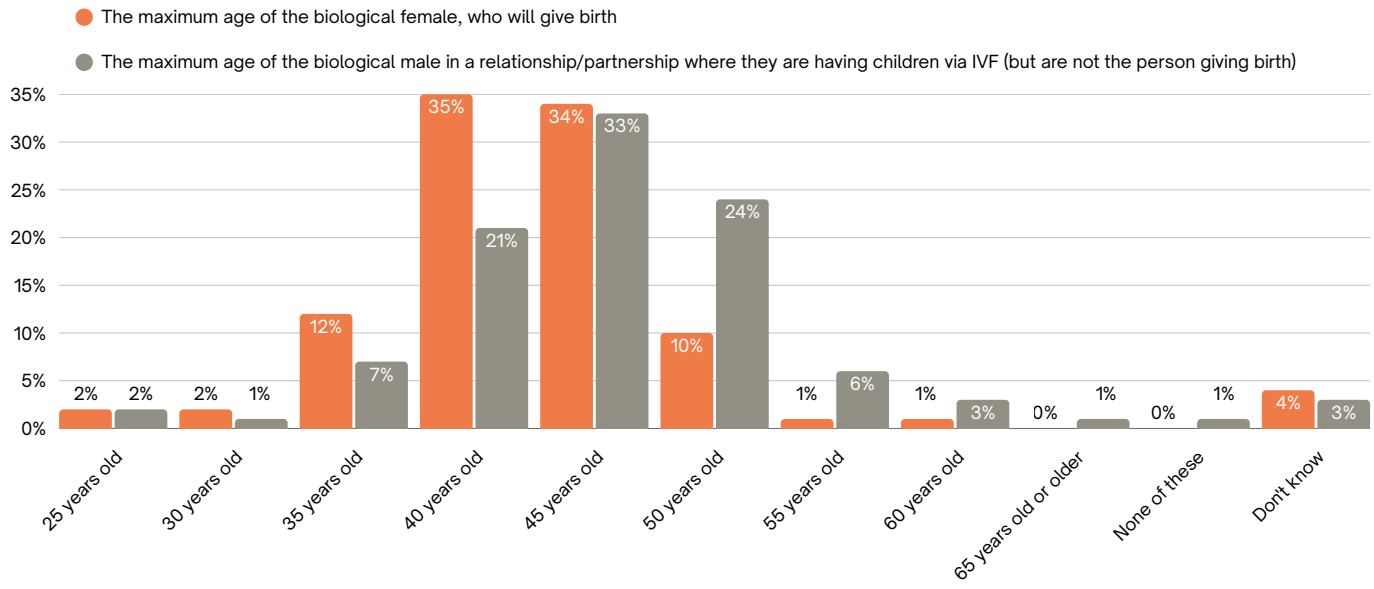
1.5. Which – if any – of the following do you think the upper age limit should be for people to be permitted to have self-funded fertility treatment*, when it comes to...



Base: n=1088 adults in the UK aged 16-75 who said there should be an upper age limit, online fieldwork: 6-11 Feb 2026

UK

This question was put to respondents in the UK who thought that there *should* be upper age limits, such that people *cannot* have private fertility treatment if they are older than the relevant age limit. A range of possible age limits was presented, of which the most popular – with regard to both a biological *female* and a biological *male* – was 45.



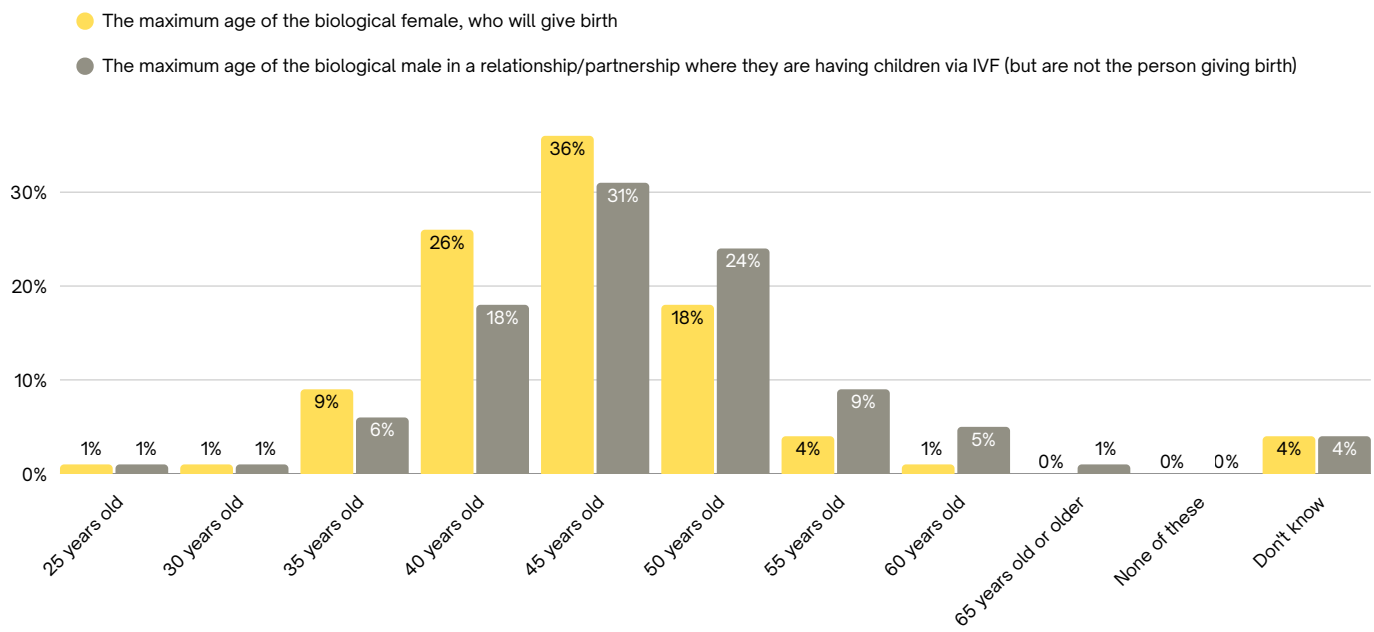
Base: n=1257 adults in the Netherlands aged 16-75 who said there should be an upper age limit, online fieldwork: 6-14 Feb 2026

Netherlands

This question was put to respondents in the Netherlands who thought that there *should* be upper age limits, such that people *cannot* have private fertility treatment if they are older than the relevant age limit. A range of possible age limits was presented, of which the most popular with regard to a biological *female* were 40 and 45, and the most popular with regard to a biological *male* was 45.

* A definition of *'fertility treatment'* was provided – see p76

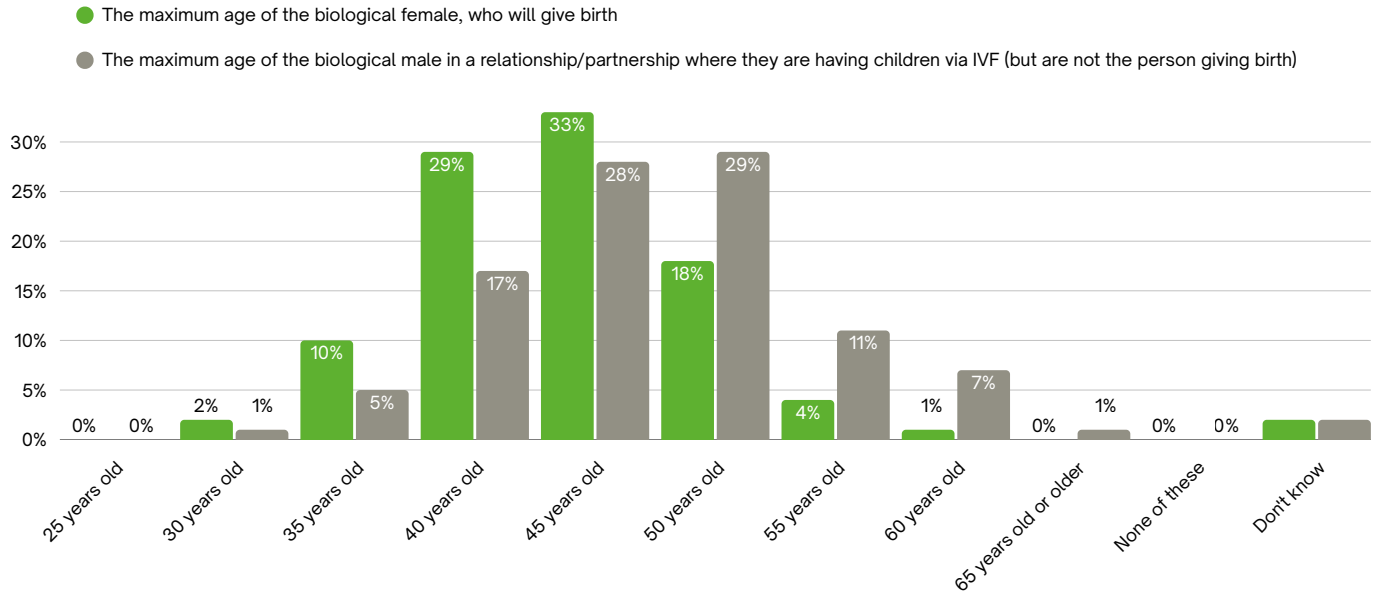
1.5. Which – if any – of the following do you think the upper age limit should be for people to be permitted to have self-funded fertility treatment*, when it comes to...



Spain

Base: n=983 adults in Spain aged 16-75 who said there should be an upper age limit, online fieldwork: 6-12 Feb 2026

This question was put to respondents in Spain who thought that there *should* be upper age limits, such that people cannot have private fertility treatment if they are older than the relevant age limit. A range of possible age limits was presented, of which the most popular – with regard to both a biological *female* and a biological *male* – was 45.



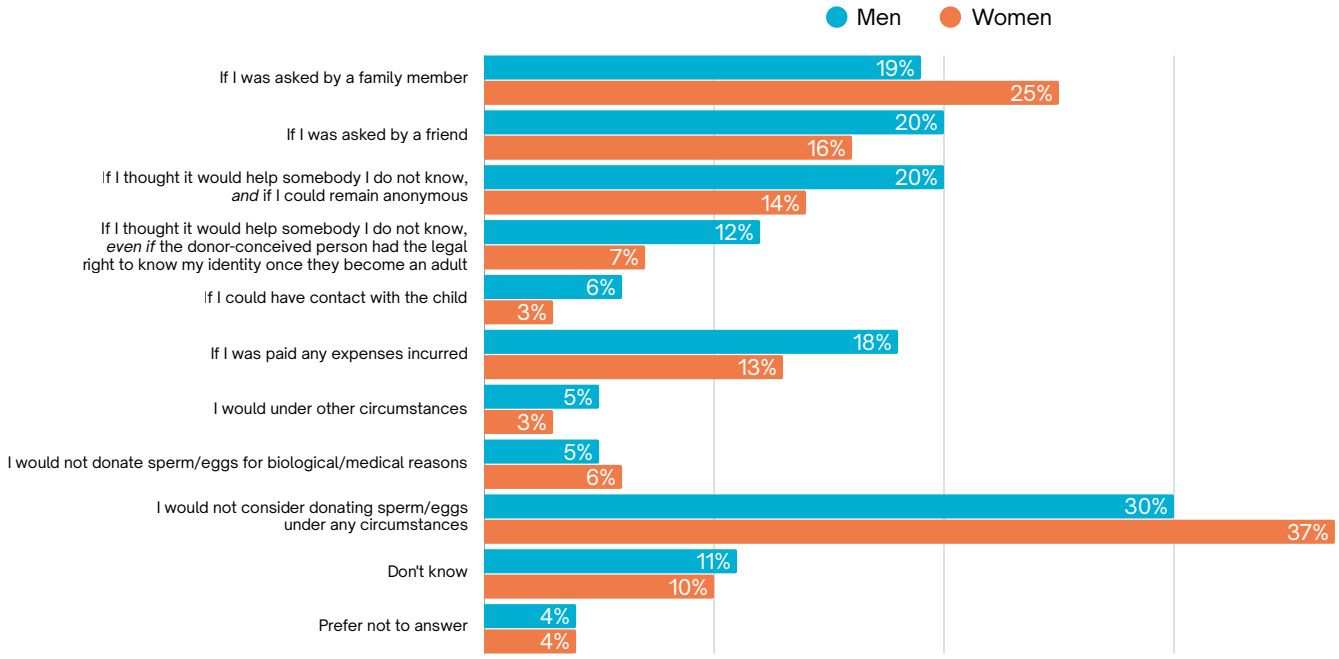
Base: n=896 adults in Italy aged 16-75 who said there should be an upper age limit, online fieldwork conducted: 6-10 Feb 2026

Italy

This question was put to respondents in Italy who thought that there *should* be upper age limits, such that people cannot have private fertility treatment if they are older than the relevant age limit. A range of possible age limits was presented, of which the most popular with regard to a biological *female* was 45, and the most popular with regard to a biological *male* were 45 and 50.

* A definition of *'fertility treatment'* was provided – see p76

1.6. Under which – if any – of the following circumstances would you personally consider donating sperm or eggs, to help others have children?



Base: adults in the UK aged 16-75, men n=1085, women n=1113. Online fieldwork: 6-11 Feb 2026

UK

Overall, 47% of respondents in the UK said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more of the circumstances presented to them.

Men in the UK were more likely than women to say that they would consider donating gametes. Half of men in the UK (51%) said that they would consider doing this, whereas 43% of women in the UK said that they would consider doing this.

However, a quarter of UK women (25%) said that they would consider donating if asked by a family member, whereas less than a fifth of UK men (19%) said they would consider doing this.

Men in the UK were more likely than women to say that they would consider donating if asked by a friend (20% vs 16%), and if they were paid any expenses incurred (18% vs 13%).

Men in the UK were also more likely than women to say that they would consider donating if they thought that donating would help somebody they did not know *and* they could remain anonymous (20% vs 14%), and if they thought that donating would help somebody they did not know *but* they would later be identifiable (12% vs 7%).

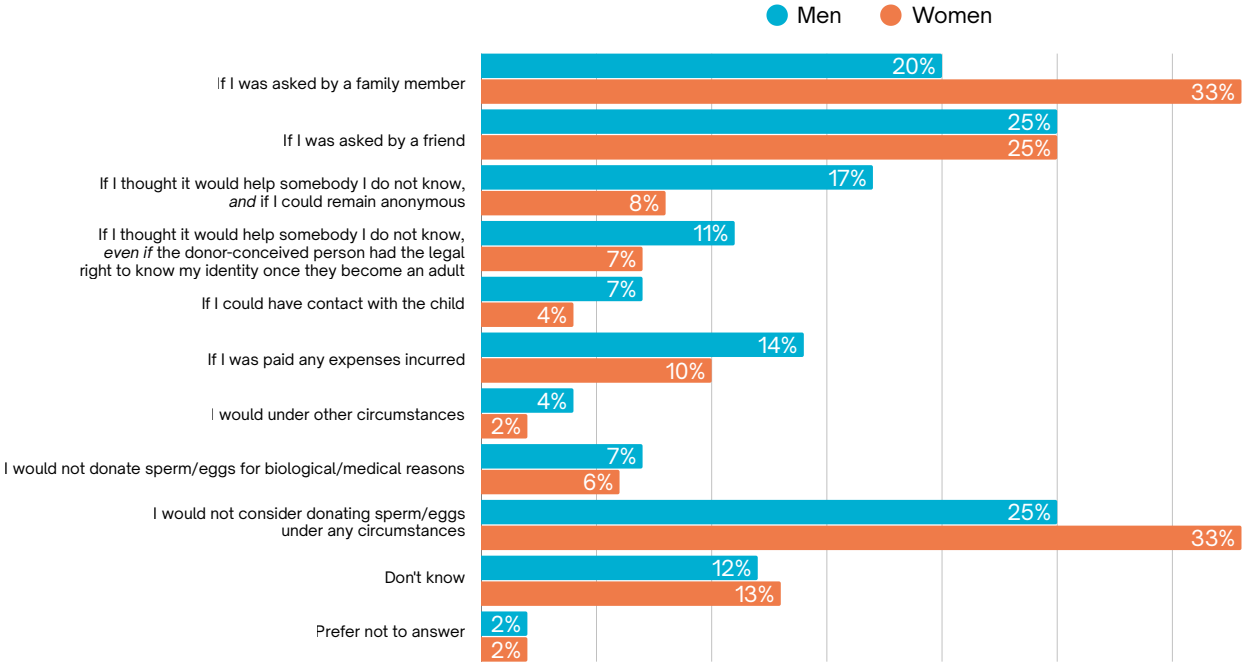
This question was also put to respondents as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. In 2022, as in 2026, men in the UK were more likely than women in the UK to consider donating gametes to help others have children.

There appears to have been an increase in the proportion of men and women in the UK who say that they would *not* consider donating gametes in any circumstances. This figure has increased from a fifth of men in the UK (20%) in 2022 to almost a third of men in the UK (30%) in 2026, and from almost a third of women in the UK (30%) in 2022 to more than a third of women in the UK (37%) in 2026.

At the same time, there are several contexts in which the proportion of respondents in the UK willing to donate gametes has remained consistent between 2022 and 2026. Proportions of men and women in the UK who would consider donating gametes if asked by a family member, if asked by a friend and if paid any expenses incurred are almost identical in 2022 and in 2026.

Subgroup sample sizes are provided for the UK, including gender and age group splits, on p75

1.6. Under which – if any – of the following circumstances would you personally consider donating sperm or eggs, to help others have children?



Base: adults in the Netherlands aged 16-75, men n=1058, women n=1107. Online fieldwork: 6-14 Feb 2026

Netherlands

Overall, almost half of respondents in the Netherlands (49%) said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more of the circumstances presented to them.

Men in the Netherlands were more likely than women to say that they would consider donating gametes to help others have children. More than half of men in the Netherlands (53%) said that they would consider donating gametes in one or more circumstances, whereas 46% of women in the Netherlands said that they would consider donating gametes in one or more circumstances.

However, women in the Netherlands were more likely than men to say that they would consider donating gametes if asked by a family member. A third of women in the Netherlands (33%) said that they would consider donating gametes, whereas only a fifth of men in the Netherlands (20%) said that they would consider doing this.

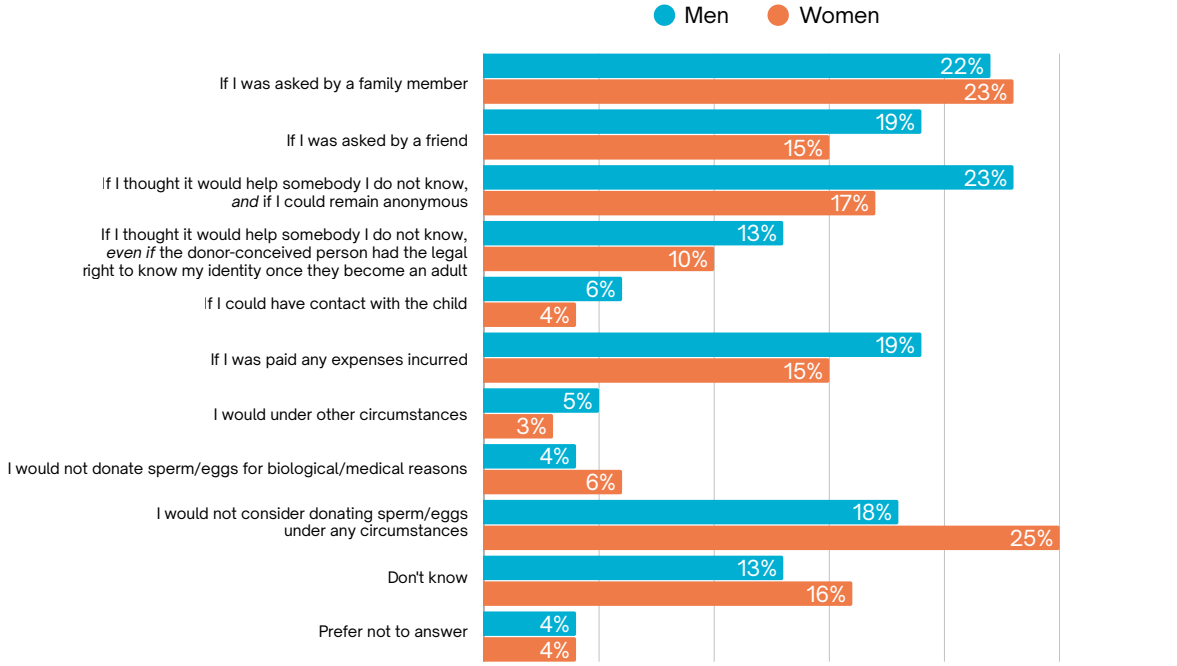
Women and men in the Netherlands were equally likely to say that they would consider donating gametes if asked by a friend. A quarter of women (25%) and a quarter of men (25%) said that they would consider doing this.

Men in the Netherlands were more likely than women to say that they would consider donating gametes if they thought that donating would help somebody they did not know *and* they could remain anonymous (17% vs 8%), and if they thought that donating would help somebody they did not know *but* they would later be identifiable to the resulting donor-conceived person (11% vs 7%).

Identifiability therefore made more of a difference to the willingness of *men* in the Netherlands to donate gametes to help somebody they did not know (reducing the proportion of men willing to do this by about a third, from 17% to 11%) than it did to the willingness of *women* to donate gametes to help somebody they did not know (reducing the proportion of women willing to do this only very slightly, from 8% to 7%). A follow-up question explored this aspect further (see p38).

Men in the Netherlands were also more likely than women in the Netherlands to say that they would consider donating gametes if they were paid any expenses incurred (14% vs 10%), and if they could have contact with the resulting child (7% vs 4%).

1.6. Under which – if any – of the following circumstances would you personally consider donating sperm or eggs, to help others have children?



Base: adults in Spain aged 16-75, men n=1060, women n=1102. Online fieldwork: 6-12 Feb 2026

Spain

Overall, the majority of respondents in Spain (55%) said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more of the circumstances presented to them.

Men in Spain were more likely than women to say that they would consider donating gametes to help others have children. More than half of men in Spain (61%) said that they would consider donating gametes in one or more circumstances, whereas just under half of women in Spain (49%) said that they would consider donating gametes in one or more circumstances.

Men and women in Spain were equally likely to say that they would consider donating gametes if asked by a family member. More than a fifth of men in Spain (22%) and more than a fifth of women in Spain (23%) said that that they would consider doing this.

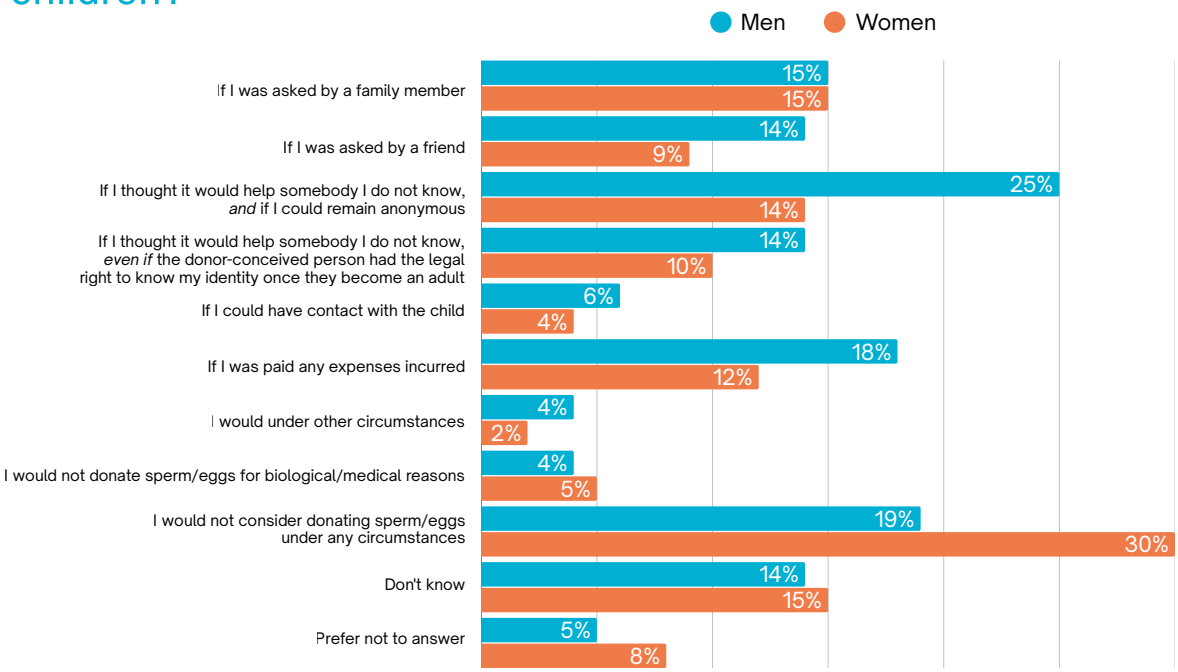
Men in Spain were more likely than women to say that they would consider donating gametes if asked by a friend (19% vs 15%), if they thought that donating would help somebody they did not know *and* they could remain anonymous (23% vs 17%), and if they thought that donating would help somebody they did not know *but* they would later be identifiable to the resulting donor-conceived person (13% vs 10%).

Identifiability made a difference to the proportions of both *women* and *men* in Spain who were willing to donate gametes to help somebody they did not know (reducing the proportion of women willing to do this by more than a third, from 17% to 10%, and reducing the proportion of men willing to do this by about a quarter, from 23% to 13%). A follow-up question explored this aspect further (see p39).

Meanwhile, men in Spain were more likely than women to say that they would consider donating gametes if they were paid any expenses incurred (19% vs 15%).

Subgroup sample sizes are provided for Spain, including gender and age group splits, on p76

1.6. Under which – if any – of the following circumstances would you personally consider donating sperm or eggs, to help others have children?



Base: adults in Italy aged 16-75, men n=1026, women n=1091. Online fieldwork: 6-10 Feb 2026

Italy

Overall, half of respondents in Italy (50%) said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more of the circumstances presented to them.

Men in Italy were more likely than women to say that they would consider donating gametes to help others have children. More than half of men in Italy (58%) said that they would consider donating gametes in one or more circumstances, whereas less than half of women in Italy (42%) said that they would consider donating gametes in one or more circumstances.

Men in Italy were more likely than women to say that they would consider donating gametes if they thought that donating would help somebody they did not know *and* they could remain anonymous (25% vs 14%), and if they thought that donating would help somebody they did not know *but* they would later be identifiable to the resulting donor-conceived person (14% vs 10%).

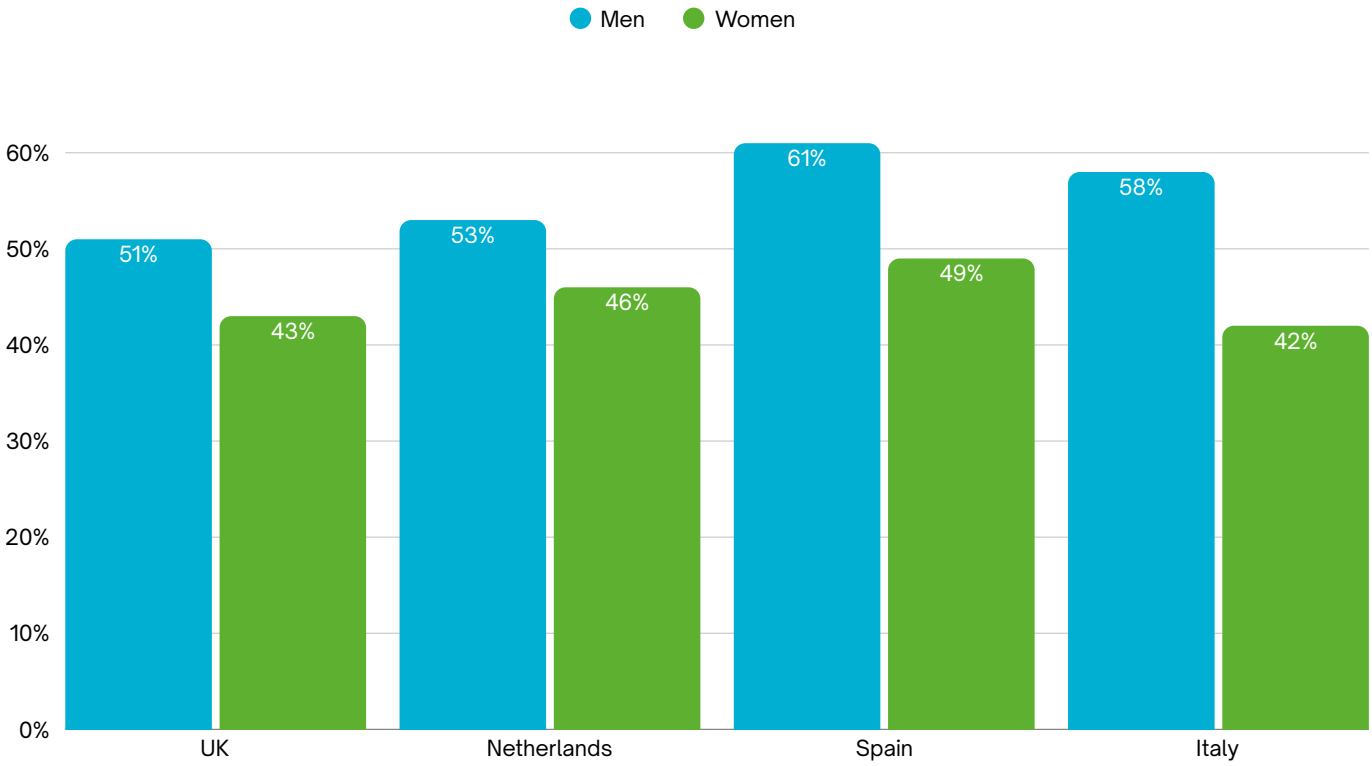
Identifiability therefore made more of a difference to the willingness of *men* in Italy to donate gametes to help somebody they did not know (reducing the proportion of men willing to do this by almost half, from 25% to 14%) than it did to the willingness of *women* in Italy to donate gametes to help somebody they did not know (reducing the proportion of women willing to do this by less than a third, from 14% to 10%). A follow-up question explored this aspect further (see p39).

Men in Italy were also more likely than women to say that they would consider donating gametes if they were paid any expenses incurred (18% vs 12%), or if asked by a friend (14% vs 9%).

Men and women in Italy were equally likely to say that they would consider donating gametes if asked by a family member. 15% of men in Italy, and 15% of women in Italy, said that that they would consider doing this.

1.6. Under which – if any – of the following circumstances would you personally consider donating sperm or eggs, to help others have children?

Proportion of men and of women (per country) who said that in one or more of the circumstances presented to them, they would personally consider donating sperm or eggs to help others have children



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

In all four of the countries surveyed, a substantial proportion of respondents – and in Spain, an overall majority – said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more of the circumstances presented to them.

In all four of the countries surveyed, more men than women – and at least half of the men surveyed – said that they would consider donating gametes to help others have children, in one or more of the circumstances presented to them.

The country with the highest proportion of men willing to donate gametes (61%), and also with the highest proportion of women willing to donate gametes (49%), was Spain.

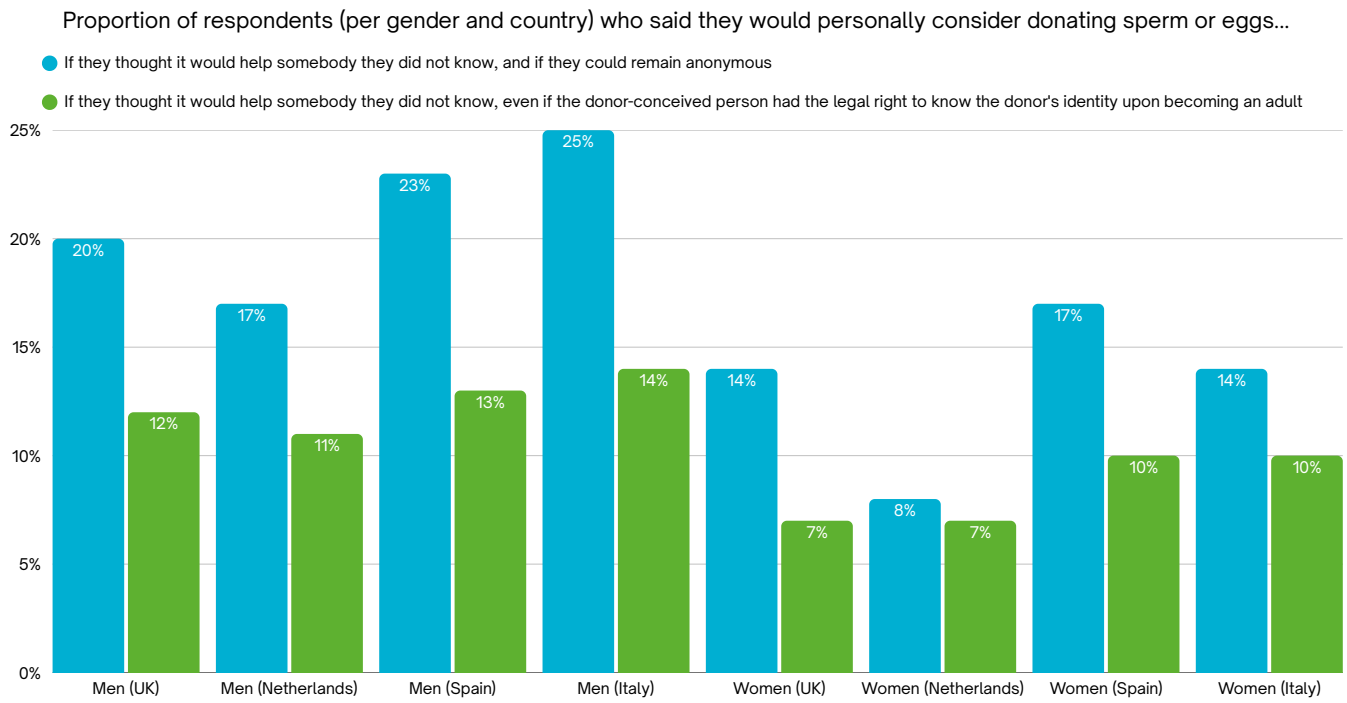
The country with the lowest proportion of men willing to donate gametes (51%) was the UK. The country with the lowest proportion of women willing to donate gametes (42%) was Italy.

Italy was the only country in which men were substantially more willing to donate gametes if they thought it would help somebody they did not know – provided that they could remain anonymous – than if they were asked by a family member or by a friend.

By contrast, men and women in the other three countries surveyed – and also women in Italy – were at least as willing (and sometimes substantially *more* willing) to donate gametes if asked by a family member and/or by a friend, as they were to donate gametes if they thought it would help somebody they did not know.

Subgroup sample sizes are provided for each country, including gender and age group splits, on p75-76

1.6. Under which – if any – of the following circumstances would you personally consider donating sperm or eggs, to help others have children?



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

In all four of the countries surveyed, respondents' willingness to donate gametes – when they thought that donating gametes would help somebody they did not know – was reduced by the prospect of becoming identifiable.

In a follow-up question, *all* respondents who said that they would consider donating gametes in one or more circumstances were asked whether the prospect of identifiability made a difference to their position (see p38-40).

ESHRE resources

Good Practice Recommendations for Information Provision for Those Involved in Reproductive Donation

ESHRE Working Group on Reproductive Donation, Jackson Kirkman-Brown, Carlos Calhaz-Jorge *et al*

Human Reproduction Open, Volume 2022, Issue 1, February 2022

doi.org/10.1093/hropen/hoac001

Donation of Oocytes: A Guide for Women to Support Informed Decisions

European Directorate for the Quality of Medicines and Healthcare, October 2018

www.edqm.eu/en/d/76041

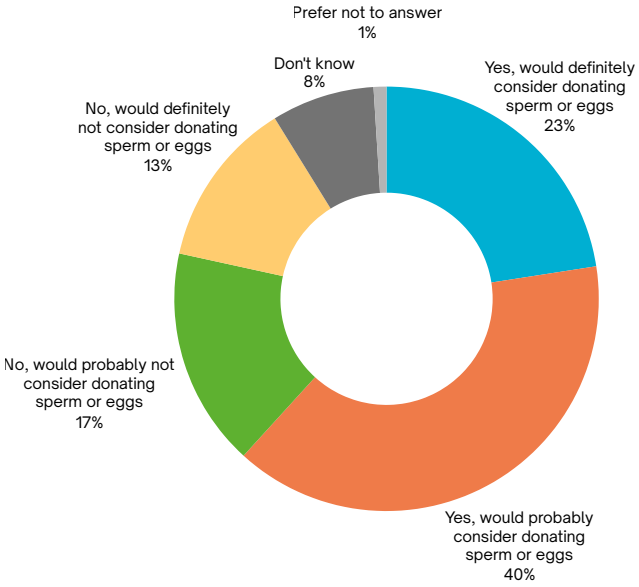
Further resources are listed on p78

PET says:

A substantial willingness to donate gametes was seen in all four of the countries surveyed, with at least 50% of men and more than 40% of women in each country willing to consider donating in one or more circumstances. This attitude among Europeans seems all the more generous, given that less than 20% of respondents in each country said that they would consider donating *'If I was paid any expenses incurred'*.

Given this attitude, one wonders why several European countries – including some of those surveyed here – seem to have a shortage of donor gametes, and import a substantial proportion of their gametes from abroad.

1.7. If donor-conceived children were legally entitled to find out the identity of their donor(s) upon reaching the age of 18*, would you *still* consider donating sperm or eggs to help others have children?



Base: n=1061 adults in the UK aged 16-75 who would consider donating sperm/eggs, online fieldwork: 6-11 Feb 2026

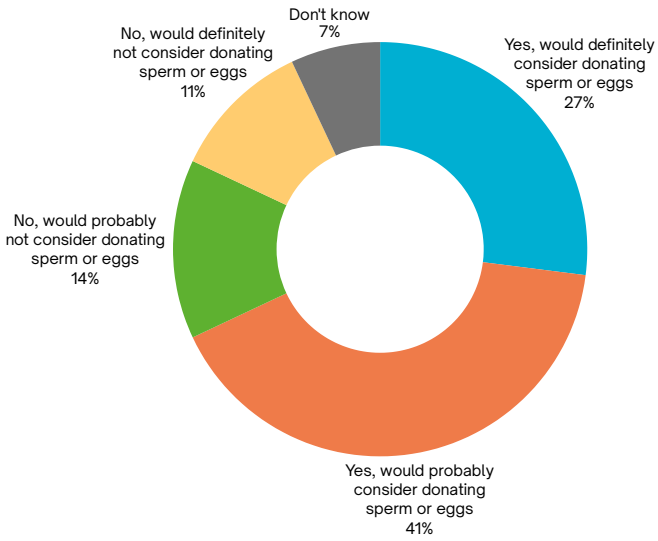
UK

This question was put to respondents in the UK who said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more circumstances (see p32).

The prospect of identifiability resulted in more than a quarter of these respondents (29%) saying that they would no longer consider donating gametes (13% *'No, would definitely not'* and 17% *'No, would probably not'*).

However, almost two-thirds of these respondents (63%) said that they would *still* consider donating gametes (23% *'Yes, would definitely'* and 40% *'Yes, would probably'*) if donor-conceived children were legally entitled to find out the identity of the relevant donor(s) upon reaching the age of 18.

This question was also put to UK respondents – if they had previously indicated that they would personally consider donating gametes to help others have children – as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022 (see p32). Answers given by respondents in 2022 were very similar to those given by respondents in 2026.



Base: n=1094 adults in the Netherlands aged 16-75 who would consider donating sperm/eggs, online fieldwork: 6-14 Feb 2026

Netherlands

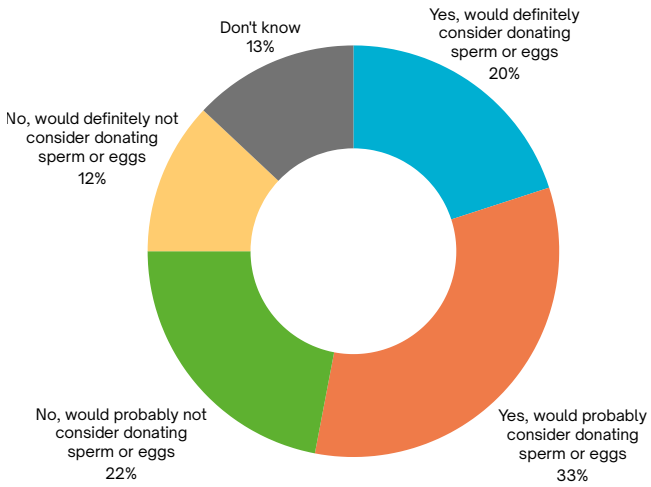
This question was put to respondents in the Netherlands who said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more circumstances (see p33).

The prospect of identifiability resulted in a quarter of these respondents (25%) saying that they would no longer consider donating gametes (11% *'No, would definitely not'* and 14% *'No, would probably not'*).

However, more than two-thirds (68%) of these respondents said that they would *still* consider donating gametes (27% *'Yes, would definitely'* and 41% *'Yes, would probably'*), if donor-conceived children were legally entitled to find out the identity of the relevant donor(s) upon reaching the age of 18.

* Background information was provided – see p77

1.7. If donor-conceived children were legally entitled to find out the identity of their donor(s) upon reaching the age of 18*, would you *still* consider donating sperm or eggs to help others have children?



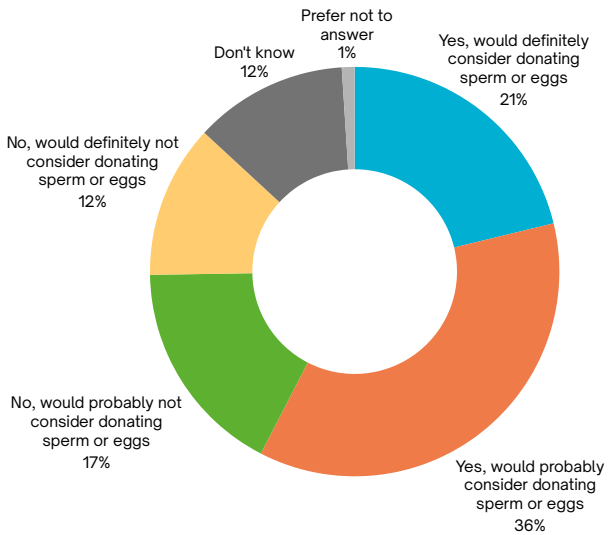
Base: n=1206 adults in Spain aged 16-75 who would consider donating sperm/eggs, online fieldwork: 6-12 Feb 2026

Spain

This question was put to respondents in Spain who said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more circumstances (see p34).

The prospect of identifiability resulted in more than a third (34%) of these respondents saying that they would no longer consider donating gametes (12% *'No, would definitely not'* and 22% *'No, would probably not'*).

However, more than half of these respondents (53%) said that they would *still* consider donating gametes (20% *'Yes, would definitely'* and 33% *'Yes, would probably'*), if donor-conceived children were legally entitled to find out the identity of the relevant donor(s) upon reaching the age of 18.



Base: n=1071 adults in Italy aged 16-75 who would consider donating sperm/eggs, online fieldwork: 6-10 Feb 2026

Italy

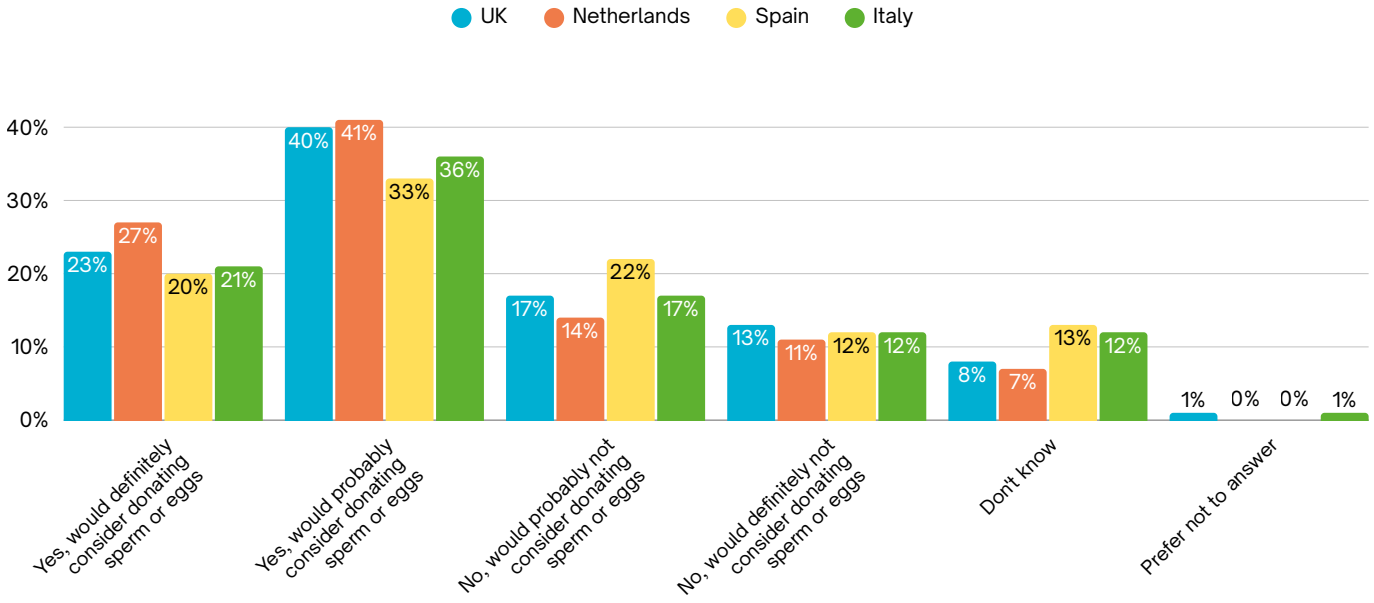
This question was put to respondents in Italy who said that they would personally consider donating gametes (that is, sperm or eggs) to help others have children, in one or more circumstances (see p35).

The prospect of identifiability resulted in almost a third (29%) of these respondents saying that they would no longer consider donating gametes (12% *'No, would definitely not'* and 17% *'No, would probably not'*).

However, more than half of these respondents (58%) said that they would *still* consider donating gametes (21% *'Yes, would definitely'* and 36% *'Yes, would probably'*), if donor-conceived children were legally entitled to find out the identity of the relevant donor(s) upon reaching the age of 18.

1.7. If donor-conceived children were legally entitled to find out the identity of their donor(s) upon reaching the age of 18*, would you *still* consider donating sperm or eggs to help others have children?

Proportion of respondents who would consider donating sperm/eggs (per country) who gave particular answers, when asked whether they would *still* consider donating if donor-conceived children were legally entitled to find out the relevant donor's identity



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

Following indications that the prospect of identifiability reduces the willingness of respondents to consider donating gametes (see p37), *all* respondents who said that they would consider donating gametes in one or more circumstances were asked to reflect on this.

Again, this yielded a reduction in the willingness of respondents to consider donating gametes. However, more than half of these respondents – and in the Netherlands, more than two-thirds – remained undeterred by the prospect of identifiability.

PET says:

More than 20 years ago, laws were changed in the UK and the Netherlands, so that donor-conceived people could find out the identity of their donor(s). Both countries have seen cohorts of donor-conceived people reach the age at which they are entitled to do this. Meanwhile, anonymous gamete donation remains permissible in Spain and Italy.

This issue is complicated by the fact that regardless of what laws are in place, direct-to-consumer genetic testing makes it possible for (some) donors, donor-conceived people and donor-conceived genetic siblings to identify one another – either deliberately or accidentally – without permission or consent. Donor anonymity cannot be guaranteed.

ESHRE resources

Good Practice Recommendations for Information Provision for Those Involved in Reproductive Donation

ESHRE Working Group on Reproductive Donation, Jackson Kirkman-Brown, Carlos Calhaz-Jorge *et al*

Human Reproduction Open, Volume 2022, Issue 1, February 2022

doi.org/10.1093/hropen/hoac001

Donation of Oocytes: A Guide for Women to Support Informed Decisions

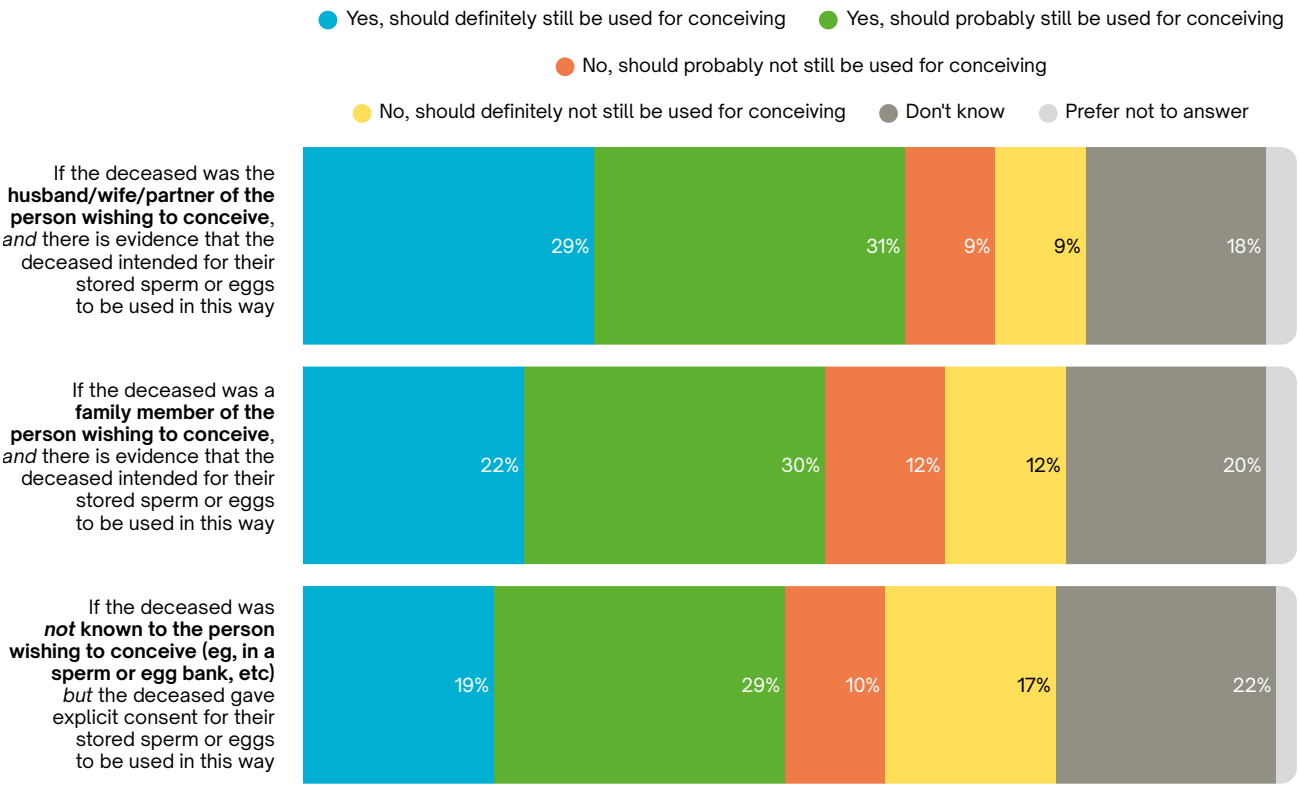
European Directorate for the Quality of Medicines and Healthcare, October 2018

www.edqm.eu/en/d/76041

Further resources are listed on p78

* Background information was provided – see p77

1.8. If a person has passed away, should it be permissible for their stored sperm or eggs to be used for conceiving in each of the following circumstances?



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

UK

The majority of respondents in the UK (60%) said that it *should* be permissible for a deceased person's stored gametes – that is, the deceased's sperm or eggs – to be used by the deceased's spouse or partner to conceive a child (29% *'Yes, should definitely'* and 31% *'Yes, should probably'*), if there is evidence that the deceased intended for their stored gametes to be used in this way.

A smaller proportion of respondents in the UK, but still a majority (52%), said that it *should* be permissible for a deceased person's stored gametes to be used by a member of the deceased's family – not necessarily the deceased's spouse or partner – to conceive a child (22% *'Yes, should definitely'* and 30% *'Yes, should probably'*).

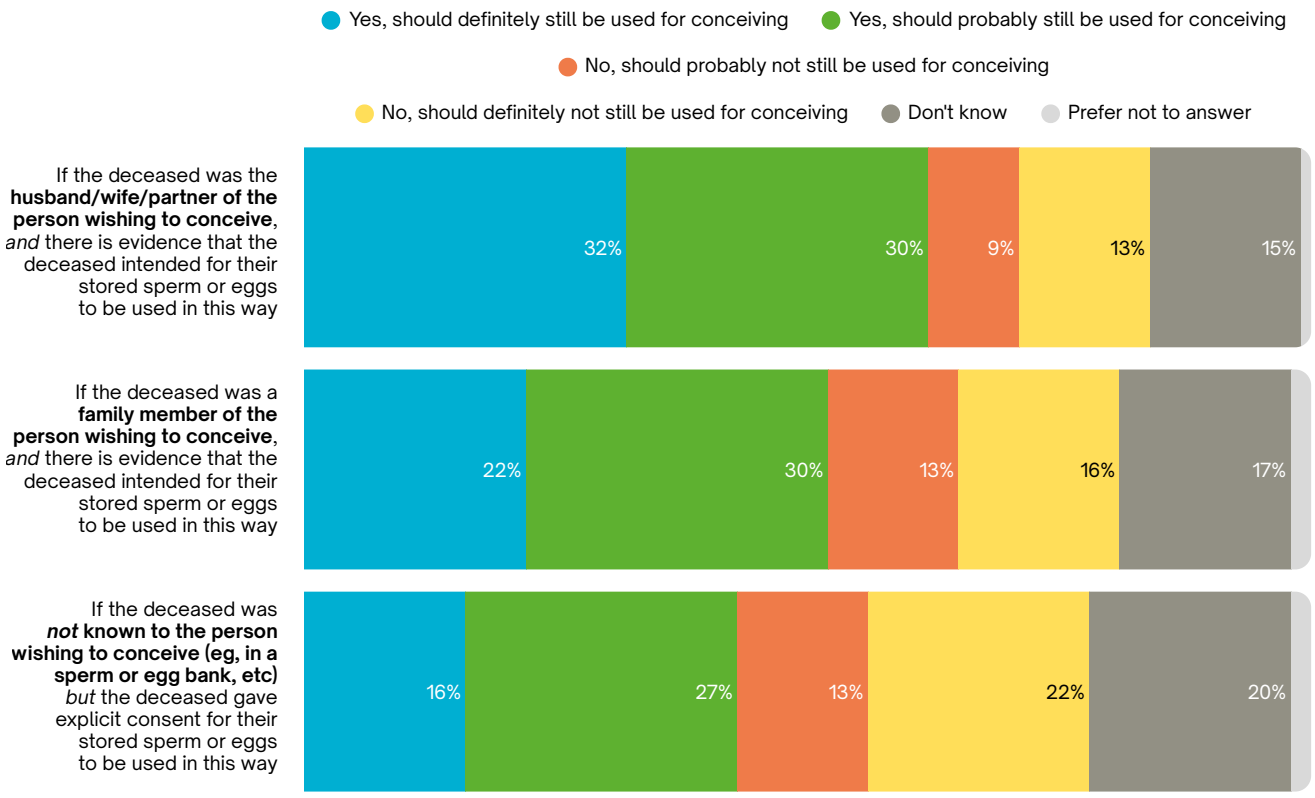
Almost half of respondents in the UK (47%) said that it *should* be permissible for a deceased person's stored gametes to be used by someone not known to the deceased to conceive a child (19% *'Yes, should definitely'* and 29% *'Yes, should probably'*), provided that the deceased gave explicit consent for their stored gametes to be used in this way.

Around a fifth of respondents in the UK answered *'Don't know'* with regard to all three of the scenarios presented to them.

Furthermore, respondents in the UK tended to give similar answers regardless of their gender or their age, in relation to all three of the scenarios presented to them.

This question was also put to UK respondents as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. Responses to the question in this 2026 survey are very similar to responses received in 2022, with regard to all three of the scenarios presented to respondents. This suggests that UK public attitudes to this issue have not changed substantially during the interim.

1.8. If a person has passed away, should it be permissible for their stored sperm or eggs to be used for conceiving in each of the following circumstances?



Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

Netherlands

The majority of respondents in the Netherlands (62%) said that it *should* be permissible for a deceased person's stored gametes – that is, the deceased's sperm or eggs – to be used by the deceased's spouse or partner to conceive a child (32% *'Yes, should definitely'* and 30% *'Yes, should probably'*), if there is evidence that the deceased intended for their stored gametes to be used in this way.

Women in the Netherlands were more likely than men to say that use of stored gametes by the deceased's spouse or partner *should* be permissible (65% vs 59%).

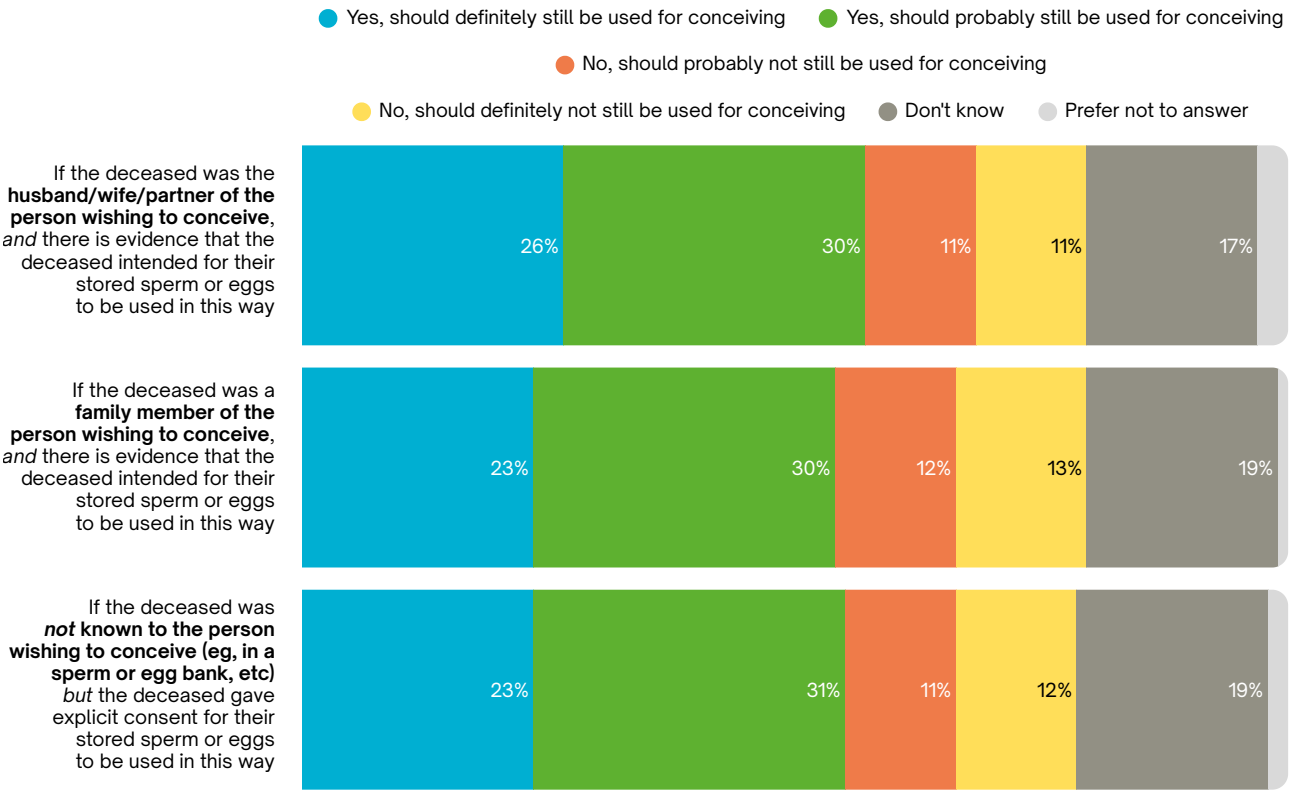
Older respondents in the Netherlands were more likely than younger respondents to say that use of stored gametes by the deceased's spouse or partner *should* be permissible. For example, almost two-thirds of respondents in the Netherlands aged 65-75 (65%) said that this *should* be permissible, compared with just over half of respondents aged 16-24 (51%).

The majority of respondents in the Netherlands (52%) said that it *should* be permissible for a deceased person's stored gametes to be used by a member of the deceased's family – not necessarily the deceased's spouse or partner – to conceive a child (22% *'Yes, should definitely'* and 30% *'Yes, should probably'*).

Less than half of respondents in the Netherlands (43%) said that it *should* be permissible for a deceased person's stored gametes to be used by someone not known to the deceased to conceive a child (16% *'Yes, should definitely'* and 27% *'Yes, should probably'*), provided that the deceased gave explicit consent for their stored gametes to be used in this way.

Subgroup sample sizes are provided for the Netherlands, including gender and age group splits, on p75

1.8. If a person has passed away, should it be permissible for their stored sperm or eggs to be used for conceiving in each of the following circumstances?



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

Spain

The majority of respondents in Spain said that it *should* be permissible for a deceased person's stored gametes – that is, the deceased's sperm or eggs – to be used to conceive a child, in all three of the scenarios presented here.

57% of respondents in Spain said that it *should* be permissible for a deceased person's stored gametes to be used by the deceased's spouse or partner to conceive a child (26% *'Yes, should definitely'* and 30% *'Yes, should probably'*).

52% of respondents in Spain said that it *should* be permissible for a deceased person's stored gametes to be used by a member of the deceased's family – not necessarily the deceased's spouse or partner – to conceive a child (23% *'Yes, should definitely'* and 30% *'Yes, should probably'*).

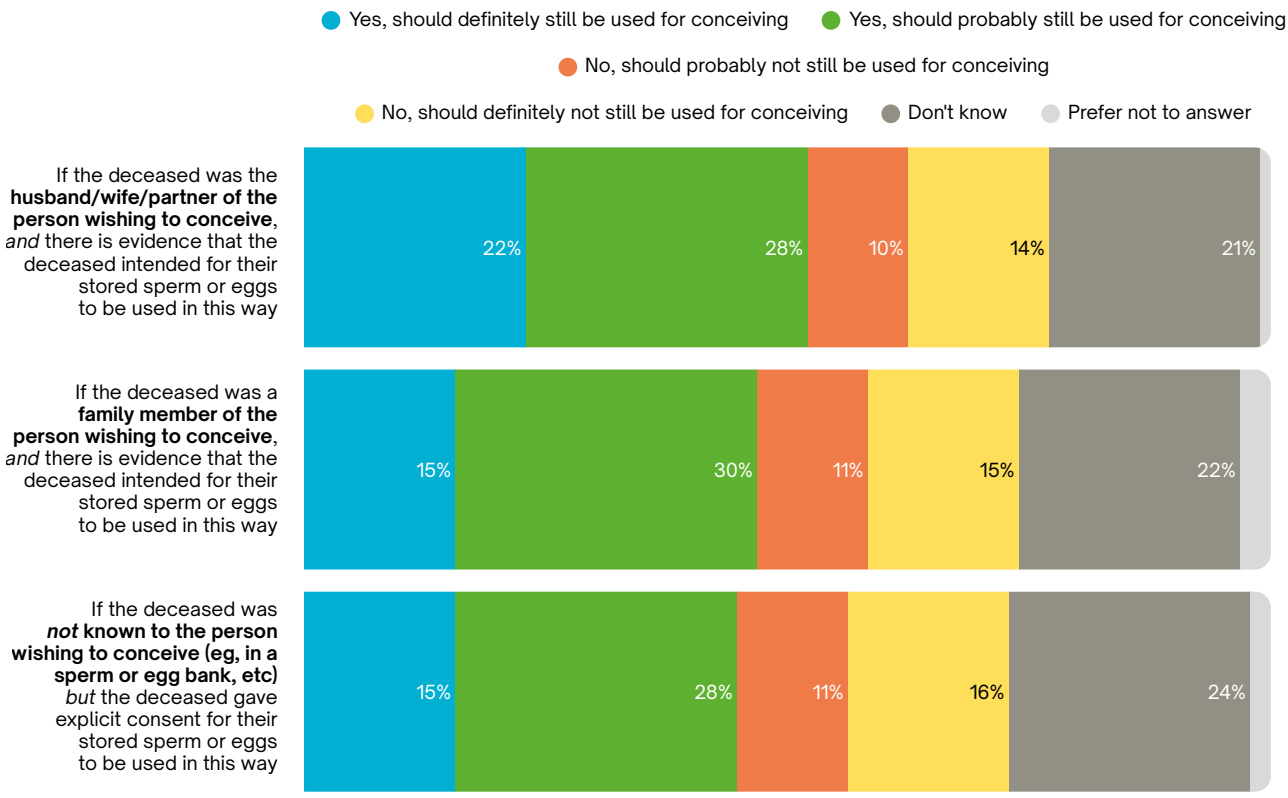
With regard to the first two scenarios presented here – use of the deceased's stored gametes by a spouse or partner, or by a family member – older respondents in Spain were more likely than younger respondents to say that use of the deceased's gametes *should* be permissible.

For example, 61% of respondents in Spain aged 65-75 said that use of stored gametes by a spouse or partner *should* be permissible, compared with 49% of respondents aged 16-24. Similarly, 59% of respondents aged 65-75 said that use of stored gametes by a family member *should* be permissible, compared with 46% of respondents aged 16-24.

Meanwhile, 54% of respondents in Spain thought that it *should* be permissible for a deceased person's stored gametes to be used by someone not known to the deceased to conceive a child (23% *'Yes, should definitely'* and 31% *'Yes, should probably'*), provided that the deceased gave explicit consent.

Subgroup sample sizes are provided for Spain, including gender and age group splits, on p76

1.8. If a person has passed away, should it be permissible for their stored sperm or eggs to be used for conceiving in each of the following circumstances?



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

Half of respondents in Italy (50%) said it *should* be permissible for a deceased person's stored gametes – that is, the deceased's sperm or eggs – to be used by the deceased's spouse or partner to conceive a child (22% *'Yes, should definitely'* and 28% *'Yes, should probably'*), if there is evidence that the deceased intended for their stored gametes to be used in this way.

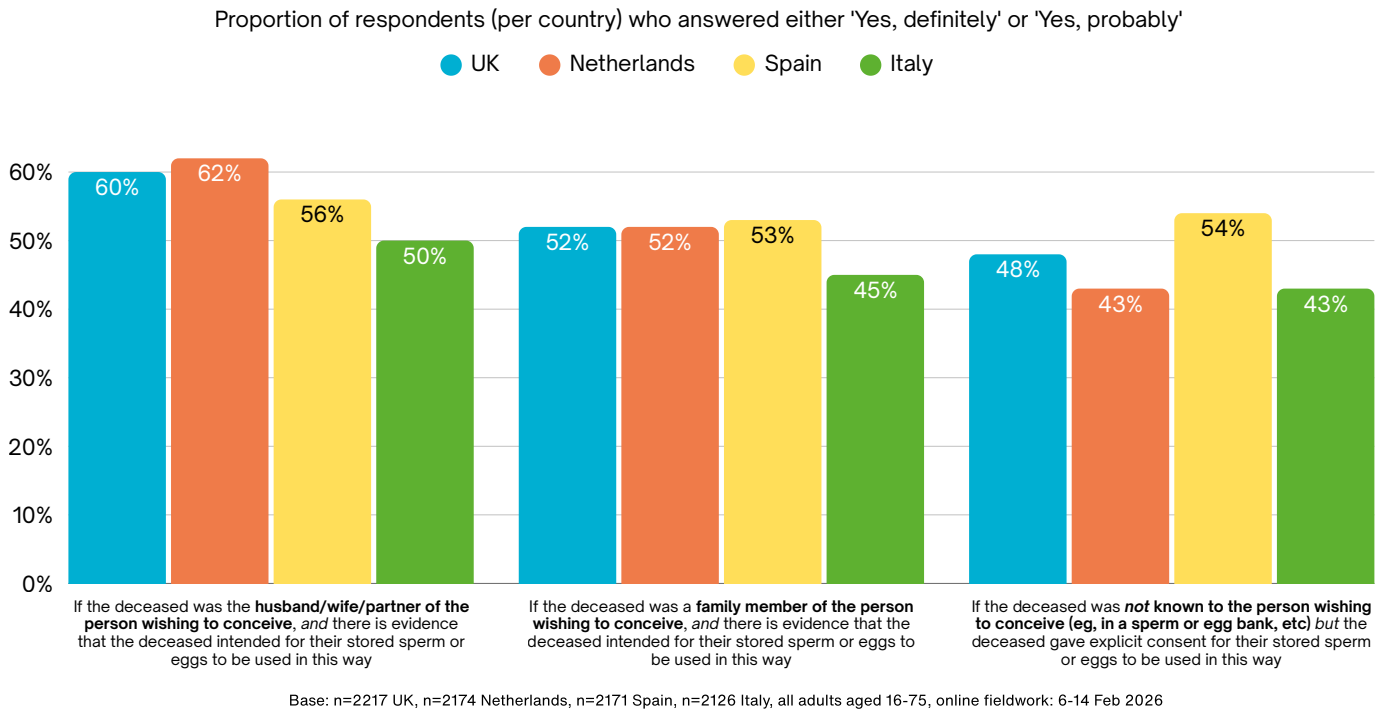
Less than half of respondents in Italy (45%) said that it *should* be permissible for a deceased person's stored gametes to be used by a member of the deceased's family – not necessarily the deceased's spouse or partner – to conceive a child (15% *'Yes, should definitely'* and 30% *'Yes, should probably'*). Men in Italy were more likely than women to say that use of gametes by the deceased's spouse or partner *should* be permissible (48% vs 43%).

Less than half of respondents in Italy (43%) said that it *should* be permissible for a deceased person's stored gametes to be used by someone not known to the deceased to conceive a child (15% *'Yes, should definitely'* and 28% *'Yes, should probably'*), provided that the deceased gave explicit consent for their stored gametes to be used in this way. Men in Italy were more likely than women to say that use of gametes by someone not known to the deceased *should* be permissible (46% vs 40%).

Respondents in Italy aged 25-34 were more likely than respondents in any younger or older age band to say that use of a deceased person's stored gametes *should* be permissible. For example, at least half of respondents in Italy aged 25-34 said that use of a deceased person's stored gametes should be permissible, in relation to all three of the scenarios presented to them. This consistently high level of support was not matched by respondents in any other age band.

Subgroup sample sizes are provided for Italy, including gender and age group splits, on p76

1.8. If a person has passed away, should it be permissible for their stored sperm or eggs to be used for conceiving in each of the following circumstances?



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

In all four of the countries surveyed, at least half of respondents said that it *should* be permissible for a deceased person's stored gametes – that is, the deceased's sperm or eggs – to be used by the deceased's spouse or partner to conceive a child.

Spain was the only country in which a greater proportion of respondents was willing to countenance use of stored gametes by someone *not* known to the deceased, than was willing to countenance use of stored gametes by a member of the deceased's family.

PET resources

Fertility, Genomics and Embryo Research: Public Attitudes and Understanding

Progress Educational Trust, June 2022

See in particular p14

www.progress.org.uk/engagement/resource/fertility-genomics-and-embryo-research-public-attitudes-and-understanding/

Application to Use Eggs for Posthumous Conception Refused

Blair Sowry

BioNews, Issue 1264, November 2024

www.progress.org.uk/application-to-use-eggs-for-posthumous-conception-refused/

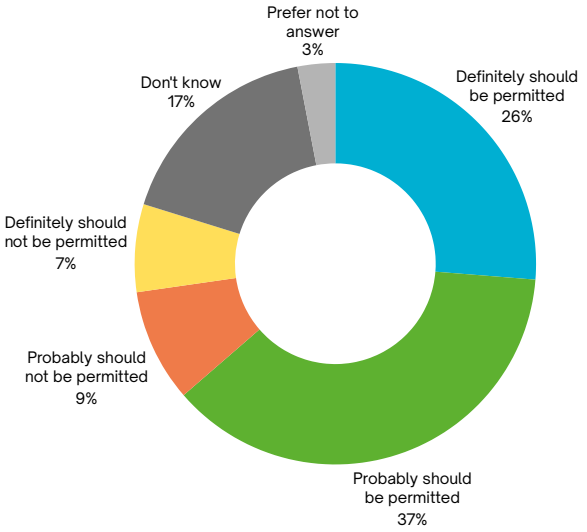
Further resources are listed on p78

PET says:

Gamete storage makes it feasible for a child to be conceived following the death of one, or even both, of the child's (genetic) parents. Posthumous conception is currently permitted – in certain specific circumstances – in the UK, the Netherlands and Spain. However, it is generally prohibited in Italy.

In all four of the countries surveyed, and with regard to all three scenarios presented, more respondents thought that use of a deceased person's stored gametes *should* be permissible than thought that this should *not* be permissible. A substantial proportion of respondents in each country answered *'Don't know'*, perhaps due to the legal, ethical and emotional complexities that surround this issue.

1.9. Regardless of the current laws in the UK, do you think that surrogacy* should or should not be legally permitted in the UK?



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

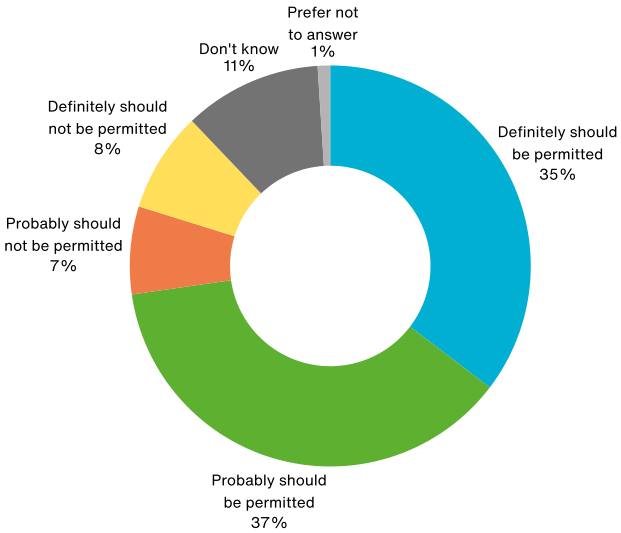
UK

Almost two-thirds of respondents in the UK (64%) said that surrogacy *should* be legally permitted in the UK (26% *'Definitely should'* and 37% *'Probably should'*). Women in the UK were more likely than men to say that surrogacy *should* be legally permitted in the UK (66% vs 62%).

Within each age band, a majority of respondents in the UK said that surrogacy *should* be legally permitted in the UK. Furthermore, respondents in the UK aged 25-34 were more likely than those in any younger or older age band to say that surrogacy *should* be legally permitted in the UK. 72% of respondents aged 25-34 held this view.

Less than a fifth of respondents in the UK (16%) said that surrogacy should *not* be legally permitted in the UK (7% *'Definitely should not'* and 9% *'Probably should not'*). A similar proportion of respondents in the UK (17%) answered this question by saying *'Don't know'*.

1.9 Regardless of the current laws in the Netherlands, do you think that surrogacy* should or should not be legally permitted in the Netherlands?



Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

Netherlands

More than two-thirds of respondents in the Netherlands (72%) said that surrogacy *should* be legally permitted in the Netherlands (35% *'Definitely should'* and 37% *'Probably should'*). Men and women in the Netherlands were equally likely to hold this view.

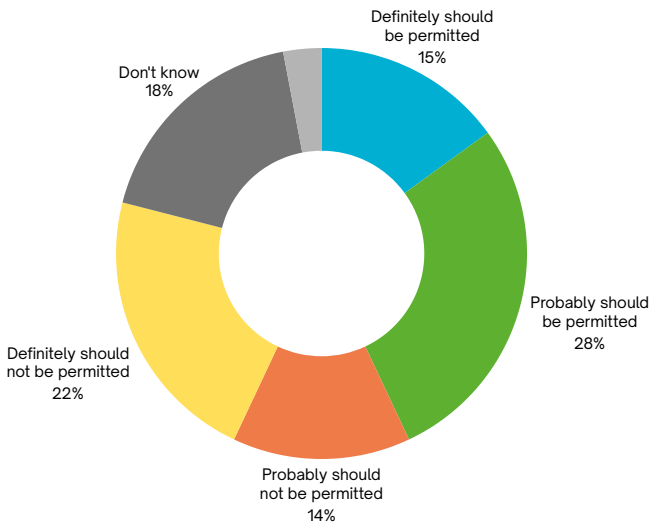
Within each age band, more than two-thirds of respondents in the Netherlands said that surrogacy *should* be legally permitted in the Netherlands. Three-quarters of respondents aged 44 or younger (75%) held this view.

Less than a fifth of respondents in the Netherlands (15%) said that surrogacy should *not* be legally permitted in the Netherlands (8% *'Definitely should not'* and 7% *'Probably should not'*).

Subgroup sample sizes are provided for the UK and the Netherlands, including gender and age group splits, on p75

* Definitions of *'surrogacy'* and related terms were provided, together with background information – see p77

1.9. Regardless of the current laws in Spain, do you think that surrogacy* should or should not be legally permitted in Spain?



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

Spain

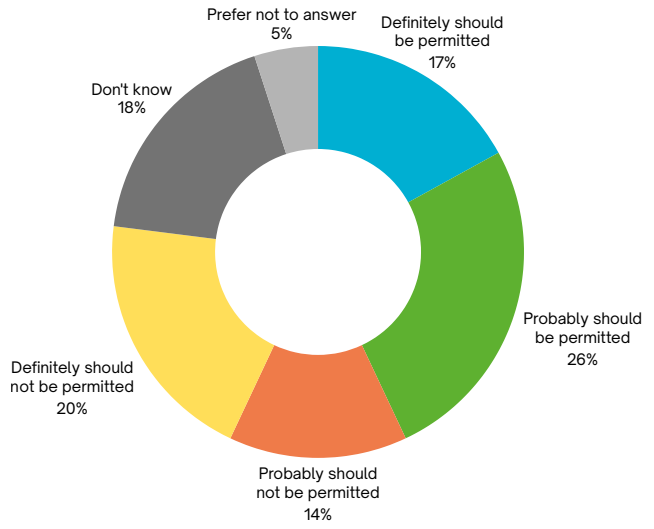
Less than half of respondents in Spain (43%) said that surrogacy *should* be legally permitted in Spain (28% *'Definitely should'* and 15% *'Probably should'*).

Respondents in Spain aged 45-54 were more likely than respondents in any younger or older age band to say that surrogacy *should* be legally permitted in Spain. Almost half of respondents in Spain aged 45-54 (48%) held this view.

More than a third of respondents in Spain (35%) said that surrogacy should *not* be legally permitted in Spain (22% *'Definitely should not'* and 14% *'Probably should not'*).

Almost a fifth of respondents in Spain (18%) answered this question by saying *'Don't know'*.

1.9. Regardless of the current laws in Italy, do you think that surrogacy* should or should not be legally permitted in Italy?



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

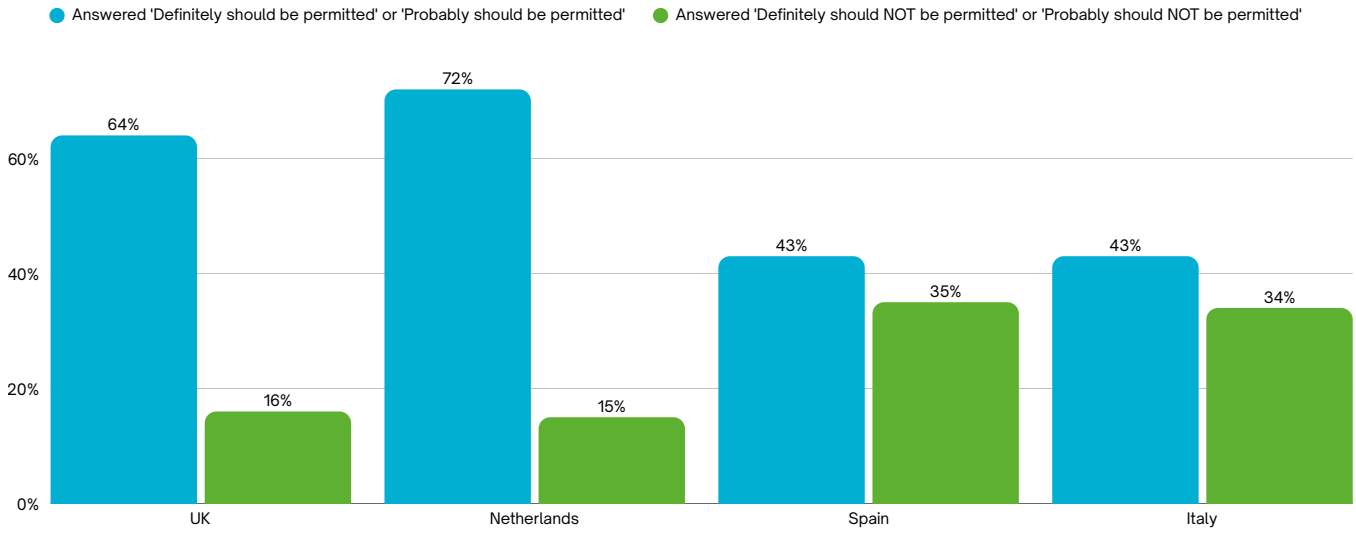
Less than half of respondents in Italy (43%) said that surrogacy *should* be legally permitted in Italy (17% *'Definitely should'* and 26% *'Probably should'*).

At the same time, the majority of respondents in Italy aged 16-24 (56%) – and also the majority of respondents in Italy aged 25-34 (53%) – said that surrogacy *should* be legally permitted in Italy.

Just over a third of respondents in Italy (34%) said that surrogacy should *not* be legally permitted in Italy (20% *'Definitely should not'* and 14% *'Probably should not'*). Almost a fifth of respondents in Italy (18%) answered this question by saying *'Don't know'*.

1.9. Regardless of the current laws in your country, do you think that surrogacy* should or should not be legally permitted in your country?

Proportion of respondents (per country) who answered 'Definitely should' or 'Probably should' – and who answered 'Definitely should NOT' or 'Probably should NOT' – when asked whether surrogacy should, or should NOT, be legally permitted in their country



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

In all four of the countries surveyed, the number of respondents who said that surrogacy *should* be permitted in their country was greater than the number of respondents who said that surrogacy should *not* be permitted. In the UK, four times as many respondents held the former view as held the latter view. In the Netherlands, almost five times as many respondents held the former view as held the latter view.

In Spain and in Italy, there was a less drastic difference between the proportion of respondents who said that surrogacy *should* be permitted in their country, and the proportion of respondents who said that surrogacy should *not* be permitted. At the same time, almost a fifth of respondents in Spain and Italy – and a similar proportion of respondents in the UK – answered this question by saying *'Don't know'*.

PET says:

In the countries surveyed here, the greatest support for surrogacy being legally permitted was seen in the two countries where surrogacy is *already* permitted, namely the UK and the Netherlands. There was less support for surrogacy being legally permitted – but interestingly, still more support than opposition – in the two countries surveyed where surrogacy is *not* currently permitted, namely Spain and Italy.

In Italy, the majority of respondents aged 34 or younger said that surrogacy *should* be legally permitted, and this may herald a broader shift of public opinion in future. The generational picture is less clear-cut in Spain, where support for permitting surrogacy is strongest among those aged 45-54.

ESHRE/PET resources

Ethical Considerations on Surrogacy

Writing Group on behalf of the ESHRE Ethics Committee, Françoise Shenfield, Basil Tarlatzis *et al*

Human Reproduction, Volume 40, Issue 3, March 2025

doi.org/10.1093/humrep/deaf006

Fertility, Genomics and Embryo Research: Public Attitudes and Understanding

Progress Educational Trust, June 2022

See in particular p15

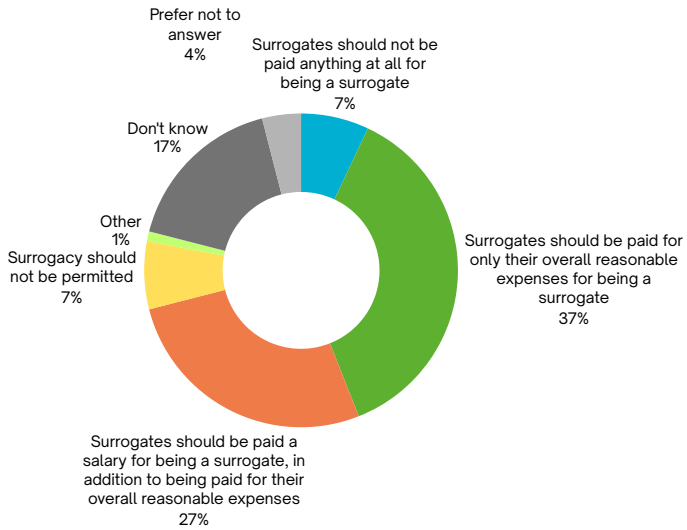
www.progress.org.uk/engagement/resource/fertility-genomics-and-embryo-research-public-attitudes-and-understanding/

Further resources are listed on p78

Subgroup sample sizes are provided for each country, including gender and age group splits, on p75-76

* Definitions of *'surrogacy'* and related terms were provided, together with background information – see p77

1.10. Thinking about surrogacy*, which *one* of the following statements do you agree with?



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

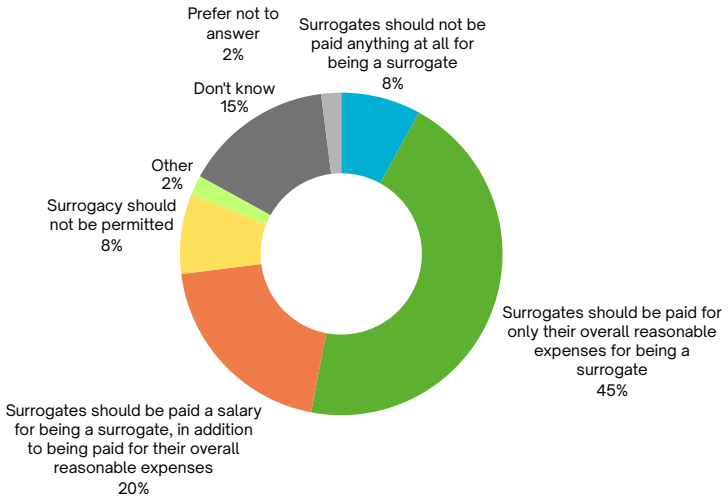
UK

The most popular answer among respondents in the UK – selected by more than a third of these respondents (37%) – was that surrogates should be paid for only their overall reasonable expenses for being a surrogate. Women in the UK were more likely than men to hold this view (40% vs 34%).

More than a quarter of respondents in the UK (27%) said that surrogates should be paid a salary for being a surrogate, in addition to being paid for their overall reasonable expenses.

Less than a tenth of respondents in the UK (7%) said that surrogates should not be paid anything at all for being a surrogate. The same proportion of respondents in the UK (7%) said that surrogacy should not be permitted.

This question was also put to UK respondents as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. Responses to this 2026 survey are similar to those received in 2022.



Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

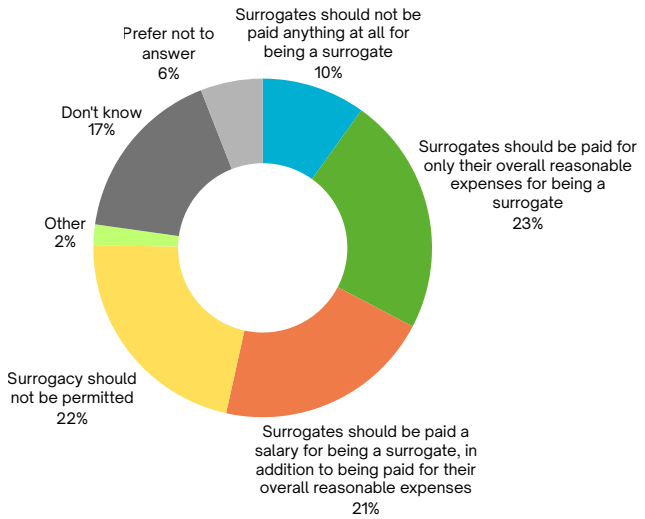
Netherlands

The most popular answer among respondents in the Netherlands – selected by 45% of these respondents – was that surrogates should be paid for only their overall reasonable expenses for being a surrogate.

A fifth of respondents in the Netherlands (20%) said that surrogates should be paid a salary for being a surrogate, in addition to being paid for their overall reasonable expenses.

Less than a tenth of respondents in the Netherlands (8%) said that surrogates should not be paid anything at all for being a surrogate. The same proportion of respondents in the Netherlands (8%) said that surrogacy should not be permitted in the Netherlands.

1.10. Thinking about surrogacy*, which *one* of the following statements do you agree with?



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

Spain

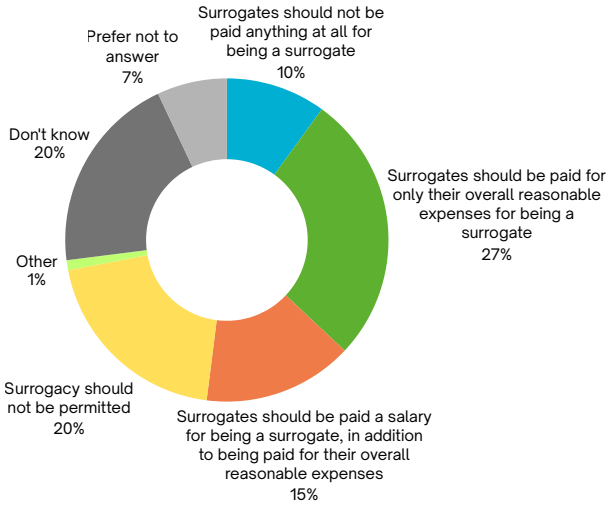
Three answers to this question elicited similar levels of support from respondents in Spain.

23% of respondents in Spain said that surrogates should be paid for only their overall reasonable expenses for being a surrogate.

Almost as many respondents in Spain – 22% – said that surrogacy should not be permitted.

21% of respondents in Spain said that surrogates should be paid a salary for being a surrogate, in addition to being paid for their overall reasonable expenses.

A tenth of respondents in Spain (10%) said that surrogates should not be paid anything at all for being a surrogate.



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

The most popular answer among respondents in Italy – selected by more than a quarter of these respondents (27%) – was that surrogates should be paid for only their overall reasonable expenses for being a surrogate. Women and men in Italy were equally likely to hold this view.

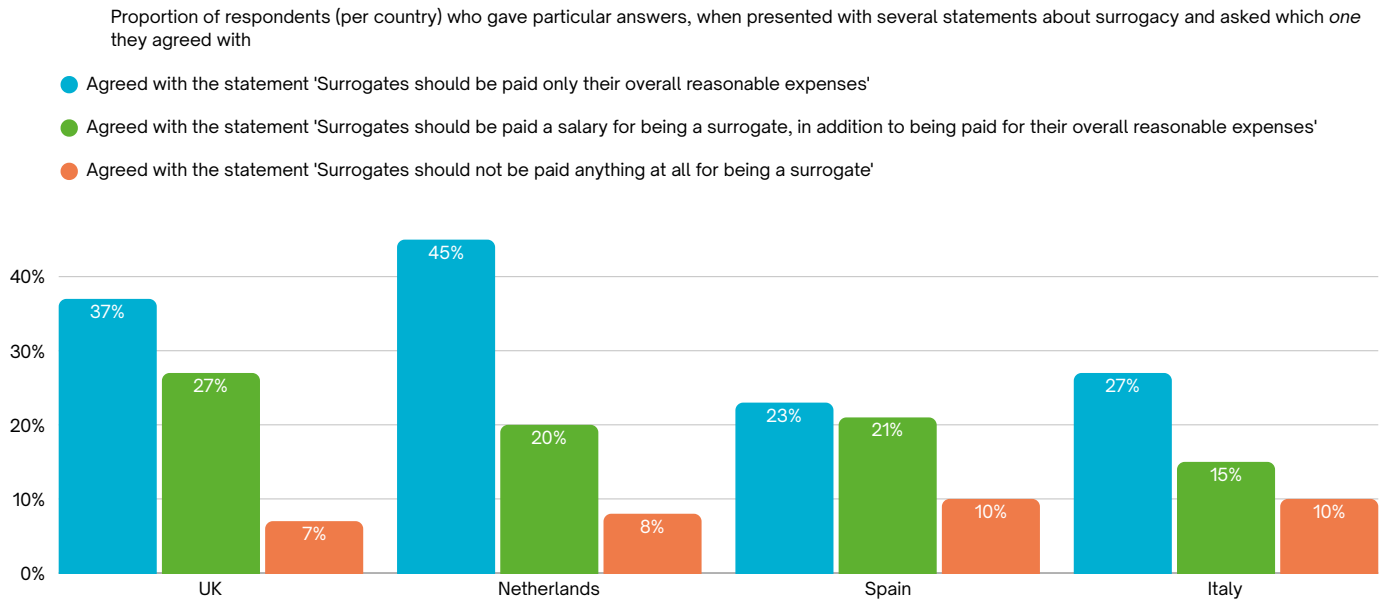
Additionally, respondents in Italy aged 25-34 were more likely than respondents in any younger or older age band to say that surrogates should be paid for only their overall reasonable expenses for being a surrogate. More than a third of respondents in Italy aged 25-34 (34%) held this view.

A fifth of respondents in Italy (20%) said that surrogacy should not be permitted. 15% of respondents in Italy said that surrogates should be paid a salary for being a surrogate, in addition to being paid for their overall reasonable expenses. A tenth of respondents in Italy (10%) said that surrogates should not be paid anything at all for being a surrogate.

Subgroup sample sizes are provided for Spain and Italy, including gender and age group splits, on p76

* Definitions of *'surrogacy'* and related terms were provided, together with background information – see p77

1.10. Thinking about surrogacy*, which *one* of the following statements do you agree with?



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

In all four of the countries surveyed, the most popular answer to this question was that surrogates should be paid for only their overall reasonable expenses. Meanwhile, at least a fifth of respondents in three of the four countries surveyed – the UK, the Netherlands and Spain – said that surrogates should be paid a salary.

No more than a tenth of respondents, in any of the four countries surveyed, said that surrogates should not be paid anything at all. Note that this figure does not include those – around a fifth of respondents in Spain and in Italy, but less than a tenth in the UK and the Netherlands – who said that surrogacy should not be permitted.

ESHRE/PET resources

Ethical Considerations on Surrogacy

Writing Group on behalf of the ESHRE Ethics Committee, Françoise Shenfield, Basil Tarlatzis *et al*

Human Reproduction, Volume 40, Issue 3, March 2025

doi.org/10.1093/humrep/deaf006

Fertility, Genomics and Embryo Research: Public Attitudes and Understanding

Progress Educational Trust, June 2022

See in particular p16

www.progress.org.uk/engagement/resource/fertility-genomics-and-embryo-research-public-attitudes-and-understanding/

Further resources are listed on p78

PET says:

In all four of the countries surveyed here, most respondents who thought that surrogacy should be permitted also seemed to accept – as a corollary – that surrogates should receive some form of monetary compensation or payment. The question is how best to ensure that surrogates are fairly compensated, without thereby creating an unethical inducement to become a surrogate.

The optimal solution – one that has already been implemented in the UK and the Netherlands, and that elicited support in all four of the countries surveyed here – is to promote an altruistic rather than a commercial model of surrogacy, whereby surrogates are compensated for their expenses.

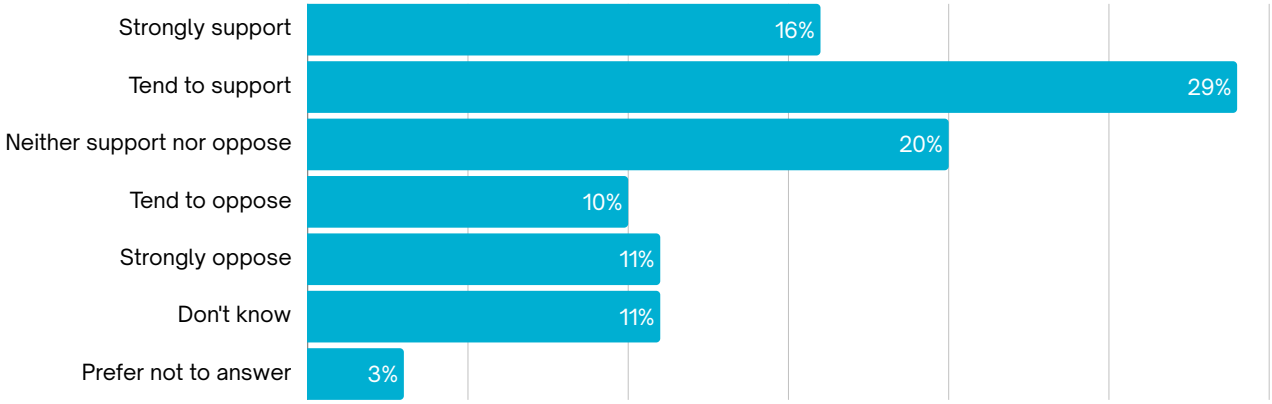
Subgroup sample sizes are provided for each country, including gender and age group splits, on p75-76

* Definitions of *'surrogacy'*, *'reasonable expenses'* and related terms were provided, with background information – see p77

Section 2

Human Embryos in Research and Treatment

2.1. To what extent do you support or oppose the use of human embryos in scientific and medical research, to help understand – and develop treatments for – congenital disease? *



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

UK

45% of respondents in the UK said that they *supported* the use of human embryos in scientific and medical research, to help understand – and develop treatments for – congenital disease (16% *'Strongly support'* and 29% *'Tend to support'*).

A substantially smaller proportion of respondents in the UK– just over a fifth (21%) – said that they *opposed* the use of human embryos in scientific and medical research (11% *'Strongly oppose'* and 10% *'Tend to oppose'*).

Meanwhile, a fifth of respondents in the UK (20%) answered *'Neither support nor oppose'*, and just over a tenth of respondents in the UK (11%) answered *'Don't know'*.

Younger respondents in the UK were more likely than older respondents to say that they *supported* the use of human embryos in research. For example, half of respondents in the UK aged 16-24 (50%) held this view, as did just under half of respondents in the UK aged 25-34 (49%).

Furthermore, younger respondents in the UK were more likely than older respondents to express enthusiastic support for the use of human embryos in research. More than a fifth of respondents in the UK aged 16-24 (22%), and also more than a fifth of respondents in the UK aged 25-34 (21%), gave the answer *'Strongly support'*.

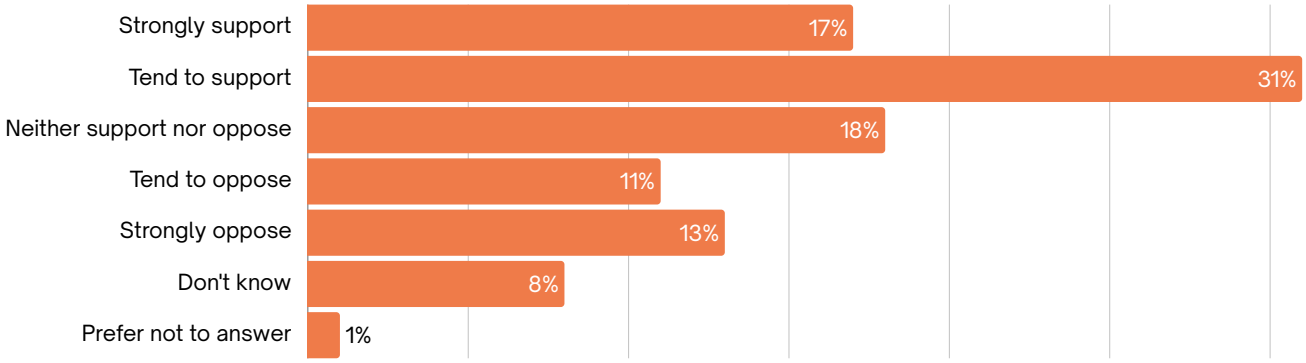
This question was also put to UK respondents as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. Responses to the question in this 2026 survey are similar to responses that were received in 2022.

Interestingly, there has been a slight increase in the proportion of UK respondents who *support* the use of human embryos in scientific and medical research (from 41% in 2022 to 45% in 2026). At the same time, there has also been a slight increase – albeit a smaller increase – in the proportion of UK respondents who *oppose* the use of human embryos in research (from 19% in 2022 to 22% in 2026).

Subgroup sample sizes are provided for the UK, including gender and age group splits, on p75

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.1. To what extent do you support or oppose the use of human embryos in scientific and medical research, to help understand – and develop treatments for – congenital disease? *

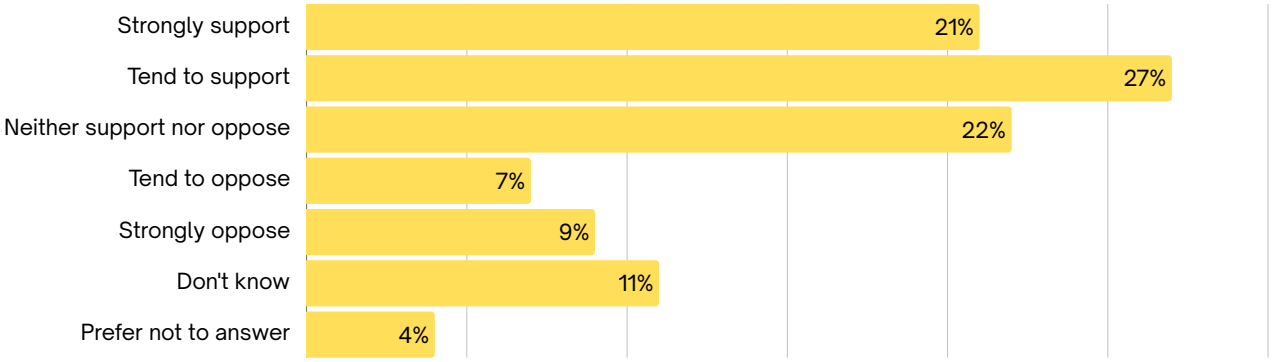


Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

Netherlands

Almost half of respondents in the Netherlands (48%) said that they *supported* the use of human embryos in scientific and medical research, to help understand – and develop treatments for – congenital disease (17% *'Strongly support'* and 31% *'Tend to support'*).

A substantially smaller proportion of respondents in the Netherlands – just under a quarter (24%) – said that they *opposed* the use of human embryos in scientific and medical research (13% *'Strongly oppose'* and 11% *'Tend to oppose'*). Meanwhile, almost a fifth of respondents in the Netherlands (18%) answered *'Neither support nor oppose'*.



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

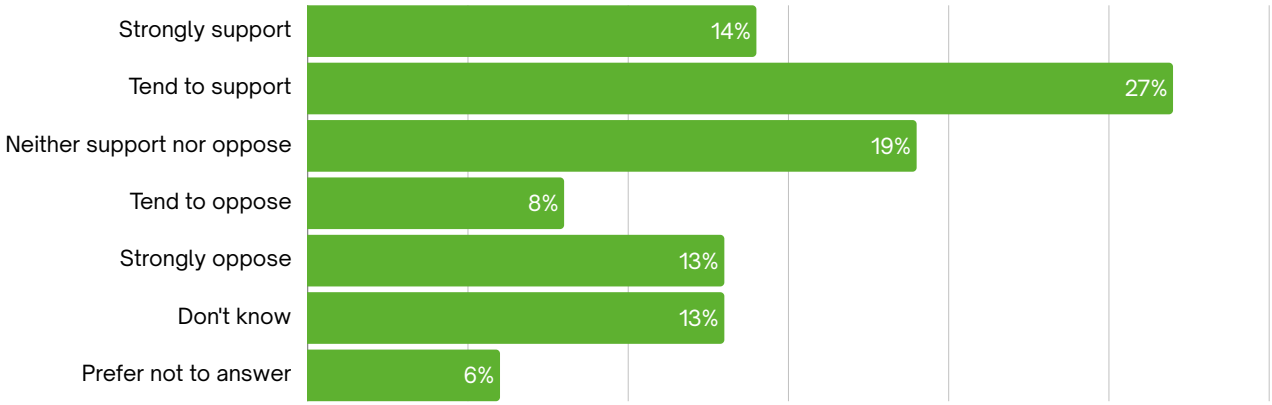
Spain

Almost half of respondents in Spain (48%) said that they *supported* the use of human embryos in scientific and medical research, to help understand – and develop treatments for – congenital disease (21% *'Strongly support'* and 27% *'Tend to support'*).

A substantially smaller proportion of respondents in Spain – less than a fifth (15%) – said that they *opposed* the use of human embryos in scientific and medical research (9% *'Strongly oppose'* and 7% *'Tend to oppose'*). Meanwhile, more than a fifth of respondents in Spain (22%) answered *'Neither support nor oppose'*.

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.1. To what extent do you support or oppose the use of human embryos in scientific and medical research, to help understand – and develop treatments for – congenital disease? *



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

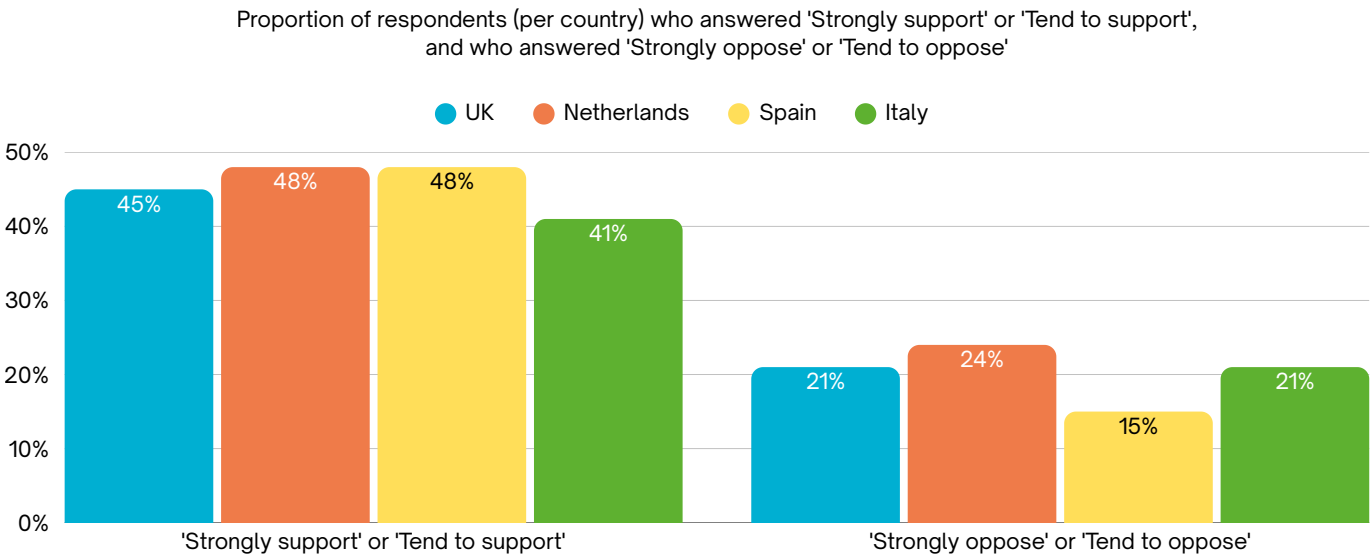
Just over two-fifths of respondents in Italy (41%) said that they *supported* the use of human embryos in scientific and medical research, to help understand – and develop treatments for – congenital disease (14% *'Strongly support'* and 27% *'Tend to support'*).

A substantially smaller proportion of respondents in Italy – just over a fifth (21%) – said that they *opposed* the use of human embryos in scientific and medical research (13% *'Strongly oppose'* and 8% *'Tend to oppose'*).

Meanwhile, just under a fifth of respondents in Italy (19%) answered *'Neither support nor oppose'*, and more than a tenth of respondents in Italy (13%) answered *'Don't know'*.

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.1. To what extent do you support or oppose the use of human embryos in scientific and medical research, to help understand – and develop treatments for – congenital disease? *



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

The use of human embryos for scientific and medical research was supported by more than 40% of respondents in each of the four countries surveyed. In each country, this figure substantially exceeded the number of respondents who indicated opposition.

The Netherlands and Spain had the highest level of support (48% of respondents in each of those countries). Meanwhile, the Netherlands was also the country with the highest level of opposition to the use of human embryos in research, while Spain was the country with the least opposition.

PET says:

It is promising that more than 40% of respondents in each country said that they supported the use of human embryos in research. Even in Italy, where research uses of human embryos are currently prohibited, there is a strong level of support.

It is also interesting that although the UK has some policies that are particularly supportive of embryo research – for example, the UK is the only one of the four countries surveyed that currently permits human embryos to be created *specifically for* use in research, rather than researchers having to rely solely on unused embryos from fertility treatment – the country with the least opposition to research uses of human embryos is not the UK, but Spain.

ESHRE/PET resources

Ethical Considerations on the Moral Status of the Embryo and Embryo-Like Structures

Writing Group of the ESHRE Ethics Committee, Guido Pennings, Wybo Dondorp *et al*

Human Reproduction, Volume 39, Issue 11, November 2024

doi.org/10.1093/humrep/deae228

Code of Practice for the Generation and Use of Human Stem-Cell-Based Embryo Models

Progress Educational Trust/Cambridge Reproduction, July 2024

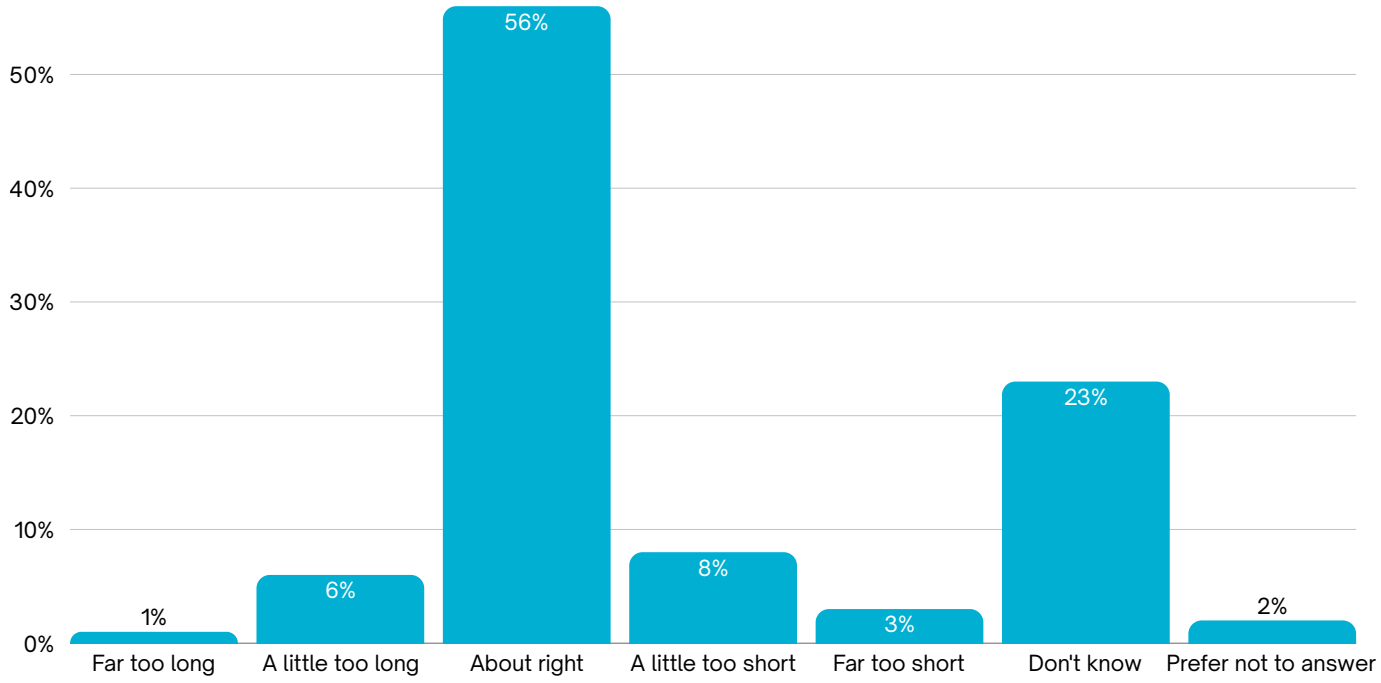
www.progress.org.uk/engagement/resource/scbem-code-of-practice/

Further resources are listed on p78

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.2. In the UK, human embryos created in a laboratory can currently be used in scientific and medical research (eg, to help understand – and develop treatments for – congenital disease) for 14 days from fertilisation (this is often called the *'14-day rule'*). After this, they must be destroyed. *

Do you think this *'14-day rule'* is too long, too short, or about right?



Base: n=1460 adults in the UK aged 16-75 who support, or who neither support nor oppose, the use of human embryos in research, online fieldwork: 6-11 Feb 2026

UK

This question was put to respondents in the UK who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p53).

The majority of these particular respondents in the UK (56%) said that the 14-day time limit for human embryo research is *'About right'*. Almost a quarter of these respondents in the UK (23%) answered *'Don't know'*.

Women among these respondents in the UK were more likely than men to say that the 14-day time limit for human embryo research is *'About right'* (60% vs 53%), while men were more likely than women to say that the 14-day time limit is *'too short'* (14% vs 9%).

Those aged 16-24 among these respondents in the UK were more likely than those in other age bands to say that the 14-day time limit for human embryo research is *'too short'*, with 23% of those aged 16-24 saying that this limit is *'A little too short'* (19%) or *'Far too short'* (4%).

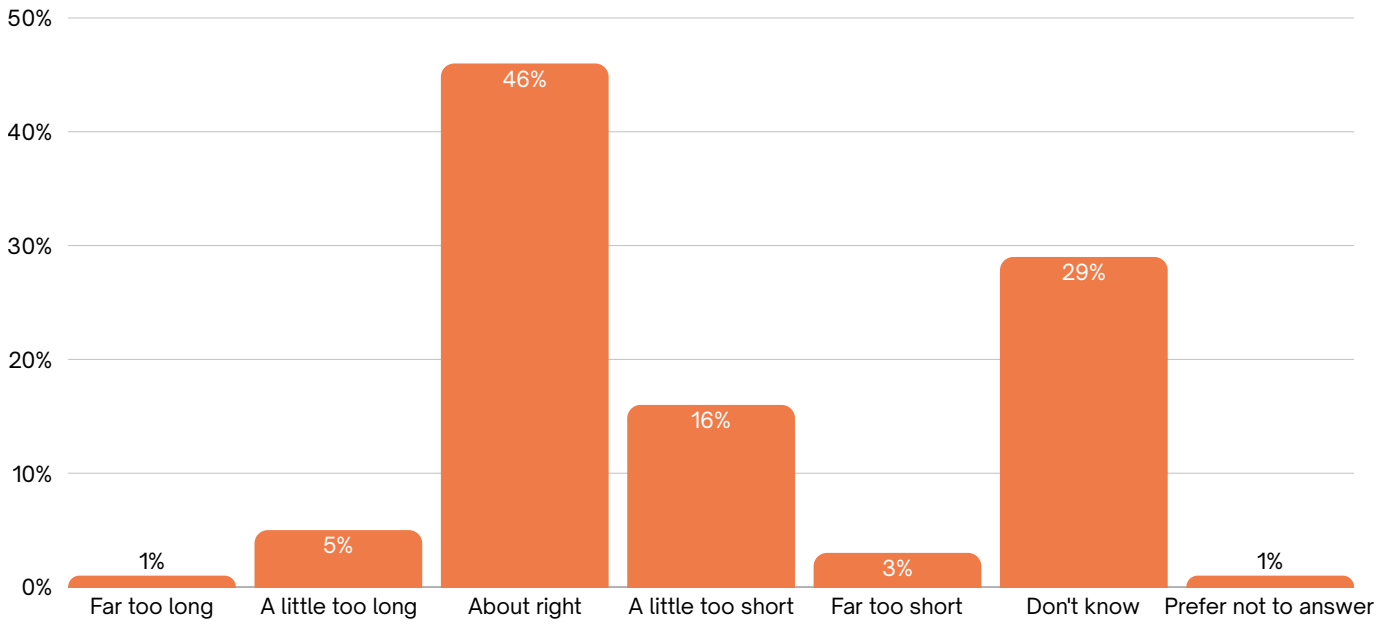
This question was also put to UK respondents – if they supported, or if they neither supported nor opposed, the use of human embryos in scientific and medical research – as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. In both the 2022 survey and this 2026 survey, 56% of respondents said that the 14-day time limit for human embryo research is *'About right'*. Other answers to this question in 2026 also remain at similar levels to those given in 2022.

Subgroup sample sizes are provided for the UK, including gender and age group splits, on p75

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.2. In the Netherlands, human embryos created in a laboratory can currently be used in scientific and medical research (eg, to help understand – and develop treatments for – congenital disease) for 14 days from fertilisation (this is often called the *'14-day rule'*). After this, they must be destroyed. *

Do you think this *'14-day rule'* is too long, too short, or about right?



Base: n=1479 adults in the Netherlands aged 16-75 who support, or who neither support nor oppose, the use of human embryos in research, online fieldwork: 6-14 Feb 2026

Netherlands

This question was put to respondents in the Netherlands who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p54).

46% of these particular respondents in the Netherlands said that the 14-day time limit for human embryo research is *'About right'*. More than a quarter of these respondents in the Netherlands (29%) answered *'Don't know'*.

Almost a fifth of these respondents in the Netherlands (18%) thought that the 14-day time limit is *'too short'*. This is three times as many as thought that the time limit is *'too long'* (6%).

Men among these respondents in the Netherlands were more likely than women to say that that the 14-day time limit for human embryo research is *'too short'* (21% vs 16%).

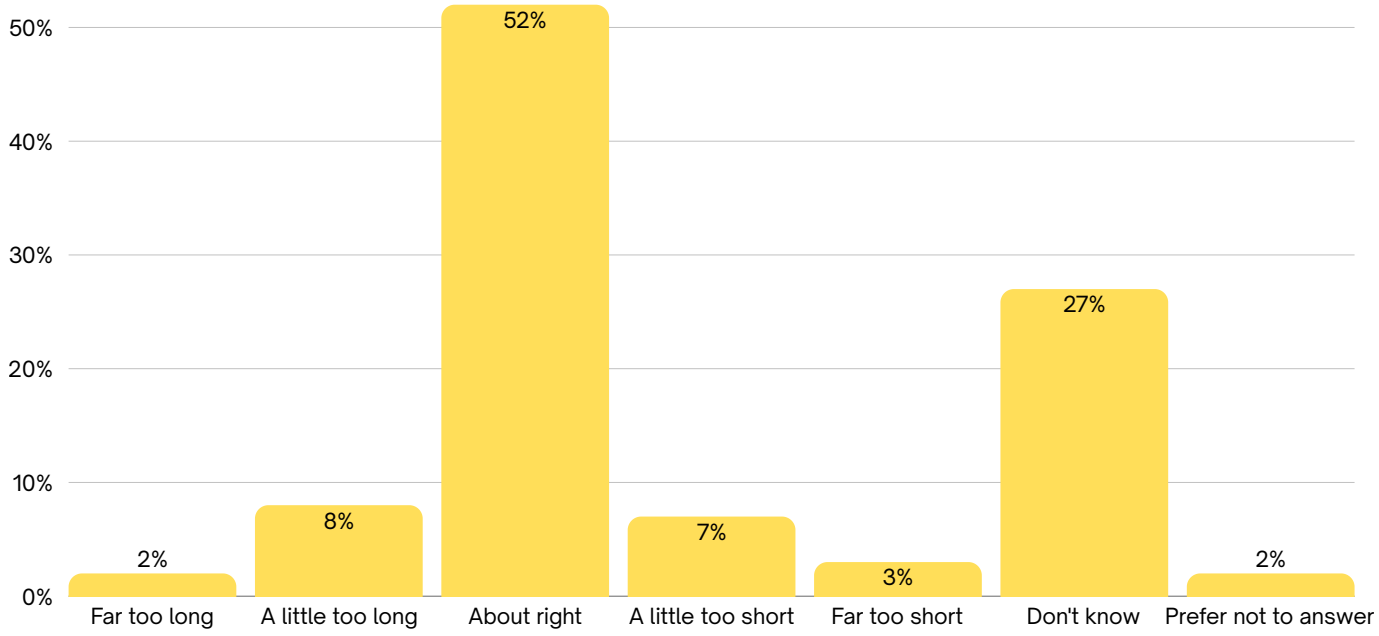
Those aged 16-24 among these respondents in the Netherlands were less likely than those in other age bands to answer *'Don't know'*. Only 13% of those aged 16-24 among these respondents in the Netherlands answered *'Don't know'*, whereas 35% of those aged 35-75 among these particular respondents in the Netherlands answered *'Don't know'*.

Subgroup sample sizes are provided for the Netherlands, including gender and age group splits, on p75

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.2. In Spain, human embryos created in a laboratory can currently be used in scientific and medical research (eg, to help understand – and develop treatments for – congenital disease) for 14 days from fertilisation (this is often called the *'14-day rule'*). After this, they must be destroyed. *

Do you think this *'14-day rule'* is too long, too short, or about right?



Base: n=1514 adults in Spain aged 16-75 who support, or who neither support nor oppose, the use of human embryos in research, online fieldwork: 6-12 Feb 2026

Spain

This question was put to respondents in Spain who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p54).

The majority of these particular respondents in Spain (52%) said that the 14-day time limit for human embryo research is *'About right'*. More than a quarter of these respondents (27%) answered *'Don't know'*. Furthermore, women among these respondents were more likely than men to answer *'Don't know'* (30% vs 24%).

As illustrated above, there is a symmetry around the large proportion of these respondents in Spain who said that the 14-day time limit for human embryo research is *'About right'*.

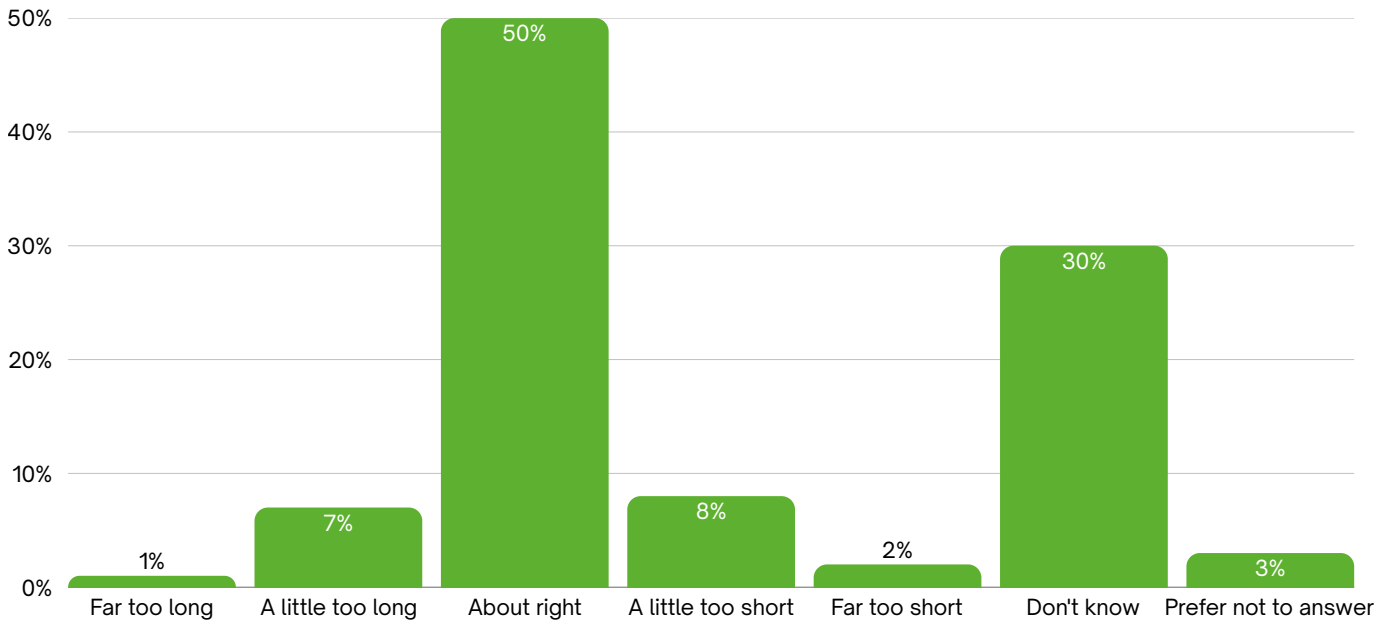
On either side, almost identical proportions of these respondents say that the time limit is *'A little too long'* or *'A little too short'* (8% and 7% respectively), and almost identical proportions of these respondents say that the time limit is *'Far too long'* or *'Far too short'* (2% and 3% respectively).

Subgroup sample sizes are provided for Spain, including gender and age group splits, on p76

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.2. In some countries (eg, the UK, Spain, the Netherlands, Canada, etc), human embryos created in a laboratory can currently be used in scientific and medical research (eg, to help understand – and develop treatments for – congenital disease) for 14 days from fertilisation (this is often called the '14-day rule'). After this, they must be destroyed. *

Do you think this *'14-day rule'* is too long, too short, or about right?



Base: n=1296 adults in Italy aged 16-75 who support, or who neither support nor oppose, the use of human embryos in research, online fieldwork: 6-10 Feb 2026

Italy

This question was put to respondents in Italy who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p55).

Half of these particular respondents in Italy (50%) said that the 14-day time limit for human embryo research is *'About right'*, and those who gave this answer were spread quite evenly across age and gender categories. Almost a third of these particular respondents in Italy (30%) answered *'Don't know'*.

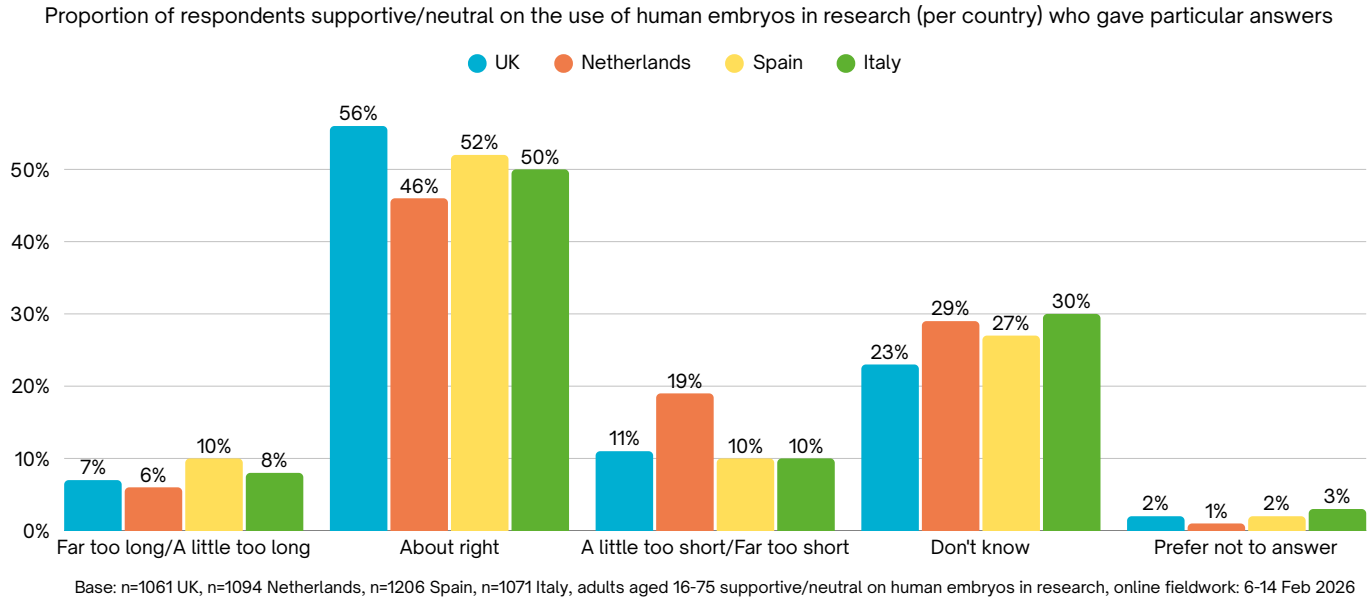
Among these respondents in Italy, those aged 55 or older were more likely to answer *'Don't know'* than those younger than 55. For example, 37% of those aged 65-75 among these respondents said *'Don't know'*, whereas just 24% of those aged 16-24 among these respondents said *'Don't know'*.

As illustrated above, there is a symmetry around the large proportion of these respondents who said that the 14-day time limit for human embryo research is *'About right'*. On either side, almost identical proportions say that the time limit is *'A little too long'* or *'A little too short'* (7% and 8% respectively), and almost identical proportions say that the time limit is *'Far too long'* or *'Far too short'* (1% and 2% respectively).

Subgroup sample sizes are provided for Italy, including gender and age group splits, on p76

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.2. Do you think the *'14-day rule'* is too long, too short, or about right? *



Base: n=1061 UK, n=1094 Netherlands, n=1206 Spain, n=1071 Italy, adults aged 16-75 supportive/neutral on human embryos in research, online fieldwork: 6-14 Feb 2026

Country comparison

This question was put to respondents who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p53-56).

In all four countries surveyed, the most-popular answer given by these particular respondents – by 56% in the UK, 52% in Spain, 50% in Italy and 46% in the Netherlands – was that the 14-day time limit is *'About right'*.

The country most supportive of extending the 14-day rule was the Netherlands, where almost a fifth of these particular respondents (19%) thought that the 14-day time limit is *'too short'*.

In each country, more than a fifth of the respondents to whom this question was put answered *'Don't know'*. If more of these respondents were to form a view on the issue in future, then the overall picture could change significantly.

ESHRE/PET resources

Human Stem-Cell-Based Embryo Models: Innovation, Ethics and Policy

Alfonso Martínez Arias, Nicolas Rivron, Shahragim Tajbakhsh *et al*

Human Reproduction, March 2026

doi.org/10.1093/humrep/deag035

Developing an International Framework for Stem-Cell-Based Embryo Models

Alfonso Martínez Arias, Nicolas Rivron, Naomi Moris

BioNews, Issue 1335, April 2026

www.progress.org.uk/developing-an-international-framework-for-stem-cell-based-embryo-models/

Further resources are listed on p78

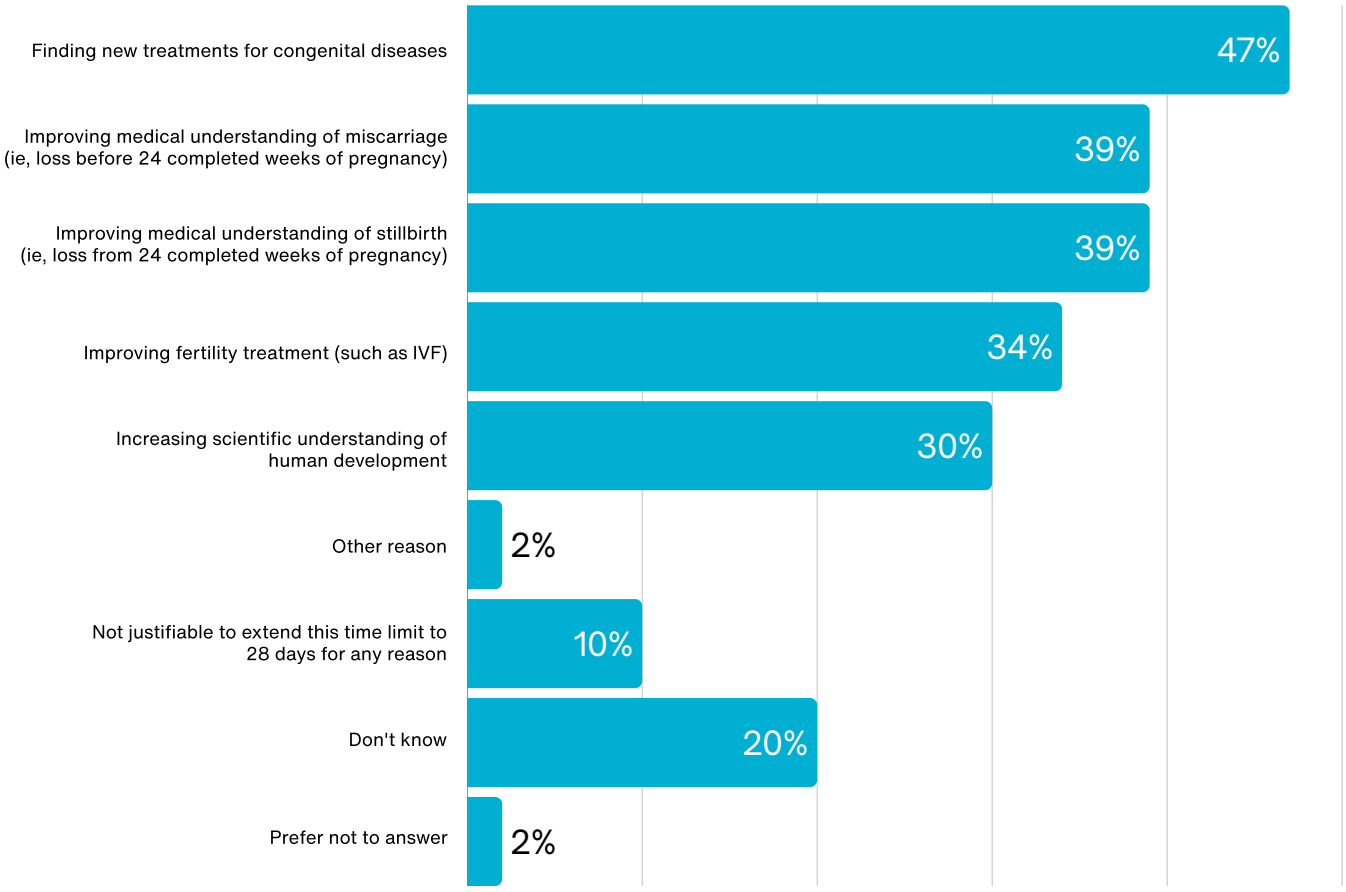
PET says:

It is reassuring to see enduring support for the 14-day rule, more than 40 years after it was recommended in the UK's Warnock Report. The rule even elicits support in Italy, where research uses of human embryos are currently prohibited.

Recent years have seen some compelling arguments for extending the 14-day rule, with both the UK's Human Fertilisation and Embryology Authority and the Health Council of the Netherlands recommending an extension to this limit. The findings set out above – and also the findings on p62-66 – suggest that those arguing for an extension need to make their case as clearly and as publicly as possible.

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.3. For which, if any, reasons do you think it would be justifiable to extend this time limit from 14 days to 28 days? *



Base: n=1460 adults in the UK aged 16-75 who support, or who neither support nor oppose, the use of human embryos in scientific and medical research, online fieldwork: 6-11 Feb 2026

UK

This question was put to respondents in the UK who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p53).

The three most popular answers chosen by these particular respondents in the UK were *'Finding new treatments for congenital diseases'* (chosen by 47%), *'Improving medical understanding of stillbirth'* (chosen by 39%) and *'Improving medical understanding of miscarriage'* (chosen by 39%).

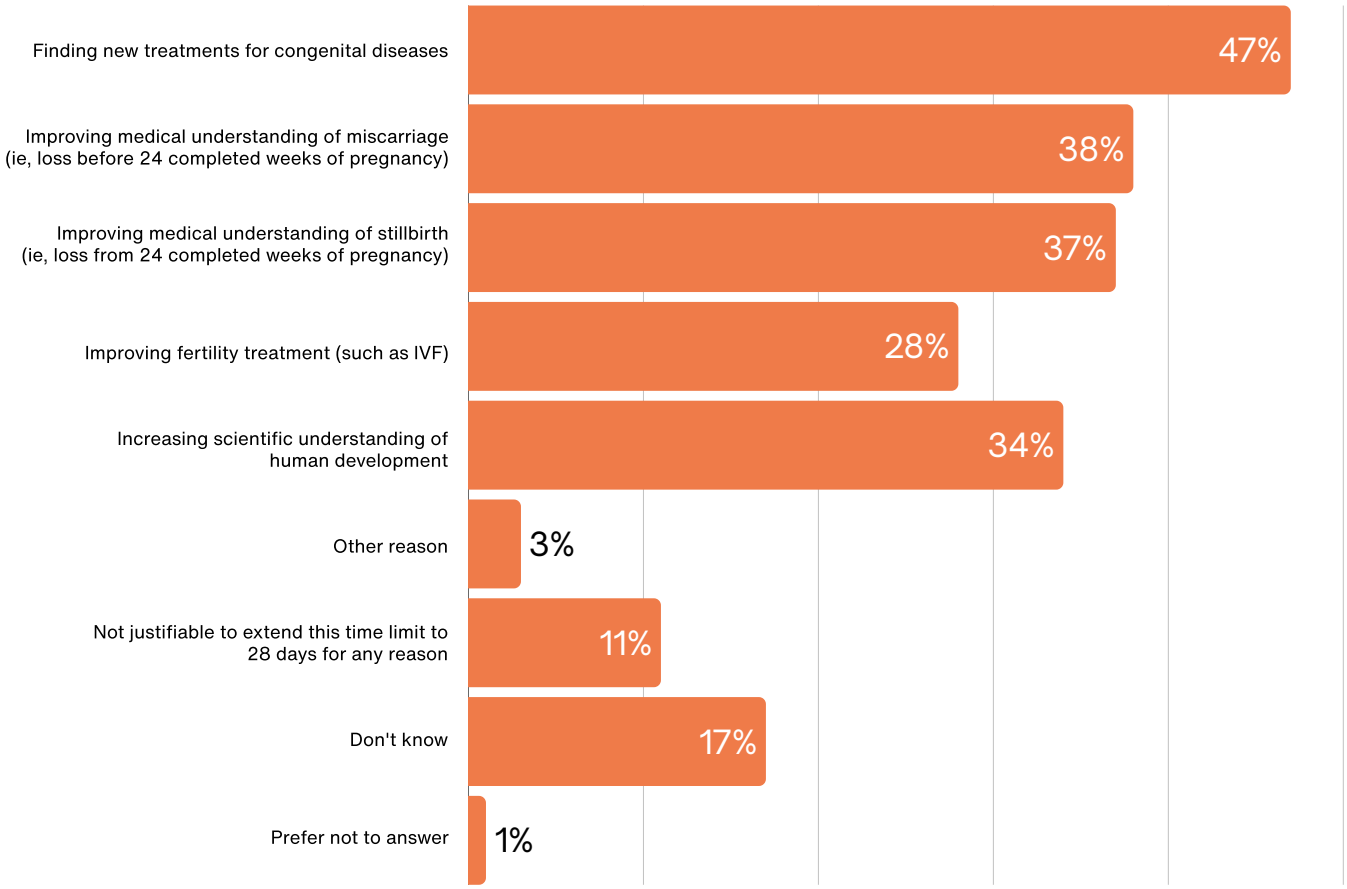
A fifth of these respondents in the UK (20%) answered *'Don't know'*. Only 10% of these respondents in the UK answered *'Not justifiable to extend this time limit to 28 days for any reason'*.

This question was also put to respondents in the UK – if they supported, or if they neither supported nor opposed, the use of human embryos in scientific and medical research – as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022 (see p53).

In the 2022 survey, the three most popular answers were the same as in this 2026 survey – *'Finding new treatments for congenital diseases'* (chosen by 39%), *'Improving medical understanding of stillbirth'* (chosen by 35%) and *'Improving medical understanding of miscarriage'* (chosen by 33%). However, the popularity of each of these answers among respondents is greater in 2026 than it was in 2022.

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.3. For which, if any, reasons do you think it would be justifiable to extend this time limit from 14 days to 28 days? *



Base: n=1479 adults in the Netherlands aged 16-75 who support, or who neither support nor oppose, the use of human embryos in scientific and medical research, online fieldwork: 6-14 Feb 2026

Netherlands

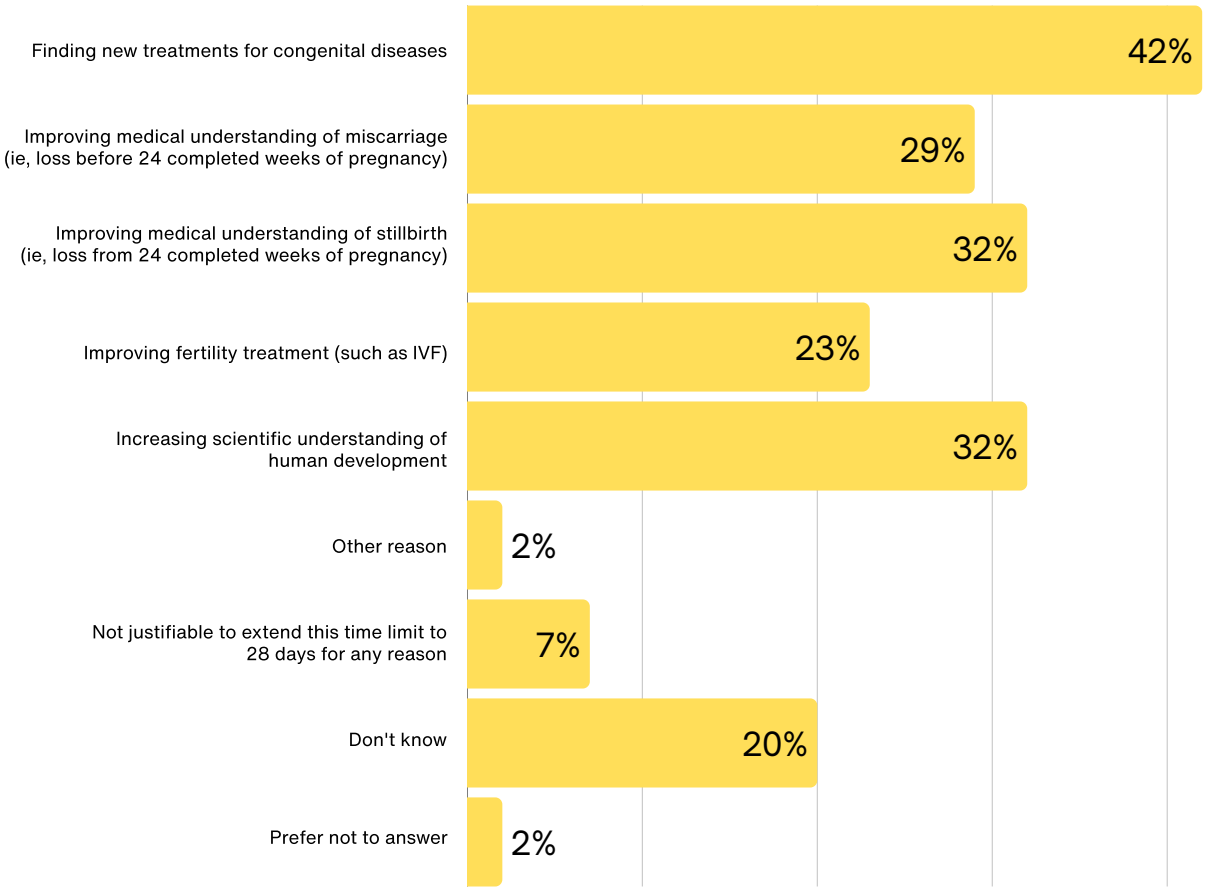
This question was put to respondents in the Netherlands who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p54).

The three most popular answers chosen by these particular respondents in the Netherlands were *'Finding new treatments for congenital diseases'* (chosen by 47%), *'Improving medical understanding of miscarriage'* (chosen by 38%) and *'Improving medical understanding of stillbirth'* (chosen by 37%).

17% of these respondents in the Netherlands answered *'Don't know'*. Only 11% of these respondents in the Netherlands answered *'Not justifiable to extend this time limit to 28 days for any reason'*.

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.3. For which, if any, reasons do you think it would be justifiable to extend this time limit from 14 days to 28 days? *



Base: n=1514 adults in Spain aged 16-75 who support, or who neither support nor oppose, the use of human embryos in scientific and medical research, online fieldwork: 6-12 Feb 2026

Spain

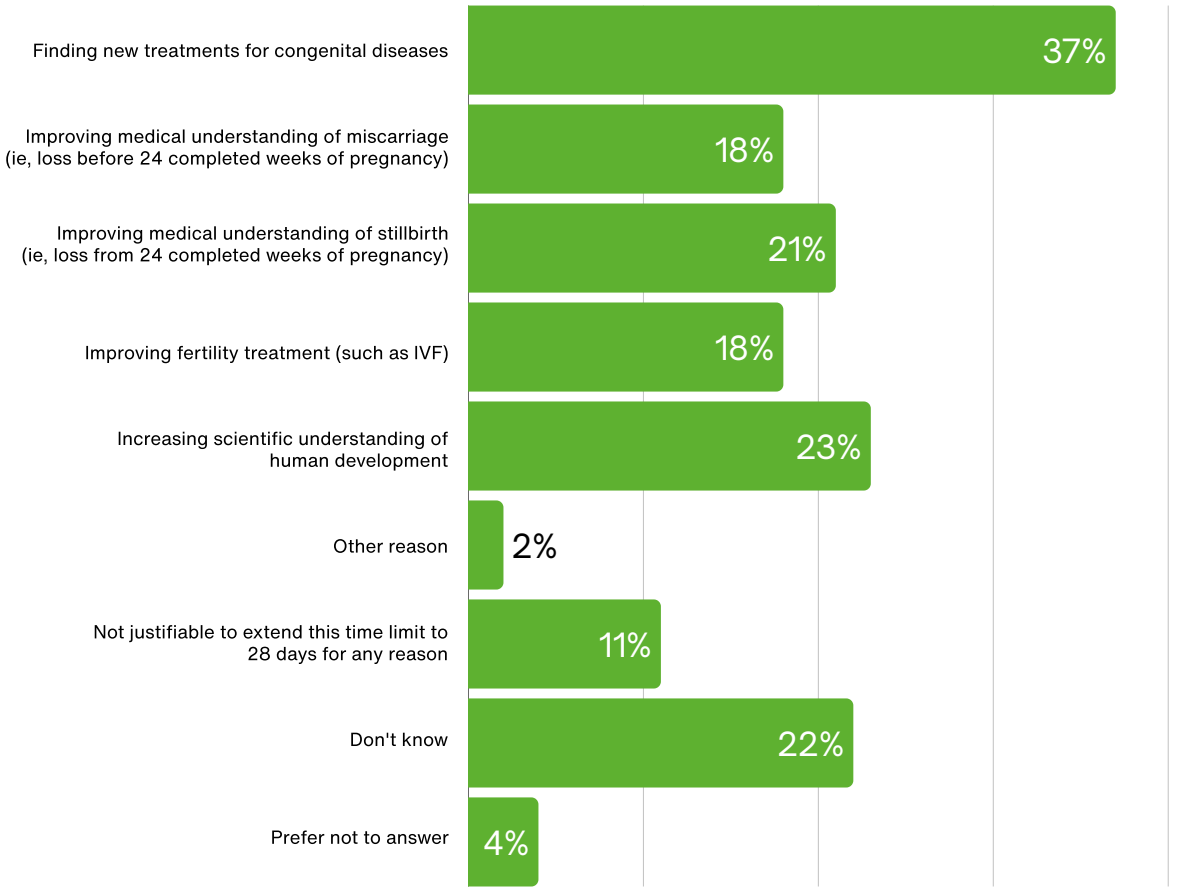
This question was put to respondents in Spain who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p54).

The three most popular answers chosen by these particular respondents in Spain were *'Finding new treatments for congenital diseases'* (chosen by 42%), *'Improving medical understanding of stillbirth'* (chosen by 32%) and *'Increasing scientific understanding of human development'* (chosen by 32%).

A fifth of these respondents in Spain (20%) answered *'Don't know'*. Only 7% of these respondents in Spain answered *'Not justifiable to extend this time limit to 28 days for any reason'*.

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.3. For which, if any, reasons do you think it would be justifiable to extend this time limit from 14 days to 28 days? *



Base: n=1296 adults in Italy aged 16-75 who support, or who neither support nor oppose, the use of human embryos in scientific and medical research, online fieldwork: 6-10 Feb 2026

Italy

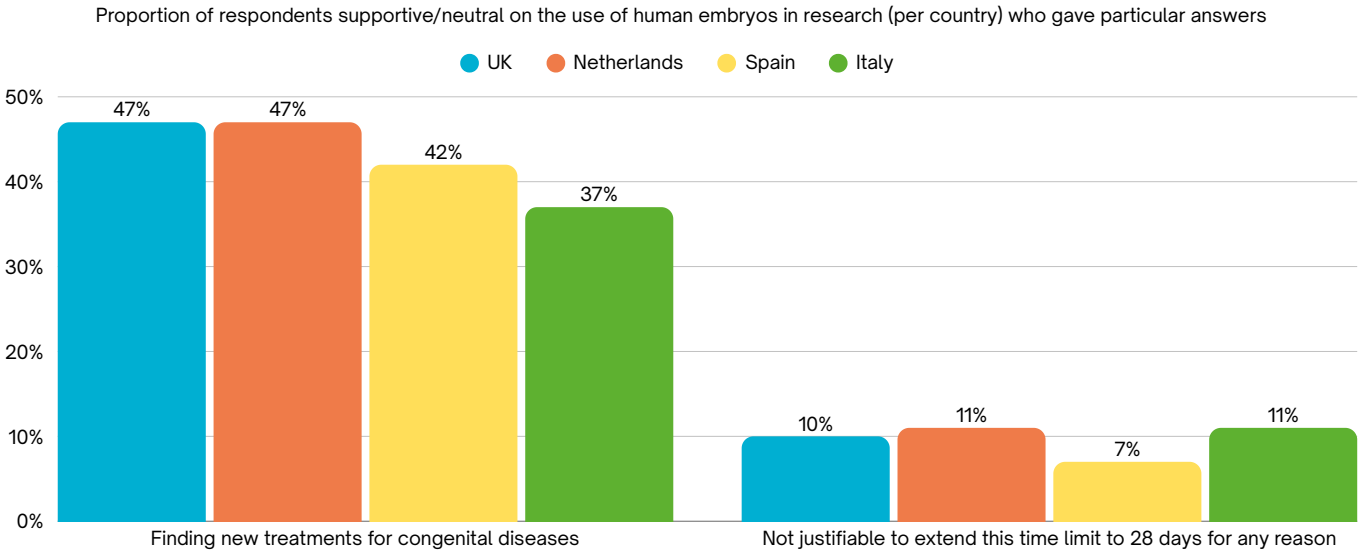
This question was put to respondents in Italy who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research to help understand – and develop treatments for – congenital disease (see p55).

The three most popular answers chosen by these particular respondents in Italy were *'Finding new treatments for congenital diseases'* (chosen by 37%), *'Increasing scientific understanding of human development'* (chosen by 23%) and *'Improving medical understanding of stillbirth'* (chosen by 21%).

22% of these respondents in Italy answered *'Don't know'*. Only 11% of these respondents in Italy answered *'Not justifiable to extend this time limit to 28 days for any reason'*.

* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

2.3. For which, if any, reasons do you think it would be justifiable to extend this time limit from 14 days to 28 days? *



Base: n=1061 UK, n=1094 Netherlands, n=1206 Spain, n=1071 Italy, adults aged 16-75 supportive/neutral on human embryos in research, online fieldwork: 6-14 Feb 2026

Country comparison

This question was put to respondents who said that they supported, or that they neither supported nor opposed, the use of human embryos in scientific and medical research (see p53-56). In all four countries surveyed, the most popular answer selected was *'Finding new treatments for congenital diseases'*. This was selected by 47% in both the UK and the Netherlands, 42% in Spain, and 37% in Italy.

In each instance, more than three times as many respondents thought that a doubling of the 14-day limit would be justified by *'Finding new treatments for congenital diseases'*, as thought that it was *'Not justifiable to extend this time limit to 28 days for any reason'*. In one particular country – Spain – six times as many respondents held the former view as held the latter view.

PET says:

The 14-28 day period of human embryo development – sometimes referred to as the *'black box'*, because it is poorly understood and hidden from view – is when some of the most crucial events in our biology occur. This is why extending the time for which human embryos can be studied in the laboratory could yield a number of benefits.

It is significant that in all four of the countries surveyed here, a substantial proportion of people who are either supportive or neutral on research uses of human embryos – *and* who think that the current 14-day rule is *'About right'* – are nonetheless open to the idea of the 14-day limit being extended, so long as the reasons for doing so are explained.

ESHRE/PET resources

Human Stem-Cell-Based Embryo Models: Innovation, Ethics and Policy

Alfonso Martínez Arias, Nicolas Rivron, Shahragim Tajbakhsh *et al*

Human Reproduction, March 2026

doi.org/10.1093/humrep/deag035

Developing an International Framework for Stem-Cell-Based Embryo Models

Alfonso Martínez Arias, Nicolas Rivron, Naomi Moris

BioNews, Issue 1335, April 2026

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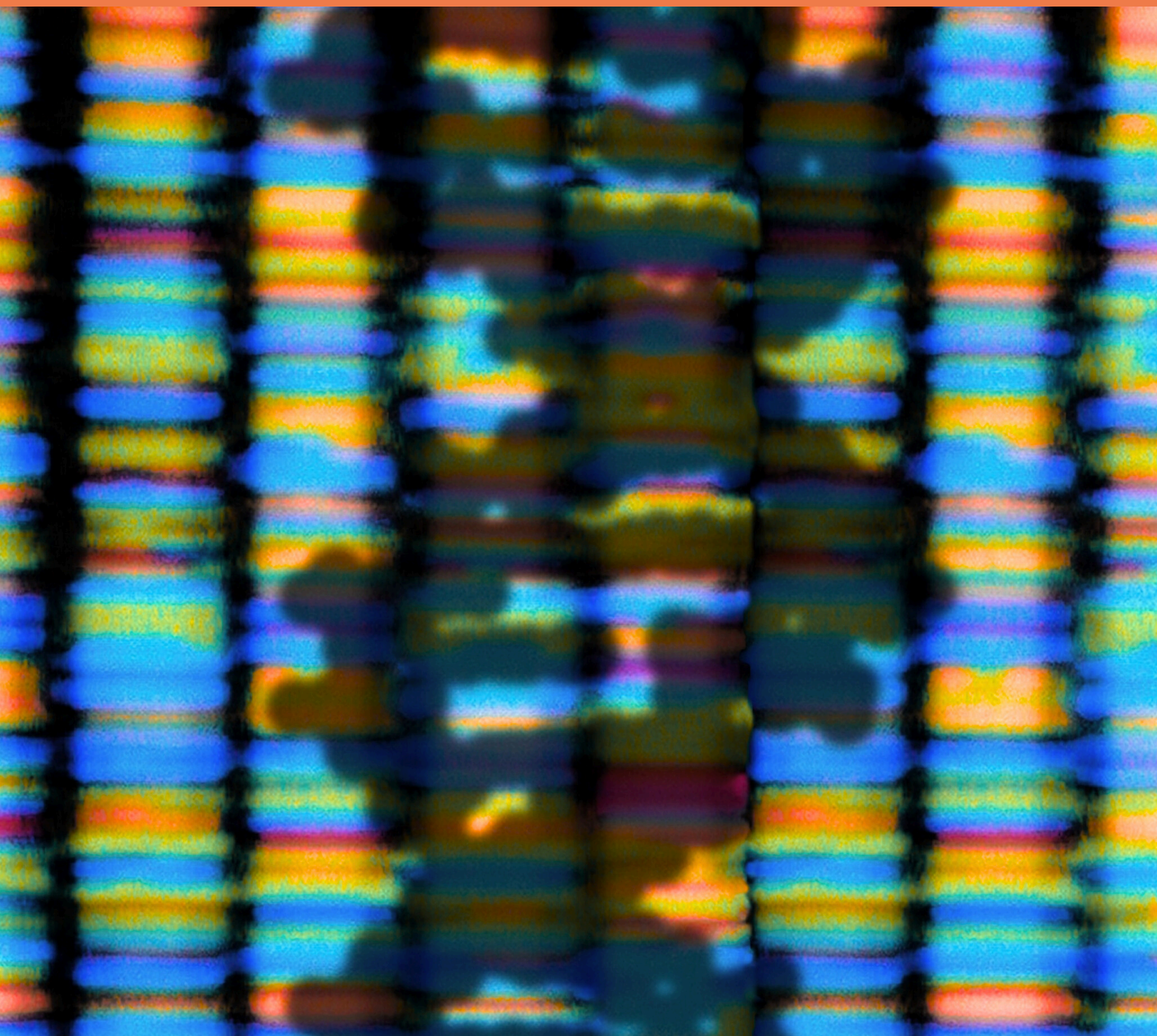
Further resources are listed on p78

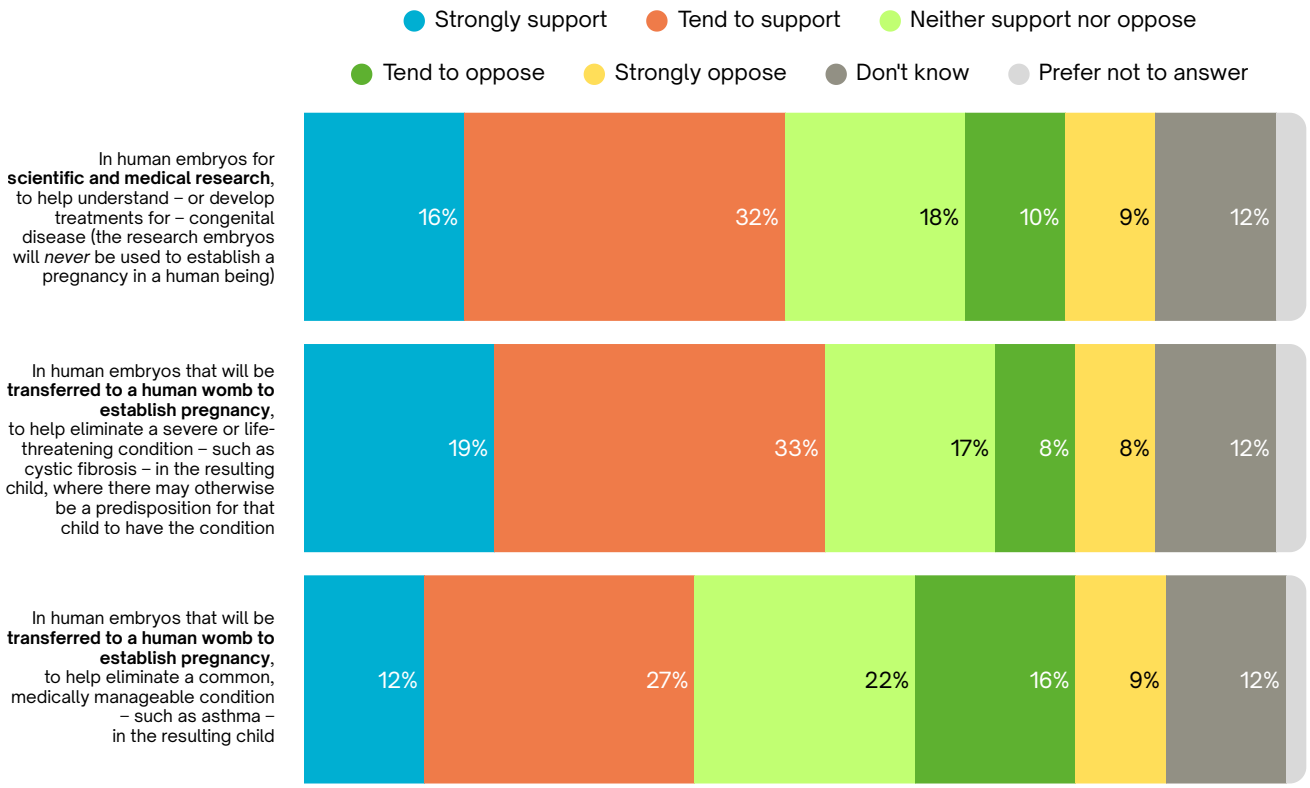
* Definitions of *'human embryos'* and *'congenital disease'* were provided, with background information – see p77

Section 3

Genome Editing



3. Genome editing technologies enable scientists to make changes to DNA by altering sections of DNA. Thinking about this, to what extent do you support or oppose the use of human genome editing in each of the following scenarios?



Base: n=2217 adults in the UK aged 16-75, online fieldwork: 6-11 Feb 2026

UK

Among respondents in the UK, the most supported use of genome editing in human embryos was to help eliminate a severe or life-threatening condition, in embryos that *will* be used to establish pregnancy. This was supported by the majority of respondents in the UK (52%), which is a far greater proportion of respondents than those who indicated opposition (16%).

The use of genome editing in human embryos for scientific and medical research – where the embryos will *never* be used to establish pregnancy – was supported by 48% of respondents in the UK, and was opposed by 19% of respondents in the UK.

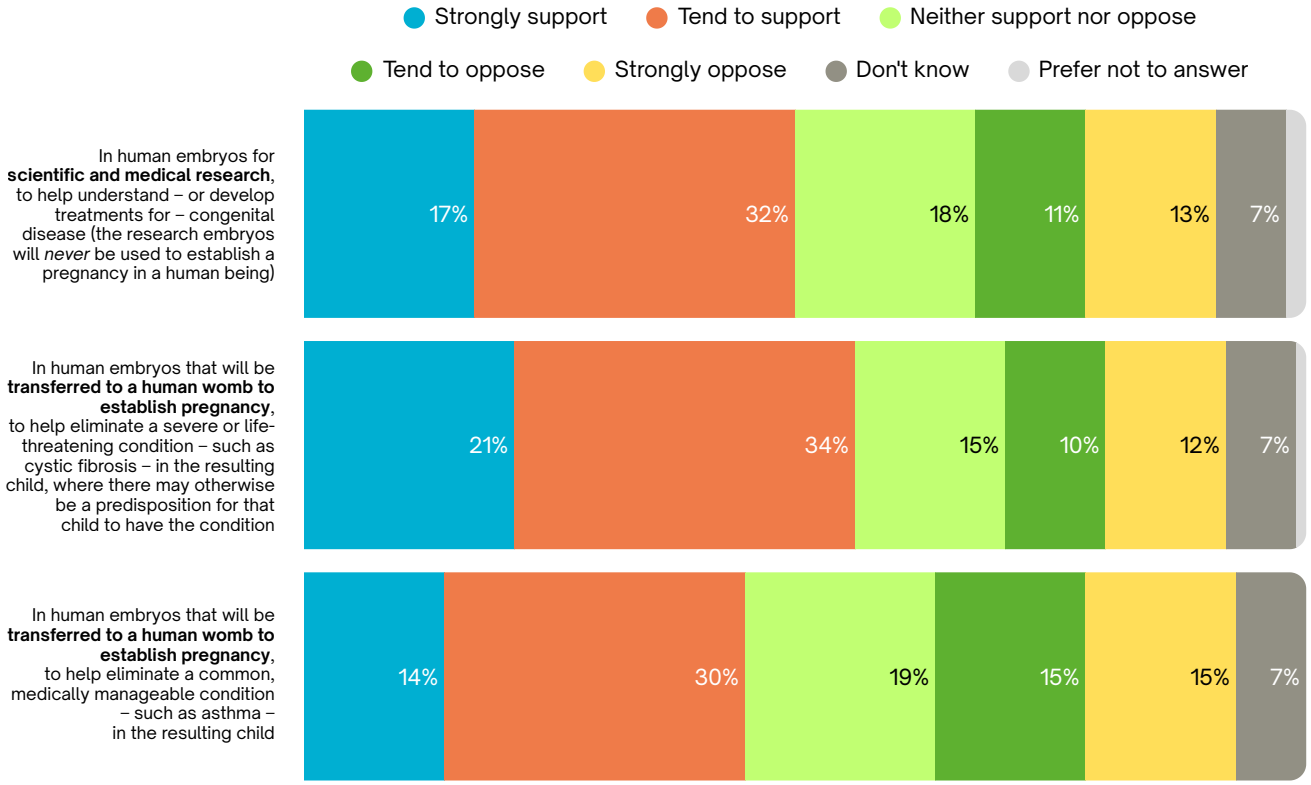
The least supported use of genome editing in human embryos was to help eliminate a common, medically manageable condition, in embryos that *will* be used to establish pregnancy. This was supported by 39% of respondents in the UK, and was opposed by 25% of respondents in the UK.

This question was also put to respondents in the UK as part of a similar survey commissioned by PET in March 2022, and published by PET in June 2022. A pattern that was evident in 2022, and that occurs again in 2026, suggests poor public awareness of the fact that *research* uses of human embryos are a necessary prerequisite for *treatment* uses of human embryos.

In both 2022 and 2026, a use of genome editing that is *not* currently permitted by UK law – to help eliminate a severe or life-threatening condition, in human embryos that *will* be used to establish pregnancy – is supported by more than half of respondents (53% in 2022).

Meanwhile, a use of genome editing in human embryos that *is* currently permitted by UK law (and that would be necessary prior to any hypothetical treatment uses) – for scientific and medical research, where the embryos will *never* be used to establish pregnancy – is supported by less than half of respondents (45% in 2022).

3. Genome editing technologies enable scientists to make changes to DNA by altering sections of DNA. Thinking about this, to what extent do you support or oppose the use of human genome editing in each of the following scenarios?



Base: n=2174 adults in the Netherlands aged 16-75, online fieldwork: 6-14 Feb 2026

Netherlands

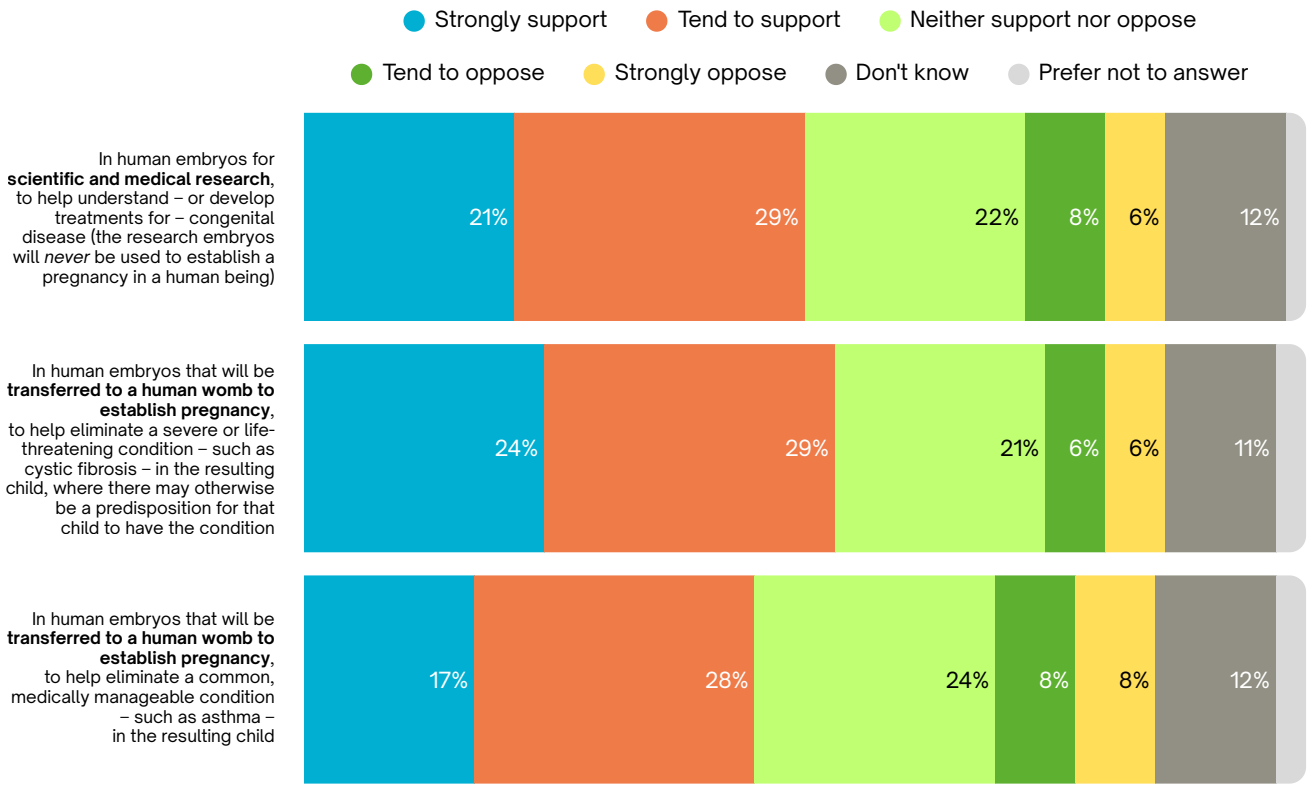
Among respondents in the Netherlands, the most supported use of genome editing in human embryos was to help eliminate a severe or life-threatening condition, in embryos that *will* be used to establish pregnancy. This was supported by the majority of respondents in the Netherlands (55%), which is a substantially greater proportion of respondents than those who indicated opposition (22%).

The use of genome editing in human embryos for scientific and medical research – where the embryos will *never* be used to establish pregnancy – was supported by 49% of respondents in the Netherlands, and was opposed by 25% of respondents in the Netherlands.

The least supported use of genome editing in human embryos was to help eliminate a common, medically manageable condition, in embryos that *will* be used to establish pregnancy. This was supported by 44% of respondents in the Netherlands, and was opposed by 30% of respondents in the Netherlands.

In relation to all three of the scenarios that were presented to respondents, older respondents in the Netherlands were more likely than younger respondents to give the answer *'Strongly oppose'*.

3. Genome editing technologies enable scientists to make changes to DNA by altering sections of DNA. Thinking about this, to what extent do you support or oppose the use of human genome editing in each of the following scenarios?



Base: n=2171 adults in Spain aged 16-75, online fieldwork: 6-12 Feb 2026

Spain

Among respondents in Spain, the most supported use of genome editing in human embryos was to help eliminate a severe or life-threatening condition, in embryos that *will* be used to establish pregnancy. This was supported by the majority of respondents in Spain (53%), which is a far greater proportion of respondents than those who indicated opposition (12%).

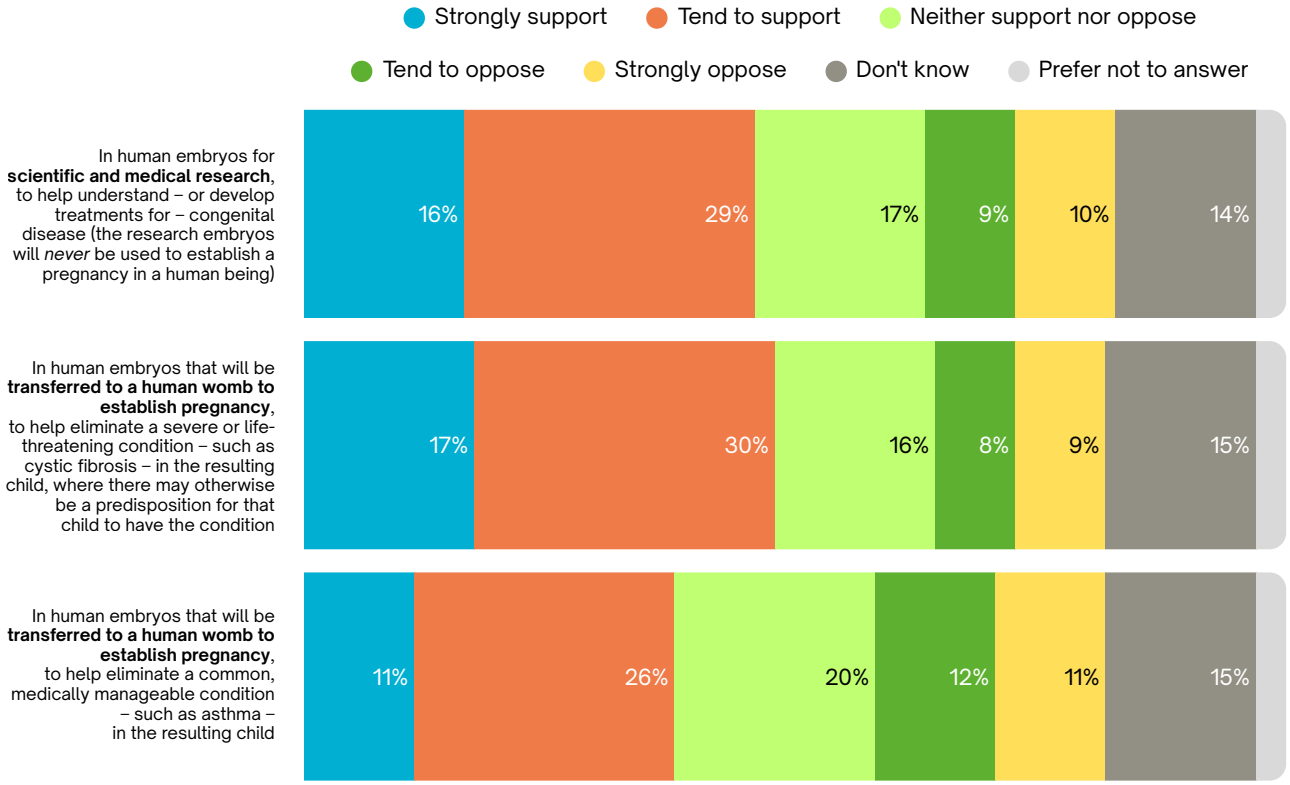
The use of genome editing in human embryos for scientific and medical research – where the embryos will *never* be used to establish pregnancy – was supported by 49% of respondents in Spain, and was opposed by 14% of respondents in Spain.

The least supported use of genome editing in human embryos was to help eliminate a common, medically manageable condition, in embryos that *will* be used to establish pregnancy. This was supported by 45% of respondents in Spain, and was opposed by 16% of respondents in Spain.

In relation to all three of the scenarios that were presented to respondents, younger respondents in Spain were more likely than older respondents to give the neutral answer *'Neither support or oppose'*.

Subgroup sample sizes are provided for Spain, including gender and age group splits, on p76

3. Genome editing technologies enable scientists to make changes to DNA by altering sections of DNA. Thinking about this, to what extent do you support or oppose the use of human genome editing in each of the following scenarios?



Base: n=2126 adults in Italy aged 16-75, online fieldwork: 6-10 Feb 2026

Italy

Among respondents in Italy, the most supported use of genome editing in human embryos was to help eliminate a severe or life-threatening condition, in embryos that *will* be used to establish pregnancy. This was supported by 46% of respondents in Italy, which is a substantially greater proportion of respondents than those who indicated opposition (18%).

The use of genome editing in human embryos for scientific and medical research – where the embryos will *never* be used to establish pregnancy – was supported by 44% of respondents in Italy, and was opposed by 19% of respondents in Italy.

The least supported use of genome editing in human embryos was to help eliminate a common, medically manageable condition, in embryos that *will* be used to establish pregnancy. This was supported by 37% of respondents in Italy, and was opposed by 23% of respondents in Italy.

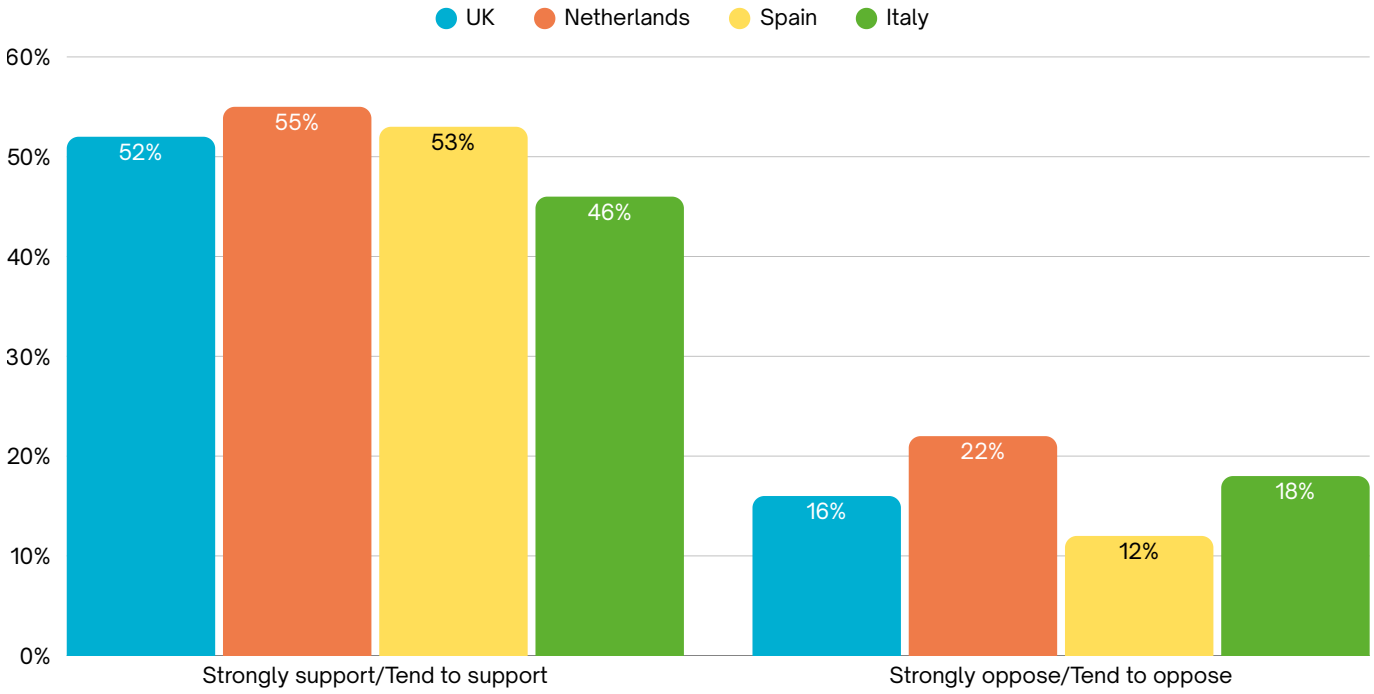
In relation to all three of the scenarios that were presented to respondents, there was a tendency for respondents in Italy younger than 35 to be more supportive than respondents aged 35 or older. For example, 20% of respondents in Italy aged 16-24 answered *'Strongly support'* in relation to the use of genome editing in human embryos to help eliminate a severe or life-threatening condition, whereas 12% of respondents in Italy aged 65-75 answered *'Strongly support'* in relation to this scenario.

Subgroup sample sizes are provided for Italy, including gender and age group splits, on p76

3. Genome editing technologies enable scientists to make changes to DNA by altering sections of DNA. Thinking about this, to what extent do you support or oppose the use of human genome editing in each of the following scenarios?

In human embryos that will be **transferred to a human womb to establish pregnancy**, to help eliminate a severe or life-threatening condition – such as cystic fibrosis – in the resulting child, where there may otherwise be a predisposition for that child to have the condition.

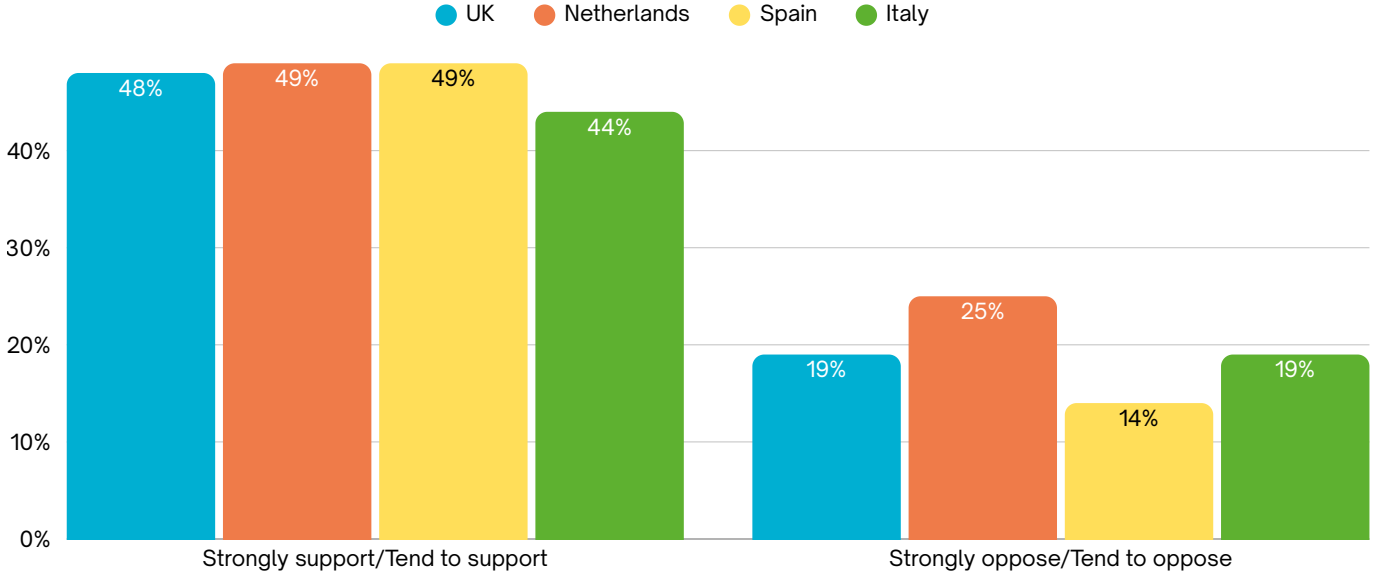
Proportion of respondents (per country) who answered 'Strongly support' or 'Tend to support', and who answered 'Strongly oppose' or 'Tend to oppose'



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

In human embryos for **scientific and medical research**, to help understand – or develop treatments for – congenital disease (the research embryos will *never* be used to establish a pregnancy in a human being).

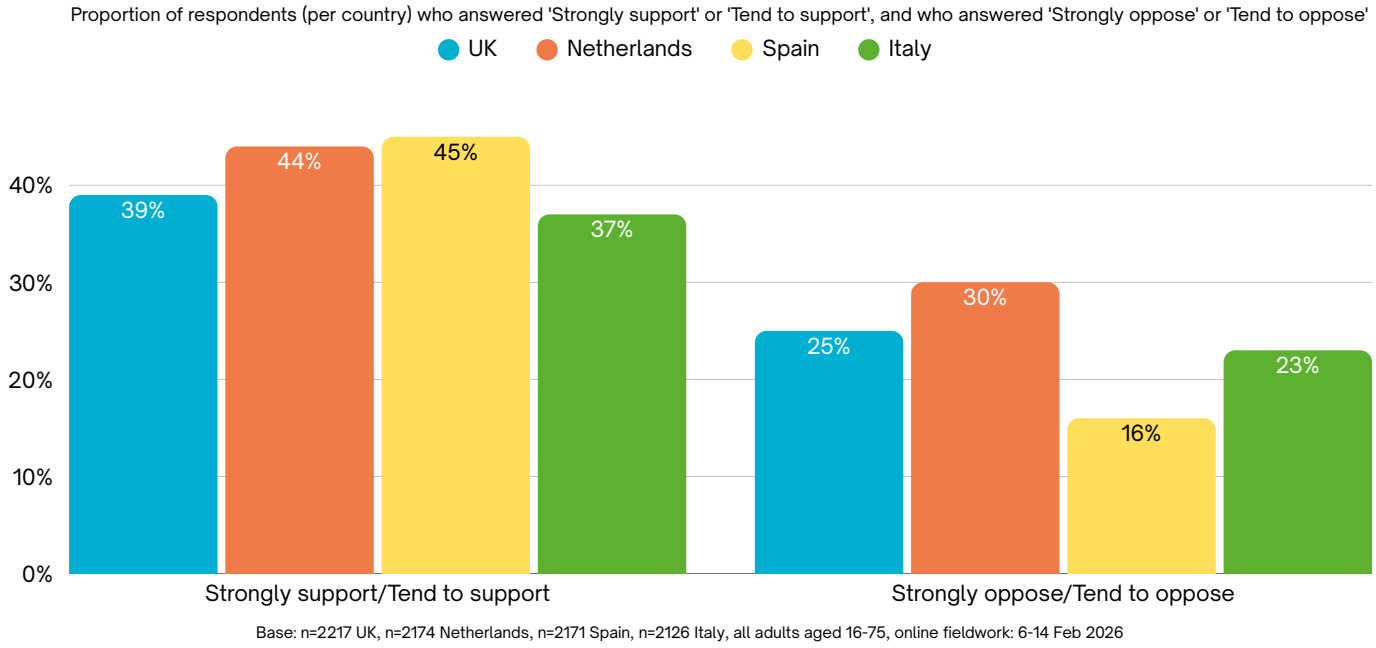
Proportion of respondents (per country) who answered 'Strongly support' or 'Tend to support', and who answered 'Strongly oppose' or 'Tend to oppose'



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

3. Genome editing technologies enable scientists to make changes to DNA by altering sections of DNA. Thinking about this, to what extent do you support or oppose the use of human genome editing in each of the following scenarios?

In human embryos that will be **transferred to a human womb to establish pregnancy**, to help eliminate a common, medically manageable condition – such as asthma – in the resulting child.



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

In all four of the countries surveyed, more respondents supported than opposed all three of the uses of genome editing that were presented to them.

In all four of the countries surveyed, the most supported use of genome editing in human embryos was to help eliminate a severe or life-threatening condition, in embryos that *will* be used to establish pregnancy.

It is important to note that this use of genome editing – which was supported by 55% in the Netherlands, by 53% in Spain, by 52% in the UK and by 46% in Italy – is not permitted by law in any of these four countries at present. In other words, a majority of respondents in every country except Italy – and a substantial proportion of respondents even there – supported a use of genome editing that is *not* currently permitted.

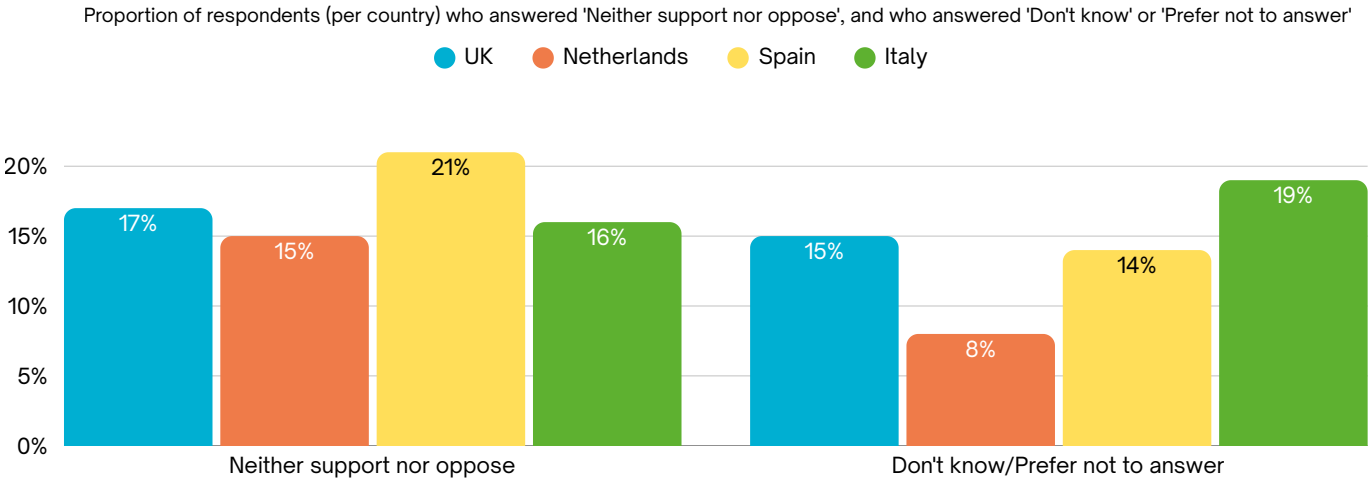
Meanwhile, the use of genome editing in human embryos for scientific and medical research – where the embryos will *never* be used to establish pregnancy – was supported by a large proportion of respondents in all four of the countries surveyed, but this support did not quite reach a majority in any of the four countries.

In all four countries, a slightly larger proportion of respondents opposed the use of genome editing for scientific and medical research (in human embryos that will *not* be used to establish pregnancy) than opposed the use of genome editing to help eliminate a severe or life-threatening condition (in embryos that *will* be used to establish pregnancy).

With regard to all three of the scenarios presented to respondents, the highest level of opposition was seen in the Netherlands, while the lowest level of opposition was seen in Spain.

3. Genome editing technologies enable scientists to make changes to DNA by altering sections of DNA. Thinking about this, to what extent do you support or oppose the use of human genome editing in each of the following scenarios?

In human embryos that will be **transferred to a human womb to establish pregnancy**, to help eliminate a severe or life-threatening condition – such as cystic fibrosis – in the resulting child, where there may otherwise be a predisposition for that child to have the condition.



Base: n=2217 UK, n=2174 Netherlands, n=2171 Spain, n=2126 Italy, all adults aged 16-75, online fieldwork: 6-14 Feb 2026

Country comparison

In all four countries, and at a similar level for all three scenarios, a sizeable proportion of respondents answered *'Neither support or oppose'* while smaller (but still significant) proportions of respondents answered either *'Don't know'* or *'Prefer not to answer'*.

An example is illustrated above, in relation to the scenario that otherwise elicited the most support – that is, the use of genome editing in human embryos to help eliminate a severe or life-threatening condition, in embryos that will be used to establish pregnancy.

PET says:

It is heartening to see such substantial support for uses of genome editing in human embryos, across all four of the countries surveyed. That said, these findings present an interesting conundrum. Respondents seem to be more ready to countenance the use of genome-edited embryos in *treatment* – at least, if helps to eliminate a severe or life-threatening condition – than they are to countenance the use of genome-edited embryos in *research*. Realistically, research must occur first.

There is therefore a need for wide-ranging public conversations, where the vital role played by research – in enabling treatment, and ensuring that treatment is safe and effective – can be conveyed.

ESHRE resources

Genome Engineering through CRISPR/Cas9 Technology in the Human Germline and Pluripotent Stem Cells

Rita Vassena, Björn Heindryckx, Rubén Peco *et al*

Human Reproduction Update, Volume 22, Issue 4, July/August 2016

doi.org/10.1093/humupd/dmw005

Moratorium on Gene Editing in Human Embryos

ESHRE, March 2019

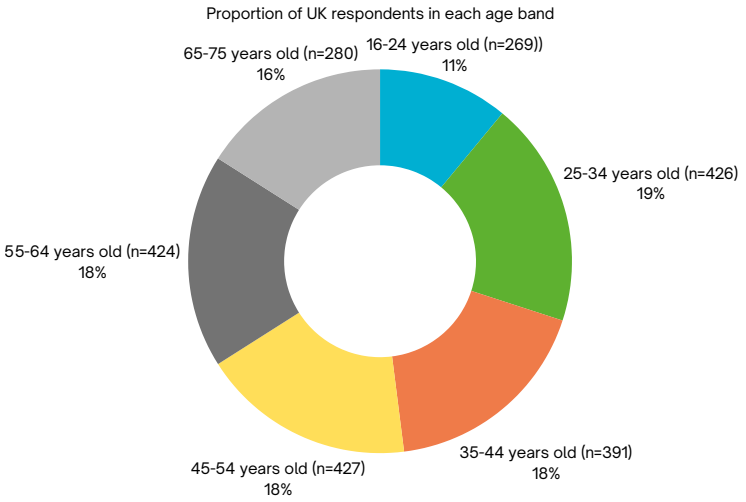
www.eshre.eu/Guidelines-and-Legal/Position-statements/Gene-Editing-in-human-embryos

Further resources are listed on p78

Survey details

Ipsos interviewed a sample of adults aged 16-75 in the UK, Netherlands, Spain and Italy using its online i:omnibus in February 2026. Sample sizes and fieldwork dates for each country are given below. The samples obtained are representative of the population with quotas on age, gender, region and working status. Data has been weighted to the known offline population proportions for age within gender, gender within working status, region, and education.

The questionnaire was developed by PET and ESHRE, with the input of Ipsos survey research experts. All research was carried out in accordance with the requirements of the international quality standard for market research, ISO 20252, and in accordance with the Ipsos Terms and Conditions. All percentage calculations are rounded to the nearest whole number. Where percentages do not add up to 100%, or do not otherwise add up as expected, this is due to rounding.



Base: n=2217 adults in UK aged 16-75. Online fieldwork: 6-11 Feb 2026.

UK sample n=2217

(men n=1085, women n=1113)

All percentages show the weighted sample.

Gender: 49% men; 50% women.

Working status: 68% working; 32% not working.

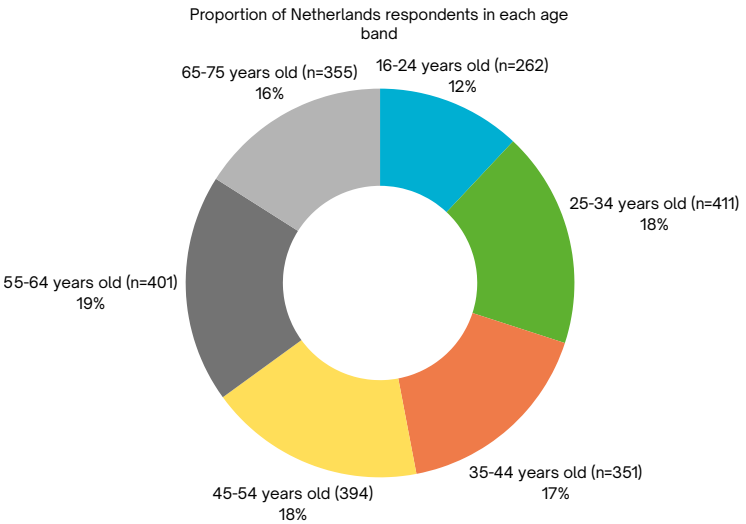
Education: 37% graduates; 63% non-graduates.

Marital status: 58% married or living as married; 31% single; 11% widowed, separated or divorced.

Children in household: 32% yes; 68% no.

Social grade: 29% AB; 29% C1; 21% C2; 22% DE.

Income: 16% up to £19,999; 23% £20,000–£34,999; 24% £35,000–£54,999; 28% £55,000+.



Base: n=2174 adults in Netherlands aged 16-75. Online fieldwork: 6-14 Feb 2026.

Netherlands sample n=2174

(men n=1058, women n=1107)

All percentages show the weighted sample.

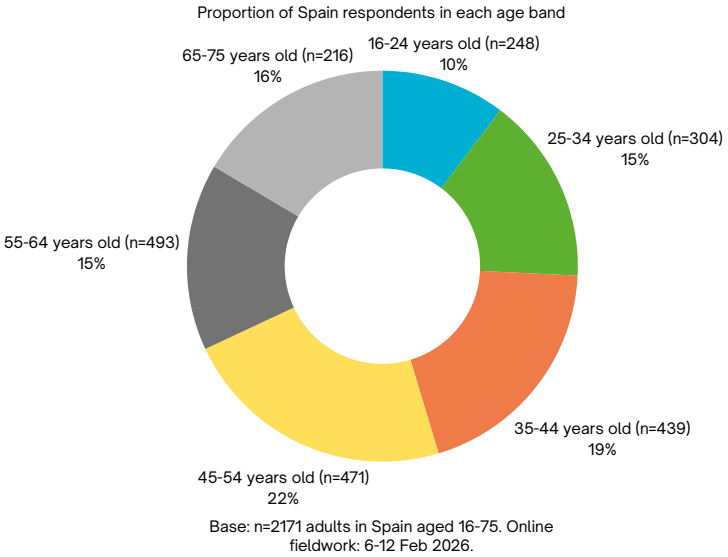
Gender: 50% men; 50% women.

Working status: 73% working; not working 27%.

Education: 39% graduates; 61% non-graduates.

Marital status: 64% married or living as married; 27% single; 9% widowed, separated or divorced.

Children in household: 26% yes; 74% no.



Base: n=2171 adults in Spain aged 16-75. Online fieldwork: 6-12 Feb 2026.

Spain sample n=2171

(men n=1060, women n=1102)

All percentages show the weighted sample.

Gender: 50% men; 50% women.

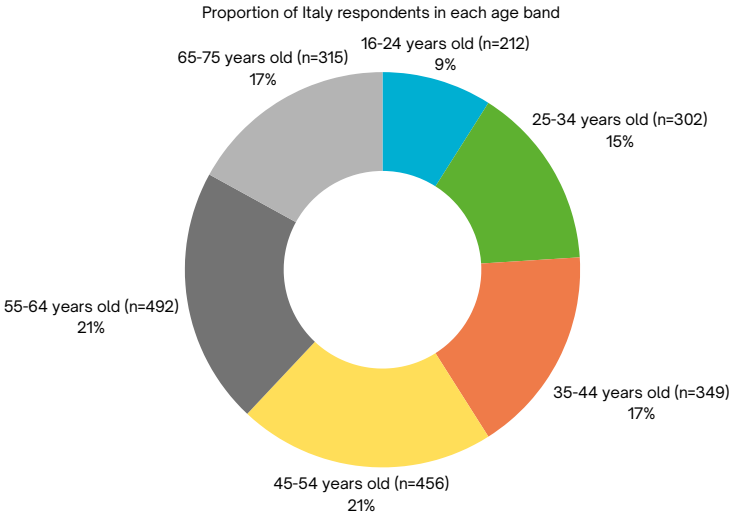
Working status: 60% working; 40% not working.

Education: 63% graduates; 37% non-graduates.

Marital status: 62% married or living as married; 28% single; 9%widowed, separated or divorced.

Children in household: 35% yes; 65% no.

Income: 24% up to €18,000; 38% €18,001–€36,000; 23% €36,001–€60,000; 7% €60,001+.



Base: n=2126 adults in Italy aged 16-75. Online fieldwork: 6-10 Feb 2026.

Italy sample n=2126

(men n=1026, women n=1091)

All percentages show the weighted sample.

Gender: 50% men; 50% women.

Employment: 73% working; 27% not working.

Education: 39% graduates; 61% non-graduates.

Marital status: 64% married or living as married; 27% single; 9% widowed, separated or divorced.

Children in household: 26% yes; 74% no.

Social grade: 29% managers and professionals; 34% technicians; 17% workers; 20% inactive.

Income: 23% up to €18,000; 39% €18,001–36,000; 21% €36,001–60,000; 7% €60,001+.

Definitions and background information provided to respondents

Questions 1.1.–1.5.

p9–31

Fertility treatment was defined as *'medical intervention to help people conceive'*.

IVF was defined as *'one of several techniques available to help people with fertility problems have a baby'*.

The following background information was also provided to respondents. *'During IVF, an egg is removed from the ovaries and fertilised with sperm in a laboratory. The fertilised egg, called an embryo, is then returned to the womb to grow and develop.'*

Question 1.7.
p38–40

The following background information was provided to respondents. *'The law around this topic varies from country to country, but in some countries, donor-conceived children are legally entitled to find out the identity of their donor(s) upon reaching a certain age, often 16 or 18. In some countries, donor-conceived children are not legally entitled to find out the identity of their donor(s).'*

Questions 1.9.–1.10.
p46–51

The following definitions and background information were provided to respondents. *'Surrogacy is when someone carries a baby for those who are unable to conceive or carry a child themselves for medical or physical reasons. The intended parent(s) is a person or persons who become the parent(s) of a child born through surrogacy. The surrogate is a person who helps the intended parent(s) by carrying children for them. A surrogate may or may not have a genetic relationship to the child that she carries (ie, the egg which is fertilised for the pregnancy either comes from the surrogate, an intended parent, or an egg donor who is not the surrogate or intended parent).'*

Reasonable expenses were defined as *'things like loss of earnings, maternity-related items, etc'*.

Questions 2.1.–2.3.
p53–66

Human embryos were defined as *'the early stages of growth up to around eight weeks after an egg is fertilised'*. The following background information was also provided to respondents. *'In this instance, we are gathering opinions about the use of human embryos in scientific and medical research. In this setting, embryos are only used that are in the first 14 days of their development, and created through the fertilisation of an egg with sperm in a laboratory setting.'*

Congenital disease was defined as *'conditions that a child can be born with'*.

With regard to the **14-day rule**, the following background information was provided to respondents. *'The 14-day rule refers to the first 14 days of the embryo's development and does not include any time for which the embryo is frozen/in stasis (ie, where development is stopped).'*

Images used in this report

The front and back cover of this report are designed by the Progress Educational Trust (PET), and incorporate symbols used in a genetic pedigree. These symbols were standardised by the National Society of Genetic Counsellors in 2008 – see doi.org/10.1007/s10897-008-9169-9

Section 1: Assisted Conception (p8) – image by Alan Handyside, via the Wellcome Collection. Depicts a human egg soon after fertilisation, with the two parental pronuclei clearly visible. *Licence:* CC0 1.0 Universal (CC0 1.0). Original image at wellcomecollection.org/works/bfsnpdbb

Section 2: Human Embryos in Research and Treatment (p52) – image by K Hardy, via the Wellcome Collection. Depicts a human embryo at the blastocyst stage (about six days after fertilisation) 'hatching' out of the zona pellucida. *Licence:* Attribution 4.0 International (CC BY 4.0). Original image at wellcomecollection.org/works/scfp2gf2

Section 3: Genome Editing (p67) – image by Peter Artymiuk, via the Wellcome Collection. Depicts the shadow of a DNA double helix, on a background that shows the fluorescent banding of the output from a DNA sequencing machine. *Licence:* Attribution 4.0 International (CC BY 4.0). Original image at wellcomecollection.org/works/a2g4u9jf

Further ESHRE resources

Advocating for Comprehensive and Inclusive Fertility Policies in Europe: A Collective Declaration
Coalition for Fertility, October 2024
www.coalitionforfertility.eu/coalitionStatement

Position Paper on Gamete Donor Compensation
ESHRE, October 2024
www.eshre.eu/-/media/sitecore-files/Position-statements/ESHRE_EU_PositionPaper_gamete-donor-conception-2910.pdf

For a Rights-Based Approach to Fertility and Demography
Coalition for Fertility, March 2025
https://www.coalitionforfertility.eu/news/rights-based-approach-to-fertility-and-demography

For Universal Access to Fertility Treatments
Coalition for Fertility, June 2025
www.coalitionforfertility.eu/news/Calling-for-Universal-Access-to-Fertility-Treatment

For Inclusive Fertility Care for All
Coalition for Fertility, October 2025
www.coalitionforfertility.eu/news/new-policy-paper-inclusive-fertility-care-for-all

For Mental Health and Quality of Life in Involuntary Childlessness
Coalition for Fertility, February 2026
www.coalitionforfertility.eu/news/mental-health-quality-policy-paper

Further PET resources

Basic Understanding of Genome Editing
Progress Educational Trust/Genetic Alliance UK, September 2017
www.progress.org.uk/engagement/resource/basic-understanding-of-genome-editing/

How to Talk about Genome Editing
Sandy Starr, *British Medical Bulletin*, June 2018
doi.org/10.1093/bmb/ldy015

Fertility, Genomics and Embryo Research: Public Attitudes and Understanding
Progress Educational Trust, June 2022
www.progress.org.uk/engagement/resource/fertility-genomics-and-embryo-research-public-attitudes-and-understanding/

The Power of Three IVF Cycles
Progress Educational Trust, May 2023
www.progress.org.uk/engagement/resource/the-power-of-three-ivf-cycles/

Code of Practice for the Generation and Use of Human Stem-Cell-Based Embryo Models
Progress Educational Trust/Cambridge Reproduction, July 2024
www.progress.org.uk/engagement/resource/scbem-code-of-practice/

Advances in Reproductive Science and Medicine: How Does Society Respond?
Article Collection conceived and overseen by the Progress Educational Trust, *Human Fertility*, February 2026
www.tandfonline.com/journals/ihuf20/collections/Advances-in-reproductive

BioNews – the flagship publication of **PET** – is published weekly at www.progress.org.uk/bionews/

Subscribe to **BioNews** and other **PET** updates for *free* at www.progress.org.uk/sign-up/

PET also maintains the **PET NHS Fertility Funding Tracker** – a regularly updated resource that enables patients, professionals and researchers to check what level of IVF treatment is funded by each of England's Integrated Care Boards – at www.progress.org.uk/fertility-policy-tracker/

More about ESHRE and PET

ESHRE

The European Society of Human Reproduction and Embryology (ESHRE) – www.eshre.eu – is a nonprofit organisation that brings together healthcare professionals and scientists working in reproductive medicine and biology, with the aim of advancing infertility care and improving knowledge in reproductive biology and medicine. ESHRE collaborates worldwide, advocates universal improvements in scientific research, encourages and evaluates new developments in the field, and fosters harmonisation in clinical practice.

PET

The Progress Educational Trust (PET) – www.progress.org.uk – provides impartial and accurate information to people affected by infertility or genetic conditions, and provides platforms for them – and relevant experts, practitioners and policymakers – to discuss scientific, ethical, legal and policy developments in these areas.

The benefits are...

- Better informed decisions are made.
- Science is developed and applied responsibly.
- Reproductive, developmental and genomic science continue to thrive.

PET

Fertility • Genomics • Clarity

Our vision

To improve choices for
people affected by infertility
or genetic conditions.

Our mission

To educate and to debate
the responsible application of
reproductive and genomic science.

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