myStoria

ORIGINAL RESEARCH
MARCH 2026

NATIONAL SURVEY · 1,000 WOMEN

What They Didn't Teach You in Sex Ed

A national survey of 1,000 women on reproductive health knowledge, care gaps, and the cost of not knowing.

KEY FINDING

More than half of respondents were told their symptoms were normal by a healthcare provider. Later, they found out they weren't.

56.0%

said sex ed did not prepare them for adult reproductive health

62.8%

needed more than one provider to get a meaningful answer

36.9%

delayed care because they weren't sure their symptoms were bad enough

Commissioned by myStoria

March 2026

FOREWORD

A Note from Our Founder

> "Anything and everything. I feel like this topic is not discussed at all and we are just supposed to deal with it."

Every patient who has ever been told their pain was normal when it wasn't. Every person who sat in an exam room and minimized what they were experiencing because they didn't want to seem dramatic. Every individual who learned the name of their condition not from a doctor, but from a Reddit thread at midnight.

This report is for them.

We commissioned this survey because we believed something was fundamentally broken in how people learn about, access, and navigate reproductive health care. The data confirmed it.

What we found is not a story about individual providers failing individual patients. It is a story about a system that was never designed to prepare us for our own bodies.

Over half of respondents were told their symptoms were normal by a healthcare provider and later found out they weren't. Nearly two-thirds needed more than one provider to get a meaningful answer. More than a third delayed care because they weren't sure their symptoms were bad enough to bring up.

This is not a wellness gap. It is a knowledge gap, a dismissal gap, and a care gap, all at once.

We built myStoria because every person deserves to walk into a medical appointment already knowing what their body has been trying to tell them. This data tells us that need has never been greater.

Jessica Chalk
Founder & CEO, myStoria

METHODOLOGY

About This Survey

1,000

women surveyed nationally March 2026

9

questions covering knowledge gaps, care experiences, barriers, tracking & life stage

56.0%

said school-based sex ed did not prepare them for adult reproductive health

This report presents findings from a survey of 1,000 women conducted in March 2026 via the Pollfish research platform. Respondents were drawn from a female-identified adult panel and represent a range of ages, life stages, and reproductive health experiences.

The sample was intentionally drawn from a female-identified panel. This reflects the disproportionate navigational and decision-making burden reproductive health places on women — including in cases involving male factor infertility or couples-based fertility challenges. When a reproductive health concern arises in a relationship, research and available data consistently show it is women who carry the cognitive load of researching options, coordinating care, and determining next steps.

For the purposes of this survey, **reproductive health was defined broadly** to include menstrual cycle health, hormones, fertility, perimenopause, menopause, and overall hormonal wellbeing. It was not limited to fertility or trying to conceive.

All questions were voluntary. Percentages cited throughout this report reflect the proportion of respondents who selected each answer choice. For multiple-selection questions, totals may exceed 100%.

Open-ended responses are reproduced verbatim as pull quotes throughout this report. They have not been edited for spelling or grammar.

SECTION ONE

The Knowledge Gap: Learning After the Fact

The first thing most people learn about reproductive health conditions is that they have one — not from a textbook, not from a doctor during a routine checkup, but from symptoms, from pain, from the slow accumulation of something being wrong before anyone puts a name to it.

41.6%

said perimenopause and menopause was a condition they or someone close to them first encountered only after symptoms began — the most commonly cited condition in the survey

28%

said PCOS was a condition they or someone close to them first learned about only after symptoms began

26.5%

said endometriosis was a condition first learned about only after symptoms began

23.7%

said postpartum hormonal conditions were first encountered only after symptoms began

These are not rare or obscure conditions. They are among the most common reproductive health experiences. And for the majority of respondents, they arrive in their own lives or the lives of people close to them without warning.

When asked whether the sexual education they received in school prepared them for the realities of navigating reproductive health as an adult, **56.0% of respondents disagreed or strongly disagreed.** Only 22.8% agreed.

> SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?
>
> "I wish someone told me perimenopause happened. I had no idea there was a transition before menopause."
>
> — Survey respondent

PERIMENOPAUSE: THE CONDITION NO ONE WARNED THEM ABOUT

41.6% of respondents said perimenopause and menopause was a condition they or someone close to them first encountered only after symptoms began. It is also the largest single life stage currently represented in the sample, with 27.8% of respondents navigating it right now. In the open-ended responses, perimenopause appeared more frequently than any other condition. Respondents described learning about it from drug ads, from coworkers, from social media, and from their own bodies — long after the symptoms had already begun.

The knowledge gap is not a gap in available information. It is a gap in who gets it, when, and from whom.

SECTION TWO

The Dismissal Gap: Told It Was Normal

"I was told it was normal. It wasn't." That is not a single story. In our survey, it is the story of more than half of all respondents.

54.3%

were told their symptoms were normal by a provider, only to later find out they weren't

26%

said this had happened to them more than once

36.9%

delayed care because they weren't sure their symptoms were bad enough to bring up — the single most common barrier in the survey

These are not small numbers. They represent a failure that compounds. Each dismissal doesn't just delay care. It teaches people not to trust their own bodies. It teaches them that their pain is unreliable evidence. It teaches them to minimize before they even walk through the door.

When asked about reasons for delaying or avoiding reproductive healthcare, 36.9% of respondents said they weren't sure their symptoms were bad enough to bring up. That was the single most common reason for delayed care — more common than wait times (29.4%), cost concerns (16.5%), embarrassment (18.3%), and even not knowing the right provider to see (23.1%).

25.3% said they had avoided care specifically because they were worried they would be dismissed or not taken seriously. 22% said they had not realized what they were experiencing was not normal.

> SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?
>
> "My symptoms were NOT just regular cramps or part of being a woman, but were serious and I deserved better care a lot sooner than I got it."
>
> — Survey respondent

> SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?
>
> "I wish they had taken my symptoms more seriously and it had not taken over 10 years to be diagnosed. Maybe if I had been diagnosed earlier there might have been a chance I could have gotten pregnant."
>
> — Survey respondent

People are dismissed. They internalize that dismissal. They begin self-dismissing. By the time a symptom is serious enough that they feel they cannot minimize it any further, time has passed. Sometimes years.

The dismissal gap is not a communication failure. It is a structural one. And it costs people years.

SECTION THREE

The Generational Constant: The Gap That Did Not Close

The most striking finding in this survey is not a number. It is the absence of change.

The survey was conducted across three age cohorts: respondents in their late twenties (25 to 29), those in their thirties and early forties (30 to 45), and those in their late forties and early fifties (46 to 54). Together, these groups represent roughly thirty years of reproductive health experience.

The expectation, reasonable on its surface, is that things improved. That the rise of patient advocacy, the cultural shift toward open health conversations, and the explosion of available information would show up in the data as progress.

It did not.

41–44%

of respondents across all three generations first learned about a reproductive health condition after symptoms began

52–59%

said sex ed did not prepare them for adult reproductive health — identical across 30 years of graduates

34–38%

delayed care because they weren't sure their symptoms were bad enough — identical across all three cohorts

THE PLATFORMS CHANGED. THE PROBLEM DID NOT.

Social media as a reproductive health information source: Gen X 12% → Millennials 21% → Gen Z 37%. Online communities: Gen X 11% → Millennials and Gen Z 20%. Both differences are statistically significant. The rate at which people learn about conditions only after symptoms begin: statistically identical across all three cohorts. Each generation found new places to look for answers. They found the same gaps.

There is one place where the generations diverge — and it makes the case for change stronger, not weaker. When asked whether fear of being dismissed had led them to delay or avoid care, 18% of respondents in the oldest cohort said yes. Among Millennials, that number was 28%. Among Gen Z, it was 30%.

Younger generations are arriving at appointments with more awareness that the system has gaps. What has not followed that awareness is a tool to close the gap before they walk in the door.

> SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?
>
> "I wish someone had told me that what I was experiencing was not normal. I did not know I was allowed to push back."
>
> — Survey respondent

The knowledge gap is not a generational problem. It is an ongoing one. The platforms changed. The gap did not.

SECTION FOUR

The Navigation Gap: The Provider Maze

Getting a meaningful answer about your reproductive health is not supposed to be a second job. For a significant number of people, that is exactly what it becomes.

62.8%

needed more than one provider to get a meaningful reproductive health answer

9.2%

gave up entirely and stopped looking for a provider

9%

are still looking for a provider today

That means roughly **one in five people** seeking reproductive health answers either gave up or never found what they needed at all.

The time burden tells the same story. Across all 1,000 respondents, 29.5% reported spending one to three hours per week on reproductive health management tasks: researching, booking appointments, following up on referrals, tracking symptoms, and coordinating between providers. 8.8% spend four to seven hours per week. 2.3% spend eight to ten. 2.8% spend more than ten hours a week.

This is not passive. **It is labor. And it falls almost entirely on the person with the concern.**

The barriers that create this burden are well documented in the data: 29.4% cited wait times as a reason for delayed care. 23.1% didn't know who the right provider was or how to engage with them. 16.5% faced cost or insurance concerns. Many cited multiple barriers at once.

> SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?
>
> "I wish someone would have told me to get a second opinion sooner. I spent so much time in pain after getting a 'you're fine' from a doctor when I could have gone to another doctor and started to feel better sooner."
>
> — Survey respondent

The care system is not designed to keep track of you. It processes you one appointment at a time. The burden of continuity — of carrying your full history from one provider to the next, of knowing what to ask and what to report — sits entirely with the patient.

> SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?
>
> "To not just think it was normal, track it, chart it and seek answers as soon as possible."
>
> — Survey respondent

SECTION FIVE

What Would Have Made the Difference

When people were asked what one thing would have made the biggest difference in their reproductive health journey, the answers were clear and consistent.

41.8%

said understanding their symptoms earlier and what they might mean would have made the biggest difference, chosen nearly twice as often as the next option

24.2%

said knowing what questions to ask their provider and having help advocating for themselves would have made the biggest difference

WHAT PEOPLE NEEDED MOST

The top two answers, understanding symptoms earlier and knowing how to advocate, account for 65.7% of all respondents. Financial resources (9.6%), community (8%), and emotional support (6.9%) were chosen far less frequently. The data is clear: the core unmet need in reproductive health is not emotional or financial. It is informational. People want to understand what their bodies are already telling them.

Together, those two answers account for nearly two-thirds of all respondents. They point to the same underlying need: not more access, not more community, not more emotional support — though all of those matter. The most pressing unmet need is the ability to understand what your body is telling you, and to turn that understanding into action.

The places people currently go to find this kind of information reveal both the reach and the limits of existing resources: 69.8% got useful information from their OB/GYN or family doctor. 34.9% had done their own research. 32.9% had learned from a friend or family member. 20.7% had turned to social media.

Each of these sources has a ceiling. The OB/GYN appointment is scheduled in advance, time-limited, and often inaccessible when a question arises at midnight. Personal research produces volume without context. Friends and family have lived experience but not clinical knowledge. Social media provides community but not reliability.

9.5% had turned to AI chat services. 7.3% had used health apps. These numbers are low, but directionally important. People are beginning to seek help from tools that are available when providers are not, that don't require an appointment, and that can hold context over time.

> SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?
>
> "That the only one who will advocate for me is me."
>
> — Survey respondent

SECTION SIX

The Tools Gap: Flying Blind

Most people navigating reproductive health are doing it without a systematic approach.

32.2%

track nothing at all to manage their reproductive health

4.8%

use AI tools or health apps for reproductive health guidance or research

30.6%

are either not very confident or not confident at all that their current approach gives them a complete picture

The confidence picture is consistent with the tools data. Only 13% said they feel very confident in their current approach. 42.1% said somewhat confident. 24.3% said not very confident. 6.4% said not confident at all. 14.2% said they don't currently do anything to manage their reproductive health.

Add it together: 30.6% are actively not confident in their current approach. A further 14.2% are not managing their reproductive health at all. **Only 13% feel they have a complete picture.**

This is not indifference. The survey data makes that clear throughout. People want to understand their bodies. They want earlier answers. They want to stop being dismissed. The tools gap is not a motivation gap.

It is a design gap. Most tools were built for one narrow use case: tracking a cycle, predicting ovulation, monitoring for pregnancy. They were not built to hold the full context of a person's reproductive health across time, across conditions, and across the provider relationships that are supposed to make sense of all of it.

> SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?
>
> "I wish I was taught about the phases of the menstrual cycle and fertility and ovulation phases more, and also how it can and should be tracked to learn not just about my own fertility but also my health and my own 'normal.'"
>
> — Survey respondent

What the data points to is not a better tracker. It is a tool that works the way a person's health actually unfolds: continuously, with multiple layers, not always toward a single goal, and in service of the conversations that matter.

27.8% of respondents are currently navigating perimenopause or menopause. That is the largest single life stage in the sample. The tools built for people in this stage are almost nonexistent.

CLOSING

The Case for Change

> The data in this report is not abstract. It is a thousand people telling the truth about what it has cost them not to know sooner.

The conditions they did not know existed until they were already inside them. The pain they minimized for years because no one told them not to. The appointments that went nowhere. The providers who said everything was fine when it wasn't. The hours spent researching, advocating, waiting, trying again.

The Knowledge Gap **The Dismissal Gap** **The Generational Gap**

The Navigation Gap **The Tools Gap**

These are not separate problems with separate solutions. They are the same problem seen from different angles: most people enter the reproductive health system without the information they need to use it well, and the system does not fill that gap.

myStoria was built to change that. Not to replace the providers who get it right. To make sure that every person who walks into an appointment is already informed enough to make that appointment count. To make information accessible before symptoms become a crisis. To give people the words, the context, and the documentation they need to stop being dismissed.

SURVEY QUESTION: WHAT'S ONE THING ABOUT YOUR REPRODUCTIVE HEALTH THAT YOU WISH SOMEONE HAD TOLD YOU SOONER?

> "That there is a huge lack of research in this area and that all the symptoms you are experiencing, you do not need to just accept them as normal. You can push to make sure that you are advocating for your own health."
>
> — Survey respondent

The survey title asked what they didn't teach you in sex ed. The answer, based on this data, is most of it.

We think it's time that changed.

ABOUT & METHODOLOGY

About myStoria

About myStoria

myStoria is a reproductive health platform that helps people understand their symptoms, build their health history, and prepare for the provider conversations that matter.

Founded in 2024 and backed by Graphite Ventures, myStoria is designed for the full spectrum of reproductive health — from fertility to perimenopause and everything in between.

mystoria.com

For Media Inquiries

To access the full dataset or for press inquiries, contact myStoria at mystoria.com.

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Methodology

Survey conducted March 2026 via Pollfish. 1,000 female-identified adults, drawn from a national panel.

Questions covered reproductive health knowledge, care experiences, barriers to care, tracking tools, and current life stage.

The female-only sample was an intentional design decision reflecting the disproportionate navigational burden reproductive health places on women, including in couples-based or male-factor fertility situations.

For multiple-select questions, totals may exceed 100%. Open-ended responses are reproduced verbatim and have not been edited for spelling or grammar.