This national telephone survey was supported and undertaken as part of the objectives of Andrology Australia. Andrology Australia recognises the financial support provided by the Australian Government Department of Health and Ageing. The study was undertaken in collaboration with Prince Henry’s Institute of Medical Research (Vic), the ANZAC Research Institute (NSW), The University of Sydney (NSW), Monash Institute of Medical Research, Monash University (Vic), La Trobe University (Vic) and The University of Adelaide (SA). Those involved in this study, particularly wish to thank the Hunter Valley Research Foundation (NSW) for the administration of the survey and the 5990 men who gave their personal time and insight to make a significant contribution to our understanding of men’s health in Australia. Survey findings on which this summary is based have been published in:


Key Points:

1. MATeS represents a unique dataset and the first accurate picture of reproductive health in Australian men over the age of forty.

2. A distinctive feature of MATeS is its comprehensive focus on real reproductive health as a whole, which differs from most surveys that are restricted to single health issues such as erectile dysfunction, lower urinary tract symptoms (LUTS) or prostate disease.

3. Despite the high level of use of health services reported, there was a strikingly lower level of specific enquiry and treatment for reproductive health disorders. Opportunities to talk to GPs about reproductive health problems are being missed.

4. Male reproductive health problems, such as erectile dysfunction and prostate disease, are very common and men need to be educated about these issues and their implications for their health and quality of life.

5. The high rates of reproductive health disorders and related concerns highlight the need for men to have access to appropriate treatments and services.

6. Health policy needs to reflect men’s reproductive health needs at different stages of their lifetimes.

7. With a recognized link between reproductive health disorders with age, more men are expected to seek help in the future. This fact has implications for medical workforce planning and education.

8. With older people being sexually active, improved education and policy is needed to ensure that age-related barriers to seeking information and treatment for reproductive health issues do not persist for older men.

MATeS highlights the need for larger, longitudinal cohort studies to gain a better understanding of incidence and progression of disease and determine risk factors and behaviours that may contribute to the onset of health disorders in older men.
Are Australian Men Healthy?

There are trends of differences between men's and women's health when compared. Men are more likely to experience chronic disease and are less likely to report mental health problems.

But how healthy is the Australian male?

For the first time through MATeS we have a unique 'snapshot' of the health and well-being of the middle-aged and older Australian male. 40 years and older, a population group that contributes 70% of the health and well-being of the middle-aged and older population. It provides a large data set, and together with depth studies from overseas, now we know that:

- Over 1 in 5 men rated their health as 'fair' or 'poor' (76% in the 70+ age group).
- About 17% of men rated their health as poor.
- About 80% of men with normal erectile function were concerned about losing their ability to get an erection.
- About 60% of men with erectile problems were embarrassed to discuss their problem with a doctor.
- Men aged 80 or over (34%) of men aged 40 years and older had testosterone levels lower than the lower limit of the normal range.
- Men aged 80 or over (50%) of those who were overweight or obese had a 'large' (>102 cm) waist circumference.
- Men aged 80 or over had sexual relations in the past 12 months.
- Significant erectile dysfunction increased with age, from 3% in men aged 40 to 49 and highest in the 70+ age group (36%).

Men expressed high levels of concern about prostate cancer, losing erectile function and declining testosterone.

Do men go to their doctor?

MATeS FACT: More than 50% of men over the age of 40 years had visited a doctor in the 12 months prior to the interview, with almost 40% (50+ years) using health services.

But when they do, men don’t talk about reproductive problems with their doctor.

- Amongst men with erectile problems (impotence), only 20% had spoken to a doctor about their problem.
- Only about 58% of men with urinary problems received treatment for erectile dysfunction.
- Older men were less likely to speak with a doctor about erectile problems.
- Older and Indigenous men were less likely to speak to a doctor about an erectile problem than other culture and ethnic groups.

Are male reproductive health problems common?

MATeS FACT: Overall, more than a third (34%) of men aged 40 years and older surveyed reported one or more reproductive health problems, all being more common amongst older men.

- 14% of men reported significant lower urinary tract symptoms (LUTS) such as frequent need to urinate and difficulty emptying urine.
- 14% of men reported less than ideal prostate health.
- 26% of men over 40 years suffered significant erectile problems.

A large proportion of the middle-aged and older Australian male population is affected by reproductive morbidity. For some, reproductive health problems may be the need for men to have ready access to appropriate treatments and services. Are men concerned about their reproductive health?

MATeS FACT: Men expressed high levels of concern about prostate cancer, losing erectile function and declining testosterone.

- Amongst men with normal erectile function were concerned about losing their ability to get an erection.
- About 60% of men with erectile problems were embarrassed to discuss their problem with a doctor.

Men's knowledge of the role of testosterone does?

MATeS FACT: Men’s knowledge of the role of testosterone was low, with about 1 to 6 men never having heard of the term, with more men in the older age groups being unfamiliar with the term.

- About 39% of those who were familiar with the term had no sense of what testosterone's role was in maintaining sexual function and masculine behaviour.
- About 50% of all men in this study had a blood test for Prostate Specific Antigen (PSA) rising to 76% in the 70+ age group.
- About 39% of all men had been diagnosed with prostate cancer, being lowest in men aged 40-49 (7%), highest in the 70+ age group (76%).
- About 50% of all men in this study had a blood test for Prostate Specific Antigen (PSA) rising to 76% in the 70+ age group.

Many people think that urinary symptoms in men are a sign of prostate cancer. Most often these symptoms are caused by benign prostate enlargement and not prostate cancer. However, in a small percentage prostate cancer is present, together with a need for improved education and awareness.

Do erectile problems only affect older men?

MATeS FACT: Overall, more than 1 in 5 men (21%) over 40 years reported significant erectile problems.

- Significant erectile dysfunction is twisted with age, with 26% of men aged 40-49 years, 39% of men aged 50-59 years, 48% of men aged 60-69 years, 68% of men aged 70-74 years and 76% in the 70+ age group.
- Almost all men (98%) in the 70+ age group had a blood test for Prostate Specific Antigen (PSA) rising to 76% in the 70+ age group.

- While the frequency of sexual activity is lower in older men, 37% of men aged over 70 years had sexual relationships in the past 12 months.

There is much media about sexual problems and men having to seek treatment to maintain their sexual relationships.

Do ‘prostate problems’ mean ‘cancer’?

MATeS FACT: Significantly more men report having prostate disease and urinary problems than men who report being diagnosed with prostate cancer.

- Almost 1 in 5 (19%) over 40 years needed to urinate more than twice during the night.

Significant urinary problems and prostate disease were more common in older men for men aged over 70, 21% had significant urinary problems and 38% were diagnosed with prostate disease.

- Approximately 3% of all men had been diagnosed with prostate cancer, being lowest in men aged 40-49 (7%), highest in the 70+ age group (57%).

Health policy needs to acknowledge and reflect the need for men to be aware of testosterone's role, highlighting the term was not aware of testosterone's role in maintaining sexual function and masculine behaviour.

As men get older, concerns for reproductive health problems increase.

- Older men were less concerned about their ability to get an erection than younger men.
- Men in older age groups were less concerned about developing symptoms of low testosterone.

Having a reproductive health problem can strike at the core of a man’s sense of masculinity which may impact on relationships and quality of life.

Health policy needs to acknowledge and reflect the men’s concern about their reproductive health.

Is the Australian lifestyle healthy to a lifestyle?

MATeS FACT: Almost two thirds of Australian men over 40 were overweight or obese.

- Overall, about 1 in 5 men aged 40-49 years over 70 years had a ‘large’ (>102 cm) waist circumference.
- Only a third of men in each of the age groups were physically active. Almost 21% of men did not participate in any physical activity.
- 18% of men over 40 years currently smoke, being highest in the 40-49 year age group (24%).
- 7% of men over 40 years drank more than the recommended daily intake of alcohol, classifying them as risky or high risk drinkers.
- Overall, about 2% of men were overweight, being much lower in men aged 40-49 (7%) compared to those born in Middle Eastern countries (75%).

- Male have a much lower rate of prostate cancer. However, the rate of prostate cancer is increasing. Such information is usually based on studies from overseas, now we know that:

- Significant erectile dysfunction is twisted with age, with 26% of men aged 40-49 years, 39% of men aged 50-59 years, 48% of men aged 60-69 years, 68% of men aged 70-74 years and 76% in the 70+ age group.
- Almost all men (98%) in the 70+ age group had a blood test for Prostate Specific Antigen (PSA) rising to 76% in the 70+ age group.

- While the frequency of sexual activity is lower in older men, 37% of men aged over 70 years had sexual relationships in the past 12 months.

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Significant urinary problems and prostate disease were more common in older men for men aged over 70, 21% had significant urinary problems and 38% were diagnosed with prostate disease.

- Approximately 3% of all men had been diagnosed with prostate cancer, being lowest in men aged 40-49 (7%), highest in the 70+ age group (57%).

Many people think that urinary symptoms in men are a sign of prostate cancer. Most often these symptoms are caused by benign prostate enlargement and not prostate cancer. However, in a small percentage prostate cancer is present, together with a need for improved education and awareness.
Are Australian Men Healthy?

There are great differences between men’s and women’s health when compared. Men are more likely to experience chronic disease and to have a lower life expectancy than women. But how healthy is the Australian male? For the first time through MATeS we have a unique snapshot of the health status of Australian men of different age groups (40-49, 50-59, 60-69 and over 70 years) and for the first time women have been included. MATeS provides a large data set, and together with depth of questioning, these survey results can provide a clearer picture of the issues commonly linked to men’s health.

Are male reproductive health problems common?

MATeS FACT: Overall, more than a third (34%) of men aged 40 years and older surveyed reported one or more reproductive health problems, all being less common amongst older men.

16% of men reported significant lower urinary tract symptoms (LUTS) such as frequent need to urinate and difficulty starting urine stream

14% of men reported being diagnosed with prostate disease

22% of men over 45 years had significant erectile problems.

A large proportion of the middle-aged and older Australian male population is concerned about their health and is searching for the need for men to have ready access to appropriate treatments and services.

Do men go to their doctor?

MATeS FACT: More than 80% of men over the age of 40 years had visited a doctor in the 12 months prior to the interview, with almost all (98%) older (70+ years) using health services.

But when they go, men don’t talk about reproductive problems with their doctor.

Amongst men with erectile problems (impotence), only 20% had spoken to a doctor about their problem. Only 58% of those who received treatment for erectile dysfunction.

Men were less likely to speak to a doctor about erectile problems.

Irritated and Indian men were less likely to speak to a doctor about an erectile problem than other cultural and ethnic groups.

Less than 10% of men had breast tests or colonoscopies at a check test levelivestest levels, although 39% thought they suffered symptoms of low testosterone.

Missed opportunities to talk to GPs about reproductive health problems may also raise other serious medical conditions linked with reproductive health. For example diabetes and heart disease, are being over looked.

Are concerned men about their reproductive health?

MATeS FACT: Men expressed high levels of concern about prostate cancer, losing erectile function and declining testosterone levels.

About 80% of men with normal erectile function were concerned about losing their ability to get an erection.

Almost 60% of men were concerned about prostate cancer. This was reflected by half of all men having a blood test for Prostate specific Antigen (PSA) and/or a digital rectal examination (DRE) to check for a prostate problem.

39% of men with significant urinary problems related some dissatisfaction about their urinary condition if it were to continue for the rest of their life.

About 18% of men were concerned that they may develop symptoms of low testosterone levels.

But, as men got older, concerns for reproductive health problems was less.

Older men were less concerned about their ability to get an erection than younger men.

Men in older age groups were less concerned about developing symptoms of low testosterone.

Having a reproductive health problem can interfere with a man’s sense of masculinity which may impact on relationships and quality of life.

Health policy needs to acknowledge and reflect this.

Health policies need to reflect the needs of men.

The role of testosterone is at the core of a man’s sense of masculinity which may impact on relationships and quality of life.

MATeS FACT: Men’s knowledge of the role of testosterone was low, with about 1 in 6 men never having heard of the term, with more men in the older age group being unfamiliar with the term.

Almost 1 in 5 men who were familiar with the term were not aware of testosterone’s role in male sexual strength and body hair distribution, with most men attributing its role to maintaining sexual function and masculine behaviour.

Do reproductive problems mean ‘cancer’?

MATeS FACT: Significantly more men report having prostate disease and urinary problems than men who report being diagnosed with prostate cancer.

Almost 1 in 5 (19%) over 40 years needed to urinate more than twice during the night.

Significant urinary and reproductive problems were more common in older men, with men over 70 years, 27% had significant urinary problems and 38% were diagnosed with prostate disease.

Approximately 3% of all men had been diagnosed with prostate cancer, being lowest in men aged 40-49 (3%) and highest in the 70+ age group (9%).

About 50% of all men in this study had a blood test for Prostate Specific Antigen (PSA) rising to 76% in the 70+ age group.

Many people think that urinary problems in men are a sign of prostate cancer. Most often these symptoms are caused by benign prostate enlargement and not prostate cancer. However, in a small percentage prostate cancer is present, together with a need for improved education and awareness.

In this context, health is defined as any issue that affects the wellbeing and quality of life of the individual.

MATeS Explained

The Men’s Australian Telephone Survey (MATeS) was commissioned by Andrology Australia to collect information on self-reported prevalence, risk factors, health behaviours, attitudes and concerns of middle-aged and older Australian men on broad aspects of men’s health and well being, including reproductive health.

From a total of 7464 randomly selected households across Australia with an eligible male over the age of 40 years and over (permanent residents), 5993 (79%) men agreed to participate in a 20 minute telephone interview. The numbers in each of the age groups 40-49, 50-59, 60-69 and 70+ years were surveyed with findings compared standardised to the national population. All States and Territories were surveyed, with over sampling in Tasmania as this region has a lower than average proportionate representation.

The oldest participant in the survey was 98 years of age and 9 months and the youngest men were aged 40 or over.
Are Australian Men Healthy?

There are great differences between men’s and women’s health when compared. Men are more likely to experience chronic disease and have a lower life expectancy than women.

But how healthy is the Australian male?

For the first time through MATeS we have a unique snapshot of the health of Australian men aged 40 or older. Australian men aged 40 years and older, a population group that is rapidly increasing. Such information is usually based on studies from overseas, but now we know that:

- 70% of men were aged 80 or over.
- Of men aged 80 or over, 17% of men rated their health as ‘fair’ or ‘poor’, this being greater in men over 70+ years (21%).
- 10% of men reported being depressed enough to interfere with daily life, being less common in older age groups.
- 6% of men had a blood test to check for prostate cancer. This was higher than the estimated uptake of 3% in men aged 40-49, and highest in the 70+ age group.

MATeS has provided a large data set, and together with depth of questioning, these survey results can provide a clearer picture of the issues commonly linked to men’s health.

Do men go to their doctor?

MATeS FACT: More than 70% of men over the age of 40 years had visited a doctor in the past 12 months prior to the interview, with almost 90% (men over 70+ years) using health services.

When they go, men don’t talk about reproductive problems with their doctor.

- Amongst men with erectile problems (impotence), only 40% had spoken to a doctor about their problem. Only 58% of those men received treatment for erectile dysfunction.
- Older men were less likely to speak with a doctor about erectile problems.

Reproductive health problems and the law

Older men and Indigenous men were less likely to speak to a doctor about an erectile problem than other cultural and ethnic groups.

Do men know what the male sex hormone testosterone does?

MATeS FACT: Men’s knowledge of the role of testosterone was low, with about 6% men ever having heard of the term, with more men in the older age groups being unfamiliar with the term. About 18% of those men who were familiar with the term were not aware of testosterone’s role in maintaining bone strength and body hair distribution, with most men attributing its role to maintaining sexual function and muscle behaviour.

There is much debate in the media about the scientific role of estradiol and ‘male-紧紧围绕’ - a sign of prostate cancer? Most often these tests were selected because they are risk factors for heart disease. Diabetes also show that these same lifestyle risk factors are associated with reproductive health problems.

Do male reproductive health problems common?

MATeS FACT: Overall, more than a third (34%) of men aged 40 years and older surveyed reported one or more reproductive health problems, all being more common amongst older men.

- 10% of men reported significant urinary tract symptoms (LUTS) such as frequent need to urinate and difficulty passing urine.
- 14% of men reported to have been diagnosed with prostate disease.
- 26% of men over 40 years suffered significant erectile problems.

A large proportion of the middle aged and older Australian male population is at risk of reproductive health problems due to the need for men to have ready access to appropriate treatments and services.

Are men concerned about their reproductive health?

MATeS FACT: Men expressed high levels of concern about prostate cancer, losing erectile function and declining testosterone.

- About 80% of men with normal erectile function were concerned about losing their ability to get an erection.
- Almost 60% of men were concerned about prostate cancer. This was reflected by half of all the men having a blood test for Prostate Specific Antigen (PSA) and/or a digital rectal examination (DRE) to check for a prostate problem.
- 39% of men with significant urinary problems indicated some dissatisfaction about their urinary condition if it were to continue for the rest of their life.
- About 58% of men were concerned if they developed low testosterone levels.

But, as men get older, concerns for reproductive health problems were less.

- Older men were less concerned about their ability to get an erection than younger men.
- Men in older age groups were less concerned about developing symptoms of low testosterone.

Having a reproductive health problem can interfere with the core of a man’s sense of masculinity which may impact on relationships and quality of life. Health policy needs to acknowledge and reflect this in a way that supports men to understand normal reproductive function and be able to access treatment if needed.

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Do erectile problems only affect older men?

MATeS FACT: Overall, more than 1 in 5 men (21%) over 40 years reported significant erectile dysfunction.

- Significant erectile dysfunction is receivewide with age, from 2% in men aged 40-49 years rising to 16% in men over 70 years (86%).
- While erectile dysfunction is more common in some ethnic groups, we found erectile problems appeared to be more common prostate cancer in Italy (51.4%) and Eastern Europe (34%) compared to those born in Middle Eastern and South Asian countries (11%).

- While the frequency of sexual activity is lower in older men, 21% of men aged 70 years over had sexual relations in the past 12 months.

While there is a clear link between loss of erectile function and age, many continue activity in later years and may need to seek treatment to maintain their sexual relationships.

Do ‘prostate problems’ mean ‘cancer’?

MATeS FACT: Significantly more men report having prostate disease and urinary problems than men who report being diagnosed with prostate cancer.

- Almost 1 in 5 (9%) men over 40 years needed to urinate more than twice during the night.

Significant urinary problems and prostate disease were more common in older men for men aged over 70 years. 29% had significant urinary problems and 38% were diagnosed with prostate disease.

- Approximately 3% of all men had been diagnosed with prostate cancer, being lowest in men aged 40-49 (0.1%) and highest in the 70+ age group (5%).

About 50% of all men in this study had a blood test for Prostate Specific Antigen (PSA) rising to 76% in the 70+ age group.

Many people think that urinary symptoms in men are a sign of prostate cancer. Most often these symptoms are caused by benign prostate enlargement and not prostate cancer. However, in a small percentage prostate cancer is present, triggering the need for improved education and awareness.

[1] A person's health is determined by many factors that affect their weight and quality of life. The individual’s future risk of developing common chronic diseases such as heart disease, stroke, diabetes, cancers, and respiratory disease is a function of their genetic background, lifestyle factors, and healthcare-related factors. Risk factors include tobacco use, unhealthy diet, physical inactivity, obesity, alcohol misuse, and a lack of regular exercise. These factors are combined to produce a cumulative score that predicts the likelihood of developing these conditions. The higher the score, the greater the risk of developing chronic disease. The risk factors are graded, with a score of 0 indicating no risk, a score of 1 indicating a low risk, and a score of 2 indicating a high risk.
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Those involved in this study, particularly wish to thank the Hunter Valley Research Foundation (NSW) for the administration of the survey and the 5990 men who gave their personal time and insight to make a significant contribution to our understanding of men’s health in Australia.

Survey findings on which this summary is based have been published in:


Key Points:

- MATeS represents a unique dataset and the first accurate picture of reproductive health in Australian men over the age of forty.

- A distinctive feature of MATeS is its comprehensive focus on male reproductive health as a whole, which differs from most surveys that are restricted to single health issues such as erectile dysfunction, lower urinary tract symptoms (LUTS) or prostate disease.

- Despite the high level of use of health services reported, there was a strikingly lower level of specific enquiry and treatment for reproductive health disorders. Opportunities to talk to GPs about reproductive health problems are being missed.

- Male reproductive health problems, such as erectile dysfunction and prostate disease, are very common and men need to be educated about these issues and their implications for their health and quality of life.

- The high rates of reproductive health disorders and related concerns highlight the need for men to have access to appropriate treatments and services.

- Health policy needs to reflect men’s reproductive health needs at different stages of their lifespans.

- With a recognised link between reproductive health disorders with age, more men are expected to seek help in the future. This fact has implications for medical workforce planning and education.

- With older people being sexually active, improved education and policy is needed to ensure that age-related barriers to seeking information and treatment for reproductive health issues do not persist for older men.

- MATeS highlights the need for larger, longitudinal cohort studies to gain a better understanding of incidence and progression of disease and determine risk factors and behaviours that may contribute to the onset of health disorders in older men.
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- Health policy needs to reflect men’s reproductive health needs at different stages of their lives.

- With a recognised link between reproductive health disorders with age, more men are expected to seek help in the future. This fact has implications for medical workforce planning and education.

- With older people being usually active, improved education and policy is needed to ensure that age-related barriers to seeking information and treatment for reproductive health issues do not persist for older men.

- MATeS highlights the need for larger, longitudinal cohort studies to gain a better understanding of incidence and progression of disease and determine risk factors and behaviours that may contribute to the onset of health disorders in older men.