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ADVICE HEALTH & FITNESS

'I Felt Really Isolated': *Why Being in Great Shape Won't Protect You From Infertility*

By [Ally Burnie](#) - Evidence Based
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THE LOWDOWN:

One in twenty Aussie men are infertile, and most don't find out until they're trying to start a family. The assumption that physical fitness equals reproductive health can leave men blindsided.

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- Former Richmond and Fremantle player Reece Conca is speaking out about male infertility and the impact it had on his mental health
- Doctors want men to understand that physical fitness alone is not enough to prevent reproductive issues
- A male factor contributes at some level in 50 per cent of infertile couples and is the sole explanation in 20 to 30 per cent of all cases
- In Australia, one in three assisted reproductive technology cycles is used because of a male factor

There's a belief in modern masculinity that physical fitness and reproductive health are basically the same thing. If you can run a marathon, hit your macros, and keep your body fat in the single digits, then everything under the hood must be working fine, too. It's an understandable assumption, and it's also how thousands of Australian men end up completely blindsided when they try to start a family.

[Approximately one in twenty Australian men is infertile](#), and the vast majority have no idea until they're already in the thick of trying to conceive. Male factor infertility contributes to one in three IVF cycles and plays a role in up to half of all couples who struggle to conceive. Despite those numbers, male reproductive health barely gets a mention in the broader conversation around fertility, and when it does, it's usually as a footnote.



The Fitness Fallacy: Why Physical Health Doesn't Guarantee Reproductive Health



The assumption that a healthy body equals healthy sperm isn't irrational, but it certainly isn't the complete picture. "Being physically fit and appearing healthy externally does not necessarily reflect what is happening at a cellular level in the testes," Dr Darren Katz, Clinical Associate Professor and Medical Director of [Men's Health Melbourne](#), told Man of Many.

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"While it is better to be fit and healthy, I see men in excellent physical shape who still have significantly impaired sperm counts due to genetic conditions, hormonal problems, prior infections, or varicoceles. You cannot judge sperm quality by appearance, muscle mass, or fitness alone."

What makes this particularly tricky is that some of the habits most associated with peak physical performance can actively work against fertility, according to Katz. Anabolic steroids, which are increasingly common in gyms, can shut down sperm production entirely, and the damage isn't always reversible.

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"Men who use steroids like testosterone in the gym often shut down sperm production, and in some cases, even after stopping, the sperm production is not restored. If it is, it can take up to a year or more," Katz explains. Extreme dieting and overtraining carry similar risks, putting the body under a kind of stress that disrupts the hormonal environment sperm production depends on.

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Outside the gym, the overlooked culprits include poor sleep, chronic stress, smoking and vaping, heavy drinking, recreational drugs, frequent sauna or spa use, and carrying excess weight.

None of these feel like fertility issues in the moment, which is why they tend to go unaddressed and can leave otherwise healthy men blindsided when they start trying to have a family.

Age is another factor that doesn't get nearly the airtime it deserves. Women have long been warned of the 'ticking biological clock', but men rarely get the same warning. After around 45, [sperm motility tends to decline](#) and DNA fragmentation increases, which can mean conception takes longer, miscarriage rates rise, and there's a small but documented increase in the risk of certain neurodevelopmental conditions in children.

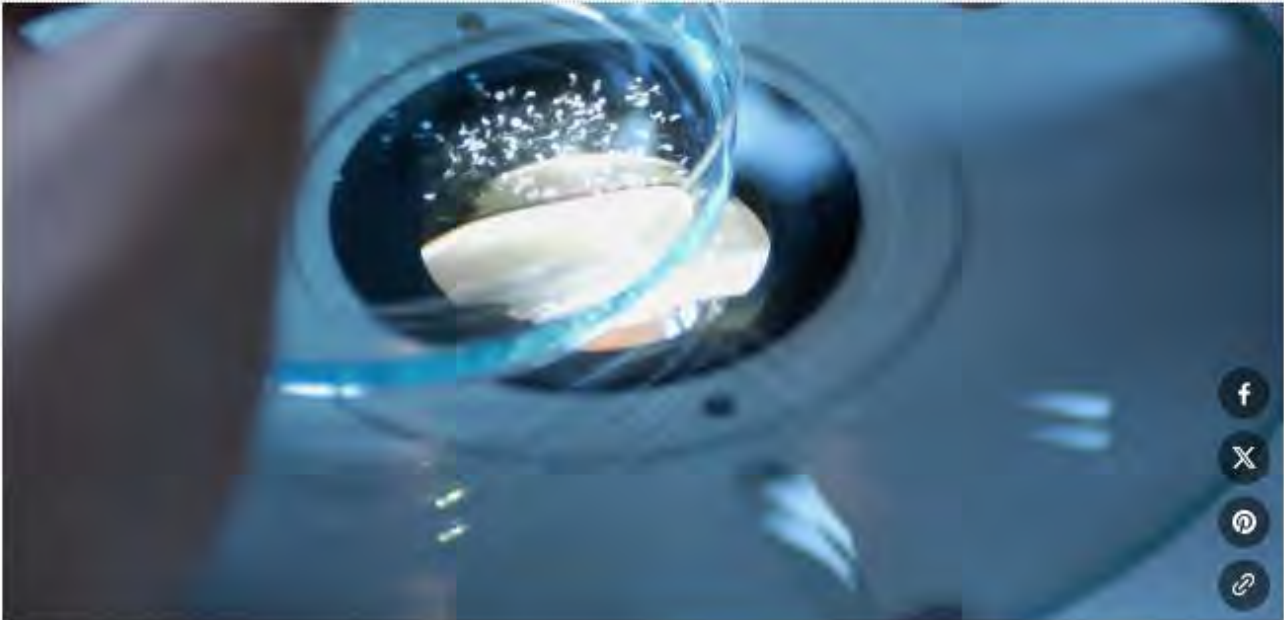


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The Fertility Conversation That's Been Leaving Men Out

When a couple struggles to conceive, the clinical default has historically been to focus the investigation on the woman. She's the one who gets the workup, the monitoring, and the interventions. The man provides a sample, and everyone waits. It's a dynamic that Katz, who has spent years working to shift it, describes as both persistent and damaging.

"Fertility investigations have often focused disproportionately on women, despite male factors contributing to infertility in roughly half of all couples," he says. Katz spent two years leading the development of Australia's [first national clinical guidelines on male infertility](#), a project involving experts from across the country that produced 80 evidence-based recommendations.

One of the most significant recommendations is that both partners should be assessed concurrently from the very beginning of any fertility investigation, not sequentially, and not only after the female workup draws a blank.

The data makes the case plainly. A male factor contributes at some level in 50 per cent of infertile couples and is the sole explanation in 20 to 30 per cent of all cases. In Australia, [one in three assisted reproductive technology cycles](#) is used because of a male factor. And yet culturally and clinically, male infertility is still treated as a secondary concern, something to rule out rather than something to actively investigate.

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‘I Felt Really Isolated’: Reece Conca On His Experience With Male Infertility



Reece Conca with his fiancée, Annabelle and son, Giovanni. Image: Supplied

Former AFL player Reece Conca was in the best physical condition of his life when his test results came back showing low testosterone and a low sperm count. The eventual diagnosis was azoospermia, the complete absence of sperm in the ejaculate, and for someone whose sense of self had been built around physical performance and athletic identity, the psychological impact was significant in ways he hadn't anticipated.

"It was definitely quite a confusing diagnosis, mainly because it was so unknown and I didn't really have any awareness or education around it," Conca told *Man of Many*.

Beyond the confusion was a visceral feeling of shame, one that cut straight to his sense of who he was.

“It was really quite embarrassing. I had this real sense of shame, and even my identity as a male, as an athlete. I really struggled with that.”

His experience isn't unusual, even if it rarely gets discussed. In [30 to 40 per cent of male infertility cases](#), no specific cause is ever identified, meaning men go through the entire diagnostic process and come out the other side without a clear answer.

Varicocele, a [condition affecting up to one in seven men](#) and one of the most common reversible causes of male infertility, frequently goes undetected because there are no obvious symptoms. Men assume they're fine because nothing feels wrong.

What compounded Conca's situation wasn't just the diagnosis itself, but having no framework and no real community to process it through. “I'd never really been taught how to speak about your emotions and feelings and your struggles,” he says. “It was only until I finished my career and started seeking professional psych support that I started getting a bit more understanding of feelings and emotions and what I was struggling with.”

The isolation was central to his experience of infertility. “It was strange to get thrown right in the deep end and try to navigate this whole idea of male infertility. I really struggled with feeling really isolated and not having any guidance or anyone to speak to about it.”

That isolation is common and carries real clinical consequences. [Research from Monash University](#) finds that men in couples dealing with infertility experience significantly higher rates of depression, anxiety, and psychological distress than fertile men.

And the stigma doesn't just affect mental health: it also delays treatment. “When a man is told he may be infertile, it can be a hit to his masculinity,” Katz says. “He may feel embarrassed and delay seeking treatment. But there are now many people, both in the public eye and just the average bloke, talking about their infertility journey with the aim of showing other men that they are not ‘less of a man’, and that there are often good treatments .”

For Conca, eventually going public with his story became part of how he processed it. “I sort of live by this theory of ‘sharing is caring’. Sharing my struggles was helping a lot of other men and couples, but also helping me build a bit of a network.”

The road from diagnosis to fatherhood was anything but linear for Conca, but it ended with the best result possible. After hormone treatment to stimulate sperm production, followed by two microsurgical testicular sperm extraction procedures, and five failed IVF cycles, the sixth finally worked. His son, Giovanni, was born in December 2024.

Redefining What It Means to Be a Strong Man

An infertility diagnosis has a way of forcing a reckoning with identity that most men aren't prepared for, particularly men who've built their sense of self around physical capability. If the body is supposed to be the measure of the man, what does it mean when it doesn't perform in this particular way?

For Conca, working through that question took years of psychological support, a lot of difficult conversations, and eventually fatherhood.

“The purpose that I have in being a father now is more important than anything. This idea of being a strong male, my identity, it definitely isn’t shaped by my masculinity or my identity as an athlete. My ability to communicate and talk about my feelings, that’s a real strength.”

Smoking or vaping, recreational drug use, and alcohol consumption are among the factors most likely to contribute to male infertility. | Image: Unsplash

The Proactive Plan: 3 Steps to Check Your Fertility

For any man in his late 20s or early 30s who wants to be proactive, Katz recommends three simple steps all men can take to understand their health better, and take proactive steps to address any issues.

1 Get a baseline semen analysis

“It’s a simple test and it gives you a reference point. Knowing this key bit of information early in the piece is critical and can also help to avoid unnecessary delays, as well as unnecessary tests for the female partner.”

2 Address lifestyle factors

From there, Katz suggests addressing the modifiable factors like smoking, heavy drinking, steroid use, recreational drugs, heat exposure, and sleep quality.

3 Know your own history

If there’s any relevant history, such as a prior STI, undescended testes, surgery, cancer treatment, or a family genetic condition, get tested sooner rather than later.

Conca’s advice is less clinical but equally proactive. “Once you’ve made the decision that you and your partner are going to start trying to conceive, just be on the front foot. Your fertility health is just as important as your physical health, mental health, social health, and financial health. For some reason it’s just an afterthought for a lot of people, until it becomes an issue.”

And for the men who are already sitting with a difficult diagnosis and already feeling the weight of it, his message centres on perspective. “You’re not alone. There are a lot of other people out there in similar situations. It doesn’t make you any less of a man. Your infertility has nothing to do with your identity as a male.”

Fitness and overall [health](#) are important, but it’s not a window into what’s happening at a cellular level, and it’s not a substitute for getting your fertility checked. For a lot of men, one appointment and one conversation with a specialist will tell them more about their reproductive health than years of training ever could.

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Common Questions About Male Fertility

Can my gym routine or supplements actually damage my fertility?

Yes. While staying active is a pillar of health, certain "peak performance" habits can be counterproductive. As Dr Darren Katz notes, anabolic steroids and supplemental testosterone can shut down sperm production entirely, with damage sometimes being irreversible. Even extreme dieting or overtraining can disrupt the delicate hormonal environment required for sperm production. Bridging the confidence gap means understanding that external muscle mass is not always a reflection of internal reproductive health.

When should I consider getting a semen analysis?

For the modern Australian man looking to be proactive about his future, a baseline test is recommended in your late 20s or early 30s. Rather than waiting until there is a struggle to conceive, getting a "first look" at your reproductive health allows you to make informed lifestyle adjustments early on.

What are the most common hidden factors affecting male fertility?

Beyond obvious habits like smoking or heavy drinking, modern lifestyle factors such as chronic stress, poor sleep quality, and frequent heat exposure (like saunas or hot tubs) can significantly impact sperm health. Transitioning into fatherhood requires a holistic approach to health that balances career ambitions with physical recovery.