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A consensus on men's health status and policy in Asia: a Delphi survey

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ABSTRACT

Objective: There is currently no documentation on the availability and implementation of policies related to men's health in Asia. This Delphi study aimed to achieve an Asian consensus on men's health policy based on the opinions and recommendations from men's health key opinion leaders.

Study design: A two-phase Delphi online survey was used to gather information from men's health stakeholders across Asian countries.

Methods: All stakeholders were invited to participate in the survey through men's health conferences, personal contacts, recommendations from international men's health organizations and snowballing method. Stakeholders were asked about their concerns on 17 men's health key issues as well as their opinion on the availability and recommendations on men's health policies and programmes in their countries.

Results: There were a total of 128 stakeholders (policy makers, clinicians, researchers and consumers), from 28 Asian countries, who responded in the survey. Up to 85% of stakeholders were concerned about various men's health issues in Asia and in their respective country, particularly in smoking, ischaemic heart disease and high blood pressure. There is a lack of men's health policies and programmes in Asia (availability = 11.6–43.5%) and up to 92.9% of stakeholders recommended that these should be developed.

Conclusions: These findings call for policy change and development, and more importantly a concerted effort to elevate men's health status in Asia.

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Introduction

Men have been found to live shorter and have higher mortality than women globally.[1–6] The reason for this discrepancy is multifactorial. It includes high risk-taking behaviour, lack of knowledge and awareness about health, reluctance to engage in preventive care and lower utilization of health services.[7–10]

To improve men's health status, there is a need to develop and implement effective interventions to modify men's behaviour and lifestyle through gender-specific public health policies. Ireland and Australia are two countries in the world

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which have developed and implemented their national men's health policies.[10] Based on the European Men's Health Report in 2010, the European Men's Health Forum has raised concerns about the health status of men in Europe and responded by stating that 'every country should have a men's health policy which is implemented'. However, 'the lack of gender specific policy limits the potential for legislative influence on the health of men'.[11,12]

Asia is undergoing rapid social, cultural and economic transformation which may have an impact on the population health. There is a rapid rise in the incidence of lifestyle risk factors and diseases such as obesity, diabetes, cardiovascular diseases and cancer,[13–15] and this has shown to have a huge impact on the country's health care burden.[16] One major contributor to population ill health is from the male population. The recent Asian Men's Health Report has confirmed that Asian men have a shorter life expectancy, more cardiovascular risk factors and a higher rate of cancer, communicable diseases, suicide and injuries compared to women.[5] The report also found a huge variation in men's health status across Asia particularly the 24 years difference of male life expectancy between Qatar and Afghanistan. The reason for this is unclear but might be influenced by social determinants such as income, education, health care system, environmental factors, political stability, men's lifestyle, culture and behaviour.[17–19]

There is currently no documentation on the availability and implementation of policy related to men's health in Asia. This study employed the Delphi method to gather information from men's health stakeholders in Asia to reach a consensus on the importance of various men's health issues as well as the availability and recommendations on men's health policies in the respective Asian countries.

Materials and methods

Delphi survey

An online Delphi survey method was used to gather opinions from men's health stakeholders across Asia. The Delphi method allows the researcher to collect and distil the views and opinions of experts to reach a consensus on a particular issue. This method uses an iterative process by sending questionnaires to experts to gather their opinions which are collated and fed back to them subsequently. In the second phase of the survey, the experts indicate their agreement on the particular issue and, if necessary, another phase of survey may be carried out until a consensus is reached.[20]

In this study, the objective of Phase 1 was to obtain consensus on the main concerns on men's health issues as well as gathering opinions from the stakeholders on how to improve them. Phase 2 of the survey aimed to reach a consensus on the recommendations for policy on various men's health issues.

Phase 1

17 key men's health issues were chosen based on the Asian Men's Health Report and the epidemiological data were presented to the stakeholders in graphical form during the survey. The questionnaire consisted of 107 items which included participants' sociodemographic profile and questions on the 17 men's health issues which are as below:

- Population sex ratio;
- Life expectancy;
- Smoking;
- Alcohol consumption;
- Obesity status;
- Non-communicable diseases;
- High blood pressure;
- Diabetes;
- Ischaemic heart diseases;
- HIV/AIDS;
- Cancer mortality;
- Prostate cancer;
- Testicular cancer;
- Erectile dysfunction;
- Suicide;
- Road traffic accidents; and
- Intentional injuries.

The stakeholders were asked to indicate their concerns on each men's health issue in Asia and their respective countries using a 5-point Likert scale (1 totally disagree to 5 totally agree). The data were presented using percentages to describe the proportion of participants who were concerned about the particular men's health issue. Options 4 (agree) and 5 (totally agree) on the Likert scale were combined to indicate that the participants were concerned about the men's health issue. The participants also provided their recommendations based on clinical practice, education and research for each issue by using free text and these were analyzed using thematic approach.[21] Two independent researchers performed the analysis by reading and rereading the text to familiarize themselves with the data. The text has been coded to form themes which were further collapsed into broader categories. Any disagreement was discussed and a consensus was reached. These categories were used to form the key issues for policy recommendation in the phase 2 survey which include:

A. National policy
B. Public awareness programme
C. Health care services
D. Clinical practice guidelines
E. Health screening programme
F. Training programme for health care workers
G. School health education
H. Research
I. Social support service
J. National registry
K. Stricter law enforcement

Phase 2

All participants who had responded to the Phase 1 online survey were invited to participate in Phase 2 of the study. The Phase 2 questionnaire was developed based on Phase 1

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