Profile of men's health in Malaysia: problems and challenges

Seng Fah Tong1,2, Wah Yun Low3 and Chirk Jenn Ng4

Men's health concerns have evolved from the traditional andrology and male sexual health to a more holistic approach that encompasses male psychological, social and physical health. The poor state of health in men compared to their female counterparts is well documented. A review of the epidemiological data from Malaysia noted a similar trend in which men die at higher rates in under 1 and above 15 years old groups and most disease categories compared to women. In Malaysia, the main causes of death in men are non-communicable diseases and injuries. Risk factors, such as risk-taking behaviour, smoking and hypertension, are prevalent and are amenable to early interventions. Erectile dysfunction, premature ejaculation and prostate disorders are also prevalent. However, many of these morbidities go unreported and are not diagnosed early; therefore, opportunities for early intervention are missed. This reflects poor health knowledge and inadequate health-care utilisation among Malaysian men. Their health-seeking behaviour has been shown to be strongly influenced by family members and friends. However, more research is needed to identify men's unmet health-care needs and to develop optimal strategies for addressing them. Because the Malaysian population is aging and there is an increase in sedentary lifestyles, optimizing men's health will remain a challenge unless effective measures are implemented. The existing male-unfriendly health-care system and the negative influence of masculinity on men's health behaviour must be addressed. A national men's health policy based on a male-friendly approach to health-care delivery is urgently needed to provide a framework for addressing these challenges.

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INTRODUCTION

Men's health has been recognized as a significant health issue in the world since the late twentieth century.1,2 Increasingly, men's health has evolved to encompass their psychological and social well-being in addition to sexual and urological health. The trigger of such changes is the acknowledgement of the discrepancy in life expectancy between men and women. The life expectancy for men at birth is shorter than that for women by an average of 4 to 6 years in almost every country in the world.3,4 It has also been documented that the differences in life expectancy are unlikely to be due solely to the biological differences between the sexes but are largely a result of the complex interaction between men and their sociocultural influences.5,6 Many of the causes of death in men are attributed to their lifestyles and unhealthful behaviour, such as risk-taking behaviour, poor health-care utilisation, smoking, alcohol and obesity.7,8 On the other hand, sexual health is also gaining attention due to its impact on men's quality of life9 and close links to cardiovascular risk factors10,11. Although much of the knowledge about men's health and the causes of men's health problems is derived from studies conducted in developed countries in the West, there is increasing interest in men's health in East Asian countries, and a few multinational studies on men's health-seeking behaviour have been successfully conducted.12-14 However, most men's health research in Asian countries is disease oriented, and Malaysia is no exception.

In Malaysia, the life expectancy for men at birth is 71.7 years compared to 76.5 years for women.13 Healthy life expectancy, which is defined as the period of life without significant disability, is 62 years for men compared to 66 years for women.14 The overall health status of Malaysians, in particular women and children, has improved substantially over the last 50 years.15 However, the gap in life expectancy between men and women remains.16 Men do not inherently have a shorter life expectancy.4 Therefore, men's health is a pertinent issue in Malaysia, and effective measures are needed to improve their health status. Research and measures to improve the health status of men are lacking and are not gender streamlined.17 This paper aims to review the mortality and morbidity patterns of men in Malaysia. It will also identify research gaps and highlight potential challenges faced in the improvement of men's health in Malaysia.

MATERIALS AND METHODS

The main sources of data used in this review included reports from the Malaysian National and Health Morbidity Study (NHMS) III of 2006,