Engaging Older-Aged Men to Stay Healthy

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POPULATION OF MALAYSIA
The population grew at a slower rate
• Malaysia's population is projected to increase from **28.6 million** (2010) to **41.5 million** (2040).
• The population increase is slow with the annual population growth rate decreasing from **1.8 per cent** (2010) to **0.8 per cent** (2040).
• The average population growth rate decreases by **0.05 per cent** per year.
AGE STRUCTURE

The age structure of the population can be categorised into three main groups:

- **younger age group**
  - 0-14 years
- **working age group**
  - 15-64 years
- **old age**
  - 65 years and over

### SEX RATIO

- **Male more than female**
- The sex ratio in 2010 was 106 males for every 100 females and will increase to 108 in 2020 and shall remain unchanged until 2040.
- The sex ratio is 103 by citizen and will be sustained over the period of 30 years.
- On the other hand, the sex ratio of non-citizens is higher, namely 156 in 2010 and is expected to increase to 169 in 2040.

### AGE STRUCTURE

- **2010**: 27.4% Age 0-14 years, 67.6% Age 15-64 years, 5.0% Age 65+ years
- **2040**: 18.6% Age 0-14 years, 66.9% Age 15-64 years, 14.5% Age 65+ years

Ageing Population

Malaysia is expected to experience the population ageing in 2020, when the percentage of the population aged 65 years and over reaches 7.2 per cent.

**Released By:**

THE OFFICE OF CHIEF STATISTICIAN MALAYSIA
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The dependency ratio is increasing
The increase is from 47.8 (2010) to 49.5 (2040) is due to an increase in the old age dependency ratio, almost a three-fold increase from 7.4 (2010) to 21.7 (2040).
Ageing Population

- Malaysia is expected to experience the population ageing in 2020, when the percentage of the population aged 65 years and over reaches 7.2 per cent.
**SEX RATIO**

**Male more than female**

- The sex ratio in 2010 was **106 males** for every **100 females** and will increase to **108** in 2020 and shall remain unchanged until 2040.
- The sex ratio is **103** by citizen and will be sustained over the a period of **30 years**.
- The sex ratio of non-citizens is higher, namely **156** in 2010 and is expected to increase to **169** in 2040.
• Define: as ‘the process of exchanging information, listening to and learning from stakeholders – with the goal of building understanding and trust on issues of mutual interest.


• Engagement refers to the many different ways in which a ‘community’ is *involved in*, or *participates in*, aspects of an organisation’s activities.

• 3 levels

<table>
<thead>
<tr>
<th>Information</th>
<th>Consultation</th>
<th>Active Participation</th>
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*Increasing Levels of Community Influence*
Effective engagement involves:

- Partnerships
- Shared Understanding
- Clarity of Objectives
- Flexibility

Consultation and engagement might not result in agreement, but should result in better decision-making rationale.
• Primary care services are not yet providing men with sufficiently effective prevention and screening services or diagnosing and treating potentially serious conditions soon enough.

• There is evidence suggesting that men in the UK are diagnosed at a later stage than women for malignant melanoma, lung, bladder and other urological cancers. Lyratzopoulos G, Abel GA, Brown CH, et al.

• Men are less likely to seek help for mental health problems even when they are experiencing significant levels of psychological distress; this may well help to explain the higher suicide rate in men.

• Men over 50 are nearly twice as likely as women to have undiagnosed type 2 diabetes, which is indicative of insufficient screening in primary care. Diabetes UK. Men twice as likely not to know they have diabetes. 2 November 2009.

• Diabetes UK has implicated poor use of health services in the increased risk of diabetes-related amputations run by white men living in poor areas. Diabetes UK. White men in poorer areas at highest risk of diabetes-related amputation. 15 March 2013.
• ‘Seeking help or engaging with health care is perceived by many men as incompatible with the masculine “norms” of strength, stoicism and self-reliance’ and they fear that it will make them appear ‘vulnerable, dependent and weak’. Galdas PM. Man up: engaging men in primary care. Practice Nursing 2013;23:10.

• Men’s reluctance to access services makes them less willing to overcome the many practical barriers they experience, including the
  • lack of extended opening hours
  • inconveniently located facilities
  • difficult-to-use booking systems
  • long delays between making an appointment and seeing the clinician
  • unpredictable waiting times on the day itself

• Low-income men in employment tend to have less flexible working hours and may lose pay if they take time off to attend an appointment.
Objectives:

• In this qualitative study, we provide an in-depth exploration of older people’s experiences and subjective meanings concerning their engagement in health promotion as well as the emotional and pragmatic difficulties they face during their engagement.

Conclusions:

• The results of the present study suggest the importance of deeply understanding older peoples’ experiences and their subjective meanings of health promotion.

• In particular, the results showed how their engagement in health promotion is framed in a complex system of psychological meanings, which may sustain or hinder their ability to adopt healthy behaviours.

• A deeper understanding of older citizens’ lived experiences, their doubts and their difficulties in engaging in health promotion may offer some important cues for orienting interventions in this area.

• Evidence-based health promotion programs are effective at reducing health risks and healthcare costs among older adults, but few men participate in the programs.

• This mixed methods study aimed to gain insight into the barriers to recruiting and engaging older men in evidence-based health promotion programs offered by the Healthy Aging Regional Collaborative of South Florida (HARC).

• Fourteen program coordinators participated in a focus group to identify barriers and strategies to improve male participation, and 49 instructors participated in a survey to triangulate the findings.

• Themes among barriers to male participation included:
  • women outnumbering men in the implementation sites and programs
  • conflict between male gender roles and the programs
  • preference for other activities.
• Themes among strategies included:
  • public support of programs by male community leaders
  • program advertisements featuring males
  • adapting program content.

• Survey results supported themes identified in the focus group.
  • Nearly 78% of the survey respondents agreed that the perception of exercise programs as feminine was a barrier
  • over 90% of the survey respondents believed program advertisements featuring men would increase male participation.

• Findings indicate that health promotion programs and recruiting strategies need to be tailored to the unique needs and preferences of older men to improve participation.
• **Ageism**
  Ageism refers to a perception or attitude that results in discrimination on the basis of chronological age. As people get older they are often treated differently than younger people simply because they are older.

• **Life Changes**
  - Seniors may want to **spend time with grandchildren**, which may reduce time available for community engagement.
  - Seniors may want or **need to continue employment** for income or simply out of interest (even when retirement is an option), which may reduce time for community engagement.
  - Seniors may **want to travel or return to school**, which may limit their availability to participate.
  - Seniors may be **providing time and energy-consuming care** for family members or friends.
• **Literacy and Use of Technology**
  • Seniors may have experienced:
    • limited educational opportunities or support in early years
    • limited opportunity to maintain reading skills
    • learning loss due to cognitive changes
    • too few literacy programs for seniors
  • Another aspect of contemporary life related to literacy that impacts engagement is use of technology.

• **Age-Related Changes**
  • vision
  • hearing
  • cognition and memory
  • bones and joints
  • functional abilities
Recommendations to improve Elderly Male Engagement  

- People who have more social goals may choose activities such as **group walks**, whereas those who are concerned about falling may choose more structured programmes that directly address **balance**. Importantly, where they are satisfied with the outcomes they originally desired, they are more likely to continue regular physical activity (Kassavou et al. 2014).

- **Women** tend to engage more with **walking groups** (Kassavou et al. 2013), while **men** may tend to **value sports**, especially if it relates to teams they support (Hunt et al. 2014).
The evidence shows that regular physical activity is safe for healthy and for frail older people and the risks of developing:

- major cardiovascular and metabolic diseases
- obesity
- falls
- cognitive impairments
- osteoporosis
- muscular weakness

are decreased by regularly completing activities ranging from low intensity walking through to more vigorous sports and resistance exercises.

Yet, participation in physical activities remains low amongst older adults, particularly those living in less affluent areas.

Recommendations to improve Elderly Male Engagement

• Older people may be encouraged to increase their activities if influenced by clinicians, family or friends, keeping costs low and enjoyment high, facilitating group-based activities and raising self-efficacy for exercise.


• Health promotion programs and recruiting strategies need to be tailored to the unique needs and preferences of older men to improve participation.

Thank you