

Building Frameworks for Men-Centred Health Services: The Masculinity in Chronic Disease Index (MCDI) January 2020

The Australian National Men's Health Strategy 2020-2030 notes that despite improvements in longevity for men, they still die earlier than do women and report poor outcomes in a number of areas including chronic diseases such as prostate cancer, lung cancer, cardiovascular disease, diabetes, dementia, mental ill health, chronic obstructive pulmonary disease and musculoskeletal conditions (1). This same report also reported that men delay seeking help for their health care, often present when the condition is advanced, tend towards short health consultations, and that this negatively impacts outcomes for chronic disease that is increasingly prevalent not only in Australia but also globally.

In improving men's health, it is therefore crucial that researchers and health services consider how expressions of masculinity influence health outcomes for men (2).

The purpose of this communication is to support researchers who are interested in utilising the Masculinity in Chronic Disease Index (MCDI) by providing current advice about scoring and potential usage. In brief, this scale approaches masculinity from the perspective of internalised masculine beliefs or perceived masculine ideologies, adopting a nuanced approach that is contextualised and grounded in men's experiences (3). The MCDI has now been validated in a broad range of chronic diseases and the revised five-factor model and scoring instructions below are based on this recent work (4). A recent important finding utilising the MCDI with this revised structure has been that in men who have moderate to high unmet emotional and psychological care needs after cancer, higher scores in optimistic action are related to less help seeking (5).

The MCDI is freely available for use in ethically approved and not-for-profit men's health research. We hope that you will join us in a community of practice to further develop and explore the utility of this scale in men's health research and we encourage you to keep in touch with us about your findings so that we are able to add them to this document.

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The Masculinity in Chronic Disease Index

The following is a series of statements about how men might think or feel about themselves, and about what is important for men.

Thinking about you personally, please indicate how true each statement is for you on a scale of 1 “not at all true”, 3 “somewhat true” to 5 “very true”. There are no right or wrong answers. Please give the responses that most accurately describe your personal thoughts and feelings.

	Not at all true	A little true	Somewhat true	Mostly true	Very true
1. Being physically strong is important to me	1	2	3	4	5
2. Being physically able to have sex is important to me	1	2	3	4	5
3. I always look for the good in situations	1	2	3	4	5
4. I keep my feelings to myself	1	2	3	4	5
5. Being able to have an erection is important to me	1	2	3	4	5
6. I like to take action in the face of problems	1	2	3	4	5
7. I like to know I am looking after my partner or family	1	2	3	4	5
8. Having a good level of fitness is important to me	1	2	3	4	5
9. I am a fighter	1	2	3	4	5
10. If I want to achieve something I can	1	2	3	4	5
11. I like to know I am capable of having sex	1	2	3	4	5
12. I am a positive person	1	2	3	4	5
13. I tend not to talk about my worries	1	2	3	4	5
14. I need to provide financial security for my partner or family	1	2	3	4	5
15. Being an active person is important to me	1	2	3	4	5
16. I have a forward thinking mindset	1	2	3	4	5
17. Being able to have sex is like being able to run	1	2	3	4	5
18. Being able to provide for my partner or family is important to me	1	2	3	4	5
19. I am optimistic about the future	1	2	3	4	5
20. I am a competitive person	1	2	3	4	5
21. My approach is to get on with things	1	2	3	4	5
22. It's up to me to protect my partner or family	1	2	3	4	5

Scoring the Masculinity in Chronic Disease Index

Subscale Description

The MCDI has twenty-two items that comprise five subscales: *Optimistic Action* (nine items; $\alpha = 0.88$), *Sexual Importance/Priority* (four items; $\alpha = 0.93$), *Family Responsibilities* (four items; $\alpha = 0.89$), *Emotional Self-Reliance* (two items; $\alpha = 0.68$), and *Strength/Fitness* (three items $\alpha = 0.74$). The items in each scale are numbered in the syntax below and this has been described previously (4). Items are scored on a one to five-point Likert scale (1 = "Not at all true," 5 = "Very true"). Subscale scores are generated by summing the items in each subscale and then calculating the mean score.

Sample Syntax (SPSS)

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COMPUTE Optimistic_Action= (Q3+ Q6+ Q10+ Q9+ Q12+ Q16+ Q19+ Q20+ Q21)/9.  
COMPUTE Sexual_Importance= (Q2+ Q5+ Q11+ Q17)/4.  
COMPUTE Family_Responsibility= (Q7+ Q14+ Q18+ Q22)/4.  
COMPUTE Emotional_Self_Reliance= (Q4+ Q13)/2.  
COMPUTE Strength_Fitness= (Q1+ Q8+ Q15)/3.  
EXECUTE.
```

References

1. Department of Health. Men's Health: National Men's Health Strategy 2020-2030 [Internet]. Australia Government; 2019. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/national%20mens%20health-1>
2. Oliffe JL, Rossnagel E, Bottorff JL, Chambers SK, Caperchione C, Rice SM (2019). Community-based men's health promotion programs: Eight lessons learnt and their caveats. *Health Promotion International*. doi: 10.1093/heapro/daz101v
3. Chambers SK, Hyde MK, Oliffe JL, Zajdlewicz L, Lowe A, Wootten AC, et al (2016). Measuring masculinity in the context of chronic disease. *Psychology of Men and Masculinity*, 17(3), 228–42.
4. Occhipinti S, Laurie K, Hyde MK, Martin S, Oliffe J, Wittert G, et al. (2019) Measuring Masculinity in Men with Chronic Disease. *American Journal of Men's Health*, 13(4).
5. Goodwin BC, Ralph N, Ireland MJ, Hyde MK, Oliffe JL, Dunn J, et al. The role of masculinities in psychological and emotional help-seeking by men with prostate cancer. *Psycho-Oncology* [Internet]. doi: abs/10.1002/pon.5264