The Real Face of Men's Health

2025 AOTEAROA NEW ZEALAND REPORT

MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH

Movember acknowledges the mana motuhake of whānau, hapū and iwi across Aotearoa and Te Wai Pounamu. Movember also acknowledges Te Tiriti ō Waitangi as the foundation of the constitutional partnership between the Crown and tāngata whenua.

COMMISSIONED ART BY
TAUPURU (ARIKI) WHAKATAKA BRIGHTWELL,
RONGOWHAKAATA, NGATI TOA

ABOUT MOVEMBER

Twenty-two years ago, a bristly idea was born in Melbourne, Australia, igniting a movement that would transcend borders and change the face of men's health forever. The movement, known as Movember, united people from all walks of life, sparked billions of important conversations, raised vital funds and shattered the silence surrounding men's health issues.

Since 2003, we have challenged the status quo, supported men's health research and transformed the way that health services reach, respond to, and retain men in health care. We have taken on prostate cancer, testicular cancer, mental health and suicide prevention with unwavering determination.

We have raised over $1.9 billion NZD for men's health, thanks to a passionate community of global Movember supporters. These critical funds have supported more than 1,300 men's health projects worldwide, including hundreds of advancements in biomedical research and the creation of some of the world's largest prostate cancer registries, built on the real-life experiences of hundreds of thousands of men.

Since taking on mental health and suicide prevention in 2006, Movember has emphasised the importance of better social connections, early recognition of men's mental health challenges, and improving clinician competencies in responding to men in distress. We want to ensure that more men know what to do when mental health challenges arise, and that their supporters are better prepared to step in when needed.

Movember will continue championing new research, cutting-edge treatments, and community programmes to promote healthy behaviours in men. We advocate for inclusive healthcare systems that are tailored to the unique needs of men, women, and gender-diverse people from wide-ranging cultural backgrounds. In doing so, we hope to create a future where barriers to healthy living are overcome, stigmas are removed, and everyone has an equal opportunity to live a long, healthy life. By improving men's health, we can have a profoundly positive impact on women, families, and society. Healthier men mean a healthier world.

To learn more, please visit **Movember.com** or contact **advocacy@movember.com**.

ABOUT THE MOVEMBER INSTITUTE OF MEN'S HEALTH

Building on a 22-year legacy of investment in men's physical and mental health, the Movember Institute of Men's Health has ambitious goals to improve the quality of life for millions of men worldwide.

The Movember Institute of Men's Health exists to take men's health out of the shadows and into the global spotlight.

With over NZD $206 million committed, the Institute brings together the world's leading minds to transform how men's health is understood, supported, and acted on.

By shaping policy, improving programmes, catalysing research, building the field, and sparking public conversation, the Institute turns cutting-edge evidence into real-world change – ultimately saving lives. This is a bold effort, underway every month of the year, that will shift the trajectory of men's health outcomes for men, boys and the communities around them.

Because healthier men, means a healthier world.

A NOTE ON STANDING BY OTHERS IN GENDERED CARE

This report focuses on the connections between gender and health. On average, globally, men die younger than women, while women spend a significantly greater proportion of their lives in poor health and with disabilities compared to men. Trans and non-binary people have disproportionately worse health outcomes compared to the general population. None of these outcomes are acceptable.

Throughout this report, we highlight the health inequities faced by men and, through new research, examine the impact of men's poor health on others, including women. We also draw on data that shows health disparities between men and women to paint a clearer picture of men's health and to highlight the economic costs of men's poor health. However, we do not address the economic costs related to the health of trans and non-binary people, women's health, or the many areas where women's health is underserved. We acknowledge and support the work of leaders in these fields who have campaigned for decades to raise awareness of gender-based inequities in health and health outcomes.

In the same way that the Movember campaign followed the trail-blazing women raising funds for breast cancer care, we follow in the footsteps of, and owe a huge debt to, women, health researchers, men's health organisations, kaupapa Māori, Pacific communities, Takatāpui, MVPFAFF+, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other identities rights advocates, Indigenous and other racial justice campaigners, women's organisations, governments, multilateral organisations, and more. These advocates have shown the importance of an approach that takes full account of sex and gender. There is no binary choice in gendered health. We hope to stand alongside and in solidarity with other organizations, including women's health advocates, in advocating for the universal recognition of gender as a social determinant of health and in prioritising investment in health care that acknowledges and addresses the health inequities and diverse needs of women, men and non-binary people.

This report also acknowledges the Women's Health Strategy, part of the Pae Ora Strategies, that recognises the strength of women and of their whānau and communities and exists to actively support the health and wellbeing of all women across Aotearoa New Zealand by ensuring that they can be heard, have choices, and live longer and healthier lives.

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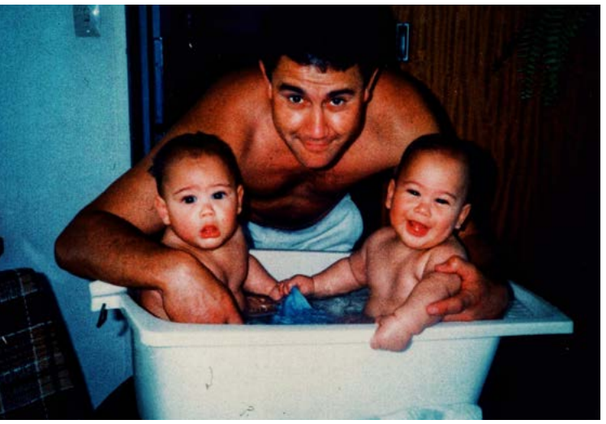
An Introduction From Tane Hipango

I support Movember because our stories, even the hard ones, can make people feel less alone. If sharing mine helps someone reach out, or feel seen, then it's worth it.



In te ao Māori, twins are sacred. The firstborn, the pēpi tuatahi, clears the path. The second, the pēpi tuarua, follows - pushed into the world by their sibling. I was born five minutes before my brother Tama. From the moment we arrived, we were inseparable.

We grew up under the watchful eye of the twin peaks of Mount Ruapehu, biking, kicking the footy, and never missing an All Blacks game. We shared everything. Even as adults, that closeness stayed. Tama had this boundless energy and overwhelming kindness that sometimes made people uncomfortable. He gave everything of himself. He'd call, drive over, check in, gift people his favourite things just to show he cared. He was the guy you wanted on your team. In life and on the rugby field.

He played for the Lyttelton Rugby Club and would quietly score match-winning tries without ever talking about it. He was that guy. Full of heart, deeply loved by his teammates, and too humble to seek the spotlight.

Full of life, always giving to others, but Tama never really talked about how he was feeling. Even with me.

In June 2020, Tama ended up in the hospital. That was the first time we became aware of the depth of his declining mental health. In te ao Māori, when someone enters that vulnerable state, they're in a tapu space. A sacred, fragile place. But once inside the health system, that sacredness often gets stripped away and replaced with deficit-based language: disorder, risk, struggle. It can be cold. It can make you feel like you are the problem, rather than someone who needs care.

Tama kept close to a few of his teammates and to me during that time. But support is difficult to sustain, especially in a system that's fragmented and overloaded. As adults, it's not easy to bring your full support network into that process. In some ways, we all entered the system that day. But none of us had a map.

Tama died by suicide in November 2020. The impact was profound. In the days after, I received over 500 messages. Friends and whānau rallied around us, but I was unravelling. I couldn't look in the mirror. I had flashbacks. Nightmares. I lost my sense of self completely.

That was the beginning of my healing journey, a journey I do for both of us. The inroad to entering the system had so many barriers, many of which Tama would have faced, too. I thankfully went to my GP. I started counselling. I found medication that helped. I tried EMDR therapy. I built a support network online and had amazing friends check in regularly. Most importantly, I started trying to be my own best friend and to forgive myself when I wasn't.

I don't think Tama realised the depth of what he was facing. If we treated mental health like we treat physical health with urgency, compassion, and recovery at the centre, perhaps things would've been different. I've learned that language matters. When we frame mental distress as failure, sensitive people, people with already low self-esteem, may never speak up.

That's why I chose to support the wellbeing workshop at Tama's rugby club, and why I'm sharing this now. There is so much we can do to shift the culture: learn basic mental health first aid, build emotional capacity like we build physical strength, and develop better listening skills. These things save lives.

Tama was the best brother. I still buy him birthday presents. I've kept growing his jersey collection, and I've never thought of him as gone; I just feel him differently now. It's a difficult journey, and while I feel the immense loss of some things, I also feel a deeper love and growth of a deeper connection with myself and others.

We were twins before we were born, and we always will be.

- TANE HIPANGO, 36, TE ATI HAU NUI A PAPARANGI.

A THANK YOU TO TANE FOR SHARING HIS STORY, FROM OUR MOVEMBER COMMUNITY

E Tama, e tangi ana te ngakau kia wehe atu koe ki tō te ārai. E ora tonu ana koe i roto i ngā kupu aumihi o tō mahanga, nā reira e moe mai rā. E Tane, e mihi atu ana mātou ki a koe i toha mai i ēnei maumaharatanga, tēnā koe, tēnā koe, tēnā rā kōrua.

The Importance of Māori Healthcare Models

Te Whare Tapa Whā is a widely known and well recognised Māori model of health first proposed by Professor Sir Mason Durie in 1982 (1). The model was developed by Durie over subsequent years and it has become one of the most influential models of health in Aotearoa New Zealand (2).

Te Whare Tapa Whā, hauora (health) is considered from a holistic perspective and is conceptualised through the metaphor of a whare (house) with the four walls representing distinct but interdependent domains of wellbeing. Within the model the realms of te taha tinana (physical wellbeing), taha hinengaro (emotional wellbeing) taha whānau (social, family wellbeing), and taha wairua (spiritual wellbeing) are identified as essential components of one's overall wellbeing. The model offers a counter narrative to dominant Western models of health which approach health from a reductionalist perspective and focus on biological dysfunction rather than understanding the person in the context of their sociological and ecological environment.

Te taha wairua focuses on spiritual wellbeing and implies the capacity to understand the link between the human realm and the broader environment, to acknowledge that our wellbeing is influenced by things beyond our control and our understanding. Te taha hinengaro refers to the manifestation of thoughts and feelings. Te taha tinana emphasises the importance of the physical domain and is similar to Western notions of physical health in that Māori understood that good physical health was necessary for optimal health and development. Te taha whānau is the fourth domain of health and acknowledges the central role of the wider family in an individual's wellbeing.

We recognise that there are many and varied ways that health and wellbeing can be understood. In Aotearoa New Zealand we acknowledge Te Whare Tapa Whā as a critically important model that has enabled Māori (and also non-Māori) to redefine health in their own terms and subsequently reshape health services to encapsulate a more holistic definition of hauora. We also acknowledge that Māori health outcomes have historically not been well served by the predominantly Western model of health that has prevailed in Aotearoa. At points in our history, that Western model of health has been used to deliberately undermine and attack the health and wellbeing of Māori. In keeping with these acknowledgements, it is our intention that the findings and recommendations of this report be framed within a culturally informed lens and incorporate te ao Māori understandings of health and wellbeing.

Dr Simon Bennett

Ngāti Whakaue, Patu Harakeke, Ngāti Waewae
Director of Clinical Psychology Training at Massey University
Member of Movember's Global Indigenous Advisory Committee

SIGNIFICANT CONTRIBUTIONS

Movember would like to acknowledge and extend our sincere gratitude to the following individuals and organisations for their valuable contributions in developing and delivering this report. Their expertise, professionalism, and support have been greatly appreciated:

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Ministry of Health | Manatū Hauora for the comprehensive mortality data custom request, allowing the detailed analysis within this report.

Dr Simon Bennett, Ngāti Whakaue, Patu Harakeke, Ngāti Waewae; Director of Clinical Psychology Training at Massey University and Member of Movember's Global Indigenous Advisory Committee for his guidance and expertise on Māori healthcare models and wairua (spirituality).

Shanthi Gardner (Bridgeway Global) for her valuable contributions to the initial draft of this report.

Tane Hipango for sharing his powerful, personal story in support of this report.

StayWell NZ Public Health Consultancy for their guidance and input, including supporting sector engagement, reviewing the report and providing health system expertise.

HealthLumen for their work on the health economics modelling for this report.

Executive Summary

This report outlines the current state of men's health across Aotearoa New Zealand — and makes clear the ripple effects that better outcomes for men would have across families, workplaces, communities, and the wider health system. Improving men's health isn't just a benefit for men — it's a social and economic opportunity for the entire country.

By effectively addressing the underlying causes of ill health and improving men's health outcomes, it won't just benefit men — it will have a profoundly positive impact across society. From stronger relationships to reduced pressure on health and social services, the flow-on effects are wide-reaching and long-lasting.

Alongside compelling data, this report shares the lived experiences of men and those who support them — bringing into sharp focus the human cost of inaction, and the powerful potential of doing better. That potential is brought to life through the stories we've heard from men, their families, and their communities.

Across Aotearoa New Zealand, we've heard stories of men stepping up – supported and empowered to live well in all aspects of life: wairua (spirit), whānau (social and cultural connection), tinana (body), and hinengaro (mind). But we've also heard stories of silence. Of men not knowing the risks. Not feeling equipped to act. Of leaving it too late to speak to a healthcare professional – or having a poor experience when they do.

These aren't stories of men neglecting their health. They're stories of a system not always built with them in mind. Barriers – big and small – get in the way. And for some groups - particularly tāne Māori, Pacific men, men living in more deprived communities, disabled men, older men, LGBTQIA+ communities, and those working in high-risk occupations - those barriers are even higher. We need to sharpen our focus on these groups of men, whom are more likely to experience health inequities.

This report centres the voices of men, their whānau, and their communities – because men's health doesn't happen in isolation. It's a shared responsibility with shared rewards. Healthier men mean healthier families, workplaces, and communities. Stronger relationships. Safer homes. Benefits that ripple across generations.

We set out the current state of men's health in Aotearoa New Zealand and the cost of inaction - each year we lose thousands of men to preventable causes. We also highlight the less visible faces of men's health: the partners, parents, and caregivers walking alongside men during times of ill health.

There are many reasons for hope. This report draws on local and global examples of what works – practical, proven ways to improve outcomes for men - and makes clear the benefits that would ripple through families, communities and societies if we improved men's health – including billions in savings by preventing avoidable conditions in men and supporting them to live healthier, longer lives.

We're calling for the development of a men's health strategy for Aotearoa New Zealand. One grounded in equity and partnership with Māori, and backed by coordinated action across systems, services, and policies. Alongside this, we outline four concrete policy asks to begin reshaping the future of men's health – so more men can live longer, healthier lives. Our goal is to work with the New Zealand Government to change the face of men's health.

The Big Picture: The State of Men's Health

TOO MANY MEN ARE DYING TOO YOUNG

In Aotearoa New Zealand, more than two in five male deaths occur prematurely (41.8%), before they reach the age of 75. The rate of premature death among men is 1.5 times higher than that of women – a difference that is, for the most part, avoidable (3).

Many of these deaths are caused by preventable or treatable conditions – including heart disease and certain cancers, particularly those affecting the bowel, lungs, liver, and stomach.

Suicide remains the third leading cause of premature death in men. Each year, three out of every four people who die by suicide in Aotearoa New Zealand are men (5).

These are conditions we know how to detect, manage, and treat – through behaviour changes (such as reducing tobacco and alcohol use and improving diet), improved screening, earlier diagnosis and treatment, and health promotion initiatives that are responsive to the needs of boys and men. And yet, men continue to die too soon, often because they don't receive the right support at the right time (3).

Where men live is an alarmingly significant indicator of how long they live.

The heat maps on page 16 illustrates new analysis produced for this report, comparing premature mortality across Health New Zealand | Te Whatu Ora districts (3). The new data reveal that:

The eight districts with the highest male premature mortality rates are all located in the North Island. Tairāwhiti has the highest rate of all, where men are around twice as likely to die prematurely than those living in Auckland and Waitematā – the districts with the lowest rates.

Across the country, men in the five highest-risk districts are, on average, 1.7 times more likely to die early than those in the five lowest-risk districts.

Deprivation and rurality only deepens this divide.

Men living in the most deprived areas of Aotearoa New Zealand are nearly 1.5 times more likely to die prematurely than those in the least deprived.

Premature death from ischaemic heart disease is more than twice as high in men living in these communities. The same pattern plays out for digestive cancers, lung cancer, and suicide – all 1.7 times higher in deprived areas (3).

The male premature mortality rate in rural areas of Aotearoa New Zealand was 37% higher than that for urban areas even after adjusting for differences in the age distribution of the population.

When considering the leading causes of premature death in men across rural and urban locations, the five leading causes are the same. However, with the exception of cancer of respiratory and intrathoracic organs (primarily lung cancer), the rates are substantially higher in rural men.

Where men live strongly predicts how well they live.

Men living in the most deprived areas report higher psychological distress and lower life satisfaction than those in more affluent regions.

Feelings of isolation are also more common, with 11.2% feeling lonely some of the time (vs. 6.8%) and 4.9% most or all of the time (vs. 1.7%).

While overall alcohol use is higher in less deprived areas, hazardous drinking is more prevalent in low socioeconomic communities.

Obesity rates increase sharply with deprivation, and men in these areas are less likely to access preventive care or feel supported by the health system (7).

Tane Māori and Pacific men in particular are more likely to face earlier onset of disease, lower access to healthcare, and higher mortality rates.

Life expectancy for tāne Māori is 7.5 years shorter than for non-Māori males (4). In 2020, the rate of premature death for tāne Māori was twice as high as for European/Other males, and four times higher than for Asian males. These outcomes reflect not only a public health crisis – but a failure to uphold Te Tiriti o Waitangi, which guarantees Māori the right to equitable health outcomes, protection, and partnership in decision-making.

Pacific males also experience significantly worse outcomes, with nearly double the rate of premature mortality compared to European/Other men (3).

At every stage – from prevention to diagnosis to treatment – men are falling through the cracks. Some don't recognise the warning signs. Others delay seeking help. And when they do seek help, many report poor experiences that make them feel judged, dismissed, or out of place – leaving them unlikely to return (6).

But this is not just about individual behaviour. It's about a system that hasn't been designed with men in mind – one that fails to reflect the cultural, emotional, and everyday realities of their lives. And for too many men, that failure is costing them their future.

This report doesn't just spotlight the challenges – it brings to life the human stories behind the statistics. Because behind every number is a whānau, a workplace, a community. And while the challenges are complex, the path forward is clear. Across Aotearoa New Zealand and around the world, there are proven approaches that work – when we listen to men, design with cultural context in mind, and back that intent with investment and action.

PREMATURE MORTALITY RATES

Age-standardised premature mortality rates (deaths before age 75) per 100,000 male population

Male premature mortality (per 100,000)

200 250 300

Data: New Zealand Ministry of Health

South Island

North Island

MEN'S WELLBEING AND HEALTH BEHAVIOURS

The health status of New Zealand men has shown concerning trends over the past decade (2014-2023), particularly in mental health outcomes.

While we've seen some positive improvements – like reduced smoking and hazardous drinking – these gains are being overshadowed by increasing rates of psychological distress, increased vaping amoungst younger populations, declining physical activity, and an increased prevalence of obesity.

Beneath these trends lies a clear truth: **not all men are impacted equally.**

Persistent health disparities cut across socioeconomic, ethnic, disability status, and geography. These inequities compound, putting particular groups of men at significantly higher risk – not only of poor health, but of being left behind by a system not designed for them.

TĀNE MĀORI

Tāne Māori have experienced the largest decline in self-rated health over the past decade (7), especially in relation to their mental health. Today, 15.3% experience psychological distress and 11.8% report unmet mental health needs. The age-standardised rate of suicide among tāne Māori is 25.6 per 100,000 – 1.5 times higher than the national male rate of 17.1 – and even more pronounced among younger age groups (25–44 years: 59.7 per 100,000) (26).

Rates of daily vaping, hazardous drinking, obesity (48.4% vs. 32.7%), and Type 2 diabetes (9% vs. 7%) remain disproportionately high (7).

Cultural connection, expressed through kawa, tikanga and whakapapa, must be recognised as solutions to protect and strengthen tāne Māori wellbeing and resilience, and embed health solutions which promote health equity

DISABLED MEN

Disabled men in Aotearoa New Zealand report significantly lower levels of health and life satisfaction (64.3% and 62.3% respectively) than non-disabled men (88.8% and 85.3% respectively) (7). They experience psychological distress at three times the rate (27.7% vs. 8.9%) and are more likely to feel lonely and socially isolated.

Despite engaging more frequently with the health system, disabled men face significant barriers – including cost, transport, and provider bias – with 20–26% reporting these as obstacles. Chronic health conditions are more prevalent too: particularly diabetes (17.5% vs. 6.2%) and hypertension (38.7% vs. 22.9%) (7).

PACIFIC MEN

Pacific men report lower life satisfaction than any other ethnic group in Aotearoa New Zealand. Mental health needs are high and growing – with 17.5% experiencing psychological distress and 11.5% reporting unmet support needs, a nearly fourfold increase since 2016. Lifestyle-related risks remain high: 58.2% are obese, 13% have diabetes, daily vaping (22.8%), and daily smoking (14.9%) is prevalent (7).

Pacific men also experience a sharp decline in physical activity – dropping from 63.5% in 2014 to just 44.5% in 2023 (7). Uniquely, intermediate hyperglycaemia and diabetes mellitus' ranks among their top five causes of premature death – a signal that Pacific men's metabolic health needs urgent, tailored action (3).

MEN IN HIGH-RISK OCCUPATIONS

Men in high-risk occupations like emergency services, construction, and farming, face elevated physical and mental health risks. Among emergency service workers, 52% experience major depression, anxiety or post traumatic stress disorder, as well as a higher prevalence of hazardous drinking (8). Firefighters who feel unsupported are nearly three times more likely to report mental health problems (9).

In construction, 79% of workers report lower life satisfaction, and one in three has experienced serious psychological distress recently – more than twice the national average (10). They also face workplace stressors like financial instability and poor mental health support (11). Among young farmers, 64% say wellbeing issues are impacting their lives, and 28% report being injured in the past year, often linking those injuries to mental strain (12).

RAINBOW COMMUNITIES

Rainbow communities – including LGBTQIA+, Takatāpui, and MVPFAFF+ communities – face significant health inequities driven by discrimination and unmet needs, especially among transgender and non-binary individuals. Mental health risks are alarmingly high, with LGBTQIA+ individuals being three times more likely to self-harm or suicide (22% vs. 5%) (13).

While 91% are registered with a GP, just 8% feel that their doctor understands their needs. New data conducted by the Movember Institute of Men's Health investigating men's experiences of health and healthcare revealed that in 2025, bisexual men were significantly less likely to feel heard in healthcare settings – with only 47% reporting they felt actively listened to, compared to 59% of men overall (6).

YOUNGER MEN

Younger men face distinct health challenges. Tragically, suicide is the leading cause of death for young men in Aotearoa New Zealand (5). That is, men aged 15-34 years. Almost three in every four (71.4%) young people who die by suicide in New Zealand are male (5). Psychological distress has a clear age gradient, with younger men aged 15-24 (15.1%) and 25-34 (13.9%) reporting significantly higher rates than men in the older age groups (7). Over a decade, psychological distress rates among men 15-24-year-olds has dramatically trebled, from 4.3% in 2014 - 3.5 times higher in 2023. Similarly, rates for men aged 25-34 have more than doubled, from 5.4% in 2014, 2.6 times higher in 2023.'

Social connectedness is a serious concern. In fact, 12.3% of young men reported feeling lonely some of the time and 2.4% most or all of the time (7).

Vaping among 15-24-year-olds has skyrocketed – increasing from 0.8% in 2015 to 20.8% in 2023 – a twenty-six-fold increase (7). Fewer young men are physically active, and many report feeling judged or misunderstood by healthcare professionals (18%). Only 43% of men aged 18–24 felt actively listened to during a recent health visit, compared to 59% of men overall (6).

AGING MEN

As New Zealand men age, they face physical health challenges and increased risk of chronic conditions like diabetes, high blood pressure, and high cholesterol – often driven by poor cardiometabolic health and abdominal obesity (14).

Prostate cancer is the most commonly diagnosed cancer in men (15). Tāne Māori are less likely to be diagnosed with prostate cancer but more likely to die from it (16). This is often due to later-stage diagnosis, barriers to healthcare access, and differences in screening and treatment offered. These inequities must be addressed through culturally responsive, equity-driven care.

MEN'S EXPERIENCES OF HEALTHCARE

Too often, the barriers preventing men from seeking support are reduced to tired stereotypes – like "men don't talk" or "men don't care." In reality, the reasons are far more complex, diverse, and interconnected.

Social expectations around masculinity and what it means to be a man, combined with how health systems engage with these gender norms, play a powerful role in shaping whether men seek care, how they're treated when they do, and whether they'll come back.

A new nationally representative survey of 1,005 New Zealand men, conducted by the Movember Institute of Men's Health, sheds light on why so many are disengaged from the health system – and helps explain some of the poor outcomes explored throughout this report (6):

62%

of men said masculine stereotypes – like the expectation to "tough it out" – negatively influenced their health behaviours and experiences in healthcare.

60%

of men felt their concerns were not taken seriously by healthcare providers.

54%

have wanted to leave – or have left – a practitioner due to a lack of personal connection.

40%

said their symptoms were not acknowledged with the seriousness they deserved.

39%

said their healthcare practitioner rarely or never asks about their mental health.

28%

said they're rarely or never asked about what's going on in their personal or social life.

25%

reported that their healthcare practitioner rarely or never enquires about broader health concerns beyond the immediate issue.

THE UNEXPECTED FACES OF MEN'S HEALTH

When men fall ill or die prematurely, the impact is profound and far-reaching. A man's poor health doesn't exist in isolation — it deeply affects partners, children, friends, workplaces, and entire communities. It takes a toll emotionally, practically, and economically.

Poor men's health also has wider social consequences, including increased risk of harm. A growing body of evidence links men's experiences of trauma, mental ill-health, and substance misuse to the use of violence in relationships. While the choice to use violence is never excusable, it is often made in the context of childhood exposure to family violence, unresolved trauma, and untreated mental health conditions — all of which increase risk. Thirty-five per cent of New Zealand women report experiencing intimate partner physical or sexual violence from men. When psychological abuse is included, that figure rises to 55%. Addressing the root causes of poor men's health is a key pillar in breaking cycles of harm.

Men are not one-dimensional in this picture. They can be perpetrators, victims, bystanders, and witnesses to violence. A recent study found that two in five men in Aotearoa have experienced non-partner physical violence in their lifetime (31). This exposure to violence can have lasting effects on men's physical and mental health — with lifetime experience of any violence associated with a 78% increase in poor general health, 66% increase in diagnosed mental health conditions, and significantly higher use of pain medication.

This data reinforces what we know to be true: when men aren't supported to process trauma, develop emotional literacy, or access appropriate care, the ripple effects can extend into their relationships, their workplaces, and their communities. That's why Movember backs compassionate, culturally safe prevention programs — like She Is Not Your Rehab (see page 102) — that help men heal, stay accountable, and live well.

THE RIPPLE EFFECTS OF MEN'S POOR HEALTH

Among the most overlooked voices in men's health are the informal caregivers — often whānau, partners, or close friends — who step in to support men through illness. The work they do is critical, but often taxing.

To better understand these experiences, a new survey of 579 people who informally care for men was conducted by the Movember Institute of Men's Health for this report (17).

The findings are sobering:

64%
reported a negative impact on their intimate relationships.

62%
took time off work in the past year to care for a man.

51%
reported strain on their social life and relationships.

46%
reported a decline in their own mental health.

41%
experienced negative impacts on their physical health.

31%
had to change jobs, reduce hours, or leave employment due to caregiving.

A RUN-DOWN ECONOMY

The economic cost is significant too. Health economic modelling estimates that in 2023 alone, New Zealand could have saved up to **$917 million** by addressing the five leading contributors to years of life lost in men: coronary heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, and suicide – all of which are avoidable (18). That's nearly half the government's annual spend on mental health services (19). More broadly, ill health contributes to $3.1 billion dollars ($NZ 2025) in lost income for men (125) between ages 25 - 64, with 29% attributed to mental health conditions and 16% for cardiovascular disease. (20).

While not every disease is preventable, this data reinforces the power of early detection, health literacy and promotion, targeted prevention, and investment in services designed to support men and those who care for them.

A BRIGHTER PICTURE: WHAT WORKS IN MEN'S HEALTH

Despite the challenges, men do care about their health. Many engage with healthcare and take action to stay well — especially when support is available, services are tailored, and barriers are removed. The good news is: we know what works.

Movember has been investing in the health of boys and men across Aotearoa New Zealand since 2006, raising over $80 million NZD through community fundraising and grassroots momentum.

This investment has seeded local insights and global learning, with funding directed to:

- Mental health promotion and suicide prevention – including $1.7 million into a Sports Health Initiative to support young men's mental health over the next three years.
- Social and Emotional Wellbeing Initiative - with $6.43 million invested over seven years to support tāne Māori health.
- Prostate cancer care and research – including $2.92 million into the Prostate Cancer Outcomes Register (PCOR-ANZ).
- The Global Community Men's Health Programme – with $670,000 supporting community-based programmes through evidence-building initiatives.

This report features examples of a range of prevention and early intervention initiatives that have highly promising or demonstrated effectiveness on the ground in New Zealand communities. These programmes have shown that effective men's health solutions:

- Use health promotion to meet men where they are — in sport, in workplaces, and online.
- Design healthcare services that reflect men's lived experiences and preferences, including services, screenings, and checks designed with men in mind.
- Build practitioner competencies that enable deeper engagement with men during care.
- Translate applied research into real-world outcomes, especially to reach and benefit all boys and men.

These insights are informed not just by Movember's work, but by collaborations with researchers, men's health organisations, Māori and Pacific communities, Takatāpui and MVPFAFF+ leaders, LGBTQIA+ advocates, Indigenous and racial justice organisations, women's health organisations, governments, and multilateral organisations. Still, not all men have access to services that reflect their needs — and in many places, these services don't exist at all.

That gap presents a powerful opportunity for change. One that will inform our future investments and asks of the New Zealand Government.

A FUTURE VISION: WHAT THE NEW ZEALAND GOVERNMENT CAN DO

There's a strong foundation to build on — but what's needed now is strategic, systemic change. Men's health must be recognised as a national priority, and addressed through a consolidated, strategic approach that reflects the realities of all men in Aotearoa New Zealand.

Men often face biases and barriers when they seek help. For many, their health needs are not acknowledged or understood. Certain groups — including tāne Māori and Pacific men, disabled men, LGBTQIA+ communities, those in high-risk jobs, and those living in more deprived areas — carry a greater burden of ill health and face additional hurdles in accessing care.

It's time to bring health to all men, and all men to health. This means connecting men to services that feel relevant and safe, integrating lifestyle support and peer networks, and embracing digital tools where appropriate.

Movember is calling on the New Zealand Government to invest in a Men's Health Strategy — one that drives progress through coordinated policy, responsive services, and an inclusive system that sees, hears, and supports all men.

This strategy can build on the Pae Ora Legislation and support the goals of the 2024–2027 Government Policy Statement: to achieve longer life expectancy and improved quality of life for all New Zealanders.

We stand ready to partner with government, communities, and experts to build a future where every man has the opportunity to live a longer, healthier life — and where the real face of men's health is seen, heard, and supported.

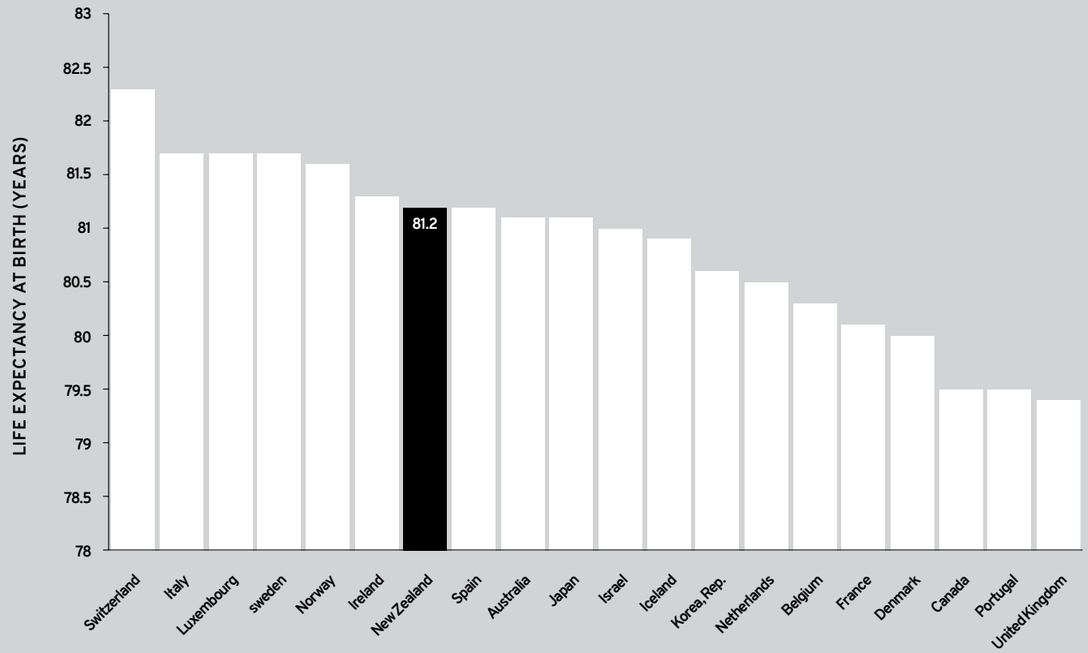
TABLE 1. MOVEMBER'S RECOMMENDATIONS TO THE NEW ZEALAND GOVERNMENT

Invest in a men's health strategy for Aotearoa New Zealand to improve men's health outcomes through policies, systems and services	
1. Establish a Men's Health Taskforce to guide men's health policy, programmes, research and investment in Aotearoa New Zealand.	1.1 Create a framework outlining how a Men's Health Taskforce could support the development of a men's health strategy, supported by Movember and key sector organisations. 1.2 Convene a Government-led hui to establish an overarching governance structure to the Men's Health Taskforce, including deliverables and timeframes. 1.3 Launch a Men's Health Taskforce to guide men's health policy, programmes, research and investment, with continued facilitation from Government, and input from those with lived and living experience. 1.4 Develop practical and rigorous evaluation frameworks that will enable the monitoring of key progress in men's health and in initiatives relating to this strategy.
2. Prioritise investment in community-based programmes that work to keep men well and strengthen health literacy.	2.1 Scale a wide range of proven and promising community-based programmes for all men to improve physical, mental, social and emotional health and wellbeing, and encourage men to seek help when they need it. 2.2 Focus investment in community-based programmes for men at higher health risk such as tāne Māori; Pacific men; men in more deprived areas; disabled men; older men; LGBTQIA+ communities; and those working in high-risk occupations. 2.3 Establish a funding avenue through which promising community-based, early intervention programmes can access funding to demonstrate their effectiveness through rigorous evaluation, supporting them to maximise their impact, and reach more boys and men.
3. Build a healthcare system and workforce that responds to the needs of men.	3.1 Invest in comprehensive training programmes that strengthen the healthcare workforce's ability to effectively respond to men. This includes building the capability of mental health professionals such as psychologists, counsellors and social workers, and the primary care workforce including GPs, nurses and allied health professionals, to provide care that is responsive to the needs of men. 3.2 Promote uptake of existing programmes and services amongst men, specifically those at greater risk. Invest in health literacy campaigns built with men, for men that improve men's engagement and positive connection with the health system. This includes, but is not limited to promoting national awareness campaigns and screening and prevention programmes, maximising digital channels and encouraging the uptake of community based interventions, men's cardiovascular disease risk assessments, and bowel cancer and mental health screening. 3.3 Invest in national prostate cancer data collection to understand trends and variations in prostate cancer diagnosis, treatments and outcomes with an aim of targeted quality improvement across the health system and workforce.
4. Advance research to better respond to how men engage with their health, and healthcare services.	4.1 Invest in or use existing large-scale longitudinal systems-based research that is community led and in partnership with sector stakeholders to better understand, why, how, when, and where men engage with their health, and healthcare services with the aim to advance policy, practice and standards of care that are responsive to the needs of boys and men. 4.2 Integrate data and pathways between services within and outside the health system, to enable promotion of appropriate self-care and help seeking pathways and generation of data into how men engage with and remain engaged with their healthcare. 4.3 Publish sex and gender disaggregated data through the Ministry of Health and Stats New Zealand to report on initiatives that are successfully engaging and retaining men in healthcare services and health promotion programmes to build an empirical base that informs future work and identifies cost-saving opportunities. 4.4 While the understanding of how men are moving through (and too often dropping out of) the health system is building, there are still gaps in knowledge. That's why Movember is inviting the New Zealand Government to partner with the Movember Institute of Men's Health to better understand, on a population level, how, when and where men are utilising healthcare services.

The Big Picture: The State of Men's Health

Compared with many other countries, men living in Aotearoa New Zealand enjoy good health. Men in Aotearoa New Zealand have the seventh highest life expectancy of any country with a developed economy (21). A male born in Aotearoa New Zealand in 2023 can expect, on average, to live to the age of 81.2 years, but this is 3.7 years less than a female (21) (Figure 1).

FIGURE 1. MALE LIFE EXPECTANCY AT BIRTH IN OECD COUNTRIES, 2023 (22)



Cancers, cardiovascular disease and mental disorders are the leading contributors to loss of quality of life, which considers both deaths and disabilities, amongst males in Aotearoa New Zealand during 2021. These three disease groups contributed to 44% of the total disease burden in males (23).

Compared to women, men in Aotearoa New Zealand are substantially over-represented for certain causes of death and disability. The number of quality years of life lost to self-harm and interpersonal violence in males is more than two and a half times that for females. Men are also over-represented in the prevalence and impact of harm from substance use disorders and motor vehicle injuries, with twice as many quality years of life lost in males to that of females being attributed to each of these causes.

Too many men are dying too young

In 2020 in Aotearoa New Zealand, almost 7,100 males died prematurely (i.e. before they were 75 years old). This is equivalent to 41.8% of males who died during that period. These deaths are, for the most part, preventable (3, 24).

Over the last decade there has been a significant decline in premature mortality amongst both sexes in Aotearoa New Zealand (16% decline in men and a 21% decline in women) (Figure 2). However, in 2020, the rate of premature death in males was 1.5 times, or 52% higher than that of females (211 per 100,000 for males compared to 139 per 100,000 for females).

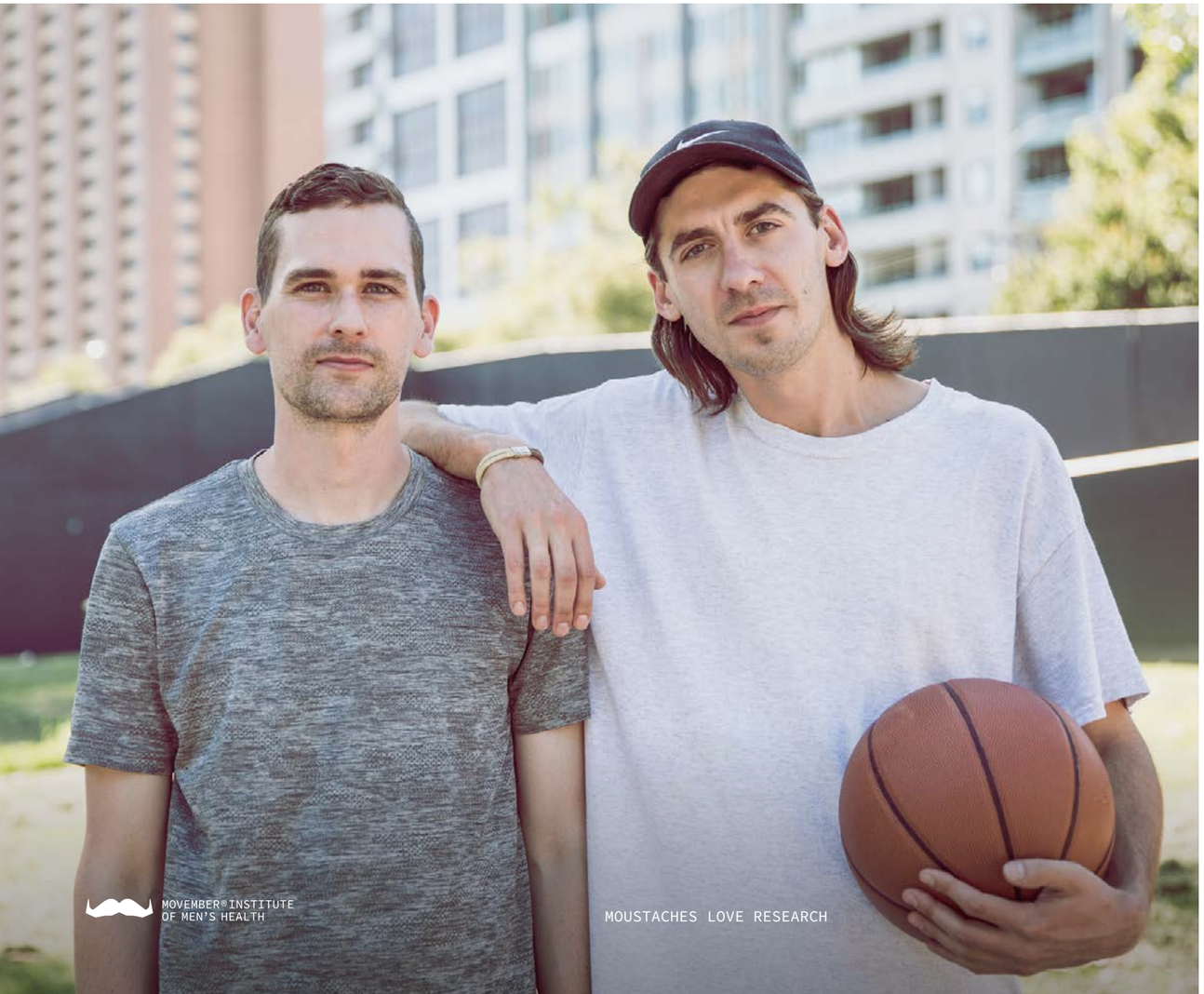
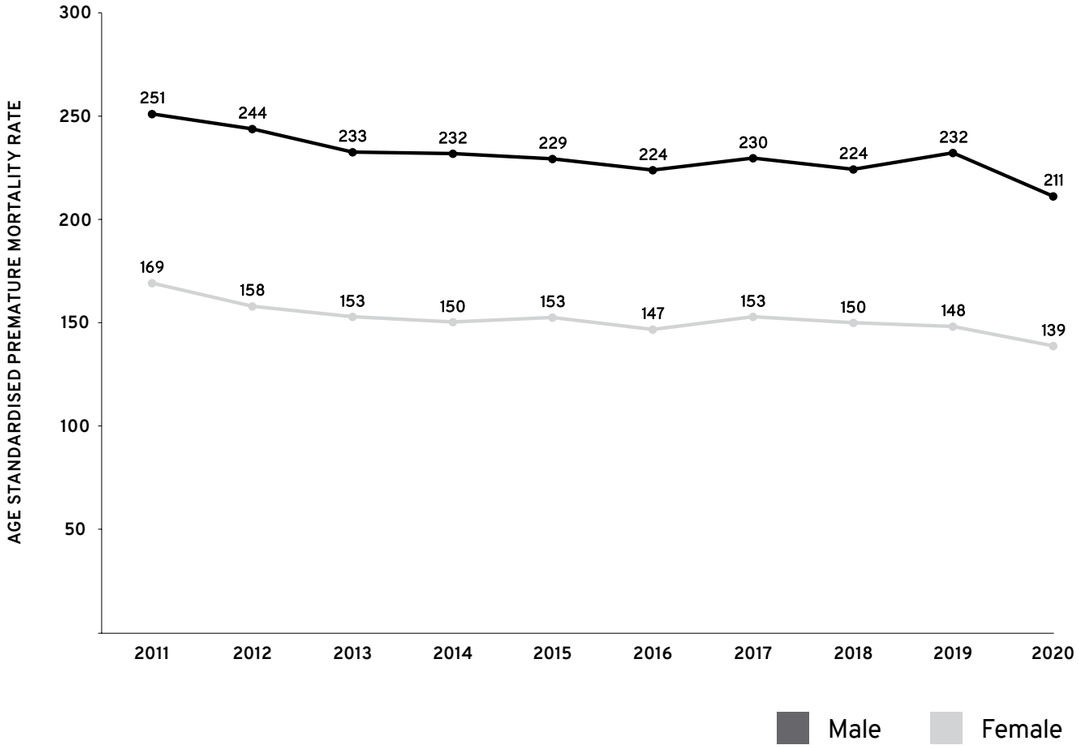


FIGURE 2. AGE-STANDARDISED PREMATURE MORTALITY RATES IN AOTEAROA NEW ZEALAND 2011-2020 BY SEX (21)



Tāne Māori have a significantly higher premature mortality rate than all other ethnic groups in Aotearoa New Zealand. Compared to men who identify as 'European/Other', the largest grouping of men, the rate for tāne Māori is more than double. When compared to Asian men, the rate of premature mortality for tāne Māori is almost four times greater (Figure 3 and Table 2).

FIGURE 3. AGE-STANDARDISED MALE PREMATURE MORTALITY RATES BY ETHNICITY IN 2020. SOURCE: NZ MINISTRY OF HEALTH CUSTOM REQUEST (3)

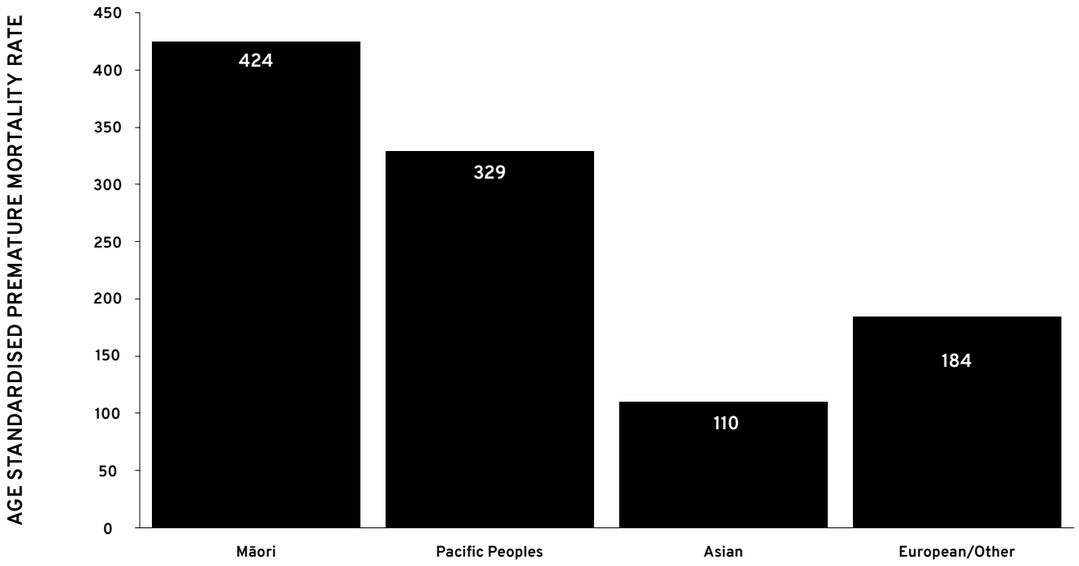


TABLE 2. THE DIFFERENCE IN MALE AGE-STANDARDISED PREMATURE MORTALITY RATE ACROSS ETHNICITIES IN 2020

Ethnicity	Age standardised premature mortality rate (per 100,000 males)	Comparison to 'European/ other' men
Māori	424.4	230.3%
Pacific people*	328.6	178.3%
Asian**	109.7	59.5%
European/Other	184.3	NA

* Pacific Peoples: The ethnic group of Pacific Peoples comprise people who identify with cultures from Pacific Islands, and include Samoan, Cook Islands Māori, Tongan, Niuean, Fijian, Tokelauan, Tuvaluan and Kiribati.

** Asian: The ethnic group of Asian comprise people who identify with cultures from Asian regions, and include Chinese, Indian, Japanese, South East Asian and other Asian ethnicities.

LEADING CAUSES OF PREMATURE DEATH

In 2020, the five leading causes of premature mortality in men were ischaemic heart diseases (28.9 per 100,000 males), cancer of the digestive organs (26.8), suicide (intentional self-harm) (16.9), cancer of respiratory and intrathoracic organs (lung cancer) (14.0), and other forms of heart disease (8.7).

The five leading causes of premature death are broadly similar across ethnicities, with ischemic heart diseases being the leading cause of death across all groups (Table 3). As with all other ethnic groups among men, cancers of the respiratory/ intrathoracic and digestive organs are also present in the top five causes.

Suicide is the third leading cause of premature death in men. It is third leading cause of premature death in European/other men, the fourth leading cause of premature death in tāne Māori and fifth leading cause of premature death in Asian men. Of total deaths, three in every four deaths by suicide in Aotearoa New Zealand are by men (25). These figures underscore an urgent need for robust mental health prevention strategies targeted for men.

Other forms of heart disease are the fifth leading cause of premature mortality in tāne Māori and Pacific men, reinforcing the impact of cardiovascular disease in these populations.

TABLE 3. LEADING CAUSES OF PREMATURE DEATH FOR ALL MEN AND BY ETHNICITY IN 2020 (3)

Rank	All men	Māori	Pacific Peoples	Asian	European /Other
1	Ischaemic heart diseases	Ischaemic heart diseases	Ischaemic heart diseases	Ischaemic heart diseases	Ischaemic heart diseases
2	Cancer of digestive organs	Cancer of respiratory & intrathoracic organs	Cancer of digestive organs	Cerebrovascular diseases	Cancer of digestive organs
3	Suicide (intentional self-harm)	Cancer of digestive organs	Cancer of respiratory & intrathoracic organs	Cancer of respiratory & intrathoracic organs	Suicide (intentional self-harm)
4	Cancer of respiratory & intrathoracic organs	Suicide (intentional self-harm)	Intermediate hyperglycaemia & diabetes mellitus	Cancer of digestive organs	Cancer of respiratory & intrathoracic organs
5	Other forms of heart disease	Other forms of heart disease	Other forms of heart disease	Suicide (intentional self-harm)	Chronic lower respiratory diseases

These premature deaths are largely avoidable through improved screening, earlier diagnosis and treatment, lifestyle modifications (e.g. reducing tobacco and alcohol use and improving diet), and other health promotion and disease prevention services that are responsive to the health needs of boys and men.

MEN'S WELLBEING AND HEALTH BEHAVIOURS

Data on the wellbeing of Aotearoa New Zealand men over the past decade reveals significant challenges, particularly around mental health (7).

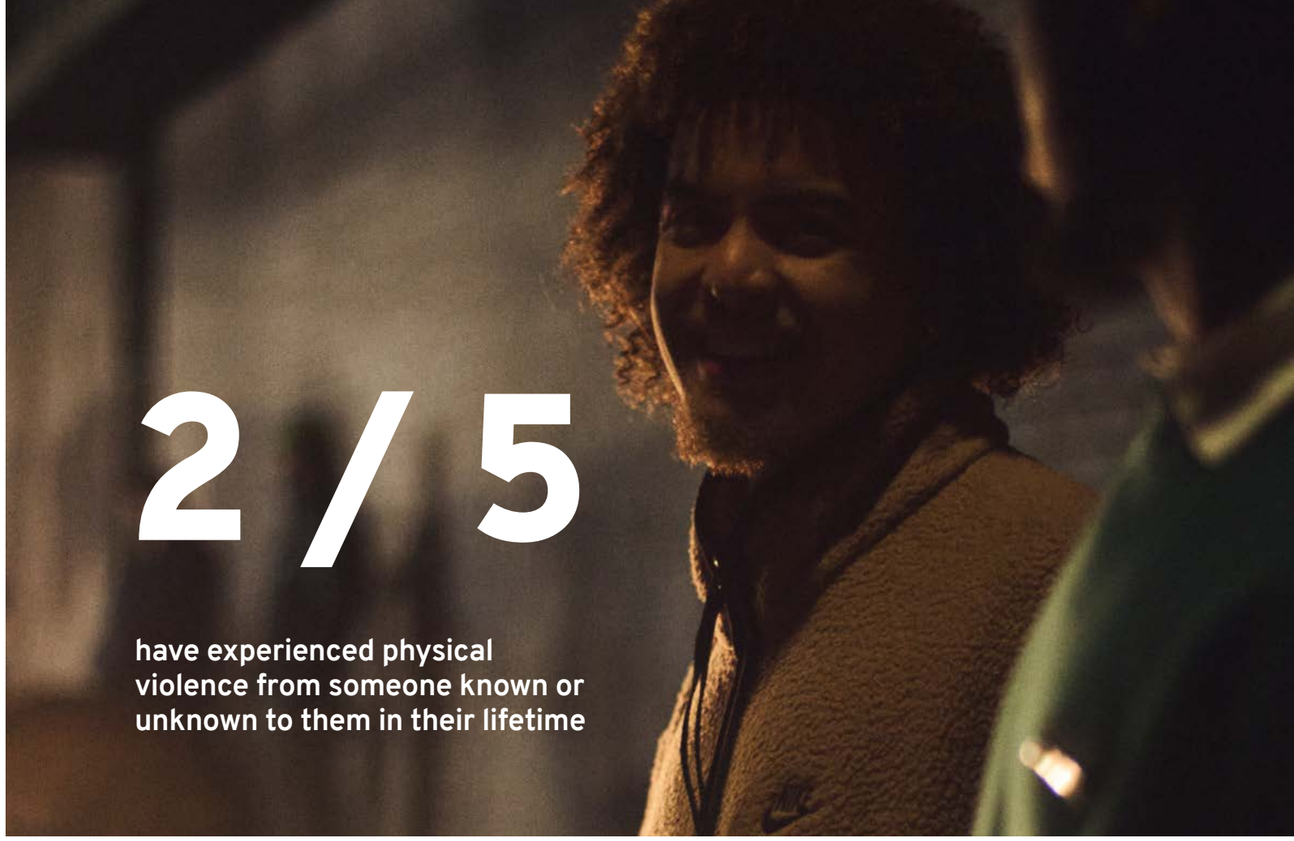
While there have been improvements in the prevalence of some modifiable risk factors and risky behaviors, such as smoking and hazardous drinking, these have been accompanied by emerging risks to health, such as the rapid rise in vaping (7), with 1.0% of males reporting daily vape use in 2016 increasing significantly to 11.6% in 2023. The increase is substantially greater in young adults. There has also been a decline in men meeting healthy physical activity levels and an increase in the prevalence of obesity (7). While further research is required on New Zealand men, increasing screen time as men interact with their digital world is likely to contribute to these changing health risks in adolescents and adults (26–28).

In 2023, the vast majority of New Zealand men (87.1%) rated their quality of life positively, describing their health as good, very good or excellent. This positive self-assessment extends to life satisfaction as well, with 83.6% of men reporting high or very high life satisfaction (7). This seemingly contradictory pattern in which men report a generally high quality of life yet, simultaneously, experience significantly higher burden of disease and premature mortality compared to women is a paradox that has been reported previously (29).

Despite this high prevalence of self-rated quality of life and life satisfaction, the prevalence of psychological distress and unmet mental health needs in New Zealand men has climbed rapidly. Between 2014 and 2023, psychological distress in men has increased by 121.7%. The prevalence of psychological distress has also risen for women in Aotearoa New Zealand and while a greater proportion of women than men report psychological distress, the prevalence in men has risen faster over this period (7).

A study has estimated that two in every five men in Aotearoa New Zealand have experienced non-partner physical violence from someone known or unknown to them in their lifetime (30). Poor men's health outcomes have been associated with interpersonal violence directed towards them.

A further study found that men's lifetime experience of any violence was associated with a significantly increased likelihood of poor general health (78% increased), recent pain or discomfort (65%), recent use of pain medication (27%), and a diagnosed mental health condition (66%) (31).



SOCIAL DETERMINANTS OF HEALTH: GEOGRAPHIC AND SOCIOECONOMIC DISPARITIES

Health challenges are not experienced equally for men across Aotearoa New Zealand.

Taking into account the range of socio-demographic factors (social determinants of health) influencing health and wellbeing, such as ethnicity and rurality, is critical to understanding health disparities that exist for different groups of men, and for the appropriate targeting of healthcare services and social wellbeing programmes.

The statistics presented in the following sections demonstrate significant disparities in health outcomes across various populations of men, with a focus on those groups who experience the greatest health burdens. These disparities result from complex, interconnecting factors rather than single causes.

Many social determinants of health, such as socioeconomic status, education level, employment, housing quality and access to services, cluster together within communities (32). Focusing therefore on any single determinant in isolation provides only a surface-level understanding of health risks, challenges and outcomes experienced by men. The reality is that men experience the combined effect of multiple, overlapping determinants of health that collectively shape their health trajectory.

TĀNE MĀORI

Population Statistics

The Māori population in Aotearoa New Zealand is over 914,000 people. The tāne Māori population accounts for 17.1% of the overall male population (33).

'Inequitable outcomes in health status are mostly the result of conditions in which children are born and grow' (Bruce Robson, 2015 (34).

The environment in which rangatahi Māori are raised, including families access to culture, resources and services impacts lifelong health and wellbeing (34).

Colonisation, exposure to systemic and structural racism (35,36), inequities resulting in deficit thinking, barriers to access healthcare and treatment, and the current lack of culturally conscious and safe health systems (workforce, organisations, policies) also contribute to health disparities faced by Māori, as they do for Indigenous groups worldwide (37–40).

Te Tiriti o Waitangi

Te Tiriti o Waitangi, is an agreement between the Crown and Māori, signed by the Crown and rangatira (chiefs) in 1840. The Preamble and three Articles afforded the Crown the right to govern whilst protecting the sovereignty of the chiefs and their communities. Article 3 ensured that Māori would have the right to equitable outcomes, including in health (41). Despite this, Māori experience some of the poorest health outcomes.

The connection of Māori individuals with their kawa (cultural ceremonies and protocols), tikanga (cutural practices), te reo Māori (Māori language) and whakapapa (geneaological relationships) increases resilience and protects against pyschological distress and associated risk factors (42). These cultural elements are taonga the Crown agreed to actively protect under Article 2 of Te Tiriti o Waitangi.

> “Implicit in the preamble and articles of New Zealand's founding document, Te Tiriti o Waitangi, are the rights of Māori to equitable health outcomes. Te Tiriti o Waitangi protects the right of Māori to have their health needs met within the broader sociological and ecological context of whānau, hapū, and iwi. However, while Te Tiriti promised much, the subsequent colonisation, land confiscation, and the imposition of Western systems have systematically undermined Māori self-determination and well-being via mechanisms such as intergenerational trauma, systemic racism, poverty, and inadequate housing. This has manifested in the form of profound health inequities which persist to this day.”
>
> – DR SIMON BENNETT
> NGĀTI WHAKAUE, PATU HARAKEKE, NGĀTI WAEWAE

Health Status and Risk Factors

Over the last decade, tāne Māori have reported the largest decline (9.5%) in self-rated health (from 87.4% in 2014 to 79.1% in 2023) when compared to all other population groups (7).

There are prominent mental wellbeing challenges, with 11.8% of tāne Māori reporting unmet mental health and addiction support needs, and 15.3% experiencing psychological distress (7).

The age-standardised rate of suicide in tāne Māori (25.6 per 100,000) is 1.5 times higher than that for the national rate for males (17.1). Amongst tāne Māori, the rate is 1.1 times higher in 15-24 year olds and 2.4 times higher for 25-44 year olds than the national average for young men in respective age groups. The suicide rate in 25-44 year old tāne Māori (59.7 per 100,000) is the highest rate across all ethnicities and age groups of males in Aotearoa New Zealand (25).

Tāne Māori have the highest rates of hazardous drinking and daily vaping rates among all ethnic groups. The burden of chronic conditions is also significant, with tāne Māori experiencing high rates of obesity (48.4% compared to 32.7% of males overall) and diabetes (9% compared to 7%) (7).

For tāne Māori, wellbeing and mental health are connected to a secure cultural identity and a sense of belonging, to kawa, tikanga, te reo Māori and whakapapa, increasing resilience and creating protective factors against distress (42).

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Social Determinants

Several social determinants that contribute to poor health and mental health are overrepresented for Māori people including:

- Poverty and lack of affordable housing,
- Unemployment and low-paying jobs,
- Family violence and trauma,
- Social isolation, especially among the elderly and rural populations, and
- Land and cultural alienation (43).

Māori children are more than twice as likely as Pākehā children to grow up in households experiencing significant hardships.

Māori boys leave the education system younger, with fewer qualifications than their non-Māori peers (44,45). However, Ākonga (students) in kaupapa Māori education systems perform substantially better than those in primarily English medium schools (46) but only 5% of ākonga Māori are enrolled in kaupapa Māori senior settings (Years 11 to 13). This supportive educational environment is likely to have a knock-on effect; positively impacting Māori access to further education, employment, income and health for future generations.

Rangatahi Māori face greater exposure to societal risk factors, including housing instability and food insecurity (47). These attributes, coupled with discrimination, impact overall health and wellbeing and access to services. There is a significant gap for Māori youth seeking professional help, with many preferring to confide in friends or family (48).

The collective trauma of social inequities is evident in many overlapping statistics, including violence statistics. Despite making up 17% of the total population (33), tāne Māori are implicated in 50% of violent offences. Tāne Māori are also highly victimised by crime, with 34% experiencing at least one offence towards them compared to the national average of 32% (49). Childhood assault victims are more likely to have parents with a history of alcohol problems. These victims are more likely to be boys and to develop early adolescent conduct problems. Significant predictors of late adolescent Māori boys being victims of assault are alcohol misuse or dependence, violence and other offending (50).

Healthcare Interactions

The current healthcare system often does not properly acknowledge or include Māori customs (Tikanga) or Māori health models like Te Whare Tapa Whā. Māori health models frequently take a more holistic view of health, focusing on spiritual, physical, mental, and family well-being (51).

Tāne Māori face significantly higher risk and earlier onset to the leading causes of premature mortality compared to non-Māori men (4). Despite this, they are less likely to utilise health services or to be supported appropriately through early detection and prevention efforts (7,52).

A 2025 Movember survey of men's experiences of primary care indicates that tāne Māori were more likely than men overall to experience barriers to effectively engaging with their healthcare provider:

- **19%** reported feeling misunderstood as a man (compared with 9% of men overall).
- **18%** reported communication that lacks empathy or connection (compared with 13%).
- **18%** reported feeling judged by a healthcare practitioner (compared with 10%).

PACIFIC MEN

Population Statistics

The 2023 Census reported that the population of Pacific Peoples in Aotearoa New Zealand is over 442,000 people. The Pacific male population accounts for 9.0% of the total male population (24,53). Pacific peoples are not a homogeneous group and there are many differences between the knowledge systems, languages, cultures, and backgrounds of those with Pacific whakapapa in Aotearoa New Zealand. The ethnic group of Pacific Peoples comprise people who identify with cultures from Pacific Islands, and include Samoan, Cook Islands Māori, Tongan, Niuean, Fijian, Tokelauan, Tuvaluan and Kiribati. Despite this vast diversity, cultural values are shared among Pacific subgroups including the importance of family, collectivism and communitarianism, spirituality, reciprocity and respect (54).

Mortality and Life Expectancy

Pacific men have a premature mortality rate that is almost twice the rate of European/Other men (178.3%), but lower than tāne Māori (3,24) (Figure 3).

Ischemic heart disease is the leading cause of death in Pacific men. Cancer of the digestive and respiratory/intrathoracic organs being the second and third highest causes of premature death, respectively.

Uniquely, “intermediate hyperglycaemia and diabetes mellitus” appears in the top 5 (4th) leading causes of premature mortality in Pacific men, drawing attention to risk factors for poor metabolic health in this population.

Despite this vast diversity, cultural values are shared among Pacific subgroups including the importance of family, collectivism and communitarianism, spirituality, reciprocity and respect (54).

Health Status and Risk Factors

Pacific men experience significant health disparities across multiple domains. They are less likely to rate their life satisfaction highly (75.7%), compared to other ethnic groups (European and Asian men (85.1%), tāne Māori (78.2%)) (7).

Pacific men experience high rates of unmet mental health and addiction support needs (11.5%) — this unmet need has increased dramatically, nearly four-fold (379%) since 2016. Mental health challenges are particularly pronounced, with Pacific men reporting the highest rates of psychological distress among ethnic groups; 17.5% compared to 15.3% for tāne Māori, 9.8% for European/other men and 7.0% for Asian men (7).

The proportion of Pacific men meeting physical activity guidelines has declined substantially, with the largest decrease among ethnic groups, from 63.5% in 2014 to just 44.5% in 2023. Substance use patterns reveal high rates of daily smoking (14.9%) and daily vaping (22.8%). These lifestyle related risks are associated with a higher prevalence of chronic disease in Pacific men, including obesity (58.2%) and diabetes (13%), when compared to other ethnic groups in Aotearoa New Zealand (7) and the national average for New Zealand men overall (32.7% for obesity and 7% for diabetes).

Social Determinants

Several social determinants that contribute to poor health and mental health are overrepresented for Pacific peoples, including:

- Poverty and lack of affordable and appropriate housing,
- Unemployment and low-paying jobs,
- Family violence and trauma,
- Social isolation, especially among the elderly and rural populations, and
- Racial and cultural discrimination (54,55).

Pacific peoples are one of the most socioeconomically disadvantaged groups in Aotearoa New Zealand. Although this has implications for health status, differences in health are due to more than just socioeconomic position (56). For example, Pacific people may underutilise health services despite having high rates of enrolment in primary care and living close to health services with access to low or no fees (57,58). This suggests that there are other factors influencing the low use of services, including the misalignment in the cultural values of Pacific men and the health system, communication barriers, as well as experiences of discriminatory and culturally insensitive behaviours (58).

GEOGRAPHY AND PREMATURE MORTALITY

There is dramatic variation in the age standardised rates of male premature mortality by district in Aotearoa New Zealand (3, 24). The heat map in Figure 4 illustrates that where men live in Aotearoa New Zealand influences their risk for premature death. Geography and health are closely linked, and place is a determinant of health that encompasses social, economic, political, cultural, and environmental (built and natural) factors which must be thoughtfully considered to advance men's health.

Health New Zealand | Te Whatu Ora delivers public health services across Aotearoa New Zealand. Health New Zealand has four regions nationally, with local health services provided in 19 districts across the country.

Key findings from this analysis include:

The eight districts with the highest male premature mortality rates are all in the North Island.

Tairāwhiti has the highest rates of premature mortality in Aotearoa New Zealand.

Men living in Tairāwhiti are approximately twice as likely to die prematurely than men living in Auckland and Waitematā – the districts with the lowest rates of male premature mortality in Aotearoa New Zealand respectively.

Males living in the districts with the five highest premature male mortality rates are, on average, 1.6 times more likely to die prematurely than men living in the districts with the five lowest rates.

FIGURE 4. NEW ZEALAND PREMATURE MORTALITY RATES BY HEALTH DISTRICT

Age-standardised premature mortality rates (deaths before age 75) per 100,000 male population

Data: New Zealand Ministry of Health

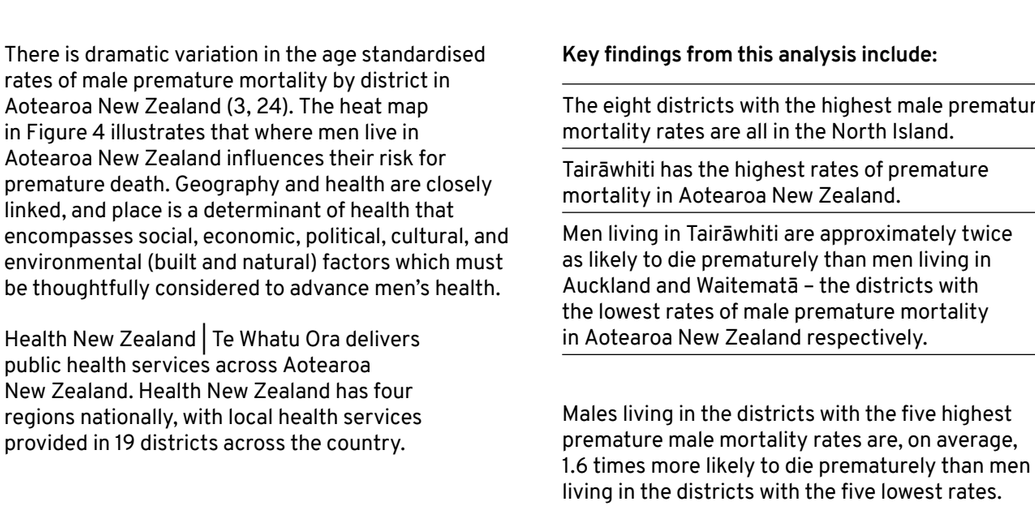


TABLE 4. MALE PREMATURE MORTALITY RATE BY NEW ZEALAND DISTRICT

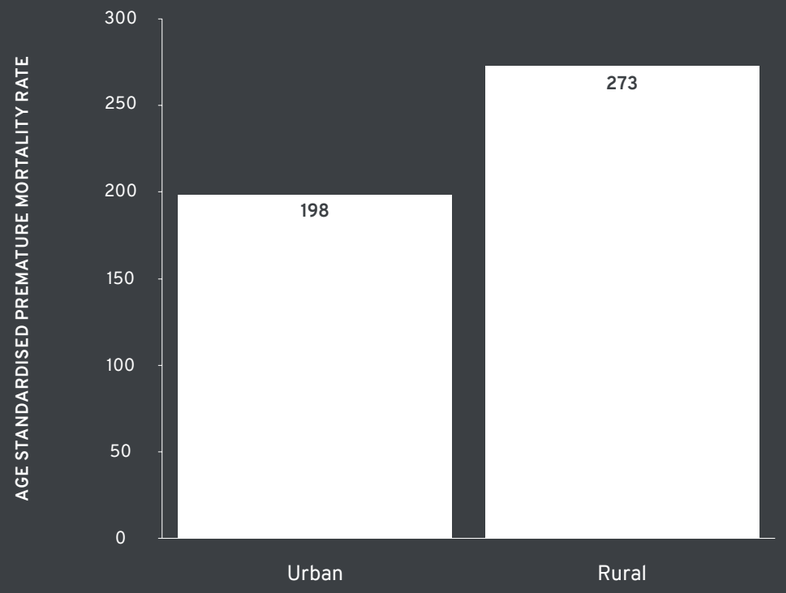
District	Age standardised rate (per 100 000)
Tairāwhiti	347
Whanganui	303
Northland	287
Waikato	285
Hawkes Bay	272
Lakes	265
Taranaki	252
MidCentral	244
South Canterbury	229
Bay of Plenty	220
Counties Manukau	218
Southern	212
West Coast	209
Canterbury	198
Capital, Coast and Hutt Valley	196
Wairarapa	190
Nelson Marlborough	189
Auckland	181
Waitematā	158

Male Premature Mortality Rates by District

URBAN–RURAL DISPARITIES

In 2020, the male premature mortality rate in rural areas of Aotearoa New Zealand was 37% higher than that for urban areas even after adjusting for differences in the age distribution of the population (3,24) (Figure 5).

FIGURE 5. AGE-STANDARDISED PREMATURE MALE MORTALITY RATES IN 2020 IN RURAL AND URBAN AREAS. SOURCE: NZ MINISTRY OF HEALTH CUSTOM REQUEST (3)



When considering the leading causes of premature death in men across rural and urban locations, the five leading causes are the same. However, with the exception of cancer of respiratory and intrathoracic organs (primarily lung cancer), the rates are substantially higher in rural men (3,24) (Table 5).

TABLE 5. LEADING CAUSES AND AGE STANDARDISED RATES FOR THE TOP 5 CAUSES OF DEATH BY RURAL AND URBAN PLACE OF RESIDENCE, 2011–2020 COMBINED.

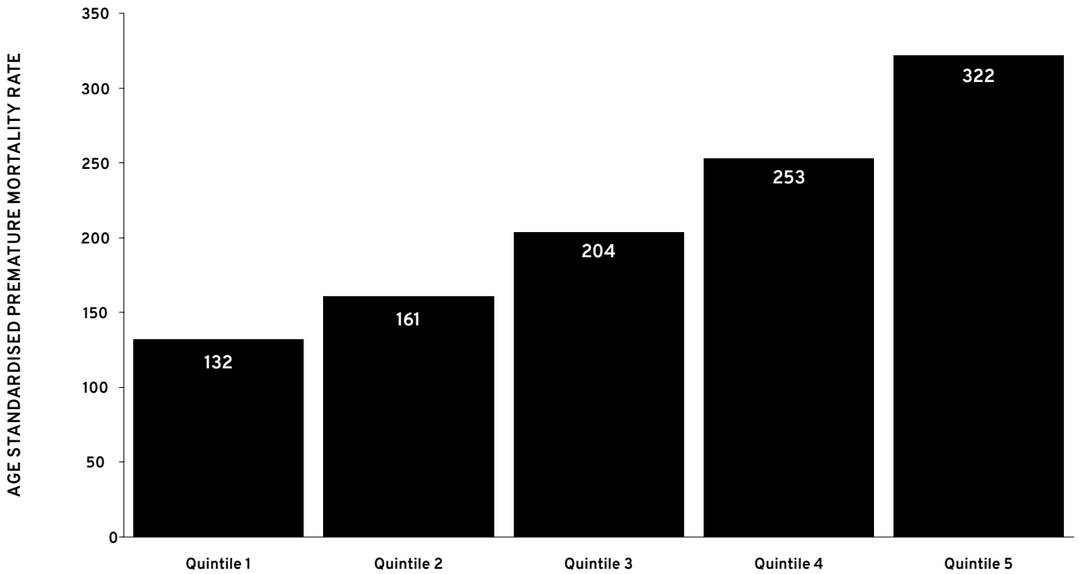
Rank	Top 5 leading causes of premature mortality	Rate (Per 100,000) rural	Rate (Per 100,000) urban	% increase (from urban to rural)
1	Ischaemic heart diseases	65.8	38.3	71.8%
2	Cancer of digestive organs	39.5	24.2	71.0%
3	Cancer of respiratory & intrathoracic organs	26.0	23.1	7.4%
4	Intentional self-harm	24.6	14.3	72.0%
5	Chronic lower respiratory diseases	10.6	7.0	51.4%

When compared to urban men, those living in rural areas are also more likely to be regular smokers (44% rural; 37% urban) or ex-smokers (53% rural; 43% urban) (59).

SOCIOECONOMIC DISPARITIES

Male premature mortality is also strongly tied to socioeconomic deprivation (Figure 6).

FIGURE 6. AGE-STANDARDISED MALE PREMATURE MORTALITY RATES BY DEPRIVATION LEVEL IN 2020. SOURCE: NZ MINISTRY OF HEALTH CUSTOM REQUEST (3)



There is a consistent pattern with greater areas of deprivation associated with higher premature mortality rate. Men living in the most deprived areas of Aotearoa New Zealand are almost one and half times more likely to die prematurely compared to those in the least deprived areas (Table 6).

TABLE 6. THE DIFFERENCE IN MALE AGE STANDARDISED PREMATURE MORTALITY RATE ACROSS DEPRIVATION QUINTILES IN 2020

Deprivation Quintile	Rate (Per 100,000)	% increase to least deprived	% increase to next least deprived quintile
Quintile 1 (least deprived)	132.3	NA	NA
Quintile 2	160.9	21.7%	21.7%
Quintile 3	203.7	54.0%	26.6%
Quintile 4	252.9	91.2%	24.2%
Quintile 5 (most deprived)	322.0	143.4%	27.3%

Premature mortality due to ischaemic heart disease is more than twice as high in men living in the most deprived areas compared to those living in the least deprived areas. The premature mortality rate due to cancer of digestive organs, lung cancer and suicide, is 1.7 times higher in men living in the most deprived areas (3,24) compared to the least deprived areas.

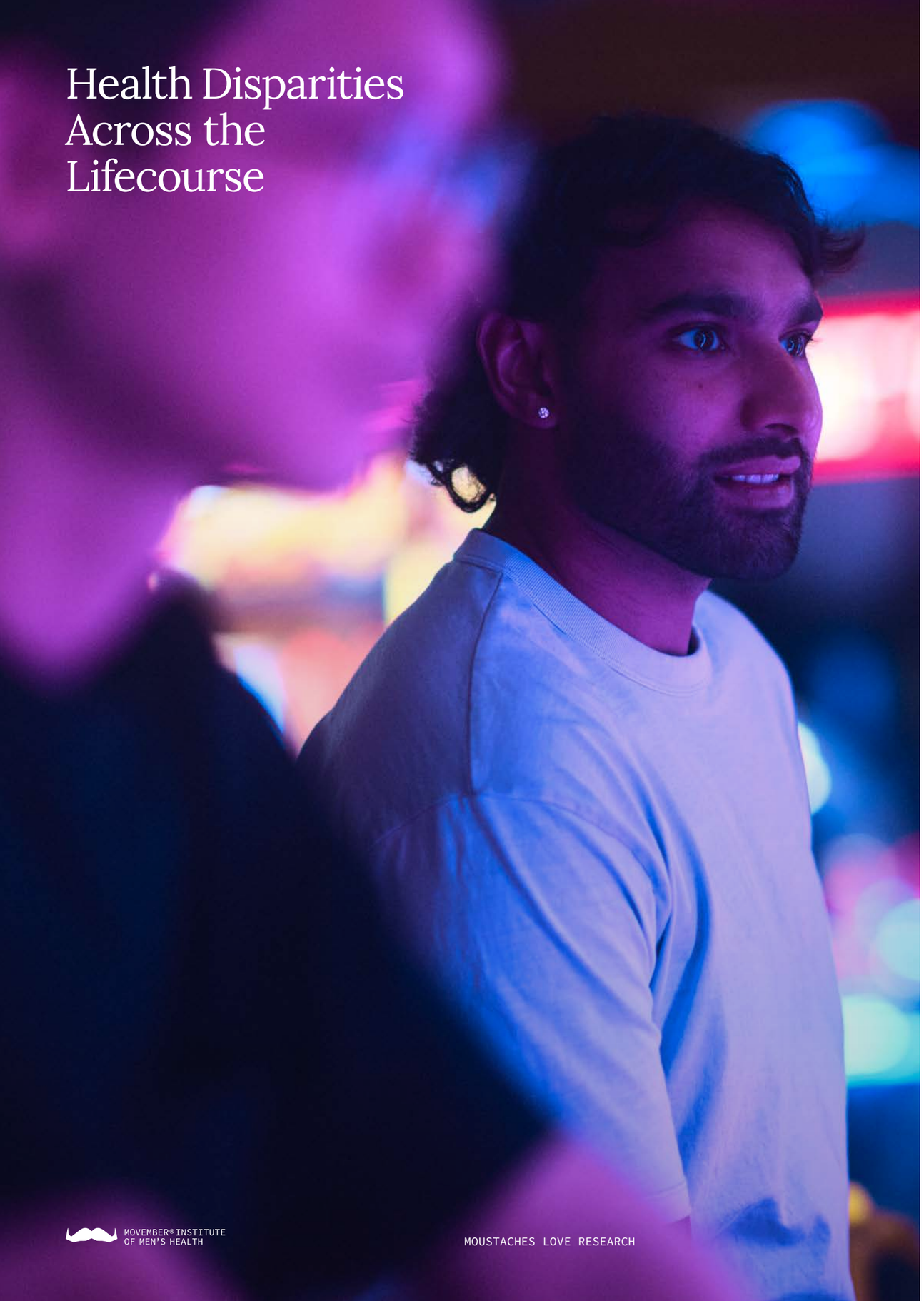
Socioeconomic disparities also significantly impact non-fatal health and wellbeing outcomes among New Zealand men. Those living in more deprived areas report lower life satisfaction compared to men living in the least deprived areas.

This effect is seen in reports of psychological health, where men in the most deprived areas (12.5%) are more likely to report psychological distress than those living in the least deprived areas (8%) (7). Social isolation follows a similar pattern, with men in more deprived areas being more likely to report being lonely some of the time (11.2% compared to 6.8%) and most/all of the time (4.9% compared to 1.7%) (7).

Socioeconomic disadvantage inequities also correlate with negative physical health outcomes, such as prevalence of obesity, which increases progressively from least to most deprived areas (7).

While past-year drinking is more frequent in men living in less deprived areas, hazardous drinking is more common in men living in more deprived areas (7).

Both smoking rates (14.9% compared to 3.4%) and vaping rates (18.1% compared to 5%) are significantly higher for men living in the most deprived areas compared to those in the least deprived areas. There are signs of a reduction in this disparity as the difference in daily smoking rates has narrowed between 2014 and 2023.



Health Disparities Across the Lifecourse

MOVEMBER® INSTITUTE OF MEN'S HEALTH

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YOUNGER MEN (15–24, 25–34)

Māori, Pacific, and Asian men represent a youthful population relative to the overall New Zealand demographic. While Māori, Pacific, and Asian men make up 17.8%, 9.0%, and 17.3% of the total New Zealand male population, they represent a larger proportion of the younger (15-34) male population (24).

Suicide is the leading cause of death for men aged 15-24 years and 25-34 years in Aotearoa New Zealand. The highest age-standardised rate of suicide in men across all age groups is in men aged 25-44 years (25.4 per 100,000) which is 1.5 times the national rate across all age groups of men (25).

Younger men in Aotearoa New Zealand face a range of specific health challenges. Psychological distress being a significant one. The rate of psychological distress shows a clear age gradient, with younger men aged 15-24 (15.1%) and 25-34 (13.9%) reporting significantly higher rates than men in the older age groups.

Over a decade, psychological distress rates among men 15-24-year-olds has dramatically trebled, from 4.3% in 2014 - 3.5 times higher in 2023.

Similarly, rates for men aged 25-34 have more than doubled, from 5.4% in 2014, 2.6 times higher in 2023.' Similarly, in relation to social connectedness, young adult men (aged 15-24) are more likely to report feeling lonely some of the time (13.2%) and most/all of the time (4.8%) compared to older age groups (5.1% and 1% respectively) (7).

Young adult men reported the largest decrease in both past-year drinking and hazardous drinking over the last decade (2016 to 2023). In 2023 rates of hazardous drinking appear to peak in men aged 45-54 (at 36.0%), with lower levels in older and younger age brackets. Compared to 2016, the peak, in men, was in the 15-24- and 25–34-year-old age brackets at 40.6% and 42.5% respectively (7).

However, there are concerning trends in other health behaviours amongst young men. The decline in physical activity levels is pronounced among men in the 15-24 and 25-34 age groups. The uptake of gaming, a sedentary behaviour, and other online engagement prevalent in adolescent and young men is likely to play a key role (28). Most striking is the dramatic increase in vaping among young men aged 15-24, skyrocketing from just 0.8% vaping daily in 2015 to 20.8% in 2023- representing a twenty-six-fold increase (7).

Movember's survey on men's experiences of primary care indicates that in 2025, younger men (18-24 years) were more likely to face specific challenges when engaging with their healthcare provider (6):

18% reported feeling misunderstood as a man (compared with 9% of men overall).

18% reported experiencing communication that lacked empathy or connection (compared with 13%).

15% reported receiving care that focuses only on weaknesses or illness rather than strengths or healing (compared with 9%).

Younger men (18-24-years) were less likely to report being actively listened to by healthcare providers (43%) compared to men overall (59%).

OLDER MEN (60+)

The New Zealand population is living longer. National population predictions suggest that there will be a 60% increase in the number of men over 45 years by 2048 (60).

Supporting men to live well for longer will be critical in improving quality of life and reducing strain on the healthcare system and caregivers. However, New Zealand Ministry of Health data reveals that men's mortality rates between 50-75 years is 38% higher than for women (3).

As New Zealand men age, they face a range of physical health challenges including increasing risks of diabetes, high cholesterol and high blood pressure (6). These are associated with greater rates of risk factors such as abdominal obesity, poor cardiometabolic health and other chronic conditions, prevalent in middle-aged and older men (14).

Prostate cancer is the most commonly diagnosed cancer in men. 42,000 men in Aotearoa New Zealand are currently living with prostate cancer and while 5-year survival rates after diagnosis are high overall, men living in rural locations have higher mortality rates from prostate cancer (15). Prostate cancer treatments (including hormonal therapy), as well as living with prostate cancer, all have dramatic impacts on quality of life, as well as sexual function, urinary function and bowel function.

PROSTATE CANCER AMONGST TĀNE MĀORI

Recent studies of men in Aotearoa New Zealand with prostate cancer further highlight that these impacts disproportionately effect tāne Māori when compared to non-Māori men. A review highlighted that while tāne Māori are less likely than non-Māori men to be diagnosed with prostate cancer, they are much more likely to die of the disease than non-Māori men (16). This disparity in outcomes is due to being diagnosed later than non-Māori men and therefore being diagnosed with more advanced disease, differences in screening and treatment offered to tāne Māori, and healthcare access barriers for tāne Māori (61,62). In a study from the Movember-funded Prostate Cancer Outcomes Registry – New Zealand (63) comparing 1,155 Māori and 12,828 non-Māori men with Prostate Cancer (2016 – 2022), Māori were found to be diagnosed with prostate cancer younger and with more aggressive disease than non-Māori. There were also ethnic variances in the diagnostics and care received. Tāne Māori were less likely to receive what is considered the more accurate and safer prostate biopsy procedure (transperineal) and the more accurate imaging (positron emission tomography scans) for detecting and staging of the disease. Due to more advanced disease at diagnosis, tāne Māori were more likely to receive radiotherapy and hormonal therapy, but they were also less likely to receive surgery than non-Māori (62).

Furthermore, in a study of 1,075 men, tāne Māori reported significantly poorer physical and mental health, lower utilisation of care services, and consequently higher unmet supportive care needs after a diagnosis of prostate cancer when compared to non-Māori men (16). Socioeconomic disadvantage and comorbid health burdens (e.g. diabetes 36% vs 9%; depression 12% vs 4%; alcoholism/alcohol problem 15% vs 3%) were implicated in these outcomes, highlighting the need for culturally sensitive services to help address systemic inequities in supportive care and to improve outcomes for diverse prostate cancer populations in Aotearoa New Zealand (16). These data highlight the long standing barriers due to the lack of culturally safe services and appropriate information for tāne Māori seeking care for prostate cancer (64) and the need for ongoing data collection to identify gaps and monitor improvements.

Robotic technology has the potential to reduce disparities, especially benefiting Māori and Pacific peoples, by offering consistent, high-quality care. However, access remains uneven with all but one robotic systems being housed in private hospitals, limiting accessibility for public-sector patients nationwide (65). The need to invest in the implementation of evidence based diagnostic tools, treatments and technologies along with the delivery of workforce training is paramount to address adverse outcomes for men with prostate cancer globally (66).

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Men's mental health with ageing is negatively impacted by several factors that include:

Physical health: Poor physical health and a number of health conditions are bidirectionally associated with depression and poor mental health in ageing men. These include being overweight or obese, poor muscle strength, cardiovascular disease, diabetes, urological conditions and including prostate cancer (67).

Health and social literacy: A lack of access to physical resources (e.g. economic, educational) and/or psychological resources (e.g. resilience, life skills, agency and control) across the lifespan shape the health and well-being of people as they age (68).

Lack of social connections: A longitudinal study drawing on data from the Health, Work and Retirement study of 614 men aged over 60 years (31% Māori) 2006-2016 found that loneliness, caused by a lack of quality social connections, was associated with a low purpose in life and was a precursor to poor mental health in men (69).

Childhood experiences: A study of New Zealand men aged 55-70 years (47% Māori), over a 10-year period (2006-2016) found that childhood socio-economic status (SES) and educational level predicted adult socioeconomic status and late-life physical, mental, and social health status (70).

Deaths by suicide are very high in older New Zealand men. Between 2011 and 2019 the male suicide rate was 27.9 per 100,000. Psychosocial adversity including poor physical health, significant mental illness, depression and dementia, a shift to residential care, being a widower and bereavement, loneliness and poverty are risks for suicide in older men (71).

DISABLED MEN

Health Status

Disabled men in Aotearoa New Zealand (defined by the Ministry of Health and Ministry of Disabled People) face considerable health disparities compared to non-disabled men across multiple dimensions of wellbeing. Only 64.3% of disabled men self-report good health status compared to 88.8% of non-disabled men, with similarly concerning gaps in life satisfaction (62.3% compared to 85.3%) (7).

Mental Health Indicators

There are alarming differences for psychological wellbeing, with self-reported psychological distress being three times higher among disabled men (27.7% compared to 8.9%). Disabled men are also more likely to experience loneliness than non-disabled men, with 18.7% of disabled men lonely some of the time and 11.7% lonely most of the time, compared to 7.2% and 1.9% respectively in non-disabled men (7).

Chronic Health Conditions

For physical health conditions, disabled men have more than double the prevalence of diabetes (17.5% compared to 6.2%), significantly higher prevalence of raised blood pressure (38.7% compared to 22.9%), and a greater prevalence of high cholesterol (21.2% compared to 12.6%) (7).

Healthcare Access and Barriers

Despite accessing GP services more frequently, disabled men face barriers to care including cost, access to transport and waiting times (7).

Movember's survey on men's experiences of primary care (6) indicates that in 2025, men with health conditions reported specific barriers:

20% of men with physical conditions and 26% of men with mental health conditions reported finding it difficult to express the severity of their health issues or symptoms (compared with 10% of men with no health conditions).

11% of men with physical conditions and 12% of men with mental health conditions reported healthcare practitioners expressing biases that downplay their health concerns (compared with 6%).

12% of men with physical conditions and 12% of men with mental health conditions reported receiving care that focuses only on weaknesses or illness rather than strengths or healing (compared with 6%).

MEN IN HIGH-RISK OCCUPATIONS

Occupations, with a majority male workforce, such as front-line responders and those working in farming and construction, tend to have higher rates of physical and mental ill-health.

Fire and Emergency Services

Fire and Emergency service workers encounter unique occupational hazards, including regular exposure to events that can be psychologically traumatic impacting mental health.

In Aotearoa New Zealand, the prevalence of mental health issues, such as major depressive disorder, generalised anxiety disorder and probable post-traumatic stress disorder (PTSD), are higher in fire and emergency personnel compared to the general population (8). Potentially hazardous drinking was also high among this group (8).

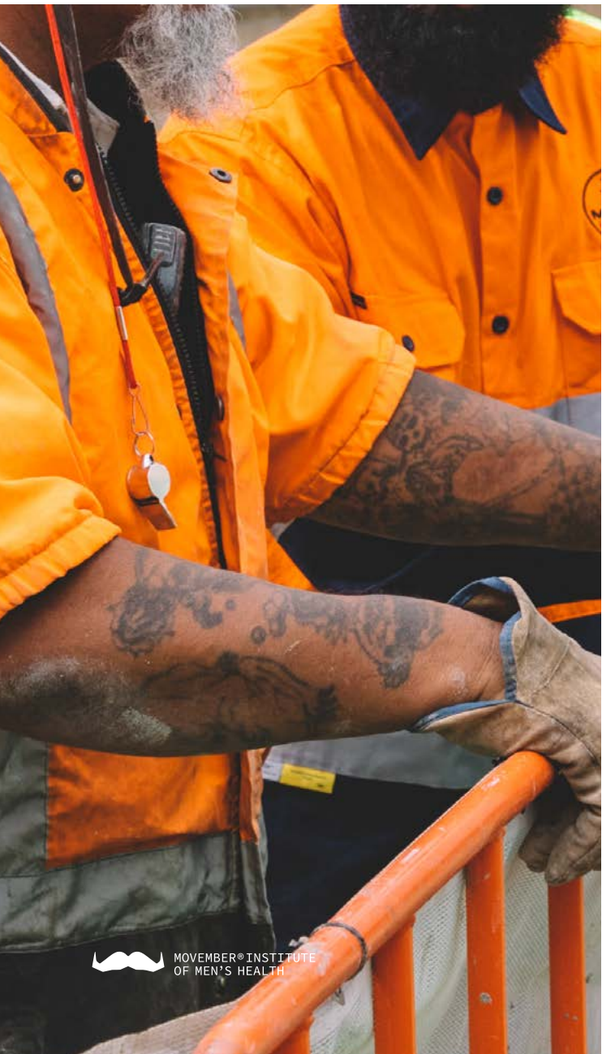
Organisational factors have been found to be related to health and wellbeing outcomes. For example, firefighters who felt unsupported or undervalued by their organisation were nearly three times more likely to show signs of mental health problems compared to those who felt supported. This was prominent in longer-serving firefighters who were more likely to report experiencing poorer mental health outcomes and negative organisational perceptions (9).

MEN IN HIGH-RISK OCCUPATIONS

Farming

In 2018, 64% of younger farming men reported at least one wellbeing issue had a 'large' or greater negative impact on their wellbeing. The main wellbeing challenges for men were: workload/ fitting everything in (23% reporting a 'large' or greater negative impact); challenges with important relationships, including staff (23%); lack of sleep or poor quality sleep (22%); not enough time for myself (21%); not enough time off the farm either on their own or with family (20%) (12).

Over a quarter of men (28%) reported having an injury on the farm in the last 12 months and of these, 63% of men felt that a wellbeing issue had contributed to their 'worst injury' in that time period (12).



Construction Industry

Research on the general wellbeing and behaviours of those working in the construction sector in 2024 found somewhat lower wellbeing compared to the general New Zealand population. Specifically, fewer workers in the sector indicated high life satisfaction (79% vs 85% New Zealanders overall) and workers rated their sense of control over their lives lower on average (6.9 vs 7.5). Although the vast majority of construction workers (94%) stated that work-life balance is important to them, only about two-thirds (66%) expressed satisfaction with this aspect of their current job (10).

Psychological distress remains high, with one in three construction workers reporting serious distress in the past month — more than twice the national average. Distress levels are higher among younger, single, disabled, and mentally unwell workers (72).

Focus groups and interviews with construction industry stakeholders found five workplace-based common psychological stressors. These included (1) financial instability (2) poor communication (3) entrenched culture of traditional masculinity (4) low pay and job security (5) lack of mental health understanding and support in the workplace (11). These pressures are being felt across the industry, contributing to increased mental health concerns, reduced help-seeking, and long-standing cultural barriers on site (10).

There is also some research showing a link between employment and suicide rates. A New Zealand study found that about 12% of suicides were connected to work, with most (86%) of these involving work-related stress, and 22% of work-related suicides used means related to work, with 10% occurring in the person's workplace. People in lower-skilled jobs tend to have higher suicide risks than those in higher-skilled positions. This pattern was also found to apply within the construction industry (73).

In 2023, 79 construction workers died by suspected suicide, and over 1,600 needing time off work due to self-harm (73). The broader economic and social cost of suicide in the construction sector is estimated at over $1.3 billion annually (73).

LGBTQIA+

Rainbow communities in Aotearoa New Zealand, including LGBTQIA+, Takatāpui and MVPFAFF+2 communities, experience inequitable health and wellbeing outcomes driven by discrimination, social exclusion, and a high level of unmet needs for rainbow specific services. Within the rainbow communities, transgender and non-binary people experience greater disparities in health and wellbeing outcomes compared to their cisgender counterparts (74).

Mental health

People of diverse genders and sexualities in Aotearoa New Zealand have high rates of mental health challenges, including current and lifetime mental distress, depression, anxiety, self-harm and suicide. This includes three times the risk of considering self-harm and suicide than their cisgender and heterosexual counterparts (22% compared to 5%) (13). People in LGBTQIA+ populations in New Zealand were over twice as likely than those not in the LGBTQIA+ populations to experience daily feelings of depression (75).

One third (35%) of those identifying as bisexual experienced poor mental wellbeing, compared to one fifth of heterosexual and gay/ lesbian people (22% and 21% respectively). While people who identified as gay, lesbian or bisexual found it significantly harder to express their identity than those identifying as straight/heterosexual (74% of gay/ lesbian people found it easy or very easy, compared to 70% of bisexual people and 85% of heterosexual people) (76).

Healthcare Engagement and Barriers

A survey of rainbow communities found that although 91% of takatāpui and Māori LGBTQIA+ participants were registered with a general practitioner (GP), and 87% reported their GP as the person they saw most often for their health needs, only a small percentage (8%) reported their GP as knowledgeable in meeting their needs (74).

Movember's survey on men's experiences of primary care indicates that in 2025, bisexual men were less likely to report being actively listened to by healthcare providers (47%) compared to men overall (59%).

> "There're not many specific resources for gay men who suffer from mental health issues, despite being overrepresented in the statistics."
>
> – RUPERT, AGE 30, MALE (77)

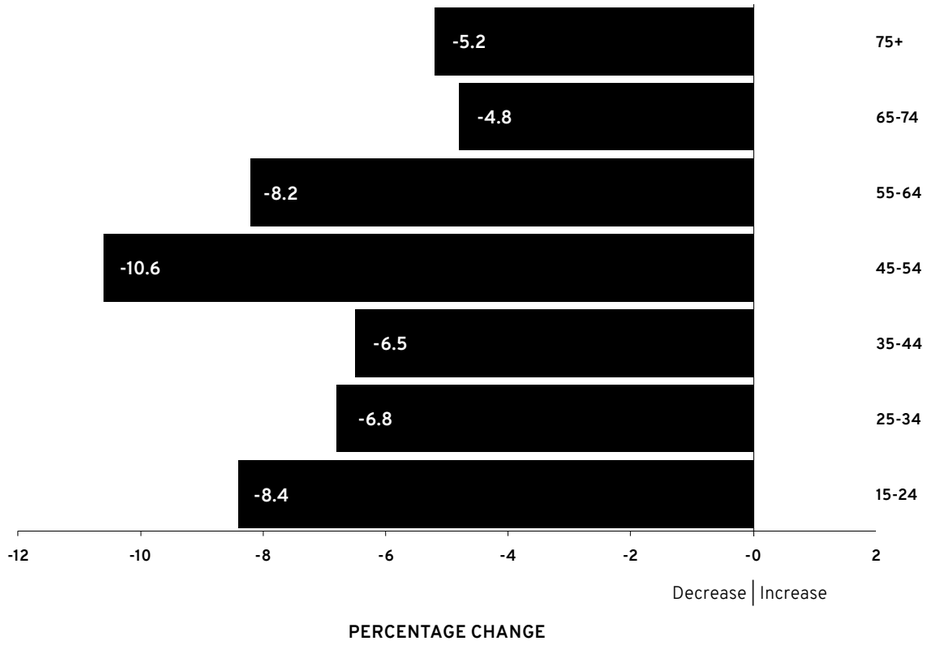
Men's Help Seeking and Healthcare Engagement

Despite high rates of psychological distress, 8.9% of men in Aotearoa New Zealand report not having their mental health and addiction support needs met. Over a 7-year period, these unmet mental health and addiction support needs have increased significantly by 134.2% (7).

Over the past decade, men in Aotearoa New Zealand are making fewer visits to their GP (7). In 2014, an estimated 75.6% of men visiting their GP in the last 12 months and this dropped significantly to 71.1% in 2023. This decline of –4.6% to –10.6% was seen across all age groups with the decline being significant for the 45-54 and 55-64 age groups (Figure 7) (7). Over this time the average number of visits per man in the last 12 months also declined from 2.6 to 2.2.

System and structural factors influence access. Waiting time is the most commonly reported obstacle to visiting a GP for both men (20.9%) and women (24.8%). The next most common barriers to accessing care for men were costs (11.9%) and work commitments (8.2%).

FIGURE 7. PERCENTAGE CHANGE IN THE PROPORTION OF MEN BY AGE GROUP WHO VISITED A GENERAL PRACTITIONER IN THE LAST 12 MONTHS BETWEEN 2014 AND 2023 (7)



“

I think there are stereotypes around men. We hear that it’s ok to be vulnerable and it’s ok not to be, that it’s ok to have problems and need intense care. As a male, I’ve found that quite difficult, it’s felt like whenever I would consider maybe broaching a conversation or naming something, I get a sense that being a male means I’m meant to have my s**t together, that expressing emotion or expressing difficult things is not acceptable and I’ve found that really difficult. Generally speaking, “the toughen up, boys don’t cry”, these kinds of attitudes are very persuasive, and I feel like I’ve internalised those messages and as a result I then feel bad when I do feel like I need help.

”

– JAMIE, AGE 32, MALE (78)

Other structural barriers include inconvenient operating hours and lack of transport. A number of other reasons have been used to explain why some men don’t access health care services or when they do, they drop out of care prematurely. These range from inappropriate health care services for men (such as poor communication or lack of connection with practitioners, discrimination, lack of workforce competencies in men’s health, and lack of culturally appropriate services) through to some men’s poor health literacy, barriers accessing health information and support, and coordination between services (79–81).

Linked to health literacy and efficacy for self-care, some men may not recognise or may overlook symptoms (82). Consistently detailed in research about men’s help-seeking behaviours is the influence of their alignments to masculine norms (83–86). These socialised gender norms can be protective of health (e.g. men’s interest in physical fitness and diet), but they can also risk rather than promote men’s health (87). Specifically, men who value strength and resilience, and self-reliance may struggle to adjust to changes in their health and avoid seeking help, while for others, protector and provider roles leverage their help-seeking as a means to ensuring they are healthy enough to look after others (87). Mental illness is interpreted as a weakness by many men, and they often deny, conceal and self-isolate rather than seek professional help (88). In extreme cases, men’s rigid alignments to unhealthy masculine norms can render them vulnerable to self-harm. Different experiences of gender socialisation can have markedly unique impacts on health care engagement and outcomes for certain groups of men, often interacting with key social determinants such as culture and race, sexuality, and class (89–91).

To foster New Zealand men’s engagement with health care we need to better equip service providers to effectively work with men (92). Research with New Zealand men found that while men value general practice care, they want greater recognition of their needs and preferences for how they would like to be engaged with during healthcare consultations (93).

Men often present with atypical symptoms of distress or depression that may be missed by practitioners (94). Compounding this, many men delay help-seeking until a point of crisis, resulting in a critical, but short window of opportunity for practitioners to effectively engage with men during healthcare encounters (95). Furthermore, mental health practitioners are significantly less willing to treat or refer male patients experiencing suicidal thoughts or behaviours compared to female patients. The strongest predictor of this treatment disparity is the practitioner’s own perception of their competence in providing support to men (96). Overall, practitioners report a lower confidence and perceived competency for working with men in care, including suicidal men (97). These factors risk men dropping out of healthcare prematurely due to a lack of connection with their practitioner (98).

Improving practitioner’s confidence and skills in working with men will help to improve men’s engagement in healthcare and prevent men slipping through the cracks. Understanding masculine norms and how this shows up in health care interactions with men, along with fostering trust, and using goal-oriented, solution-focused strategies to engage men effectively, are key (79).

There is currently a lack of formal education and training about men’s health for healthcare professionals. The influence of gender as a determinant of health care engagement and outcomes and gender responsive approaches has not been consistently incorporated, or are entirely absent from undergraduate, and post-graduate medical and allied health curricula (99) as well as continuing professional education.

NEW ZEALAND MEN'S EXPERIENCES OF PRIMARY CARE

From Movember's 2025 survey of 1,005 New Zealand men, the vast majority of men (93%) reported feeling at least somewhat confident in their understanding of their health, but not all do (6). There is room for improvement, especially among young men.

When it comes to seeking help for a health problem:

60%

of men delayed visiting the doctor by a week or longer.

"I don't go to the doctor unless I feel like I've got no other choice. I guess I just keep thinking it'll sort itself out, you know? I'll wait it out but then it gets to a point where it's really bad, and I can't ignore it anymore. By the time I actually book an appointment, I probably should have gone months ago."

– TIPENE, AGE 53, MALE (78)

Stereotypes and men's health behaviours

When it comes to stereotypical male health attitudes and behaviours (Figure 8), close to three in five men surveyed agreed that:

58% of men are less likely to follow medical advice than women.

It is normal for **61%** of men to avoid regular health check-ups.

Albeit less common, some other stereotypical beliefs about health still prevail amongst men (Figure 8), with:

38% agreeing that handling pain without help is a masculine thing to do.

18% indicating men are less likely to get depressed than women.

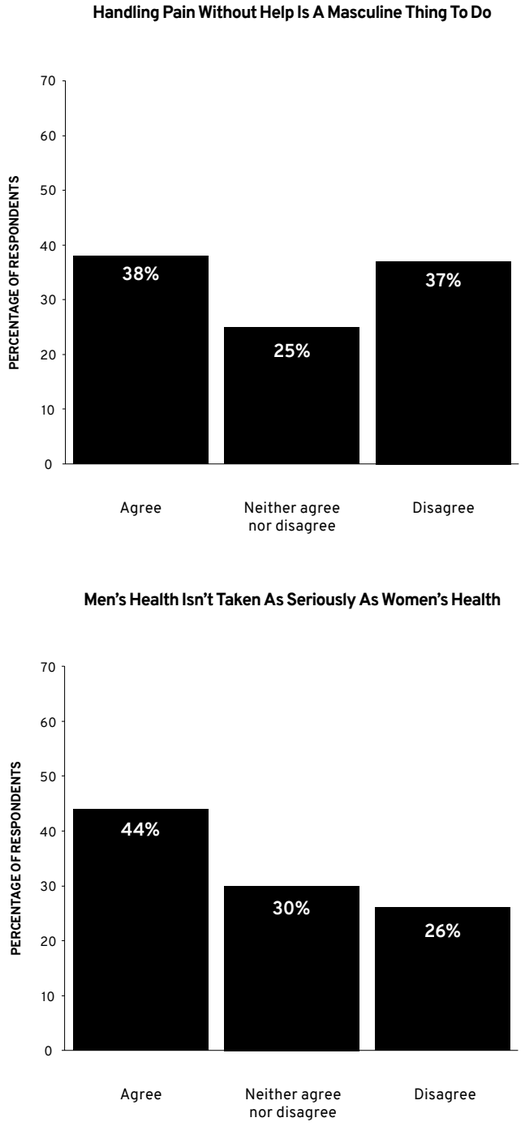
20% suggesting that men are less likely to need mental health support than women.

"I battled with seeking help and my experience of masculinity. It was a direct confrontation with my self-image. I'm a country boy so I should be stoic, you know masculine and strong, and to experience the depth of these crushing emotions was very difficult to confront and very difficult to understand. It's about how we perceive ourselves in New Zealand as men and also how we feel that others are going to perceive us."

– CALLUM, AGE 29, MALE

The survey also found that in relation to their own health behaviors, 62% of men felt that masculine stereotypes (e.g. 'toughing it out') negatively influenced their health behaviours and experiences in healthcare settings.

FIGURE 8. SURVEY RESULTS: RESPONDENTS AGREEMENT ON STEREOTYPES ABOUT MEN AND THEIR HEALTH



Healthcare interactions

When men do seek help, too often the health system does not adequately respond to their needs (Figure 9).

44%

of men agree that men's health isn't taken as seriously as women's health.

60% of men reported feeling that healthcare providers don't take their concerns seriously.

40% of men perceive that their symptoms are not acknowledged with the seriousness they warrant.

Three in five men (60%) surveyed felt that having a healthcare provider actively listen to their concerns is important; and

59% reported positively experiencing that.

"It's hard for men to talk about their health. Particularly here in New Zealand, you know the bravado macho image, the rugby boys – you've got to be strong and stand up for yourself."

– DENIS, AGE 54, MALE

"I hit a brick wall, I was just struggling to live. It was just getting to the point where I was like I think I need to start getting help. I tried a couple of counsellors, and they just said you know, people face tough times, we get over it and they pass you through the door."

– JACOB, AGE 23, MALE (100)

“

The kinds of things I want to see from health professionals is what I’m getting now: understanding, compassion, empathy, direction. All three doctors I have seen recently have been excellent at communicating things to me.

”

– TREVOR, AGE 50

Of the positive experiences of healthcare interactions that are important to men:

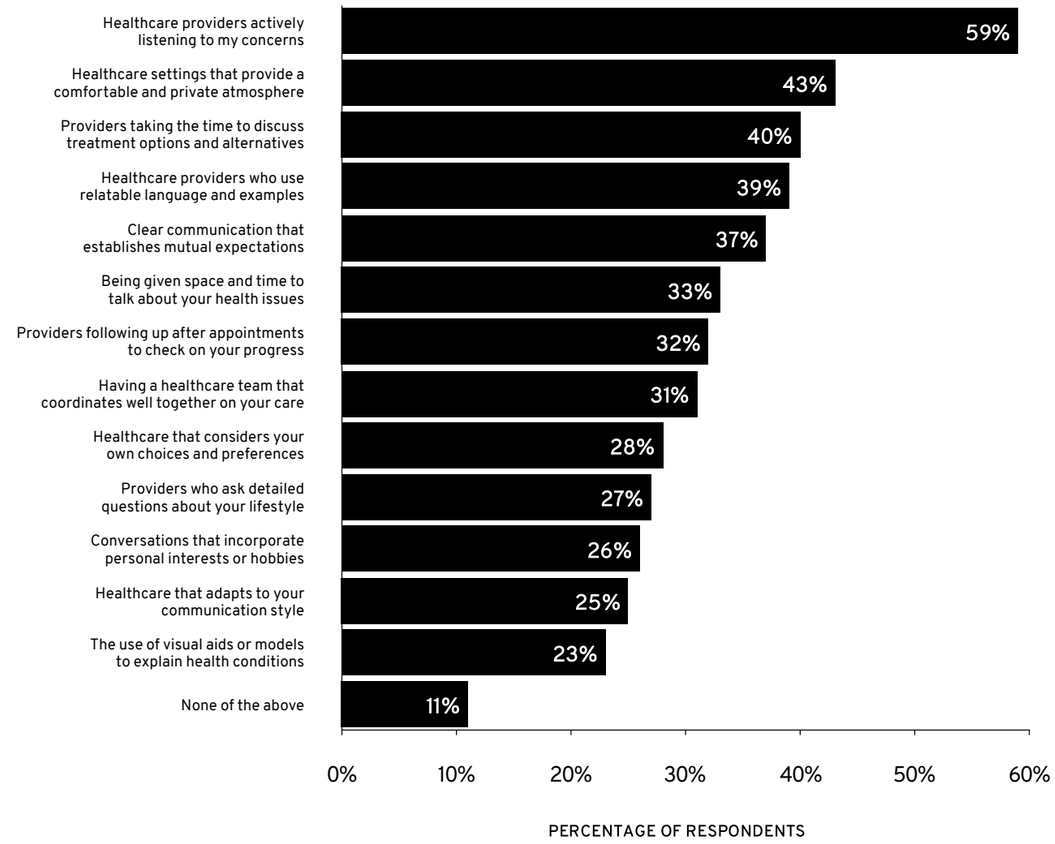
40%

indicated that healthcare providers took the time to discuss treatment options and alternatives.

37% indicated clear communication establishing mutual expectations.

33% suggested they were given the space and time to talk about their health issues (Figure 9).

FIGURE 9. SURVEY RESULTS: THE PERCENTAGE OF MEN WHO EXPERIENCE POSITIVE ELEMENTS OF HEALTHCARE ENGAGEMENT (DURING HEALTHCARE INTERACTIONS IN THE PAST 12 MONTHS)



> Sometimes it feels like they are trying to push you out quickly to get to the next person.
>
> – SURVEY RESPONDENT, 18-24, MALE, NEW ZEALAND EUROPEAN (6)

IMPACT OF NEGATIVE HEALTHCARE ENCOUNTERS

The survey indicated that the first health care encounter has a considerable impact on men's willingness to re-engage, and that negative experiences discourage future help-seeking (Figure 10):

66%

of men who feel satisfied in their first encounter say they are more likely to seek help in the future when needed, compared with only 39% of those who felt unsatisfied.

54%

of men report having felt like wanting to leave their practitioner or having left their practitioner, due to a lack of personal connection (Figure 10).

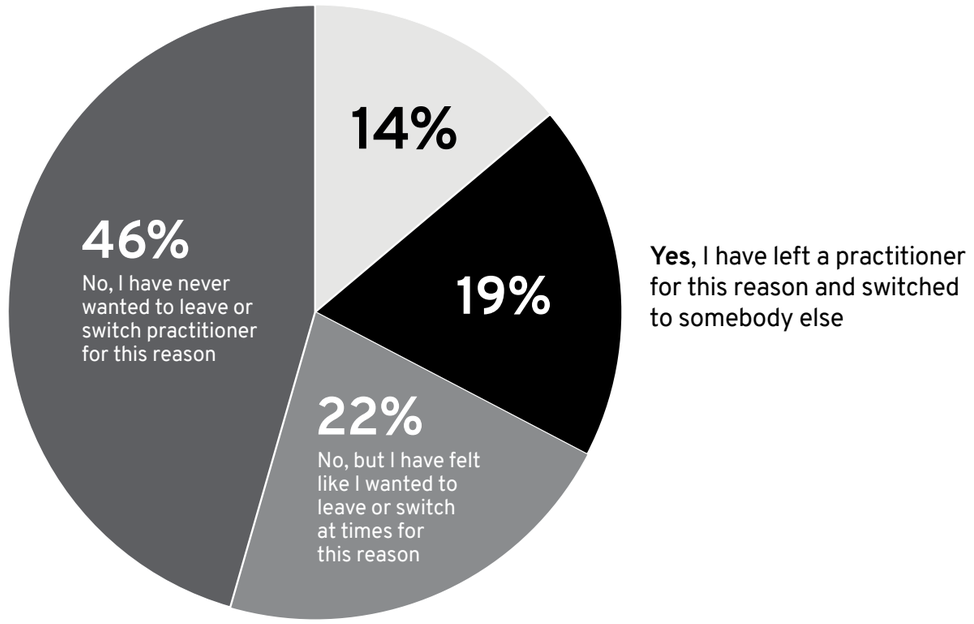


FIGURE 10. SURVEY RESULTS: THE PERCENTAGE OF MEN WHO HAVE FELT LIKE OR HAVE LEFT A HEALTHCARE PRACTITIONER BECAUSE OF LACK OF PERSONAL CONNECTION

Brief consultations can make it challenging for healthcare professionals to establish rapport and trust with men. Practitioners are not consistently asking 'gateway' questions in consultations to encourage men to share their concerns and open up. These are missed opportunities to make every contact count during healthcare encounters with men.

Over a third (39%) of men report that their healthcare practitioner only rarely or never asks them about their mental health.

Over a quarter (28%) of men report that their healthcare practitioner never or rarely enquires about other things going on in their personal and social life that may be affecting their health.

A quarter (25%) of men report that their healthcare practitioner never or rarely enquires about other health concerns beyond the presenting complaint.

Conclusion: The state of men's health

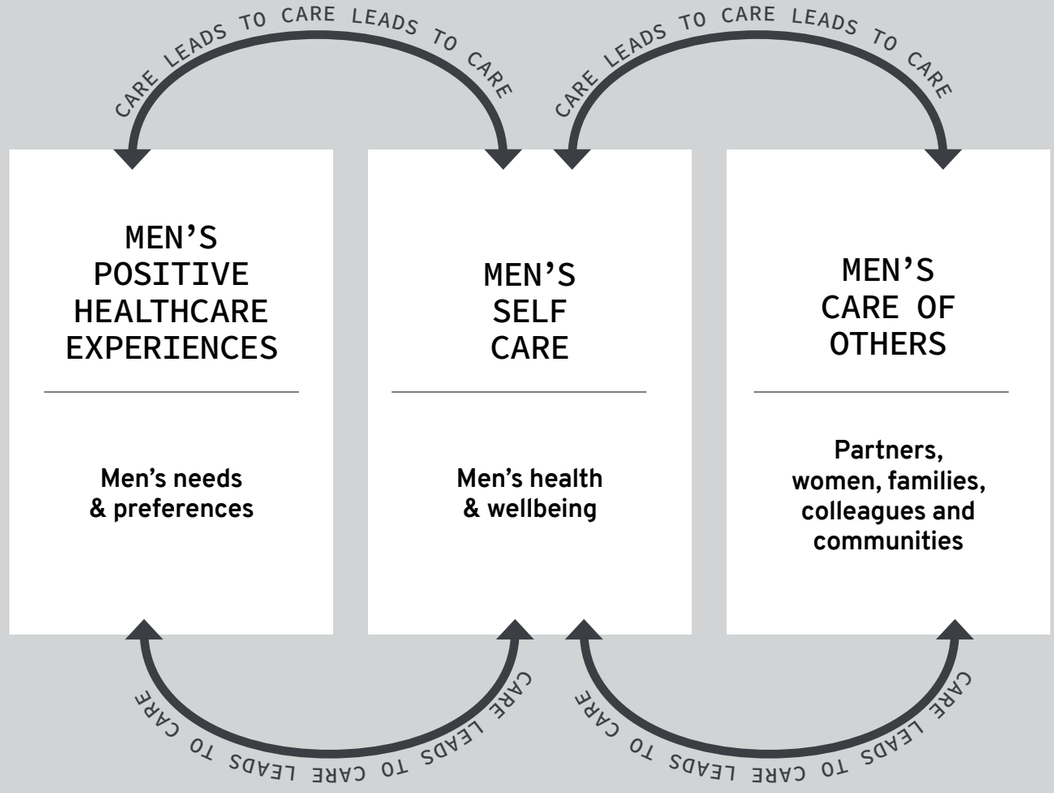
Too many men in Aotearoa New Zealand are dying too young, of causes which are often avoidable. Certain men are more impacted than others, including: tāne Māori; Pacific men; those in more deprived areas; disabled men; younger men, older men; LGBTQIA+ communities; men in rural communities and those working in high-risk occupations.

The Movember Institute of Men's Health's recent survey on men's experiences of primary care reinforce that too many men face challenges and have poor experiences when they do engage with health care.

The current state of men's health in Aotearoa New Zealand, and the health inequities that exist amongst groups of men is sadly not new. These trends, and the lack of gendered health policy that considers the needs of men cannot be ignored any longer (93,101–103). Much needs to be done to create a healthcare system that is responsive to men's needs and preferences, in all their diversities, so men don't slip through the cracks and be denied the opportunity to live longer and healthier lives.

The Unexpected Faces of Men's Health

While the previous chapter detailed the state of men's health in New Zealand, this chapter helps us understand the impact on men, and those closest to them, and the economic costs of men's poor health outcomes.



The Impact of Men's Health Behaviours and Ill Health on Others

Men's health behaviours, illness experiences and outcomes significantly influence those around them. Their families, friends, and colleagues often serve as unexpected but important faces of men's health. This chapter reviews current insights on men in roles as fathers and partners, and introduces new data on how men's poor health affects their caregivers.

FATHERING AND FATHERHOOD

Research in Aotearoa New Zealand, and internationally, demonstrates a strong link between a father's physical and mental health and the wellbeing of his children (50).

There is growing evidence that men's health around the time they father a child exerts a biological influence on their child's health (77, 78, 79). Mental health challenges that affect fathers are associated with an increased risk of behavioural and emotional difficulties, and mental health risk in their children - especially their sons - highlighting the intergenerational impact of mental ill-health in men (104,105). A recent review highlighted that paternal depression was associated with a 42% increased risk of depression in offspring (106).

Fathers, when they are provided the opportunities to do so through father-friendly policy (e.g. paternity leave, flexible working hours) and culturally specific and father inclusive parenting programmes, are also instrumental in preventing intergenerational transmission of mental health risks through better relationships with their children starting in their formative years (107).

Māori and Pacific cultures, where family is central to identity, wellbeing and way of life, serve to exemplify the importance of the father-child relationship on child health outcomes (105,108–110). The Pacific Island Families (PIF) longitudinal study in Aotearoa New Zealand found that when Pacific fathers have greater involvement in their children's lives, the rates of childhood behavioural problems are lower. Furthermore, when fathers have a greater connection to their traditional cultures, they are more likely to have higher levels of involvement with their children (108), highlighting the importance of the protection of social environments that foster Pacific cultural affinity in the health of both fathers and their families (105).

A fathers' own health, behaviours and attitudes can also impact women's reproductive health, wider health and healthcare seeking behaviours. Research highlights how negative paternal behaviours can enable and reinforce negative maternal behaviours in a wide range of ways, including alcohol usage, smoking, and dietary habits (111–113). Conversely, when fathers are healthy, supported and enabled, positive paternal behaviours and family involvement have a wide range of positive outcomes for children and mothers in the short- and long-term, socially, emotionally and academically (114,115).

The risks a man's ill health has on others highlights the importance and broader impact of inclusive and culturally responsive services for fathers and to-be fathers. This includes the inclusion of family planning health promotion programmes targeting fathers to be to support them in improving their physical and mental health, through to perinatal and maternity care that support men's involvement and needs, and father friendly policies throughout fatherhood (116).

WHAKAPAPA AND BEING A FATHER

Within Te Ao Māori, fatherhood is embedded within the wider whānau context incorporating hapū and whānau as opposed to being seen solely as an individual parental role. Approaches to parenthood are collective and uncles, grandfathers and other male relatives share in the responsibilities of child raising. Māori fatherhood is determined not only by whakapapa but by relationships and the responsibilities of Māori fathers extend beyond their own children to nieces, nephews, and other whānau members.

Māori fathers have diverse roles within whānau including being providers, guardians/protectors (kaitiaki), and teachers (kaiako). Beyond biological and social roles, within the spiritual realm (te taha wairua) Māori fathers are also seen as having vital roles in the intergenerational transmission of whakapapa and identity maintaining a connection to whenua (land) and iwi (tribe) for future generations.

Dr Simon Bennett

Ngāti Whakaue, Patu Harakeke, Ngāti Waewae

A MAN'S DEATH CAN HAVE A PROFOUND IMPACT ON THOSE AROUND HIM

More than three quarters (78%) of widowed individuals in Aotearoa New Zealand are women. Women, and particularly older women, are also more likely to suffer from the 'widowhood' effect, where the death of a spouse or significant other can result in poor physical and mental health and social isolation, transition to residential care and a higher risk of reduced life expectancy for those left behind (117–119). The death of a spouse also presents a real financial risk to many households, and women are more likely than men to experience financial hardship following the death of a spouse, and face increased poverty risks that may require additional social support (120).

Almost three in four (73%) of deaths by suicide in Aotearoa New Zealand are men. While specific national data on the number of people affected per suicide in Aotearoa New Zealand is limited, international research, including studies from Australia, suggests that on average, 135 people are impacted directly and indirectly by each suicide (121).

MEN'S POOR HEALTH AND VIOLENCE PREVENTION

Men's poor health can manifest in some men's use of violence in relationships. While the use of violence is always a choice, it is a choice that routinely occurs in the context of men's exposure to family violence in childhood, mental health issues, depression and substance abuse problems that all exacerbate risk of violence (122–124). That said, while this constellation of symptoms and experiences may in part explain men's behaviours, it does not absolve them from the responsibility of their actions. Thirty five per cent of New Zealand women report experiencing intimate partner physical or sexual violence (IPV) from men, and when psychological abuse is included, the figure rises to 55% (125). Māori women experience IPV at higher rates, with 49% reporting physical or sexual violence from a partner in their lifetime. Women also have 2.4 times greater likelihood of experiencing IPV compared to men (126).

Addressing men's health and childhood trauma in compassionate, safe spaces alongside holding men accountable for their use of violence are two key pillars of a necessarily multi-pronged approach to violence prevention. Such an approach is well documented by the "She is Not Your Rehab" program (see page 106).

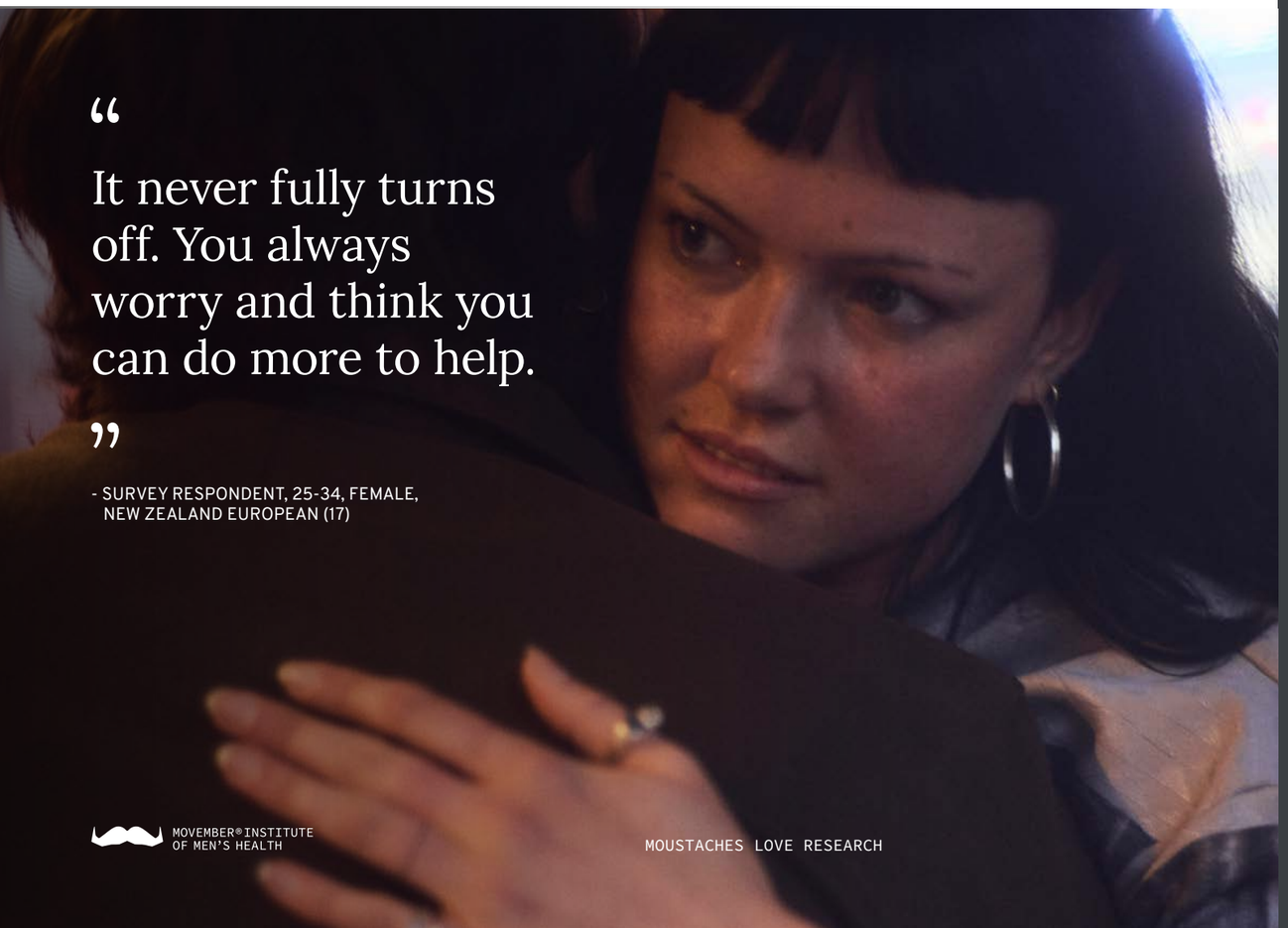
Men who use intimate partner violence are more likely to come into contact with the health system than other men, as a function of their poorer health on average (127,128). Health services therefore have an opportunity to be more attuned to the potential impacts of men's health not only on men, but others in their lives, and provide a safe environment to talk with men about their health and wellbeing as an inroad to connection and first line intervention (124). Indeed, research has shown that men seeking help on their behaviour towards a partner regularly prefer to seek help from healthcare workers (i.e., psychologists, GPs, social workers) relative to domestic and family violence services (129). Better training for healthcare professionals to engage with men who have experienced trauma, or are using violence (or at risk of using violence) is therefore needed.

Informal caregivers

As part of its exploration of the unexpected faces of men's health in Aotearoa New Zealand, this report dives deeper into the experiences of one overlooked group in particular: the informal caregivers who look after men when they are not well.

The act of caring for men falls disproportionately (but not entirely) on women – be they partners, friends, mothers, sisters or daughters (130). The care they provide is incredibly important and the men in their lives are often dependent on them. This burden can be significant and we must find ways to reduce the impact.

In 2025, Movember surveyed 579 informal caregivers of men in Aotearoa New Zealand to better understand their experiences. Of those surveyed, 72% were women and 28% were men (17).



"It never fully turns off. You always worry and think you can do more to help."

- SURVEY RESPONDENT, 25-34, FEMALE, NEW ZEALAND EUROPEAN (17)

THE CAREGIVING NETWORK REFLECTS FAMILY AND COMMUNITY CONNECTIONS

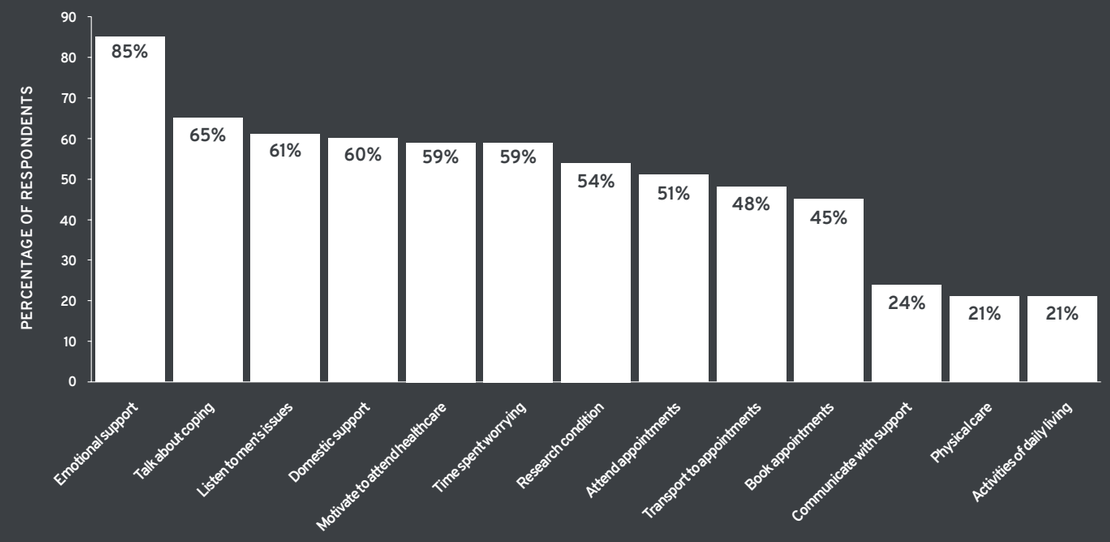
Caregiving in Aotearoa New Zealand extends beyond family connections, highlighting the strong role community support plays in men's health. Although partners (29%) and spouses (21%) are the most common caregivers, friends (15%) also play a role alongside parents (14%) and children (7%) and siblings (6%).

CAREGIVING IS PHYSICALLY AND EMOTIONALLY DEMANDING

The average informal caregiver spends six to ten hours per week providing care to a man.

Five of the six most common types of care provided by caregivers were psychosocial in nature (Figure 11) with the most common type of care provided being emotional support (85% of caregivers).

FIGURE 11.
SURVEY RESULTS: TYPE OF CARE PROVIDED BY CAREGIVER



“

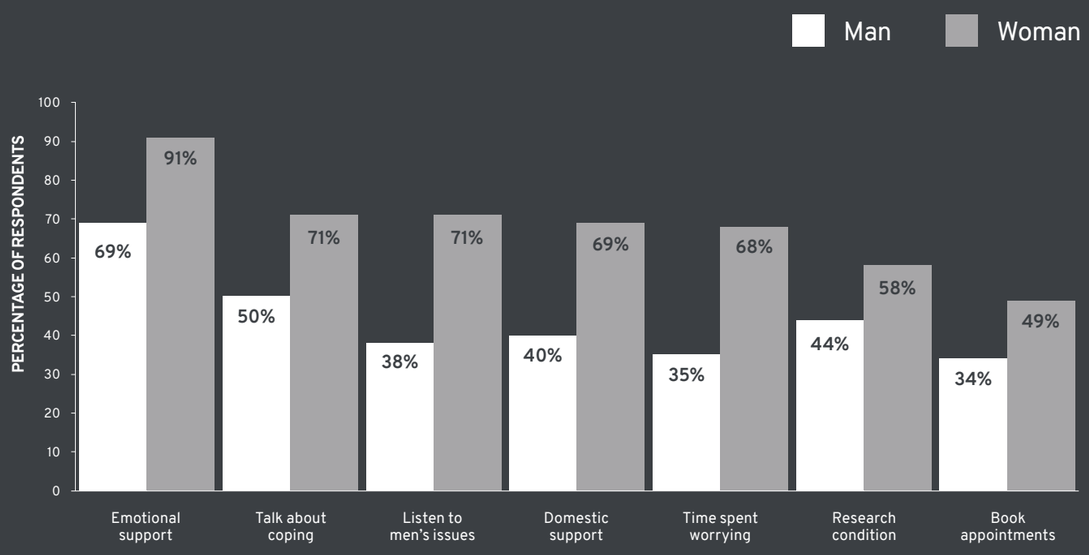
I didn’t understand how intense and fragile emotions really are and the tools you need yourself to safely navigate through it with them.

”

- SURVEY RESPONDENT, 35-44, FEMALE, MĀORI (17)

Women who are caregivers are more likely than men who are caregivers to take on caregiving roles that support the man emotionally, psychologically and motivationally (Figure 12).
For example, 71% of women in the caregivers survey reported listening to men discuss their issues as a caregiver role compared to 38% of men.

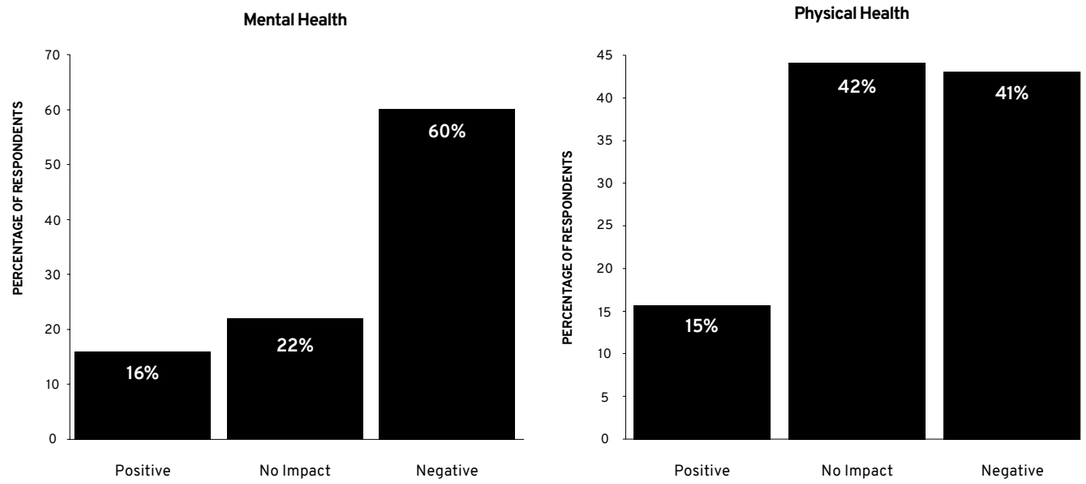
FIGURE 12.
SURVEY RESULTS: TYPE OF CARE PROVIDED AS CAREGIVER TO MAN – BY GENDER WHERE DIFFERENCES EXIST



CAREGIVING IMPACTS ON MENTAL AND PHYSICAL HEALTH

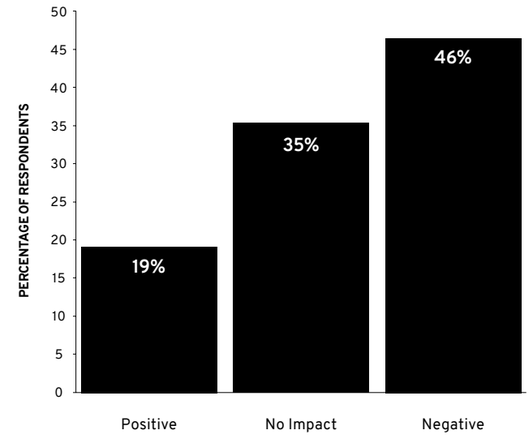
Caregiving for a man negatively impacts three out of every five caregivers’ mental health and two out of every five caregivers’ physical health (Figure 13).

FIGURE 13. SURVEY RESULTS: MENTAL AND PHYSICAL HEALTH IMPACTS OF CAREGIVING ON CAREGIVER



Furthermore, given the significant psychological or emotional nature of caregiving, this likely contributes to caregivers’ mental strain with nearly half (46%) of caregivers reporting a decline in mental health in the last 12 months (Figure 14).

FIGURE 14. SURVEY RESULTS: MENTAL HEALTH IMPACT ON CAREGIVER – PAST 12 MONTHS

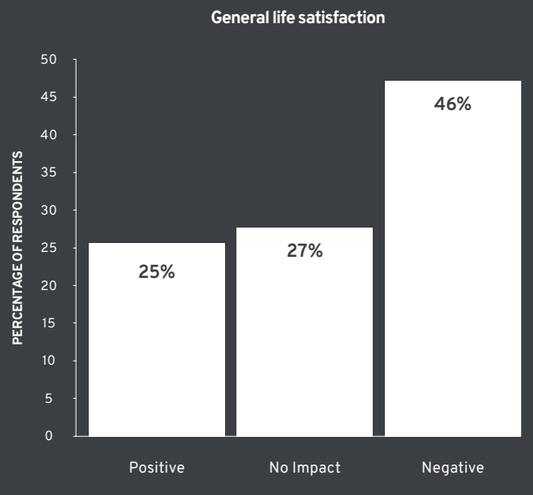


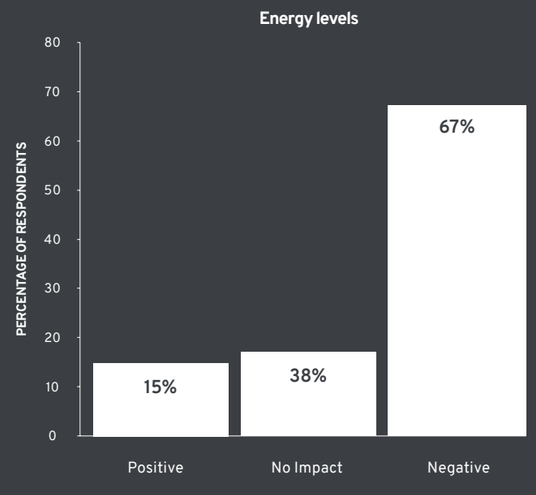
Given that women in the survey were more likely than men to report providing psychosocial and domestic care support to men, it is not surprising that the survey found that women were more likely than men to report negative impacts of caring on their mental health (67% compared to 41% for men) and physical health (47% compared to 27% for men) impacts.

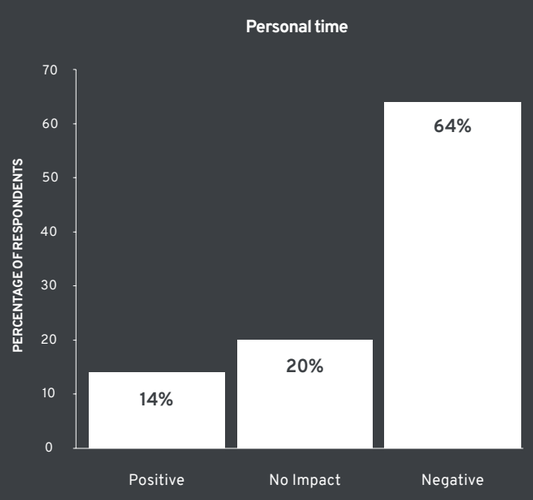
CAREGIVING IMPACTS ON OTHER ASPECTS OF CARER WELLBEING AND EMPLOYMENT

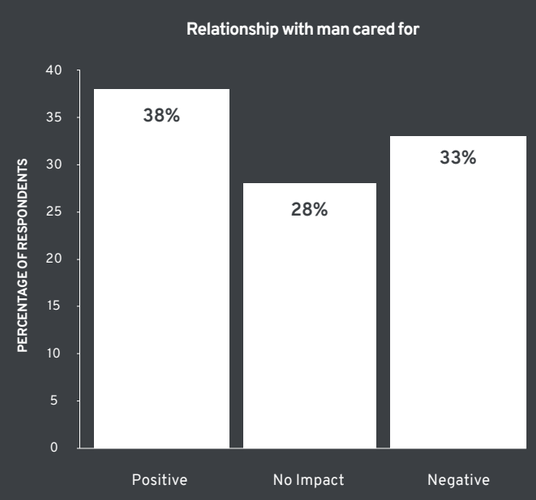
Caring responsibilities negatively impact on other areas of caregivers' wellbeing, with, for example, many reporting impacts on their energy levels (67%) and personal time (64%) and general life satisfaction (46%) (Figure 15). These impacts extend to others, with caregivers reporting negative impacts on their social life and relationships (51%) and their ability to meet the needs of other family members (40%).

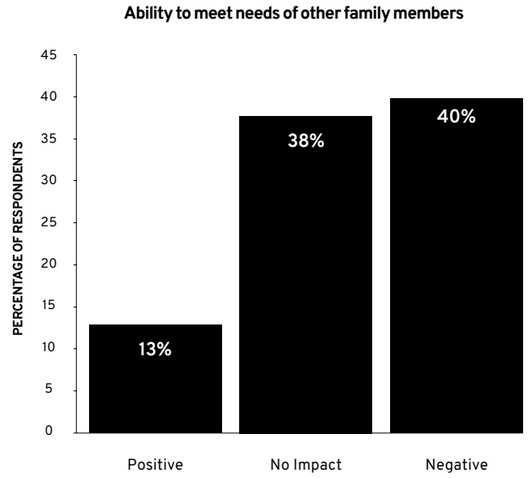
FIGURE 15. SURVEY RESULTS: IMPACT ON CAREGIVER'S MAJOR LIFE AREAS (CONTINUED ON NEXT PAGE)

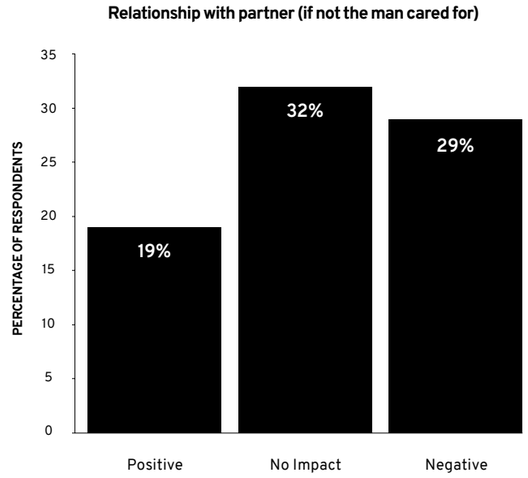


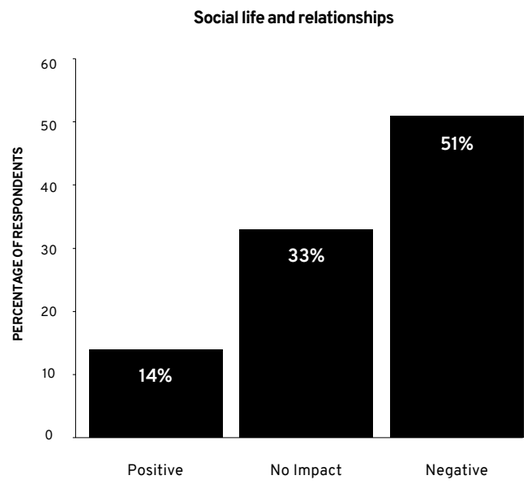


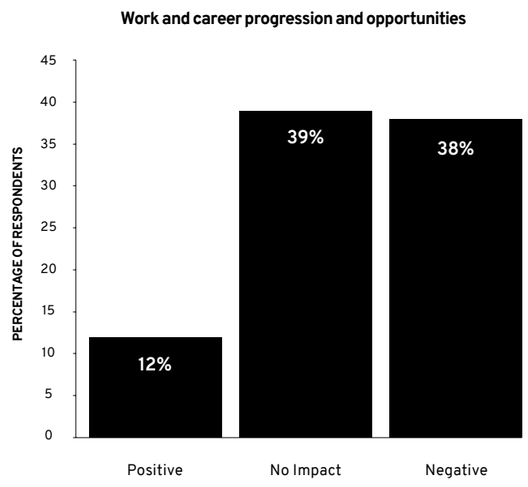


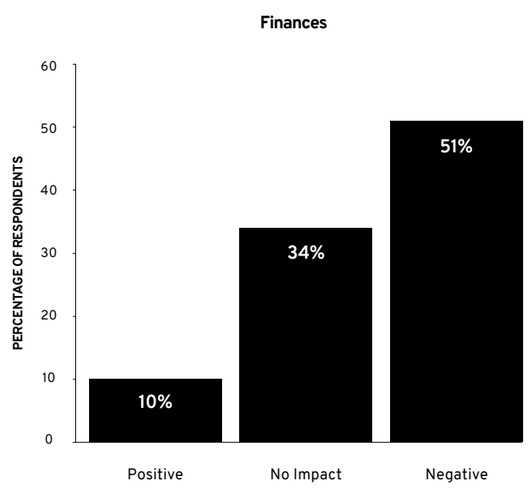


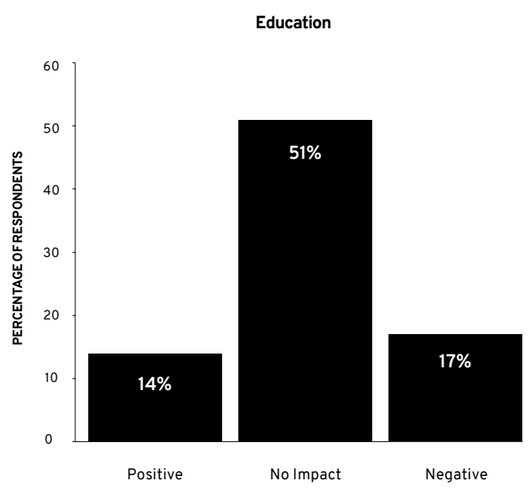






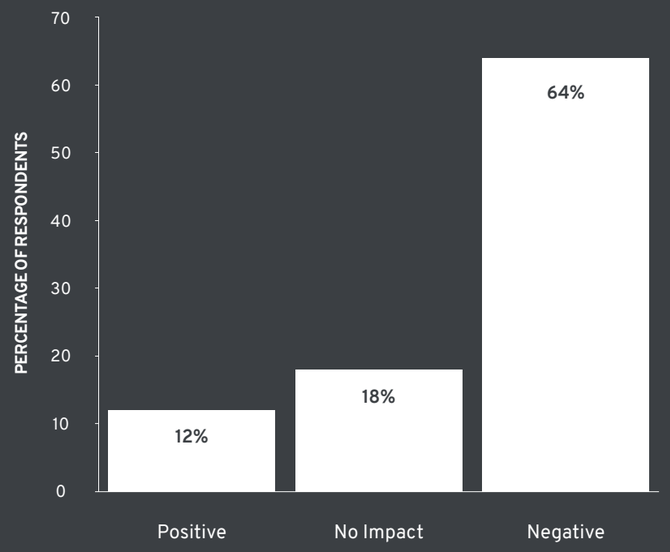


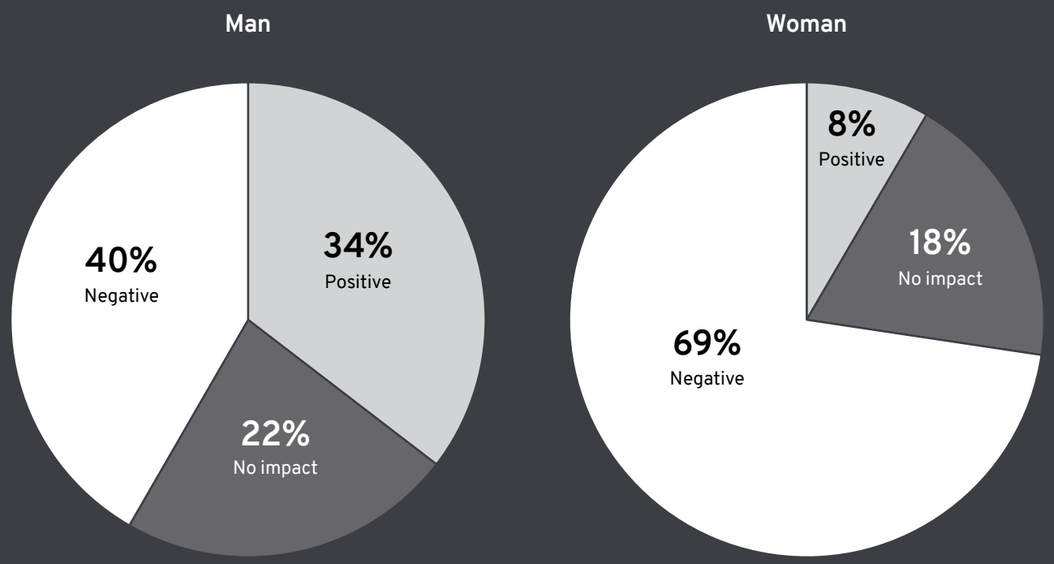




Of those who are the spouse or partner of the man cared for, almost two thirds (64%) reported a negative impact on their intimate relationship, with women more likely to report a negative impact than men (Figure 16).

FIGURE 16. SURVEY RESULTS: IMPACT ON INTIMATE RELATIONSHIP WITH MAN CARED FOR – OVERALL AND BY GENDER OF CAREGIVER





Almost a third (31%) of caregivers reported they had adjusted their jobs for caregiving (Figure 17), with almost two thirds (62%) taking time off in the last year (Figure 18).

FIGURE 17. SURVEY RESULTS: PERCENTAGE OF CAREGIVERS WHO HAVE HAD TO LEAVE OR CHANGE JOB OR REDUCE HOURS TO SUPPORT A MAN WITH A HEALTH CONDITION

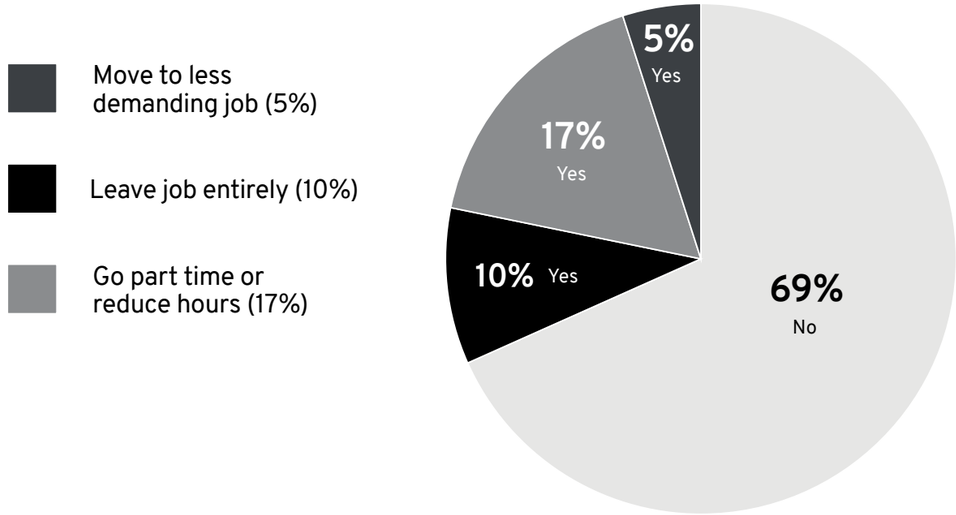
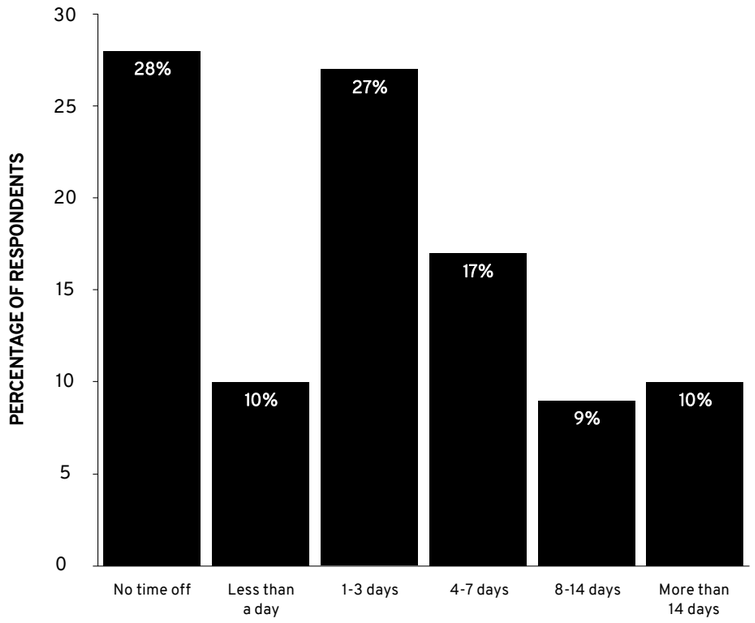


FIGURE 18. SURVEY RESULTS: DAYS TAKEN OFF WORK BY CAREGIVER IN THE LAST 12 MONTHS TO CARE FOR MAN



STRONGER BONDS THROUGH CAREGIVING

Despite the challenges of caregiving, there are plenty of positive aspects. Caregivers agree that there are positive effects on the relationship with the man they care for:

62%

agree the caregiving led them to spending more quality time together

61%

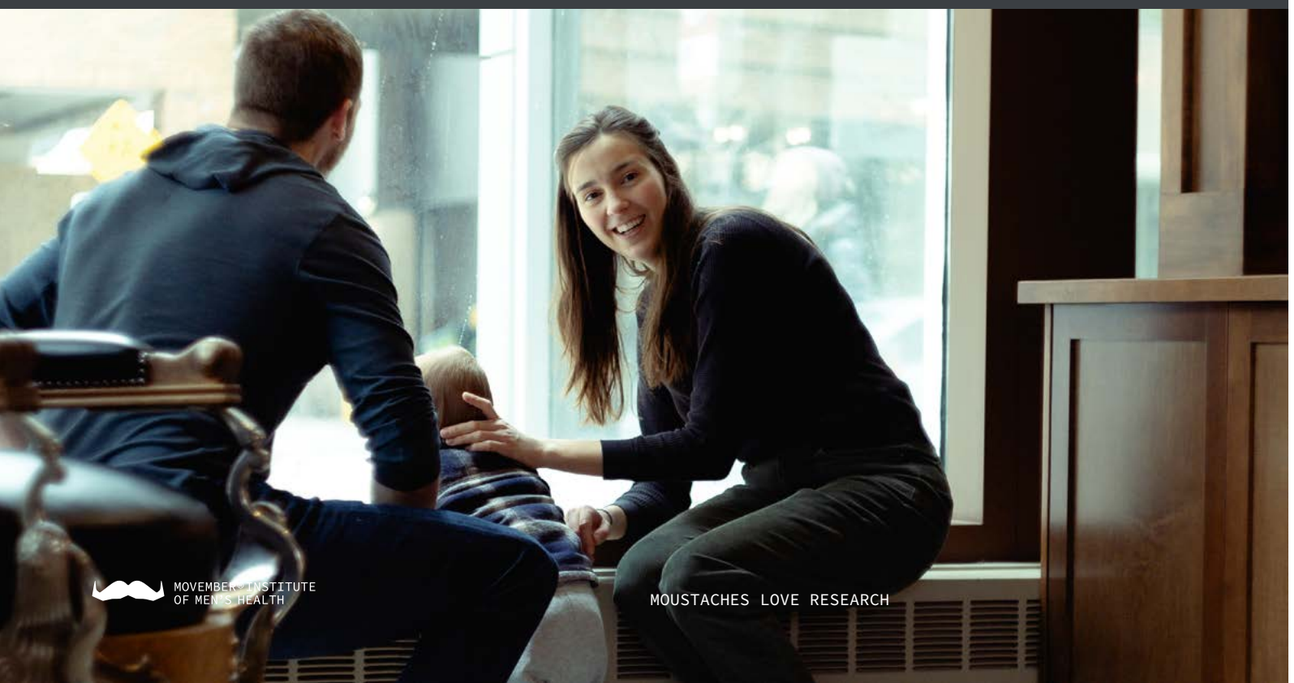
agree that it improved their understanding of each other's needs

59%

agree that it brought them closer together

56%

agree that it improved their communication



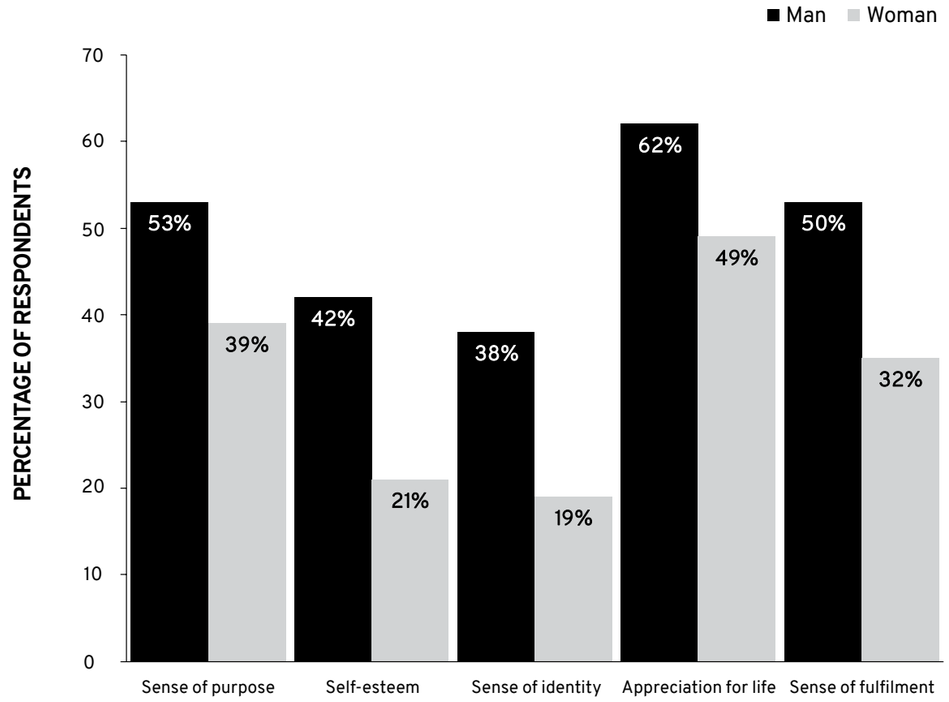
MOVEMBER INSTITUTE OF MEN'S HEALTH

MOUSTACHES LOVE RESEARCH

EXPERIENCING POSITIVE IMPACTS OF CAREGIVING DIFFERS FOR MEN AND WOMEN

Men are more likely to report positive impacts for themselves of caregiving for a man in their life with a greater proportion of men than women reporting an appreciation for life, a sense of fulfilment, a sense of purpose, greater self esteem and a sense of identity as a result of caregiving (Figure 19).

FIGURE 19. SURVEY RESULTS: POSITIVE IMPACT ON SENSE OF SELF FROM CAREGIVING – BY GENDER



The economic impact of men's poor health

The impact of men's poor health is felt on many levels. This includes the impact on healthcare systems in terms of the direct costs of caring for men in poor health. These are relatively easy to envisage and count. In addition, there are indirect costs which are less visible, but equally as impactful.

Poor men's health impacts their ability to contribute productively to family, community, the economy and society. Reduced productivity and earnings impacts not just individual families but also employers and the government, through reduced tax income.

Understanding these direct and indirect impacts is needed to reveal the cost of maintaining the status quo or inaction.

New analysis commissioned for this report reveals the very significant economic costs of men's ill health to Aotearoa New Zealand (18). The research estimated the direct and indirect economic costs of the five conditions in men that caused the largest number of years of life lost to ill health in Aotearoa New Zealand in 2019: coronary [ischemic] heart disease, stroke, chronic obstructive pulmonary disease, lung cancer and suicide.

DIRECT COSTS

The direct healthcare costs of these five conditions in men in Aotearoa New Zealand in 2023 was calculated at $932 million (Figure 20). These direct costs include hospital services, outpatient visits, GP visits and costs for pharmaceuticals among other things. Healthcare for coronary heart disease alone accounted for $488 million of these costs. Of the direct costs $583 million, or 63%, were considered to be potentially preventable.

INDIRECT COSTS

The indirect cost, including lost productivity, costs of informal care and lost tax revenue to the government, were estimated to be $414 million in 2023, with suicide alone accounting for $178 million of these costs (Figure 21). Of this total, $334 million, or 81% was estimated to be avoidable, based on the largely preventable nature of these health conditions. The data highlights both the large scale of the community impact and the scope for benefit if these conditions are prevented

FIGURE 20. BREAKDOWN OF DIRECT COSTS FOR NEW ZEALANDER MEN'S HEALTH CONDITIONS

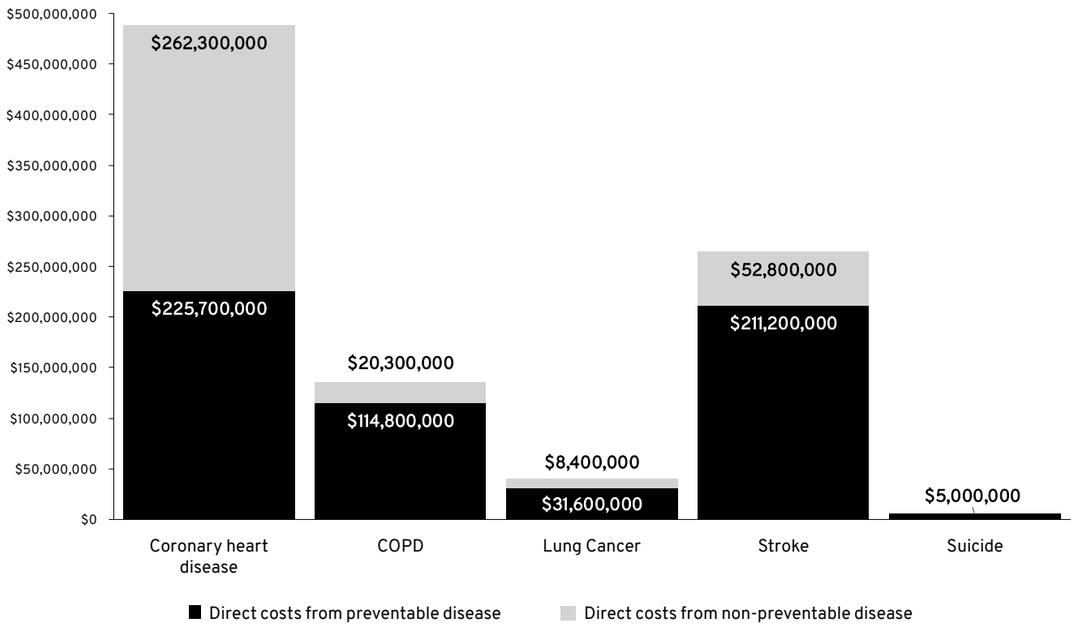
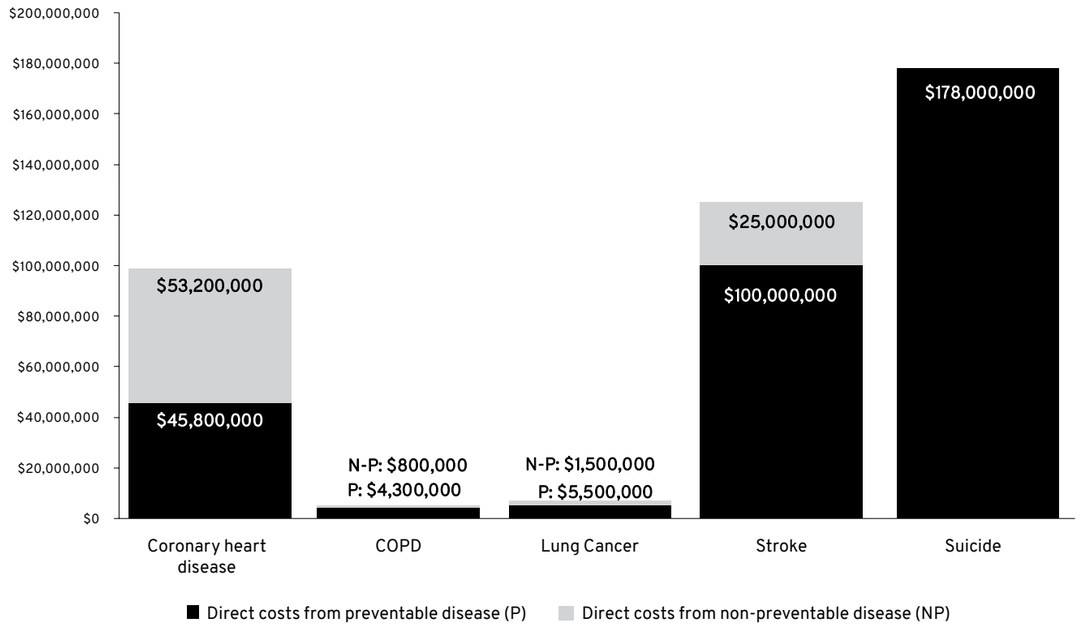


FIGURE 21. BREAKDOWN OF INDIRECT COSTS FOR NEW ZEALANDER MEN'S HEALTH CONDITIONS



If the top five preventable diseases had been avoided in men, New Zealand could have saved a total of $917 million in 2023 alone. This represents savings of nearly half of the government's annual spend on mental health services in 2021/2022.

LOST INCOME

A 2021 New Zealand study looked at a much larger set of 40 health conditions in men and measured their economic impact, just in terms of lost income (20). The results found that these conditions generated an estimated loss of $3.1 billion dollars ($NZ 2025) in income per annum for men aged 25- to 64-years in Aotearoa New Zealand. Of this impact, 29% related to mental health conditions and 16% related to cardiovascular disease.

As revealed by this report's survey, a man's ill-health can also create a financial burden for caregivers, who may sometimes also have to quit their jobs or work fewer hours. Caregiving for a man can also have direct costs on carers, including extra costs for food, transport and medicine. The survey's findings support existing research which suggests that the financial needs of carers are not adequately addressed (131,132).

MODIFIABLE IMPACT

The analysis reveals that $583 million of these direct healthcare costs and $334 million of the indirect costs were due to preventable disease (caused by 'modifiable risk factors'). If the top five preventable diseases had been avoided in men, **New Zealand could have saved a total of $917 million in 2023 alone**. This would represent savings of nearly half of the government's annual spend on mental health services in 2021/2022 (104).

The causes of disease are often deep rooted and not able to be addressed easily or quickly. This estimate of the impact helps show the scale of the potential benefit. In addition, it shows that resources put towards reducing the impact of disease will also be returned through reduced direct and indirect costs.

This data indicates the scale and significance of the costs that could be saved through preventative interventions to target these five conditions. It should be highlighted that this savings estimate is likely to be an underestimate of the benefit when considered over time, as it does not account for the better health trajectory of these men across their life course.

Conclusion: Healthier men, healthier world

Given the broad consequences of men's poor health on others, the good news is that improving men's health can have a transformative impact for men and those close to them. Research also shows that improving men's health can save the healthcare system and wider society hundreds of millions of dollars and boost the economy.

And fortunately, through 23 years of working with men, Movember has learnings about what can work when it comes to improving men's health.

The next chapter, 'A Brighter Picture: What Works in Men's Health', provides an overview of existing programmes, campaigns, services and research dedicated to meeting the health needs of New Zealand boys and men.

A Brighter Picture: What Works in Men's Health

Boys and men in Aotearoa New Zealand have diverse health needs that vary across individuals, ages, cultural backgrounds and life circumstances. We want all boys and men to lead healthy lifestyles and have their health needs met in ways that are specific to them. To achieve this we need to know, apply and strengthen what works when it comes to reaching men with programmes that improve their health literacy to drive help-seeking, and ensure we deliver healthcare approaches built with men in mind.

Some men experience disproportionately poorer health outcomes in Aotearoa New Zealand. This includes tāne Māori; Pacific men; those in more deprived areas; men with disabilities; and those working in high-risk occupations. Programmes, services and policies that support men in all their diversities are needed to drive meaningful health improvements for all men and their families across Aotearoa New Zealand.

Community-based approaches that are culturally responsive, apply strength-based approaches and are community-led can create positive change and promote wellbeing among men. Fostering open discussions about both physical and mental health in environments where men and boys convene, such as schools, online, workplaces (133), and community settings, can facilitate safe spaces for boys and men to connect, share their vulnerabilities, and support each other's emotional well-being. This will also help to encourage and normalise expressions of masculinity that support men's health (e.g. help-seeking) as well as challenge attitudes and behaviours that may impede men's health (e.g. self-reliance and emotional repression). Men's help-seeking journeys must also be supported, so that when they do reach out, they are met with practitioners that can connect with them and their families holistically, engage and respond to them effectively, and retain them in care until their health needs are met.

For tāne Māori, kaupapa Māori and hauora Māori, iwi and hapū, whānau ora providers, and culturally safe health providers, services and supports can all create better health outcomes, particularly when focusing on whānau-led solutions, addressing systemic inequalities and promoting self-determination (134,135). For Pacific men, healthcare services and health promotion programmes that put Pacific cultural values at the centre are more likely to effectively reach Pacific men of all ages, strengthen cultural identity and communicate important health information (136). The 'Ala Mo'ui (137) and the Ola Manuia (55) are useful frameworks to guide healthcare delivery for Pacific peoples to ensure services are culturally appropriate and address the specific needs of Pacific peoples.

To strengthen men's health in Aotearoa New Zealand we need targeted responses to reach and effectively respond to boys and men in community-settings to support health behaviour change and self-management, encourage them to access health care when they need it and promote social and emotional wellbeing.

This chapter features examples, from Aotearoa New Zealand and abroad, of a range of low-cost, grassroots community men's health programmes that have highly promising or demonstrated effectiveness on the ground in New Zealand communities. These are prevention and early intervention initiatives that meet boys and men where they are in their daily lives – where they live, learn, work and play – to advance their health literacy. It also provides examples of gender responsive healthcare and culturally appropriate services, including training programmes that are proving effective for upskilling practitioners and increasing their confidence and competence for engaging men in healthcare settings. Finally, it includes a research agenda to strengthen the men's health evidence base.

These examples span the entirety of the sector with differing levels of evaluation and evidence. The key design and delivery features common to their success are discussed.

MOVEMBER® INSTITUTE OF MEN'S HEALTH

MOUSTACHES LOVE RESEARCH IMAGE SUPPLIED BY NZ RUGBY

Advancing health literacy in boys and men, where they are

SPORT AND RECREATIONAL ACTIVITY AS A PROTECTIVE FACTOR FOR MEN'S HEALTH

Aotearoa New Zealand boasts a formidable legacy in sport, carving out a reputation for excellence on the global stage. The nation is perhaps best known for its rugby dominance, with the All Blacks standing as one of the most successful and feared teams in history, renowned for their skill, physicality, and the iconic haka. Kiwi athletes have excelled in rowing, sailing, and athletics, consistently punching above their weight and earning respect worldwide. This legacy is driven by a deep-rooted sporting culture, fierce national pride, and a commitment to excellence, making Aotearoa New Zealand a powerhouse across multiple sporting disciplines.

There are many benefits to participating in sport, including better physical and mental health, new skill development, and increased confidence (138). Sports New Zealand research demonstrates that physical activity lowers the risk of depression in men across age groups: by 10% in boys (5-18 years), by 22% in adult men (18-64 years) and by 21% in older men (65+ years) (139). For young people, the research indicates that increased time dedicated to physical activity, whether it be through sport, physical education, integrated learning, brain breaks, or free play at break time, can positively impact engagement and success at school.

Men in Aotearoa New Zealand who met physical activity recommendations through recreational sport and exercise had 38% higher odds of having good mental wellbeing (140). There is also a growing number of studies that show inclusive team sports programmes for men improve overall health and wellbeing (141).

Not surprisingly, men with negative past experiences in sports are less likely to find sports activities meaningful or enjoyable (142). That's why a diverse range of physical activity programmes that align with men's motivations and cultural values are needed. To optimise the benefits of physical activity, and in particular, the mental health benefits, recent guidelines coauthored by Movember recommend: i) activity selection be guided by factors associated with adherence and enjoyment as opposed to any specific type, and ii) participation in physical activity with others who provide support, facilitate positive interactions, or make people feel valued, so long as it does not undermine a preference to be active alone (143).

As men age, sports participation may be less accessible because of functional limitations, illness, or injury (144).

Research with a men's provincial rugby team in New Zealand found that sport-related research and practices that are informed by indigenous knowledge and values can benefit the wellbeing of Indigenous People, including players, coaches and teams (145).

Physical activity and sports programmes that are holistic, culturally responsive, accessible, affordable, and cater to all men's motivations is an integral step to improving men's health in Aotearoa New Zealand. Some examples of these programmes are outlined below.

In the clubrooms and beyond

MOVEMBER'S AHEAD OF THE GAME (MAOTG)

(NZ, AUS, UK, IRE) MAOTG is a youth mental health programme delivered through community sport clubs and high schools that teaches young players aged between 12 and 18 years, parents, coaches and volunteers how to understand mental health, build mental fitness and strengthen resilience. The programme addresses how to recognise mental health challenges facing young players, what to do and when to get help, better enabling young people to take on life's challenges both on and off the field. This programme has been proven to increase mental health literacy, help seeking intentions and confidence to help others (146). In Aotearoa New Zealand, Movember Ahead of the Game was delivered to more than 100 teenage rugby union players across six schools as part of a successful pilot. As a result, and in partnership with New Zealand Rugby's Mind Set Engage Programme, it is now being scaled across the country to high school rugby teams.

Similar sports-based programmes including Football Fans in Training (FFIT) or modified versions of FFIT such as Movember Funded Hockey FIT (NZ, UK, AUS, CAN, EU) (147,148) have utilised football or other sporting clubs to deliver workshop sessions on broader men's health issues including weight management and healthy living (diet and exercise principles).

THE BEST EXERCISE FOR MĀORI MEN

This 12-week structured, culturally informed group exercise programme is for men aged 28-50 years. The programme includes high-intensity interval training, resistance training or crossfit training and participants are supervised by experienced certified ex-professionals who are tāne Māori. The 'by Māori, for Māori' approach was integral to the programme's delivery and success. The supportive community environment with positive relationships and friendly competition motivated participants to exercise regularly. Participants noted improvements in energy levels, better mood, and greater engagement in life. The educational component increased health awareness not only for participants but also for whānau, helping to correct common exercise misconceptions (153).

RUFIT–NZ

RUFIT is a weight loss programme for obese middle-aged men delivered by professional rugby clubs in Aotearoa New Zealand. It is a 12-week lifestyle programme consisting of two-hour weekly sessions that combine educational workshops with tailored group exercise activities, designed to create a team atmosphere among participants. The education portion covers topics like physical activity, nutrition, sleep, alcohol consumption, and behaviour change techniques, while the physical activity sessions include aerobic exercises, muscle strengthening, and flexibility training, all delivered by qualified dietitians and strength conditioning trainers from rugby clubs.

Evaluations of the RUFIT-NZ programme show positive results, with improvements in body weight (with participants losing about 2.7kg on average), waist circumference, and cardiorespiratory fitness, along with positive lifestyle changes including increased physical activity, greater fruit and vegetable consumption, better health-related quality of life and reduced consumption of sugary drinks and fast food (148,151,152).

RUFIT NZs effectiveness stems from bringing together like-minded men with shared characteristics and motivations in a non-judgemental group setting that creates accountability and camaraderie. The programme's success is further enhanced by engaging facilitators who serve as motivators and role models while creating a positive environment with challenging but achievable activities.

TŪ MANAWA ACTIVE AOTEAROA

This is a Sport New Zealand activation fund developed to promote physical activity in local communities through play, active recreation and sport opportunities for tamariki and rangatahi. Over 4,855 projects have been funded with 90% of providers reporting that they improved access to play, active recreation and sport opportunities; 88% of providers reporting improved skills of tamariki and rangatahi to be physically active; 84% of activities supported rangatahi to have an improved sense of belonging and connectedness; and 38% of opportunities provided tamariki and rangatahi with improved access to culture and language.

MIND SET ENGAGE

New Zealand Rugby established Mind Set Engage (formerly 'Headfirst'), their Mental Health and Wellbeing Programme, in 2017. Mind Set Engage delivers mental health and wellbeing education, resources, and messages aimed at supporting players, coaches, whānau, rugby staff and the wider rugby community, to look after their own wellbeing as well as understand how to look after the wellbeing of others. The programme aims to connect rugby environments with strategies, knowledge, and the right community services ensuring a space where help-seeking is normalised, resulting in a compassionate and supportive response, and stigma reducing activities. Since 2017 Mind Set Engage has supported hundreds of rugby teams and clubs and reached thousands of individuals with their outreach programme (149).

The programme aims to achieve four core goals:

1. To strengthen the individual's ability and intent to improve or maintain positive mental wellbeing, and utilise effective strategies to cope with challenges in and outside of rugby.
2. To create sustainable environments in the wider rugby community that encourage conversations about mental health, support help seeking and receiving, reduce stigma and have connections to local services.
3. To increase participants ability to recognise signs of distress, how to check in, where to get help, and to encourage friends, whānau, and team members to find support.
4. Use rugby's influence to support the national conversation of mental health promotion, stigma reduction and positive action.

Results of an evaluation undertaken between 2022-2024 paint a clear picture of the Mind Set Engage program being effective at delivering improved mental health literacy, attitudes, and help-seeking behaviours (150). Participants also demonstrated increased confidence regarding checking in on others about their mental health, had fewer stigmatising attitudes, and increased knowledge about depression and anxiety. In Aotearoa New Zealand, Mind Set Engage now also deliver MAOTG for rugby communities with players aged under 18.

In the workplace

WHANAUNGATANGA PROGRAMME

Fire and Emergency New Zealand (FENZ) developed this programme to improve the wellbeing of career firefighters in pilot sites in the province of Te Hiku (Auckland Province). The programme aims to improve organisational culture and in turn, frontline wellbeing through trust and support.

Based on a participatory approach, the programme includes focus groups, interviews and workshops with firefighters and commanders to identify work stressors and ways to address them. A nation-wide wellbeing survey of FENZ employees, run by Auckland University of Technology researchers, established a benchmark measure of employees' perceptions of a range of wellbeing and organisational factors. Findings from the focus groups, interviews and survey have been used to support the development of 8 organisational change interventions. The interventions focus on connection, workloads, leadership development and recognition. Changing how sick leave was monitored was also addressed.

Movember has funded the ongoing evaluation of the Whanaungatanga programme and, while the programme is in its early stages, there have been a number of promising shifts. Positive workplace sentiment in pilot regions has tripled compared to non-pilot areas. There have also been moderate increases in organisational accountability, organisational competence and gratitude towards the organisation. Organisation wide engagement, with senior leadership support and strong collaboration among all key stakeholders has been a strength of the programme.

FARMSTRONG

Farmstrong launched in 2015 as a rural wellbeing programme, focusing initially on farmers, and later the wider agricultural sector. The programme helps farmers and growers to learn from each other about mental fitness actions that lead to better farming outcomes. Farmstrong draws on action research methodologies, and a set of principles informed by social and wellbeing science.

The farming and growing sector has been perceived as being resistant to improving the health and wellbeing of those working in it, who are vulnerable to mental health problems. Farmstrong has shown that farmers and growers will, if the social incentives are right, make behaviour changes that improve their wellbeing and build their overall psychological resilience.

Aligning with the innovation adoption curve (154), there are signs that early adopters and increasingly the middle majority of New Zealand farmers, have taken on 'wellbeing' as a tangible and useful life and business strategy. Farmers and growers were more likely to change their behaviours when encouraged by respected peers and sector ambassadors they identify with and admire.

Given Farmstrong's long running success in Aotearoa New Zealand, the model has been scaled and implemented in Scotland.

LIVE WELL, BUILD WELL

Live Well, Build Well helps builders and tradespeople develop mental skills and wellbeing habits that support them both physically and mentally. The programme provides practical tools and ideas that construction businesses can use to build resilience, reduce stress levels and help prevent common workplace injuries. Topic areas covered in the programme include managing everyday workplace pressures, healthy thinking strategies and mindset, breathing techniques, sleep, nutrition, body conditioning, rest, and recovery time.

MATES IN CONSTRUCTION

This programme is a workplace suicide prevention model, grounded in igniting hope, Kia Tūrama te Awhero, and developed to reduce high suicide rates in the New Zealand construction industry. The programmes approach spans the full Suicide Prevention Continuum from: 1) promoting well-being 2) responding to suicidal distress 3) responding to suicidal behaviour, and 4) supporting after a suicide.

Since launching in Aotearoa New Zealand five years ago, MATES has trained over 80,000 workers through General Awareness Training (GAT) and MATES Awareness Training (MAT), and equipped more than 5,000 on-site volunteers, known as Connectors and ASIST-trained workers, to support others and take action when someone isn't travelling well. This includes a diverse range of workers across the sector, from apprentices to senior leaders, reflecting the broad reach and inclusive nature of the programme.

In 2024, the MATES programme had over 53,660 worker interactions across its programme and services – with over 10,000 workers taking part in GAT or MAT sessions and more than 1,000 volunteers being trained.

Post-training evaluations showed a 34% increase in confidence to notice a struggling workmate, and a 28% increase in confidence to connect them to help. These results point to a growing cultural shift across the industry, toward openness, early support, and community-led responses to distress (155). An economic evaluation of the programme found that for every $1 spent, $4.42 was gained in return (73).

In the classroom

A limitation of the following list of school-based programs is that they do not publicly disclose results segmented by gender. Additional analysis is needed to determine whether these programs had a specific impact on boys.

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MOUSTACHES LOVE RESEARCH IMAGE SUPPLIED BY NZ RUGBY

ACTIVE AS

This programme supports secondary schools and wharekura to create enjoyable and inclusive physical activities and sports for their students. It aims to improve students' wellbeing and educational outcomes by encouraging them to be more physically active. Guided by youth perspectives, Active As is underpinned by Mana Taioho, a framework to inform positive youth development in Aotearoa New Zealand. Supported by Sport NZ, there are currently 47 secondary schools and three wharekura (through Mātaiao) engaged in Active As across Aotearoa New Zealand.

PLAY.SPORT

Play.sport was a Sport NZ-led initiative that aimed to enhance the quality of physical education, sport, physical activity, and play for students, while also strengthening connections between schools, sports clubs, and families.

The programme ran from 2015 to 2019 in 45 schools across Waitākere and Upper Hutt, with additional sites added in Invercargill and Hamilton in 2019. The insights gained through Play.sport significantly shaped the development of the Healthy Active Learning programme.

Play.sport primarily focused on creating active school environments and supporting schools and teachers to improve their delivery of the Health and Physical Education curriculum.

HEALTHY ACTIVE LEARNING

This initiative from Sport NZ, Te Whatu Ora Health New Zealand and the Ministry of Education aims to enhance the wellbeing of tamariki and rangatahi through quality physical activity, and healthy eating and drinking. Support is available for schools and kura to develop healthy and active learning environments and better connections to community. Schools have access to physical activity and health advisors, professional development, funding and resources that best support their needs. Over 800 schools and kura are participating in the programme.

HAUORA AOTEAROA

Hauora Aotearoa is a kaupapa Māori mental health charity based in schools. The programme takes a trauma-informed approach to share Te Whare Tapa Whā tools with disengaged rangatahi in secondary schools. The programme focusses on empowering rangatahi and kaiako (teachers) to know where they are at and how to cope with change, manage emotions and build relationships.

STAND UP!

Stand Up! is a youth development programme for rangatahi whose lives are influenced by alcohol and other drugs, aiming to engage students in the early stages of substance related challenges. Delivered by Odyssey and Youthline, StandUp! provides rangatahi with opportunities to explore and discuss a range of topics including and beyond alcohol and other drugs, such as academic performance, future aspirations, or whānau relationships.

B.R.A.V.E

The B.R.A.V.E programme is a Youth Development Programme that stands for Building Resilience And Voicing Empowerment. It is a primary level intervention for Year 9 or 10 secondary school students experiencing distress and expressing the need for help with mental health or alcohol and other drug issues.

The B.R.A.V.E programme aims to activate the leadership of young people, and to support them to be a catalyst for positive change in their schools and with their peers. This programme is offered to schools, alternative education providers and private training establishments and is delivered in a minimum of 10 weeks, adapting to the needs of the community.

In the community

MENZSHED

(NZ, AUS, UK, CAN, IRE) Originally established in Australia, these are community-based spaces that offer and cultivate social connection for men through local peer group networking and support. There are 135 Sheds across Aotearoa New Zealand. Sheds offer an environment conducive to men learning and sharing health information in non-traditional formats. In independent evaluations of Australian Men's Sheds, Shedders report heightened self-esteem, better physical health and enhanced mental well-being and help seeking (156–158). The concept of Men's Sheds as an alternative healthcare route and as a social prescribing option for healthcare practitioners has been recently described (159).

TIAKI WHĀNAU | TIAKI ORA

A programme with a by-whānau, for-whānau approach to suicide prevention. Practical toolkits are delivered directly into Māori family homes through community champions across Aotearoa New Zealand. The programme is built on the belief that whānau themselves hold the solutions to wellbeing (ora), providing them with practical tools to help navigate difficult times. Since 2018, the programme has reached over 2,000 Māori family homes and supported 65 Māori communities in building capacity to prevent suicide through workforce development and volunteer engagement. The programme is showing positive impacts, with 89% of participants reporting confidence in recognising suicide risk, 91% feeling confident to seek support for their families, and 90% feeling confident in their ability to build family wellbeing.

SHE IS NOT YOUR REHAB

She Is Not Your Rehab is a global movement birthed from a barbershop — founded in 2019 by Mataio and Sarah Brown in Christchurch. What began as courageous conversations with men in a local barbershop has grown into an international platform dedicated to dismantling the foundations of family violence.

The movement doesn't just aim to address the symptoms of violence, it exists to confront and heal its root causes: men's trauma, shame, disconnection, and silence. Following Mataio's viral TEDx talk, She Is Not Your Rehab has continued to expand its reach through digital campaigns, prison programmes, community events, school sessions, sector training, exhibitions, published books, and the free healing app innerBoy. Participants have reported improved relationships with children and partners and healing from trauma (160).

The programme provides leadership in a New Zealand-based movement of anti-violence, that works to reduce men's use of violence by directly speaking to the context of childhood trauma and mental ill-health so often contextualising this behaviour. The programme takes a lens of 'compassionate accountability', by communicating a core message to men who use violence, that "your childhood trauma was not your fault. But your healing is your responsibility." The initiative comes from a place of understanding and compassion for men's lived experience of pain, suffering, trauma and poor mental health, and provides men who use violence a safe space to recognise how their unhealed trauma is often impacting others in their lives. The process is strength-based rather than deficit-focused, and leverages useful elements of traditional masculinity to advantage such as accountability, responsibility and service to others.

In the community

TAI WĀTEA

This is a surf therapy programme delivered by the Live for More Charitable Trust in Tauranga. The programme aims to steer young people away from drugs, alcohol, and crime while empowering them to live healthy lives. It is an 8-week programme combining weekly 90-minute surf sessions with group learning using surfing analogies, cultural practices like pepeha and haka, and talks from speakers who have overcome personal hardships. The programme also provides individual counselling and mentoring to help participants navigate exiting the justice system, access educational and job opportunities, and engage in positive leisure activities.

The programme's positive outcomes are due to its culturally responsive approach, enhancing cultural identity and holistic wellbeing. Those who have completed the programme showed improvements across all measured domains of psychosocial functioning with the social, relational and emotional aspects of psychological functioning most improved. Participants also reported that the surfing component positively impacted their spiritual, emotional and mental wellbeing (161).

MAN ALIVE | TĀNE ORA

Established in 1996, Man Alive ran a range of support services for boys and men. Man Alive focusses on promoting positive models of manhood, healthy behaviours and respectful relationships with programmes and services delivered in English, Te Reo, Samoan, Hindi, Farsi and Spanish.

Services and programmes offered by Man Alive include individual, youth and couple counselling, relationship and living without violence programmes, programmes in West Auckland schools and programmes for boys (aged 8-12 years) with behavioural or emotional challenges.

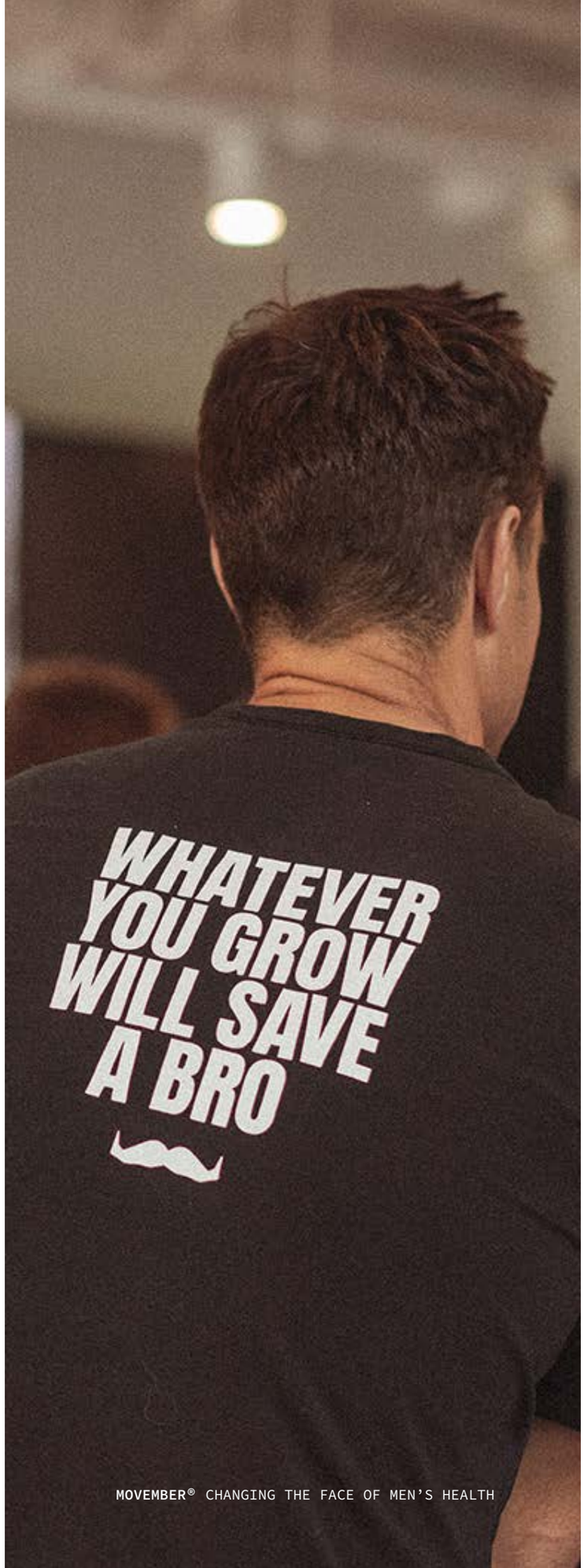
NGÃ TAU MIHARO O AOTEAROA

Incredible years parenting programme

The Incredible Years Parenting (IYP) programme is an intervention to address conduct problems in children. Conduct problems affect approximately 5 to 10 per cent of children in Aotearoa New Zealand which equates to more than 50,000 children (162).

The IYP Programme is an internationally recognised parent management training programme designed to improve parental capabilities to promote emotional and social competence in children and to prevent, reduce and treat conduct problems. The IYP Programme for Māori whānau is called Ngā Tau Mīharo ō Aotearoa, which reflects the Māori tikanga and supports responsiveness to Māori Culture.

A study of the IYP Programme delivered by Te Whānau o Waipareira (an Urban Māori Authority in West Auckland) found that for every dollar invested, $ 3.75 of social value is created.



MOVEMBER

Changing the Way We Talk About and Tackle Men's Health

Movember plays a vital role in shaping the men's health landscape in Aotearoa New Zealand. Each November, it brings men's health to the forefront. In workplaces, on sports fields, and across digital platforms, Movember rallies communities to take action — raising funds, driving awareness, and breaking down stigma. That momentum fuels impact all year round, enabling many of Movember's flagship programmes in mental health and suicide prevention, prostate cancer, and testicular cancer — turning awareness into real-world outcomes.

Movember doesn't just talk to men — it listens, partners, and designs with them. It goes where men are, using culture, sport, and digital media to shift behaviours and reach those who might otherwise slip through the cracks. Programmes like Movember Conversations offer practical tools to navigate tough chats with men who may be struggling. And initiatives like Movember Ahead of the Game, which recently launched in Aotearoa New Zealand, are helping young men build mental fitness and emotional resilience — right from the locker room.

This impact wouldn't be possible without our Movember community, whose passion has made this one of the world's largest peer-to-peer fundraising campaigns — and a global movement changing the way the world talks about, thinks about, and invests in men's health.

Men’s online health resources

There are a range of long-standing and recently initiated online programmes that offer dedicated men’s health information and resources. These can be used by community groups and in health services in general or in key times of need (e.g. new fatherhood, psychological distress).

INNERBOY

This is a free web-based men’s mental health app created to support men in navigating trauma and reducing harm in their lives and relationships. Designed as a culturally responsive, easy to use tool, it offers self-paced, reflective modules grounded in lived experience — helping men build emotional literacy, take responsibility, and begin their healing journey.

Currently available across Aotearoa New Zealand and Australia, innerBoy is particularly effective for men who face barriers to traditional mental health services, such as financial constraints, long waitlists, or a lack of culturally safe options. Research shows that innerBoy is effective for men even after just a few sessions (163).

SAFEMAN SAFEFAMILY

Identifying childhood trauma as a significant root cause of violence for many men, SafeMan SafeFamily focuses on helping men ‘uncover’ their past experiences and the impact these have had on their lives. The programme utilises peer-led support, enabling men who have faced similar trauma to connect with one another while offering empathy and understanding. SafeMan SafeFamily also provides professional support from therapists and counsellors who can assist men in addressing their trauma and developing healthier coping mechanisms.

It includes a SMSF hosted network of peers and professionals across Aotearoa New Zealand. It is enabled by a small team of peers and professionals who operate virtually, in-person and onsite across the country in formal and informal capacities.

Men’s health media promotion campaigns

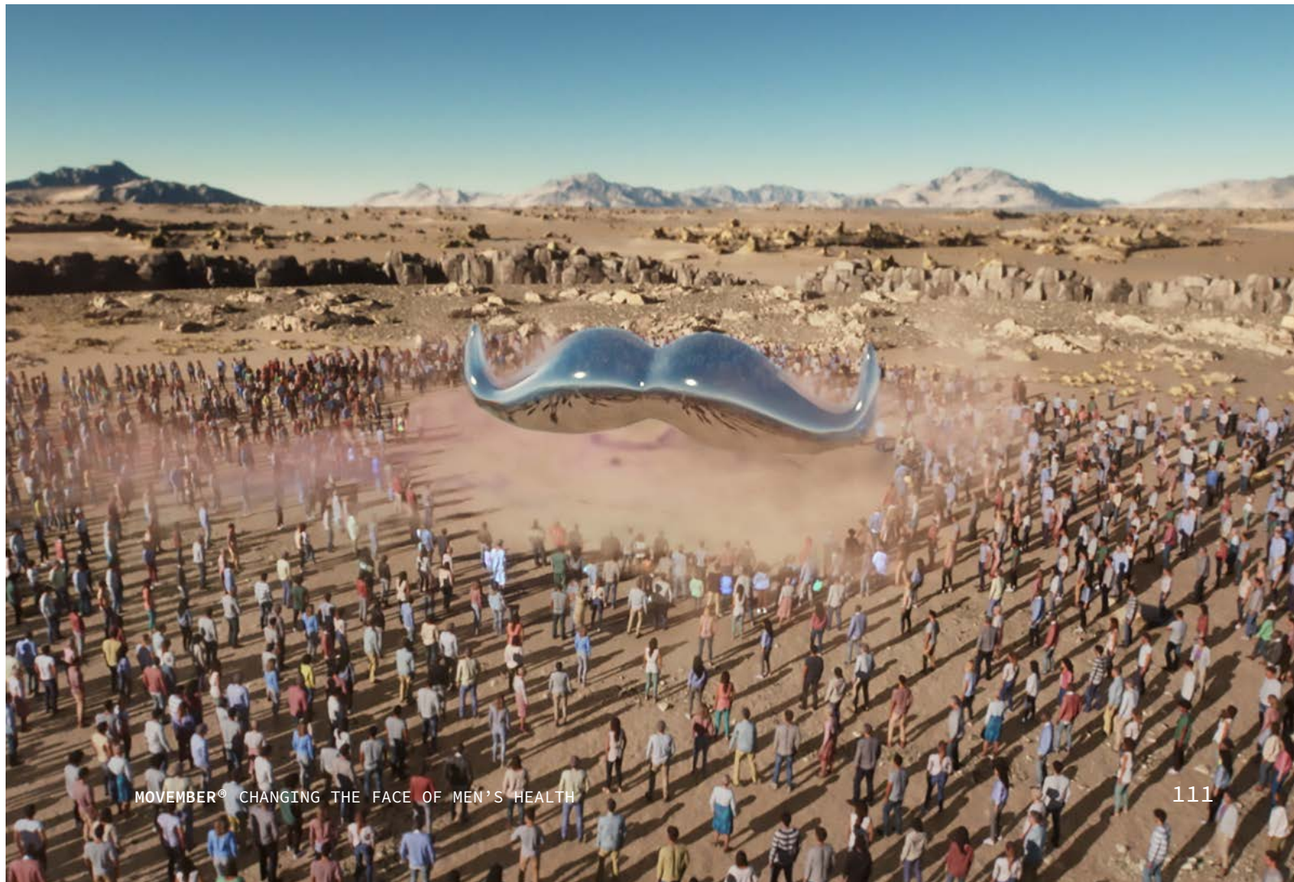
MAN ENOUGH

MAN ENOUGH New Zealand was a two-part TV documentary series that aimed to improve the mental health and wellbeing of men in Aotearoa New Zealand, at a population level, shifting attitudes about masculine social norms and behavioural intent to seek help when needed. Man Enough was successful in several ways when viewed by members of its target audience of men aged 25 to 54. It increased knowledge of male suicide facts; it increased intentions to seek help and to help others, and specifically with regards to reaching out to a male friend who was thought to be going through a tough time (164).

LIKE MINDS, LIKE MINE

The Like Minds, Like Mine Programme, launched in 1997, was among the first international initiatives to address mental health stigma through public campaigns, education, and community action. Over time, it has partnered with people with lived experience and Māori and Pacific communities to reduce prejudice.

Building on its legacy, Nōku te Ao: Like Minds is a revitalised social movement founded in Te Tiriti o Waitangi and principles of equity. Its name, meaning “the world is mine,” reflects a vision of dignity and inclusion for people with mental distress. The programme engages those with lived experience in its leadership and focuses on systems and institutions that have the power to either exclude or uplift. Grounded in kaupapa Māori approaches, it combines national campaigns, media monitoring, community-led initiatives, and research to build inclusivity in Aotearoa New Zealand.



A gender responsive healthcare system:

HEALTH SERVICES, SCREENINGS, DESIGNED WITH MEN IN MIND

The World Health Organisation and the Lancet Commission on Gender and Global Health suggest that the greatest advances to men's health at the community and population levels will be achieved through healthcare systems and services that are responsive to men's needs (165,166).

Men's health inequities, and the social and structural determinants that are tied to them, can be misrepresented as a byproduct of men's behaviours including their reticence for help-seeking and/or reluctance to engage professional health care (88). Yet, evidence consistently highlights the lack of male-oriented services as a critical barrier to men's help-seeking (167). The key here is to develop and provide healthcare services that "purposefully respond to the depth and diversity of people's gendered health and illness experiences to optimise their outcomes" (168).

A recent scoping review indicated three key strategies for designing health services to effectively engage men (79):

1) Design and disseminate accessible and contextually relevant information to orient men to diverse health services.
2) Tailor health care communication and language to reflect men's everyday interactions.
3) Build therapeutic patient-provider relationships that engage and empower men to be active in their healthcare.

Health services can adjust to better accommodate men (169), and their design is critical, particularly when it comes to screening for physical and mental illnesses.

PREVENTATIVE HEALTHCARE

Screening programmes and designated health checks can be powerful measures to improve men's health, given that the major burden of disease in men is due to premature mortality from preventable injury and disease. Below are just a few examples of the impact screening can have on men's health. The evidence is clear: men's health benefits from engagement in effective prevention and health screening services.

BOWEL CANCER SCREENING

Aotearoa New Zealand has one of the highest rates of bowel cancer in the world (170). Bowel cancer often has no symptoms. The bowel screening test (a faecal immunochemical test or FIT) can detect tiny traces of blood in the bowel motion. It helps save lives by finding bowel cancer early, when it can often be successfully treated. The NZ National Bowel Screening programme has been gradually rolled out across Aotearoa New Zealand between July 2017 and June 2022 for people aged 60–74 years of age to complete a bowel cancer screening every 2 years (171). The starting age of the screening programme is being lowered from 60 to 58 years, the change is becoming operational across the country between Q1:2025 to March 2026 (172). The participation target for the programme is 60%, however by November 2024, men had lower participation than women in bowel screening, 56.4% vs 56.9% (173).

Māori (51.1%), Pacific Island (39%) and Asian (44%) people have lower participation in the programme compared to other ethnic groups (173). Currently, bowel screening participation is not published by ethnicity or gender in public reporting. This makes it hard to track whether tāne Māori specifically are being reached or left behind.

MENTAL HEALTH SCREENING

To build a mentally healthier future for men and boys, universal mental health screening must become a standard part of care, beginning in schools and extending through primary care settings.

Youth Health Assessments are conducted in most secondary schools to screen for psychosocial risk factors in young people. School Based Health Service Staff meet with Year 9 students in decile 1-5 schools, the most commonly used assessment is the HEADS or HEADSSS assessment. This adolescent psychosocial interview focusses on areas like home, education/employment, eating, activities, drugs, sexuality, suicide/depression, and safety (174).

In primary care, the Integrated Primary Mental Health and Addiction (IPMHA) services were rolled out across Aotearoa New Zealand as part of a phased implementation that began following the Government's 2019 Wellbeing Budget (175). Health Improvement Practitioners (HIPs) and Health Coaches (HCs) work within general practices, providing brief interventions and mental health and wellbeing support. These professionals use targeted screening tools (such as K10, PHQ-9, Hua Oranga, and SDQ) and behavioural therapies for those presenting with mental health and wellbeing concerns. Of the 173,000 sessions delivered through this service in the 12 months ending March 2025, only 36.5% of service users were men, highlighting a significant gender gap in service engagement, despite the service being free and accessible to 72% of the population enrolled with a GP (176).

CARDIOVASCULAR DISEASE RISK SCREENING

The Cardiovascular Disease Risk Assessment (CVDRA) is a health screening tool used in Aotearoa New Zealand to estimate an individual's risk of having a heart attack, stroke, or other cardiovascular event within the next five years. It assesses key risk factors such as blood pressure, cholesterol levels, diabetes risk, smoking status, and family history of heart disease. CVDRA is offered through general practices (GPs) as part of routine preventive care. Eligibility guidelines recommend CVDRA from age 30 for Māori, Pacific, and South Asian men, and from age 45 for other men, with repeat assessments typically recommended every five years (177). Early identification and intervention through CVDRA allow GPs to provide tailored support, lifestyle advice, and clinical management to reduce cardiovascular risk and prevent serious health outcomes.

ONE HEART MANY LIVES

The One Heart Many Lives programme aims to reduce the risk of cardiovascular disease in Māori and Pacific men. It uses a wide range of approaches such as social marketing campaigns, community provider projects and working with District Health Boards and Primary Health Organisations to implement cardiovascular risk reduction strategies. The programme encourages men to seek help, get a heart check and supports them to increase awareness about lifestyle habits and medication compliance. The programme has resulted in improvements in cardiovascular risk screening, smoking cessation, awareness of heart disease risk and behaviour change (178).

STROKE F.A.S.T CAMPAIGN

While not targeted specifically at men, the F.A.S.T campaigns were designed to increase public recognition and action with regards to the early symptoms of potential stroke. The FAST message was the cornerstone of the campaigns: FAST stands for 'Face', Speech', 'Arm' and 'Take Action', where the patient or bystander is prompted to check for a facial droop, speech difficulties and/or unilateral arm weakness and if any of them are present be aware of 'Time' being of the essence to act FAST and call 111.

Successive Stroke F.A.S.T campaigns, run since 2016, were evaluated through St John Ambulance Service data from 111 calls and demonstrated the impact of consecutive campaigns, with an increase in the number of 111 calls for suspected stroke, and the average number of daily calls has increased over time. This analysis indicates the increase in calls is likely due to the impact of successive national campaigns, rather than an underlying positive trend over time.

The campaign was shown to be effective, particularly around the increasing awareness of signs of stroke for Pacific peoples. The increased awareness of the signs of stroke promoted in the F.A.S.T message is now similar for Māori, Pacific peoples, and non-Māori/non-Pacific respondents. There is still a need to improve awareness that any one of the key signs of stroke is required to call 111, as 41% of survey respondents still believe more than one sign is required, or are unsure (179).

Male-friendly and male-specific services

Health services can make changes to better accommodate men and ensure that every contact counts (169). The design of health services is one factor in reaching and responding to men, particularly when it comes to intervening early for mental ill-health and chronic disease. Too often, men report structural barriers that get in the way of them using services in a timely manner when health issues arise – from cultural insensitivity, access times that conflict with work and family commitments, waiting periods, lack of relevant male-specific information, to poor coordination between different services (82,180–183).

It does not require major shifts in health service design to create settings and approaches that are more sensitive and responsive to men's healthcare needs and preferences. Through collaborative co-design initiatives that integrate the role of masculinities in men's health, the positive impacts can be profound. While wait times are more systemic issues that are out of the scope of this report, the digital revolution does offer the potential to meet some men's preferences to seek help online (184). If designed with men in mind and integrated correctly into health services, digital apps and e-health interventions can bridge the critical time gap between men needing face-to-face help and receiving it, particularly for men in crisis, and to provide ongoing follow-up care so men do not fall through the cracks (185–187).

PROSTATE CANCER PATIENT EMPOWERMENT PROGRAMME

The Prostate Cancer Patient Empowerment Programme is a six-month Prostate Cancer Foundation NZ programme that provides participants with emails and videos to educate and encourage aerobic exercise and strength training, pelvic floor muscle training, stress reduction techniques, dietary advice and social support.

Participants have highlighted that the programmes comprehensive approach helped them maintain their progress and decrease psychological stress (188).

KUPE

Kupe is an online decision support tool, supported by the Ministry of Health, designed specifically to help tāne Māori and all men in Aotearoa New Zealand make informed decisions about whether to have a prostate cancer check. It provides clear, evidence-based information on the potential benefits and risks of prostate-specific antigen (PSA) testing, taking into account individual factors such as age, family history, and ethnicity. Kupe aims to support shared decision-making between men and their healthcare providers by presenting the information in a culturally appropriate and accessible way, helping to reduce confusion and anxiety around prostate cancer screening (189).

PROST-FIT

Prost-FIT is designed for men living with prostate cancer at any stage of diagnosis or treatment. The programme, developed and funded by Prostate Cancer Foundation NZ, is delivered by trained, registered exercise professionals and combines physical and cognitive elements in a supportive environment, emphasising social interaction and camaraderie among participants. Prost-FIT classes are built around the aspects of training that research has shown are beneficial for men with prostate cancer. This includes pelvic floor strengthening exercises, cardiovascular fitness and strength training routines. The programme also aims to combat fatigue, facilitate mental well-being and provides social support.

SEXUAL HEALTH INITIATIVES

The Guidelines for Sexual Health Care for Prostate Cancer are designed to guide best practice care standards in the delivery of sexual health care in prostate cancer (190) across Aotearoa New Zealand, with a goal of improving outcomes for men living with prostate cancer, and their partners. Delivered in partnership with the International Society of Sexual Medicine, this initiative includes training and education for clinicians and healthcare providers, delivered by sexual medicine specialists, as well as a practical toolkit to guide implementation. This initiative is delivered based on input from experts across Aotearoa New Zealand. The initiative also includes tailored information and resources for men living with prostate cancer and their partners to guide decision-making and ensure access to the most relevant information across the prostate cancer trajectory.

Culturally responsive services

Indigenous concepts of health are broad and holistic, encompassing spiritual, environmental, cultural, and social dimensions alongside physical health (191,192). There is strong evidence to demonstrate that health programmes and services that are culturally responsive and led by Māori communities and providers result in better health outcomes (2,41,193).

For tāne Māori, iwi-led and culturally responsive health providers, services and supports can create better health outcomes, particularly when focusing on whānau-led solutions, addressing systemic inequalities and promoting self-determination (2,194,195). This is because Māori communities and providers are well equipped to understand and address the health and cultural contexts of men and their families.

Māori who feel more connected to and confident in their cultural identity show greater psychological resilience (42). Supporting whānau wellbeing and connections between generations is also important, particularly for young Māori mental health (196).

Cultural identity is also linked to wellbeing among Pacific peoples. The Fonofale model represents Pacific concepts of holistic health and wellbeing (191). It brings into focus the interconnectedness of cultural elements and their impact on health outcomes. This model emphasises the importance of:

- Family and culture in health and wellbeing.
- Quality dimensions such as access, equity, and cultural competence in health services.
- Collaboration across sectors like education, housing, health and social development.

Māori and Pacific wellbeing requires solutions based on their own cultural knowledge, values, and community leadership. Cultural practices serve as protective factors that shape health understanding, community values, and mental health approaches (38). To effectively improve wellbeing in these communities, health strategies, policies, and programmes must be built on the foundation of family, community, and cultural perspectives.

TAUAWHI MEN'S CENTRE

Tauawhi Men's Centre was founded in 2010 in Gisborne targets help-seeking, community empowerment and positive social change to improve men's health in the community. The services offered include counselling, support groups, residential respite spaces, non-violence programmes, support navigating community and government systems, and support targeted at fathers, male victims of sexual harm or abuse. Through creating a safe and welcoming environment for men, Tauawhi Men's Centre has expanded from a staff of two to a team of over twenty and an offering of increasingly specialised, community services as a result.

TE RARAWA ANGA MUA'S 'TE OHO AKE' AND 'FAR NORTH DADDY'S CLUB'

Te Rarawa Anga Mua (TRAM) is a Social Development Trust dedicated to nurturing the social and emotional wellbeing of Te Rarawa whānau, hapū, and iwi. It offers participants a comprehensive range of social services covering family support, education, employment, and health promotion to help curb the adverse effects of alcohol and drugs on young tāne in their formative years. These services create a safe space for tāne to share, learn, and thrive together. TRAM operates two dynamic Bros Groups in Kaitaia, which are tailored to men aged 18 to 25 and to fathers aged 18 and above.

Their 'Te Oho Ake' initiative supports tāne Māori grappling with a range of issues, ranging from isolation to severe health and wellbeing difficulties, while their 'Far North Daddy's Club' initiative aims to socialise Māori fathers and help them grow healthy support networks and community connections. Both these groups support participants' mental wellbeing through improved access to wellness services, healthy lifestyle programmes, and culturally enriched social engagements.

TRAM's Bros Groups provide an opportunity for tāne Māori and fathers to come together, share experiences, and support each other in their journey towards improved mental wellbeing and personal growth. Through cultural activities, peer support, and access to vital services, they aim to create stronger, healthier communities.

TĀNE TAKITU AKE

Tāne Takitu Ake is a health education programme specifically designed for tāne Māori aged 25-65 in Rotorua who are either at risk of developing long-term health conditions, already have one, or are navigating social issues. The programme is delivered by community health workers and a nurse to support men in improving their health and wellbeing.

The Tāne Takitu Ake programme is delivered over 10 weeks with 2-3 sessions per week and includes three stages: tāne whakapiripiri (joining together), tāne te waiora (health and well-being), and tāne tokorangi (standing tall). The programme includes health checks, a six-week gym component, cultural activities at local marae, and sessions in a waka on Lake Rotorua.

The programme evaluation showed that participants experienced improved health literacy, successfully modified behaviours, and formed genuine supportive relationships with each other. The non-traditional health environments proved highly effective for engagement, with the learning environment fostering self-growth and stronger self-identity among participants. Overall, most tāne demonstrated a significantly better understanding of their health and wellbeing.

MOANA HOUSE THERAPEUTIC COMMUNITY IN AOTEAROA

Moana House Therapeutic Community aims to reduce criminal offending and substance use among the Māori community. The programme is aligned with Te Tiriti o Waitangi and uses the Te Whare Tapa Whā health model, which includes a focus on holistic wellbeing across physical, mental, social, and spiritual dimensions. Research with tāne Māori in the programme found effective treatment requires a holistic and culturally relevant approach to care and including family members in the treatment process.

HE ORANGA POUTAMA

Sports NZ currently invests in 12 organisations to develop, promote and implement physical activities that are culturally appropriate to Māori. He Oranga Poutama funding is centred on Māori ways of being and knowing. It focuses on building and supporting community leadership and increasing Māori participation in physical activity.

TE WAKA TŪHONO

Te Waka Tūhono is an initiative aiming to support Māori rangatahi in Southland aged 14-17 who are at risk of harm from alcohol and other drugs by reconnecting them with their cultural identity and traditions. Through traditional Māori practices such as noho wānanga, waka ama, toi (arts), and kapa haka, the programme creates a culturally grounded pathway to wellbeing for these young people. The programme's kaimahi address individual health needs while leveraging the broader network of services provided by Ngā Kete Mātauranga Pounamu Charitable Trust to create a holistic supportive environment.

Participants report improved relationships, decreased drug use, and enhanced motivation. Family members have observed better communication patterns and stronger connections developing within their whānau, indicating the programmes positive impact extends beyond individual rangatahi to benefit their entire family units.

The programmes success is due to its skilled kaimahi who build genuine, supportive relationships with youth based on principles of tika (correctness), pono (truth), and aroha (love). The strengths-based approach, which incorporates the tuakana model (older guiding younger), has improved educational and wellbeing outcomes while improving community connections and cultural identity among participants.

FROM THE COUCH (FTC)

From The Couch is developed by Buttabean Motivation (BBM), is for Pacific peoples with the primary goal of weight-loss. It is a community-embedded intervention which focuses on diet and exercise in addition to other factors impacting participants lives, including the social determinants of health.

FTC puts Pacific ways of thinking and living at its centre and this has contributed to its success. Pacific values such as family, collectivism, social connection, reciprocity and respect are embodied in the programmes approach. This helps participants feels comfortable and supported in an environment that understands their lived experience.

A three-year evaluation of the programme demonstrates significantly lower depressive symptoms among those who completed the programme, with 20% of participants showing signs of severe depression at week 12, compared to 65% at week 1.

'MY FATHERS BARBERS' BARBER WĀNANGA

The 'My Fathers Barbers' barber wānanga programme teaches practical barbering skills while creating a safe space where barbers can be vulnerable and openly discuss any trauma and harm affecting them. The programme promotes indigenous values of care and masculinity and has had positive outcomes including improved relationships, healthier lifestyles, and reduced substance use. Barbers participating in the programme were not only able to support each other, but also their communities, by providing a safe space within their own barbershops.

TAKATĀPUI: PART OF THE WHĀNAU

Takatāpui is a traditional Māori term meaning 'intimate companion of the same sex.' It has been reclaimed to embrace all Māori who identify with diverse genders and sexualities such as whakawahine, tangata ira tane, lesbian, gay, bisexual, trans, intersex and queer.

The Takatāpui: Part of the Whānau resource is for takatāpui, their whānau and communities, sharing stories and information about identity, wellbeing and suicide prevention. The resource was written by Dr Elizabeth Kerekere and produced in partnership with Tiwhanawhana Trust.

TIAKI WHĀNAU – TIAKI ORA

Launched in 2018, the Tiaki Whānau – Tiaki Ora programme is designed to build healthy whānau by fostering awareness of protective factors and strategies to strengthen whānau collective well-being and promote suicide prevention. Whānau Champions are identified in communities across the country to deliver Tiaki Whānau Tiaki Ora toolkits into whānau homes. Tiaki Whānau Tiaki Ora toolkits have been developed to give whānau tools to help them through hard times.

Since 2018, the programme has reached over 2,000 whānau homes and supported 65 Māori communities in developing the workforce, volunteer, and community capacity to prevent suicide.

POUTIRI HEALTH CHALLENGE

The Poutiri Health Challenge is a 12-week lifestyle programme designed to address pre-diabetes and related conditions for tāne and their whānau. The programme is run by Poutiri Charitable Trust within the Bay of Plenty region. It is based on the He Pikinga Waiora, a community co-designed framework for the development, implementation and evaluation of health interventions for Indigenous communities. The programme has achieved high retention rates and improvements in clinical health indicators. Community engagement through the co-design process has been a critical factor in the success of the programme.

Building a health workforce with the competencies to respond to men's needs

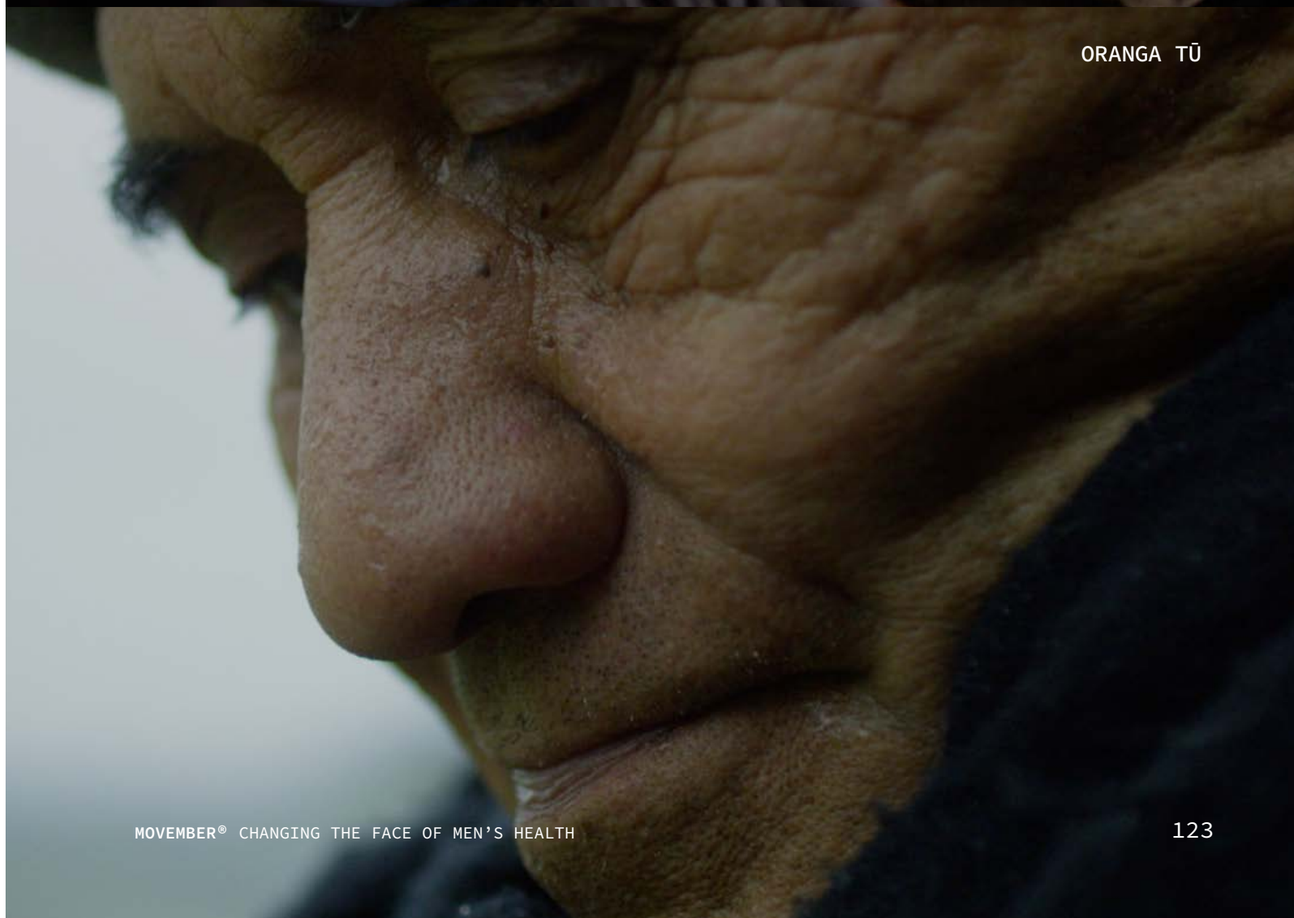
Evidence indicates that tailored training programmes are effective for upskilling practitioners and increasing their confidence and competence for engaging men in healthcare settings (197). Improving practitioner care that is responsive to men's needs will optimise their health outcomes.

MEN IN MIND

(AUS, UK, CAN) Movember-funded Men in Mind is a world-first, research backed training programme co-designed with practitioners and men to equip mental health professionals with the knowledge and skills to engage men more effectively. A randomised controlled trial indicated that Men in Mind significantly improved practitioners' self-reported confidence and competence for engaging and responding to help-seeking men (92). Specifically, 82% reported confidence for working with men experiencing suicidality compared with 47% at baseline, and these gains were maintained at 3-month follow up. Men in Mind has scaled across Australia and has recently been funded by the Australian government to be adapted for practitioners across primary care and incorporated into tertiary curricula to develop gender competencies for working with men. Movember is excited to partner with healthcare sector partners and/or government to bring Men in Mind to Aotearoa New Zealand.

ORANGA TŪ

Oranga Tū was a Kaupapa Māori project focused on the needs of tāne Māori and their whānau living with prostate cancer, seeking to provide support from the early point of prostate cancer diagnosis. This 4-year Movember-funded project (running from 2016 to 2020) investigated the delivery and access to health care and support services which in most cases are not supportive or inclusive of Māori culture, wairua (spirituality), iwi affiliations, whānau and values. Oranga Tū mapped social and community health services in the Dunedin and Tauranga regions, produced an education package for healthcare providers, and a documentary which premiered on TVNZ in 2021, all aiming to improve the level of cultural awareness and approach to delivering health care to whānau Māori. This work has the potential to be scaled further across health services, improving care for men living with prostate cancer and their families.



Research that works: Build, evaluate and translate

Underpinning the success of the programmes mentioned in this chapter are years of research and evidence building. This includes theory and social determinants frameworks (198), population health statistics (199) and literature reviews (200) synthesising best practices for engaging men in their health and with healthcare services (201). To ensure this knowledge base is accurate, up-to-date and comprehensive, additional men's health data are required. These data are best collected, analysed and reported through collaborative efforts, with long-term vision and investment. Some examples of what works are detailed below.

CENTRE FOR MEN'S HEALTH, UNIVERSITY OF OTAGO

The Centre at the University of Otago is a small interprofessional group of people passionate about advancing and improving men's health. The Centre is primarily made up of academic researchers employed by the University across several different departments (e.g. Physiotherapy, Physical Education, Sport and Exercise Science, Psychological Medicine, Preventative and Social Medicine) who have roles that encompass teaching, research, and service to the community. In addition, the Centre includes some university staff on 'research only' contracts, as well as individuals who are not employed by the university such as clinicians or community members. All members of the Centre are involved in promoting men's health through research, clinical practice, and/or advocacy.

TEN TO MEN: THE AUSTRALIAN LONGITUDINAL STUDY ON MALE HEALTH

(AUS) This is an Australian Government–funded national longitudinal study that tracks boys' and men's health and wellbeing, including health attitudes, behaviours and service utilisation over time. The study commenced in 2013 and had 5 waves of data collection (most recently completed in 2024). It provides high-quality evidence, supported by comprehensive data linkages that can be applied to strengthen the fidelity of boys' and men's health promotion programmes and services (202,203). Whilst no longitudinal men-specific cohort studies exist in New Zealand, the 50 year "Dunedin Study" and the "Canterbury Health and Development Study" have the potential to be analysed from a men's perspective. Routinely collected data could also be accessed to better understand the health status of boys and men, and address inequities relating to the social and structural determinants of health (for example, Stats NZ and Ministry of Health, NZ).

PROSTATE CANCER OUTCOMES REGISTRY PCOR–ANZ

(NZ, AUS) This is a Movember-funded clinical registry which offers a best-case example of how data can be used to drive continuous quality improvements in clinical care pathways and treatments for improved patient experiences and health outcomes for men with prostate cancer. Managed in Aotearoa New Zealand by the Centre for Health Outcomes Measures (CHOMNZ), Movember has invested $2.92 million since 2016 to develop the PCOR-ANZ as a purposeful data collaboration between men, clinicians, clinical sites, and organisations that provide linkage data and researchers (204).

In Aotearoa New Zealand, the participation of all public hospitals and 16 private urology clinics has resulted in 26,000 people currently contributing to the New Zealand registry (63). This registry is hugely successful in Aotearoa New Zealand and provides a comprehensive data set with significant prostate cancer population coverage of 83%. Over 200 benchmarked quality indicator reports have been shared with participating sites and clinicians across Aotearoa New Zealand in 2024 and are now being actively used to improve prostate cancer outcomes in Aotearoa New Zealand and CHOMNZ held its inaugural Improving Urological Cancer Care Conference in 2024 to discuss variances and gaps in diagnosis, treatments and outcomes identified by this important dataset. One area of variation identified through analysis of the PCOR-NZ data is the rate of positive surgical margins in Aotearoa New Zealand. Alongside Health NZ Canterbury, CHOMNZ have been awarded an initial Health Research Council grant to review and improve these positive margin rates. The development of personalised care support tool/reports for consumers is also in progress to allow people with prostate cancer in Aotearoa New Zealand to understand how they are tracking against other people with similar characteristics.

YOUNG MEN'S HEALTH IN THE DIGITAL WORLD

(UK, USA, AUS) In 2023-24, the Movember Institute of Men's Health commissioned extensive qualitative and quantitative research to understand young men's experiences with online influencers. Following increased media interest in 'the manosphere', this research was the first large-scale study of its kind to assess the health impacts of engaging with influencer content on young men, and to seek to understand the experiences - good and bad - that young men had when engaging. A key to the success of this research was a human-centred design approach to engaging with young men (meeting them where they were, using platforms like Telegram and WhatsApp, and using novel approaches such as peer-to-peer interviews) and building a Community of Practice (CoP) around the research to steer, advise and support data analysis.

A Future Vision: What the New Zealand Government Can Do

Improving men's health is good for men, but also has a profound impact on their partners, parents, children, whānau, mates, colleagues, teachers and health workers.

This report outlines the state of men's health across Aotearoa New Zealand and makes clear the benefits that would ripple across society if we invest in improving men's health - including potential savings into the hundreds of millions of dollars by preventing avoidable conditions in men while also improving their day-to-day lives and the lives of those closest to them.

Reflecting on the findings of this report and acknowledging the kōrero and mahi we hope will follow, there still remains a clear power imbalance between men and women in society.

Women are too often underrepresented, and positions of power are still overwhelmingly held by men, and too often, women and girls face discrimination, gender-based abuse and violence, and economic disadvantage. As highlighted in this report, women also give their time, energy and sacrifice much of their lives to care for men in ill-health. We stand in solidarity with our partners in women's health, in great support of their kaupapa, whilst also working to support boys and men to seek, find and receive the care they need, when and where they need it.

With an aim of addressing these inequalities, Movember recommits to its work toward ensuring boys and men are supported through policy and programmes, to actively look after their health to benefit themselves and to care for others. We commit to support the understanding and promotion of healthy representations of masculinity in the lives of boys and men. Understanding the role that masculinities play in men's and women's health, as well as supporting broader family and community health and wellbeing, is vital.

The policy suggestions below present pathways through which Government, health sector organisations and the community can create a shared kaupapa and by leveraging healthcare expertise, lived and living experience and the power of culture as a protective factor, begin to shift the dial of health outcomes for men across Aotearoa New Zealand.

It is clear that the way we see, respond to and shape policy around men's health requires urgent attention. When men seek help, they often experience biases, and barriers to engaging effectively in healthcare, and therefore their health needs are not met.

Men's health is diverse. The intersectionality of men's health also means certain groups of men in Aotearoa New Zealand experience a greater burden of ill-health than others. Most prominently tāne Māori, Pacific men, men living in more deprived communities, disabled men, LGBTQIA+ communities, and those working in high-risk occupations.

The ripple effect of men's poor health on society is significant. As highlighted by the informal caregiver and health economic data, it extends to those around them and far beyond the home into the workplace, health systems and broader society. Inversely, if we can shift the dial on the health, mental health and wellbeing of men across Aotearoa New Zealand, there exists an opportunity to generate a profoundly positive impact on generations of whānau.

A consolidated focus on men's health could be shaped to build upon the existing and world leading Pae Ora Legislation (205) and the 2024-2027 Government Policy Statement's intention to achieve longer life expectancy and improved quality of life for all New Zealanders (206).

Through community-based early intervention, equitable access to healthcare and gender responsive care, this report has provided examples of what works well for boys and men across Aotearoa New Zealand. We have shared insights from men about their healthcare experiences with the goal of describing what works for them. There are many examples ranging from effective community-based programmes, gender responsive services to government-led initiatives.

While there is a lot to build on in Aotearoa New Zealand, the key to advancing this work and addressing men's health is through a consolidated and strategic approach to men's health.

With this in mind, Movember has committed to an initial $206 million (NZD) global investment into the Movember Institute of Men's Health, focused on knowledge generation and translation into practical, real-world outcomes to address critical men's health issues.

Based on the evidence in this report, and in making these commitments, Movember's core proposal to the New Zealand Government is to:

INVEST IN A MEN'S HEALTH STRATEGY FOR AOTEAROA NEW ZEALAND TO IMPROVE MEN'S HEALTH OUTCOMES THROUGH POLICIES, SYSTEMS AND SERVICES

Movember looks to work with and alongside the New Zealand Government to support and facilitate deep collaborations with our partners across the health and social services sectors, experts and men in the communities across Aotearoa New Zealand, to build a healthcare system that reaches, responds to and retains men in health care, meeting their needs in the most effective ways.

An evidence-informed men's health strategy would help New Zealand boys and men to live well and stay well for longer, connected to and supported by their community, challenge stereotypes and barriers that affect men, and create a health system that is better connected and more responsive to men's needs.

Over a ten-year period, a men's health strategy could set the course for improving the health, mental health and wellbeing of boys and men through a shared vision for men's health. This strategy could set long-term priorities to guide progress towards a health system that is gender responsive and fit for purpose. The New Zealand Government's Women's Health Strategy 2023 provides a brilliant demonstration of the importance of taking a gendered lens to improving the health system to better address women's needs and experiences (207), a result that could be mirrored through a health strategy for men.

Working in tandem, and alongside the **Women's Health Strategy**, we can see a future where women and men both live longer in good health, have improved wellbeing and quality of life, a positive impact that will ripple through to create healthy and resilient relationships, whānau and communities, living within healthy environments that support good health, mental health and wellbeing.

The result will be equitable health outcomes for tāne Māori, Pacific men and men in all of their diversities across Aotearoa New Zealand.

TAILORING TO MEN MOST AT RISK OF POOR HEALTH OUTCOMES

A national men's health strategy should focus on improving the physical, mental, cultural, social and emotional wellbeing and quality of life of men in all their diversities. This includes creating a health system that meets boys' and men's needs, addresses men-specific health issues and risk factors, and supports boys and men to live and age well.

The intent of a national men's health strategy is to support effective and equitable healthcare for New Zealand men consistent with the principles of the Pae Ora (Healthy Futures) Act 2022 (205). The Pae Ora established the following set of health system principles, requiring the health system to:

- be equitable,
- engage with Māori, population groups, and others to reflect their needs and aspirations,
- provide opportunities for Māori to exercise decision-making authority,
- provide choice of quality services to Māori and other population groups, and
- protect and promote people's health and wellbeing.

Within and across the six Pae Ora strategies appears a consistent gap: a missing focus on men, and their diversities within, as a priority population, despite clear evidence of disadvantage across mental health, injury, chronic conditions, and service access, particularly for Māori, Pacific, rural, and disabled men. Where men are mentioned, it is typically as a comparator, not as a focus for targeted action.

A national men's health strategy would look to explicitly consider the unique health needs of boys and men when writing public policy, in particular those who are disproportionately impacted by poorer health outcomes, including tāne Māori, Pacific men, men living in more deprived communities, disabled men, older men, LGBTQIA+ communities, and those working in high-risk occupations.

Whether included as part of the suite of Pae Ora strategies or designed as a stand-alone piece of healthcare policy, a men's health strategy would further support the health system to deliver solutions designed for and tailored to boys and men. By improving levels of wellbeing and lifting quality of care, we can lower both admissions and readmissions, lifting overall health system efficiency. A future New Zealand men's health strategy, alongside the Women's Health Strategy, would also provide a framework through which future national strategies and revisions could be shaped to include gender specific calls to action, helping to address the unique health risks, experiences and barriers to accessing care for men.

There is an opportunity for the next **Suicide Prevention Strategy** (due to be renewed in 2029) to include a clear focus on men with the next corresponding suicide prevention action plans to include more actions specific to particular groups of men. Similarly, the upcoming **Mental Health and Wellbeing Strategy** should prioritise early intervention and support to improve the mental health of men.

Building on the existing focus on men's role in violence prevention, there is an opportunity within the next **Te Aorerekura (National Strategy to Eliminate Family Violence and Sexual Violence)** to identify possibilities to engage with men through healing opportunities.

The Te Aorerekura references the Te Huringa ō Te Ao - Supporting Men's Behaviour Change programme. Seeking to understand and respond to men's poor health outcomes is a key pillar in violence prevention, both toward themselves and others, and earlier interventions through healing services should be considered. The Movember Institute of Men's Health has invested $3.45 million into a partnership with the Australian Department of Social Services to reduce gender-based violence by advancing healthy masculinities initiatives aimed at improving the health and wellbeing of young boys and men, and promoting a culture of healthy masculinities. Movember Institute of Men's Health would be eager to explore similar opportunities with the New Zealand Government.

The consideration of gender, and specifically, gender-specific health outcomes, should be extended towards wider legislation and practices, for example the Accident Compensation Corporation (ACC) and policies pertaining to high-risk occupations. In doing so, this will create a flow-on effect where gender responsiveness will subsequently begin to be integrated within organisations and into public awareness.

MEN'S HEALTH STRATEGY PRECEDENT

There are precedents for a national men's health strategy around the world: Ireland (2008; 2017), Brazil (2009), Australia (2010; 2019), Mongolia (2014), Malaysia (2018) and South Africa (2020). Following growing momentum for greater focus on the health of boys and men, the UK Government will launch its first men's health strategy in England (208). Ireland launched the world's first strategy in 2008 (National Men's Health Policy 2008-2013) (209), paving the way for a second 2017-2021 strategy. A review of the first strategy indicated significant contributions to health promotion initiatives encouraging men to adopt positive behaviours, community programmes and men's health training for healthcare professionals (169,210).

Since its 2008 launch, Irish men's life expectancy has increased from 76.8 (2005-2007) to 79.6 (2015-2017), and the life expectancy gap between men and women declined from 4.8 to 3.8 years. Over the same period, UK men's life expectancy fell behind Ireland (211). While there are several factors at play here, and more work is needed to draw definitive causal links between the strategy and improved life expectancy, there are promising signs of progress when a national men's health strategy is in place. Australia launched its first men's health strategy in 2010, with a subsequent 2020-2030 update. While it is too early for formal evaluations, the life-course approach and focus on addressing inequalities across diverse groups of boys and men have been praised for raising awareness and guiding interventions (212). Furthermore, this is supported by the Australian Government's recently announced commitment to further investment in their Men's Health Strategy – a $32 million dollar investment, the single largest investment in the health of men and boys in Australian Government history (213).

KEY RECOMMENDATIONS FOR THE NATIONAL MEN'S HEALTH STRATEGY

A future men's health strategy would be informed by men and backed by evidence sourced from experts and leading organisations from across the diverse sector that supports the health of boys and men. The strategy should focus on health needs and experiences that are different for, or specific to men from all of their diversities.

A strategy like this could set the direction for improving the health of men over a 10 year period, setting long-term priorities which will help create a united and shared vision and meaningful partnerships between Government, the healthcare sector and communities across Aotearoa New Zealand.

Four key recommendations for the New Zealand Government sit within this overarching call for a national men's health strategy, to help us to move towards achieving the goals and ensuring our health system is more accessible and responsive to men. The first three asks are key elements that should be considered within a New Zealand men's health strategy. The fourth policy proposal will help guide strategy implementation including policy design, programme implementation, research priorities and strategic investments.

Policy Proposal #1:

Establish a Men's Health Taskforce to guide men's health policy, programmes, research and investment in Aotearoa New Zealand

Establish a Men's Health Taskforce, that brings key stakeholder groups together, to guide men's health policy, programmes, research and investment in Aotearoa New Zealand.

MOVEMBER CALLS ON THE NEW ZEALAND GOVERNMENT TO:

1.1	Create a framework outlining how a Men's Health Taskforce could support the development of a men's health strategy, supported by Movember and key sector organisations.
1.2	Convene a Government-led hui to establish an overarching governance structure to the Men's Health Taskforce, including deliverables and timeframes.
1.3	Launch a Men's Health Taskforce to guide men's health policy, programmes, research and investment, with continued facilitation from Government, and input from those with lived and living experience.
1.4	Develop practical and rigorous evaluation frameworks that will enable the monitoring of key progress in men's health and in initiatives relating to this strategy.

KOTAHITANGA – THE PRINCIPLE OF UNITY & COLLECTIVE ACTION

Raising the profile of men's health in Aotearoa New Zealand will require a collective effort from the varied stakeholder groups from across the country, tightly connected to their communities, working towards better men's health. Following successful huis in Auckland and Christchurch, led by the Movember Institute of Men's Health, there is a collective appetite and opportunity to form a united, collaborative and coordinated network of organisations, designed to drive men's health improvements across Aotearoa New Zealand.

Supporting the development and implementation of a men's health strategy, a Taskforce would:

Identify and guide community-based programme investments,
Inform and co-design men's health research priorities,
Support initiatives that enable the health workforce and health system to respond to the needs of men,
Identify opportunities to improve men's health outcomes across portfolios, working to foster cross-portfolio collaboration and supporting investment efficiencies.

There is strong support from key health organisations relevant to men's health for a united approach in the spirit of kotahitanga. Movember would like to partner with the New Zealand Government to establish a Taskforce, working alongside the Government to drive positive improvements in health outcomes for men and boys across the country.

Policy Proposal #2:

Prioritise investment in community-based programmes that work to keep men well and strengthen health literacy

Prioritise targeted responses to reach and respond effectively to men and boys in community-settings to support healthy lifestyles and self-management, encouraging men to access health care when they need it and to promote physical, social and emotional wellbeing.

MOVEMBER CALLS ON THE NEW ZEALAND GOVERNMENT TO:

2.1	Scale a wide range of proven and promising community-based programmes for all men to improve physical, mental, social and emotional health and wellbeing and encourage men to seek help when they need it.
2.2	Focus investment in community-based programmes for men at higher health risk such as tāne Māori; Pacific men; men in more deprived areas; disabled men; older men; LGBTQIA+ men; and those working in high-risk occupations.
2.3	Establish a funding avenue through which promising community-based, early intervention programmes can access funding to demonstrate their effectiveness through rigorous evaluation, supporting them to maximise their impact, to reach more boys and men.

Community-based programmes help to address health issues at the local level, where men live and interact. They can support men to live and stay well within their local communities, preventing ill health and presentations to hospital or emergency services. Access to a range of programmes that will appeal to a broad and diverse range of men is needed to meet the unique needs of all men. These programmes can also benefit the wider community, including women and whānau.

Men with greater health risks, such as tāne Māori; Pacific men; those in more deprived areas; disabled men; older men; LGBTQIA+ men; and those working in high-risk occupations, will require targeted investment to reduce inequities. Reducing disparities will create positive ripple effects across the entire New Zealand population by strengthening communities and reducing the overall disease and associated economic burden.

Programmes set out in the 'Brighter Picture – What Works in Men's Health' chapter have demonstrated effectiveness or show significant promise and could be scaled and sustained to better reach and respond to men's health needs. Funded partnerships with industry partners and community-based organisations will fast-track this critical work, however it is critical that these investments be guided by empirical evidence to ensure men benefit from this work.

MOVEMBER'S INVESTMENTS IN COMMUNITY BASED PROGRAMS IN AOTEAROA NEW ZEALAND

The Movember Institute of Men's Health is investing NZD $670,000 in strengthening the evidence of community-based programmes for men in Aotearoa New Zealand, within its Global Community Men's Health Programme. Greater strategic investment in evaluation capacity would enable promising community programmes to undergo a systematic and rigorous process to assess their relevance and overall success.

Funds from this grant will allow community-based programmes with significant potential for positive impact through compelling anecdotal evidence, to conduct comprehensive evaluations of their effectiveness. This will fast-track and condense the knowledge to action cycle by supporting evidence generation in the broader community men's health sector, improving the sector's sustainability and scaling high quality solutions to reach more boys and men.

Movember has invested $2.92 million since 2016 to develop the Prostate Cancer Outcomes Registry (PCOR-ANZ) as a purposeful data collaboration between men, clinicians, clinical sites, and organisations that provide linkage data to researchers.

The Movember Institute of Men's Health is investing $63.2 million globally into the health and wellbeing of Indigenous communities across Aotearoa New Zealand, Australia, Canada, and the USA. This includes $6.43 million into two Social and Emotional Wellbeing Initiatives in Aotearoa New Zealand, set to combat the health inequities faced by tāne Māori through holistic community-driven approaches.

Within Movember's Social and Emotional Wellbeing Initiatives, the Community Empowerment Initiative offers annual funding of up to $700,000 available for 5 years (total $3.5 million), awarded in February 2026.

The Indigenous Men's Wellbeing Innovation Initiative, which offers annual funding of up to $250,000 available for 3 years (total $750,000), will support 'Tāne te Waiora – Hawaiki Kura'. Hawaiki Kura is based in Blenheim, at the top of the South Island - Te Tauihu - and will provide Māori empowerment and wellbeing wānanga, life coaching, and mentoring initiatives specifically designed for tāne Māori.

The Movember Institute of Men's Health is also investing in supporting initiatives to promote formal and informal help seeking and aims to improve men's engagement with upstream programmes. Movember is committing $1.7 million into a Sports Health Initiative over the next three years to support young men's mental health in Aotearoa New Zealand. This sees extensive delivery of MAOTG in partnership with Mind. Set. Engage, research and community initiatives that leverage sport as a platform to engage young men, their families and wider communities to improve mental health literacy and coping skills.

Recognising the importance of online engagement, Movember is also investing in world-class research, including development of Mental Health Guidelines for esports settings to help create psychologically safe environments for young men who engage in esport and gaming online. Movember will also develop and pilot digital content designed to equip young men across the globe with the tools to handle challenges and stressors of adolescence, particularly focusing on relationships.

Policy Proposal #3:

Build a healthcare system and workforce that responds to the needs of men

Respond to needs by transforming the healthcare system and workforce to have the knowledge, confidence and skills to deliver tailored and responsive programmes and services for men.

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MOVEMBER CALLS ON THE NEW ZEALAND GOVERNMENT TO:

3.1	Invest in comprehensive training programmes that strengthen the healthcare workforce's ability to effectively respond to men. This includes building the capability of mental health professionals such as psychologists, counsellors and social workers, and the primary care workforce including GPs, nurses and allied health professionals, to provide care that is responsive to the needs of men.
3.2	Promote uptake of existing programmes and services amongst men, specifically those at greater risk. Invest in health literacy campaigns built with men, for men that improve men's engagement and positive connection with the health system. This includes, but is not limited to promoting national awareness campaigns and screening and prevention programmes, maximising digital channels and encouraging the uptake of community based interventions, men's cardiovascular disease risk assessments, and bowel cancer and mental health screening.
3.3	Invest in national prostate cancer data collection to understand trends and variations in prostate cancer diagnosis, treatments and outcomes with an aim of targeted quality improvement across the health system and workforce.

Respond to demand by equipping the health system and workforce to have the capacity and skill to respond to the particular needs, challenges and cultural issues facing boys and men in the most promising way to improve their health outcomes. Positive healthcare experiences for boys and men from an early age encourages lifelong proactive and timely engagement with healthcare. This includes ensuring health professionals have understanding and expertise in the complexities of men's mental health, suicide, and its link with masculine norms.

Movember's Gender Responsive Healthcare initiatives are designed to support system and service providers to better address men's needs and preferences, with the goal of improving health outcomes.

This can only be achieved by working with health policy makers, professional peak bodies and the tertiary education sector, and a diversity of men themselves, to identify emergent issues and tailor men's health programmes including education initiatives for care providers.

Policy Proposal #4:

Advance research to better respond to how men engage with their health, and healthcare services

Advance research to better respond to how men engage with their health, and healthcare services by completing 'living reviews' from a central research centre that monitors men's health issues to collect data and report outcomes to inform policy and services.

MOVEMBER CALLS ON THE NEW ZEALAND GOVERNMENT TO:

4.1	Invest in or use existing large-scale longitudinal systems-based research that is community led and in partnership with sector stakeholders to better understand, why, how, when, and where men engage with their health, and healthcare services with the aim to advance policy, practice and standards of care that are responsive to the needs of boys and men.
4.2	Integrate data and pathways between services within and outside the health system, to enable promotion of appropriate self care and help seeking pathways and generation of data into how men engage with and remain engaged with their healthcare.
4.3	Publish sex and gender disaggregated data through the Ministry of Health and Stats New Zealand to report on initiatives that are successfully engaging and retaining men in healthcare services and health promotion programmes to build an empirical base that informs future work and identifies cost-saving opportunities.
4.4	While the understanding of how men are moving through (and too often dropping out of) the health system is building, there are still gaps in knowledge. That's why Movember is inviting the New Zealand Government to partner with the Movember Institute of Men's Health to better understand, on a population level, how, when and where men are utilising healthcare services.

It is imperative to improve the disaggregation of health and healthcare data to provide a more comprehensive and accurate representation of men's health status and needs. For example, data on health outcomes broken down by sex and gender are not systematically collected across New Zealand's policies, programmes and services. This makes it challenging to see a full picture of the state of the health of men in all their diversities. Gathering and interpreting disaggregated sex and gender data is key to knowing what is working and adjusting existing programmes while innovating new services. Movember wants to partner with the New Zealand Government to strategically direct resources to build an evidence base, in line with the work on the '50 year Dunedin Study' and the 'Canterbury Health and Development Study', to inform high-impact policies to improve the health of New Zealand boys and men.

Achievable change has to be driven by collective impact

Over 22 years, Movember and our many partners have focused on fundraising and then investing the funds in programs to boost men's health. We now want to be more ambitious and push towards systemic change.

As part of this we will invest in the system-wide actions we are recommending. This investment will hopefully be matched by the by Government and non-government partners in response to these recommendations. As we continue our work in reaching all men and boys, we will also focus on specific strategies and programs across our portfolios, continuing to work with the New Zealand Government on specific recommendations across the life stages and conditions most impacting the health of men and boys.

OF COURSE, WE CAN'T DO THIS ALONE

Movember supports healthcare that is fully responsive to the specific needs of men, women and non-binary people, with a focus on addressing health inequities. We hope that men's health organisations, kaupapa Māori, Pacific communities, Takatāpui, MVPFAFF+, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other identities rights advocates, Indigenous and other racial justice campaigners, women's organisations, governments, multilateral organisations, and all the many faces of men's health will join in, and champion change.

Men's health impacts everyone. It is time to do something about it – to transform the system from the ground up.

Join Movember in changing the face of men's health.

Men's health impacts us all. Be part of the solution

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Glossary

BELOW IS A LIST OF TERMS USED IN THE REPORT ALONGSIDE THE DEFINITIONS AS ADOPTED BY MOVEMBER AND THE SOURCE REFERENCES.

Caregiver (informal) – For the purposes of new research conducted to support this report, we define caregiver as a person of any gender who spends at least 3 hours per week providing any type of informal care to at least one man over the age of 16 who has received a diagnosis and/or receives regular or sporadic treatment for their physical and/or mental health conditions. See research methodology for more details.

Disability – The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and Whaikaha | Ministry of Disabled People defines a disability as any long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder the full and effective participation of disabled people in society on an equal basis with others. The experience of disability is influenced by the nature of a person's impairment. Gender, age, ethnicity, and culture can also have a profound and sometimes compounding effect on an individual's experience of disability.

Families and whānau – Refers to all forms of kinship groups and whānau Māori including close and extended families, chosen families, and kaupapa whānau.

Gender – Refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time. There is considerable diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society.

Healthcare/Health system – All organisations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence wider determinants of health, as well as more direct health-improving activities.

Health inequity – Refers to differences in health associated with structural and social disadvantage that are systemic, modifiable, avoidable and unfair. Health inequities are rooted in social, economic and environmental conditions and power imbalances, putting groups who already experience disadvantage at further risk of poor health outcomes.

Health literacy – Comprises the ability to access, understand and use information to make health decisions and promote health among individuals and communities.

Health promotion – Refers to the promotion of changes in lifestyles and life conditions that have an impact on health, through a variety of specific strategies including health education, social marketing and mass communication on the individual side, as well as political action, community organization and organizational development on the collective side.

Healthy masculinities – Encompass a diverse and positive range of behaviours, attitudes, and traits that best reflect values of selflessness, openness, kindness, supportiveness, authenticity, vulnerability while also promoting respect, equality and emotional-wellbeing. They redefine patriarchal notions of masculinity by embracing traits that foster healthy relationships, personal growth, and a more inclusive society while aiming to dismantle stereotypes that suppress vulnerability. Adopting traits and norms associated with healthy masculinities allow boys and men to connect more deeply with others and create more meaningful and equitable relationships by celebrating and encouraging broader gender expressions that move beyond the gender binary.

Masculinities (masculine norms) – Encompass the diverse, socially constructed ways of being and acting, values and expectations associated with being and becoming a man in a given culture, society, location and temporal space. While masculinities are mostly linked with biological boys and men, they are not biologically driven and not only performed by men.

Men – All people who identify as men, whether they are cisgender or transgender men.

Men's health – A state of complete physical, mental and social wellbeing as experienced by men and not merely the absence of disease or infirmity, with a focus on how sex and gender intersect with other determinants of health to influence boys' and men's exposure to risk factors and interactions with the health system and health outcomes across the life course that requires dedicated prevention and care services.

Social determinants of health – Refers to the interrelated non-medical conditions of daily life in which people are born, grow up, live, work, play, learn and age, and include factors such as gender, education, employment and social support networks.

Structural determinants of health – Refers to the larger economic, ecological, commercial and political contexts which shape the more proximal social determinants and, in turn, population health and well-being.

Tangata whenua – Refers to 'people of the land where their ancestors lived' and means people, whānau, hapū, tangata whenua, and the indigenous populations of Aotearoa New Zealand.

Types of ethnicity – In line with the definition used by Statistics New Zealand, ethnicity is a measure of cultural affiliation. It is not a measure of race, ancestry, nationality, or citizenship. Ethnicity is self perceived and people can belong to more than one ethnic group.

Young men – At Movember, our Young Men's Mental Health Portfolio supports men aged 12-25 years.

List of Abbreviations

ACC – Accident Compensation Corporation

ASIST – Applied Suicide Intervention Skills Training

AUS – Australia

CAN – Canada

CHD – Coronary heart disease

CHOMNZ – Centre for Health Outcomes Measures

COP – Community of Practice

COPD – Chronic obstructive pulmonary disease

CVDRA – Cardiovascular Disease Risk Assessment

EMDR – Eye Movement Desensitization and Reprocessing therapy

EU – Europe

FENZ – Fire and Emergency New Zealand

FFIT – Football Fans in Training

FTC – From The Couch

FIT – Faecal Immunochemical Test

GAT – General Awareness Training (MATES in Construction)

GBD – Global Burden of Disease

GP – General Practice/ General Practitioner

HCs – Health Coaches

HIPs – Health Improvement Practitioners

IRE – Ireland

IPMHA – Integrated Primary Mental Health & Addiction

IPV – Intimate partner physical or sexual violence

IYP – Incredibly Years Parenting

LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual. The additional "+" stands for all of the other identities not encompassed in the short acronym

MOATG – Movember Ahead of the Game

MAT – MATES Awareness Training (MATES in Construction)

MVPFAFF+ – Mahu, Vakasalewalewa, Palopa, Fa'afafine, Akava'ine, Fakafifine and Fakaleiti/ leiti. An acronym used to encompass the diverse gender and sexuality expressions and roles across Pacific cultures

NA – Not Applicable

NZ – New Zealand

NZD – New Zealand Dollar

OECD – The Organisation for Economic Co-operation and Development

PCOR-ANZ – Prostate Cancer Outcomes Registry – Australia and New Zealand

PIF – Pacific Island Families

PTSD – Post-traumatic stress disorder

SES – Socioeconomic status

SMSF – SafeMan SafeFamily

TRAM – Te Rarawa Anga Mua

UK – United Kingdom

USA – United States of America

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