Active transport to and from school

This factsheet presents statistics on school-aged children (5–14 years) who usually used active transport (such as walking or cycling) to and from school.

Key facts

In 2019/20, fewer than half (42.4%) of all 5–14-year-olds regularly used active transport to and from school.

Use of active travel to school was similar across all ethnic groups and neighbourhood deprivation quintiles.

In 2014–17, children living in Northland District Health Board had lower rates of active transport use for travel to school compared to most other DHBs.

Active transport is good for our physical health

Active forms of transport, such as walking and cycling, offer a variety of benefits for both health and the environment. They produce no air or noise pollution and emit no greenhouse gases. Meanwhile, the increased physical activity offers improvements in bodily health, such as improved general fitness, reductions in obesity and lowered risk for a range of diseases (British Medical Association 2012).

For children, using active transport to travel to and from school is an effective way for them to get some physical activity each day. Smith et al (2018) estimate that in 2018, only 38% of New Zealand children aged 8–13 years received the minimum recommended amount of daily physical activity. Considering the high child obesity rate in New Zealand, this is a relatively easy way to increase physical activity in children - the latest data from the New Zealand Health Survey indicates that around one in ten children are obese (Ministry of Health 2020).

Less than half of all 5–14-year-olds used active transport to and from school

Between July 2018 and June 2019, 42.4% of children aged 5–14 years usually travelled to and from school using a physically active form of transport (Figure 1). This is equivalent to around 279,000 children. There has been no substantial change in the use of active transport since 2006/07.

Figure 1: Usually used physically active transport to and from school, children aged 5–14 years, 2006/07–2019/20 (unadjusted prevalence)

Note: The New Zealand Health Survey was not conducted during the missing years in the above graph.

Source: New Zealand Health Survey (Ministry of Health 2020)

In 2019/20, there was a slight difference between the percentages of younger children (5–9 years) and older children (10–14 years) who usually used active transport to and from school (Table 1).

Table 1: Usually used active transport to and from school, children aged 5–14 years, by age group and sex (total response), 2019/20

Age group	Boys	Girls
5–9 years	41.8 (36.3–47.5)	34.0 (29.1–39.2)
10–14 years	50.1 (43.5–56.6)	43.5 (38.0–49.1)
Total	**45.9 (41.5–50.4)**	**38.7 (35.1–42.5)**

Source: New Zealand Health Survey (Ministry of Health 2020)

Adjusting for age, boys were significantly more likely to usually use active transport to school than girls (adjusted rate ratio 1.2, 95 % CI: 1.0–1.3). The prevalence of active transport use within these subgroups has also remained steady since the 2006/07 survey.

Active transport use was similar across all ethnic and deprivation groups

The prevalence of regular active transport use was consistent across all ethnic groups (Table 2). Adjusting for differences in age and sex, there were no statistically significant differences for Māori, Pacific or Asian children in relation to their comparison groups.

Table 2: Usually used active transport to and from school, children aged 5–14 years, by ethnic group (total response), 2019/20

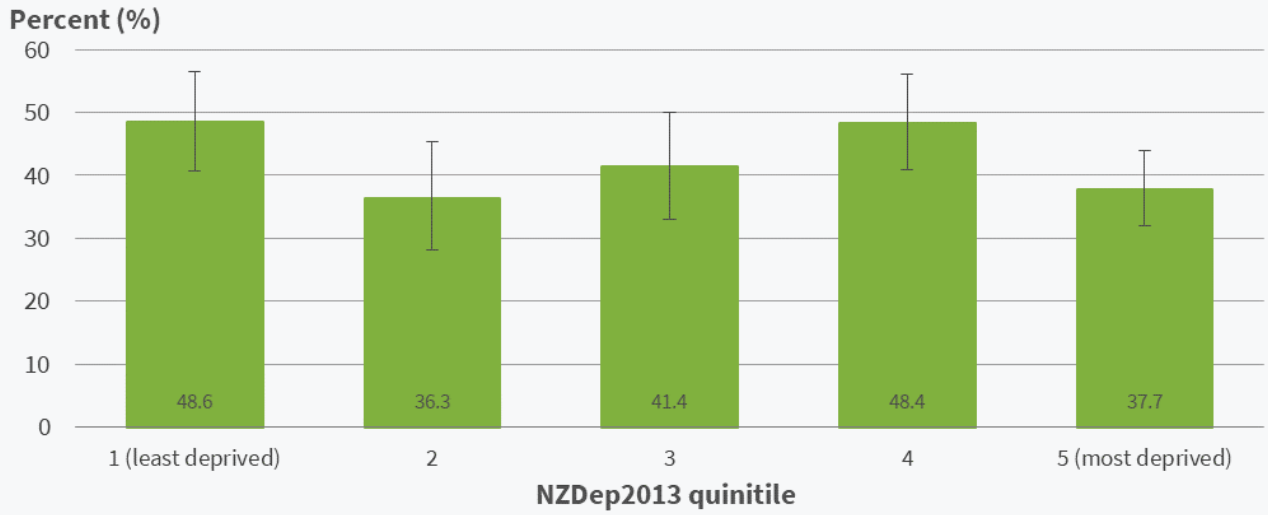
Ethnic group (total response)	Unadjusted prevalence (%, 95% CI)	Estimated number	Comparison groups	Adjusted rate ratio (RR, 95% CI)
Māori	40.0 (35.3–45.0)	64,000	Māori vs. non-Māori	0.9 (0.9–1.2)
Pacific	38.2 (30.1–47.0)	33,000	Pacific vs. non-Pacific	0.9 (0.9–1.2)
Asian	41.7 (34.3–49.4)	43,000	Asian vs. non-Asian	1.0 (0.4–1.3)
European/Other	43.0 (38.9–47.2)	203,000		Not available
Total	**42.4 (39.2–45.7)**	**279,000**		

Notes: Adjusted rate ratios account for age and sex differences. A ratio above 1.0 shows that the indicator is more likely in the group of interest than in the reference group. 95% confidence intervals (CI) are given in brackets. Estimated numbers will add to more than the total for ethnic groups, due to total response ethnic groups being used in the survey.

Source: New Zealand Health Survey (Ministry of Health 2020)

The prevalence of regular active transport users was similar across all NZDep2013 quintiles (Figure 2). After adjusting for age, sex and ethnic group, there was no statistically significant difference in the rate of use of active transport when comparing the most deprived to the least deprived areas (adjusted rate ratio 1.0, 95% CI: 0.8–1.3).

Figure 2: Usually used active transport to travel to and from school, children aged 5–14 years, by NZDep2013, 2019/20 (unadjusted prevalence)

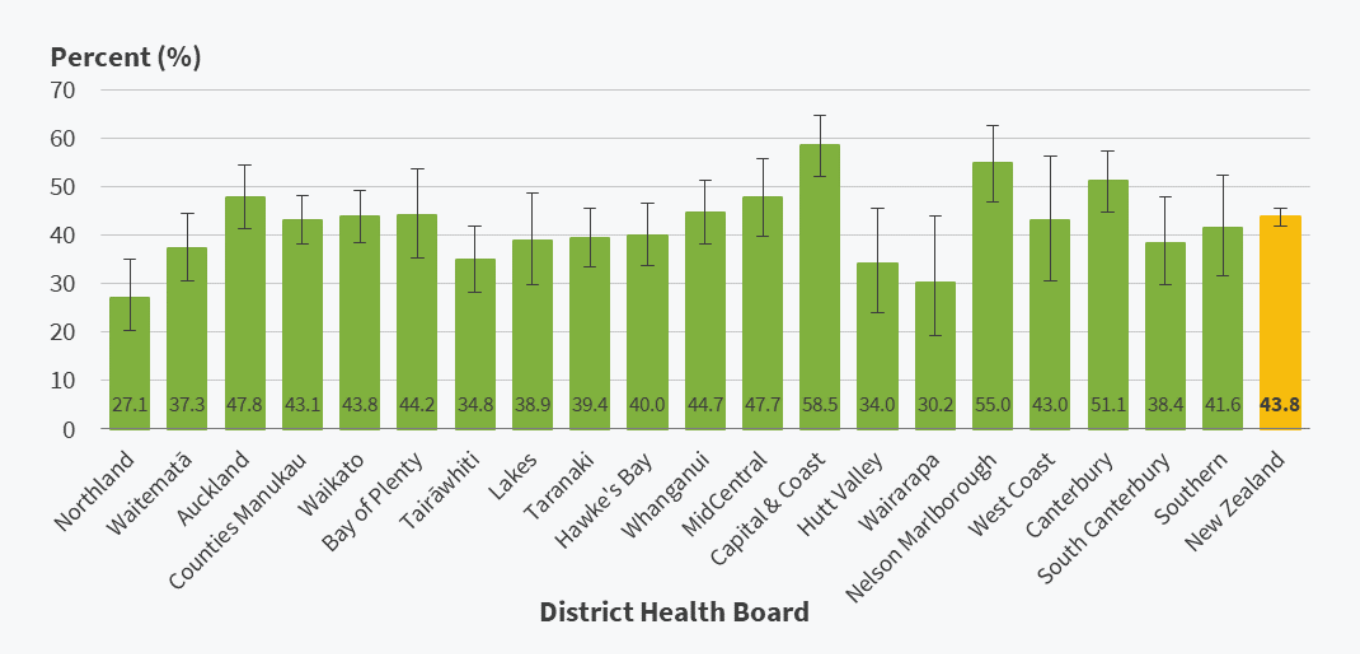


Source: New Zealand Health Survey (Ministry of Health 2020)

Both the lowest and highest prevalence of active travel to school occurred in the North Island

In 2014–17, children in Northland DHB were the least likely to usually use active transport to and from school (27.1%), while children in Capital & Coast DHB were the most likely to use active transport (58.5%) (Figure 3).

Figure 3: Usually used active transport to travel to and from school, children aged 5–14 years, by DHB, 2014–17 (unadjusted prevalence)



Source: New Zealand Health Survey Regional Data Explorer (Ministry of Health 2018)

Data for this indicator

Statistics on active transport to and from school for children aged 5–14 years are from the New Zealand Health Survey (Ministry of Health 2020). 'Active transport' is defined as usually using a physically active form of transport (such as walking, cycling or other non-motorised modes such as skates) to get to and from school.

On 19 March 2020 the interviewing for the New Zealand Health Survey was suspended to reduce any risks of transmitting COVID-19 between interviewers and respondents. Data was collected for three-quarters of the survey year only. No adjustments or imputations have been done to account for the impact this has had on the 2019/20 data (Ministry of Health 2020).

All 95% confidence intervals have been presented as error bars on graphs. Unless otherwise stated, all differences mentioned in the text between two values are statistically significant at the 5% level or less. For additional information, see the metadata link below.

References

British Medical Association. 2012. *Healthy transport = healthy lives.* **http://bma.org.uk/transport**

Ministry of Health. 2018. *Regional Results 2014–17: New Zealand Health Survey.* Wellington: Ministry of Health. **https://www.health.govt.nz/publication/regional-results-2014-2017-new-zealand-health-survey** (accessed 11/06/2018)

Ministry of Health. 2020. *Annual Data Explorer 2019/20: New Zealand Health Survey.* Wellington: Ministry of Health. **https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey** (accessed 25/11/2020)

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Author

The author of this factsheet is Patrick Hipgrave **ehinz@massey.ac.nz**

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Further information

For descriptive information about the data **Metadata Sheet**

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