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Environmental Health Intelligence New Zealand
Rapu Mātauranga Hauora mo te Taiao – Aotearoa

Related indicators

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Active transport to and from school

This factsheet presents statistics from the Ministry of Health's New Zealand Health Survey on school-aged children (5–14 years) who usually used active transport (such as walking or cycling) to travel to and from school.

In 2021/22, less than half of all children (43.5%) used active transport to travel to or from school.

There has been no notable change in the percentage of children using active transport to school since 2006/07.

In general, older children (aged 10–14 years) were more likely to participate in active travel than younger children (5–9 years).

There was no difference in the use of active transport between ethnic or socioeconomic deprivation groups.

Nelson Marlborough was the only district where the share of children using active transport to travel to or from school was greater than 50% between 2017–20.

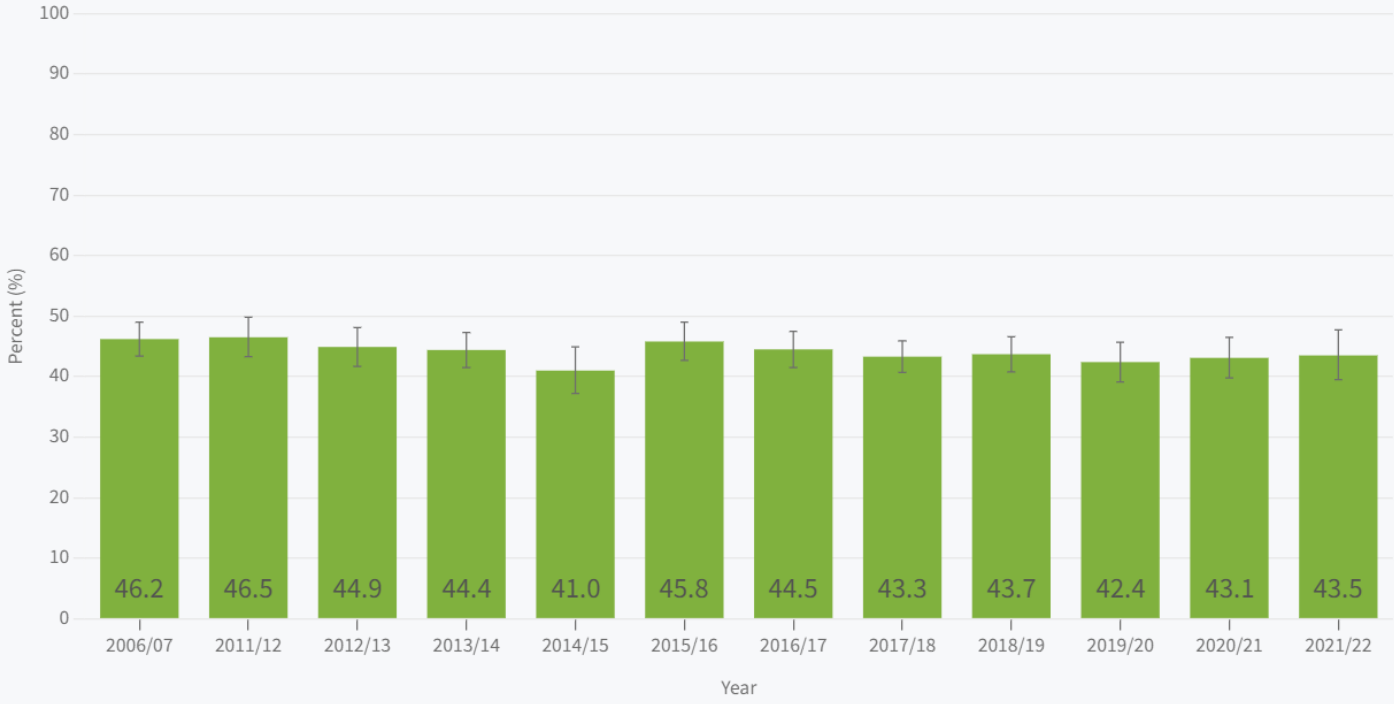
Using active transport is good for children's health

Using active transport to travel to and from school is an effective way for children 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 nine children are obese (Ministry of Health 2022).

The share of 5–14-year-olds using active transport to or from school has not changed

Between July 2021 and June 2022 (2021/22), 43.5% of children aged 5–14 years usually travelled to and from school using a physically active form of transport, equivalent to around 288,000 children. There has been no substantial change in the use of active transport since 2006/07 (Figure 1).

Figure 1 Percent of children who usually used physically active transport to and from school, children aged 5–14 years, 2006/07–2021/22 (unadjusted prevalence)



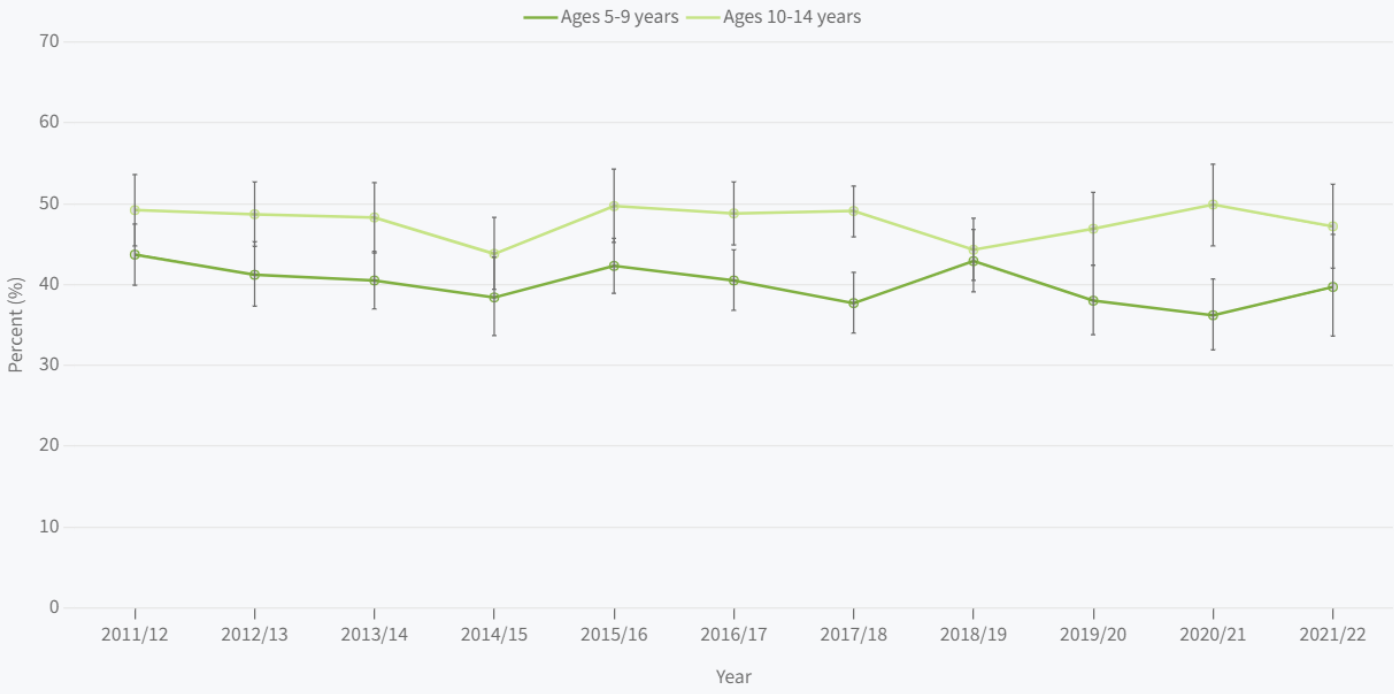
Note: 95% confidence intervals have been presented as error bars. The New Zealand Health Survey was not conducted during the missing years in this graph.

Source: New Zealand Health Survey (Ministry of Health 2022)

Use of active transport is more common in older children

In 2021/22, 39.7% (33.6–46.2%) of children aged 5–9 years and 47.2% (42.0–52.4%) of children aged 10–14 years usually travelled to and from school using active transport (Figure 2). The use of active transport among younger children has consistently been less common than among older children, but the difference has not always been substantial.

Figure 2 Percent of children who usually used physically active transport to and from school, by age group, 2011/12–2021/22 (unadjusted prevalence)



Note: 95% confidence intervals have been presented as error bars.

Source: New Zealand Health Survey (Ministry of Health 2022)

Use of active transport is similar between boys and girls

There was no significant difference in the use of active transport between boys and girls, either at total level or in any age group, in 2021/22 (Table 1).

Table 1 Percent of children who usually used active transport to and from school, by age group and sex, 2021/22 (unadjusted prevalence)

Age group	Boys (%, 95 CI)	Girls (%, 95 CI)
5–9 years	40.5 (31.5–50.1)	38.9 (29.9–42.9)
10–14 years	52.4 (44.4–60.2)	41.7 (33.6–50.0)
Total	**46.6 (40.2–53.1)**	**40.3 (34.5–46.4)**

Source: New Zealand Health Survey (Ministry of Health 2022)

Active transport use was similar across all ethnic and deprivation groups

Regular use of active transport was consistent across all ethnic groups (Table 2). After adjusting for differences in age and sex, there were no significant differences for Māori, Pacific, or Asian children versus their comparison groups.

Table 2 Percent of children who usually used active transport to and from school, by ethnic group (total response), 2021/22

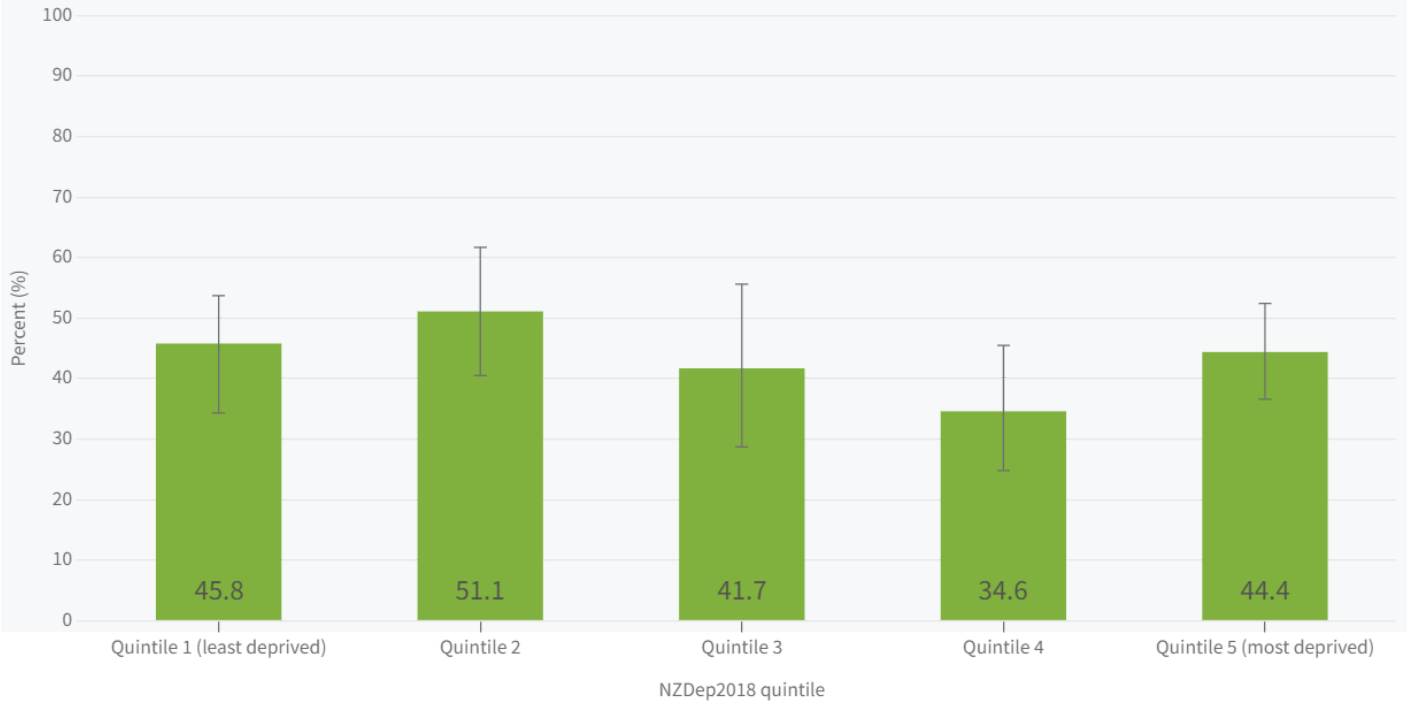
Ethnic group (total response)	Unadjusted prevalence (%, 95 CI)	Estimated number of children	Comparison groups	Adjusted rate ratio (RR, 95% CI)
Māori	43.2 (35.8–50.8)	77,000	vs non-Māori	0.99 (0.94–1.22)
Pacific	47.5 (31.9–63.4)	26,000	vs non-Pacific	1.10 (0.78–1.55)
Asian	38.5 (29.0–48.7)	51,000	vs non-Asian	0.86 (0.66–1.12)
European/Other	45.8 (40.6–51.0)	216,000		*Not available*
Total	**43.5 (39.5–47.7)**	**288,000**		

Note: Total response ethnic groups have been used, therefore estimated numbers may not add to the total.

Source: New Zealand Health Survey (Ministry of Health 2022)

The prevalence of regular active transport users was similar across all NZDep2018 quintiles (Figure 3). After adjusting for age, sex and ethnicity, there was no significant difference in the use of active transport between the most and least socio-economically deprived areas (adjusted rate ratio 0.81, 95% CI: 0.57–1.16).

Figure 3 Percent of children who usually used active transport to travel to and from school, by socioeconomic deprivation (NZDep2018 quintile), 2021/22 (unadjusted prevalence)



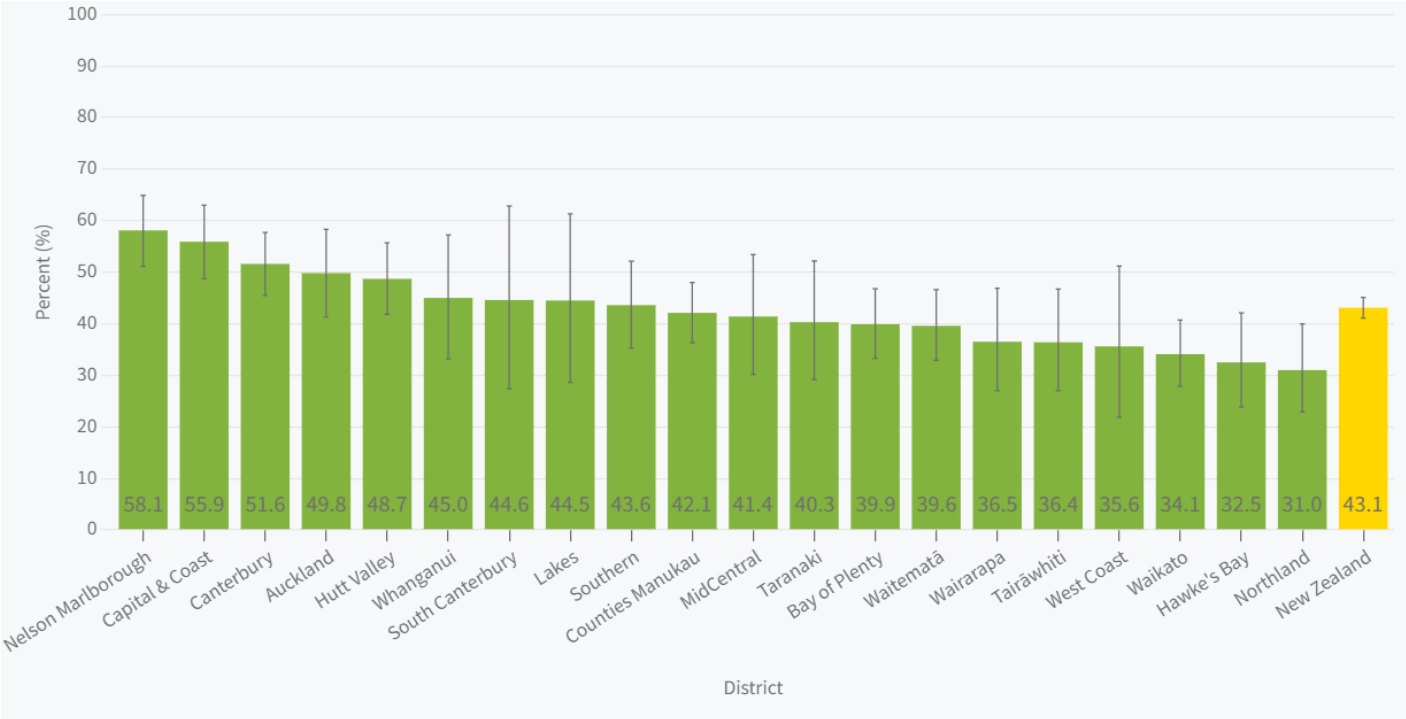
Note: 95% confidence intervals have been presented as error bars.

Source: New Zealand Health Survey (Ministry of Health 2022)

Higher levels of active transport use in Nelson Marlborough, Capital & Coast and Canterbury districts

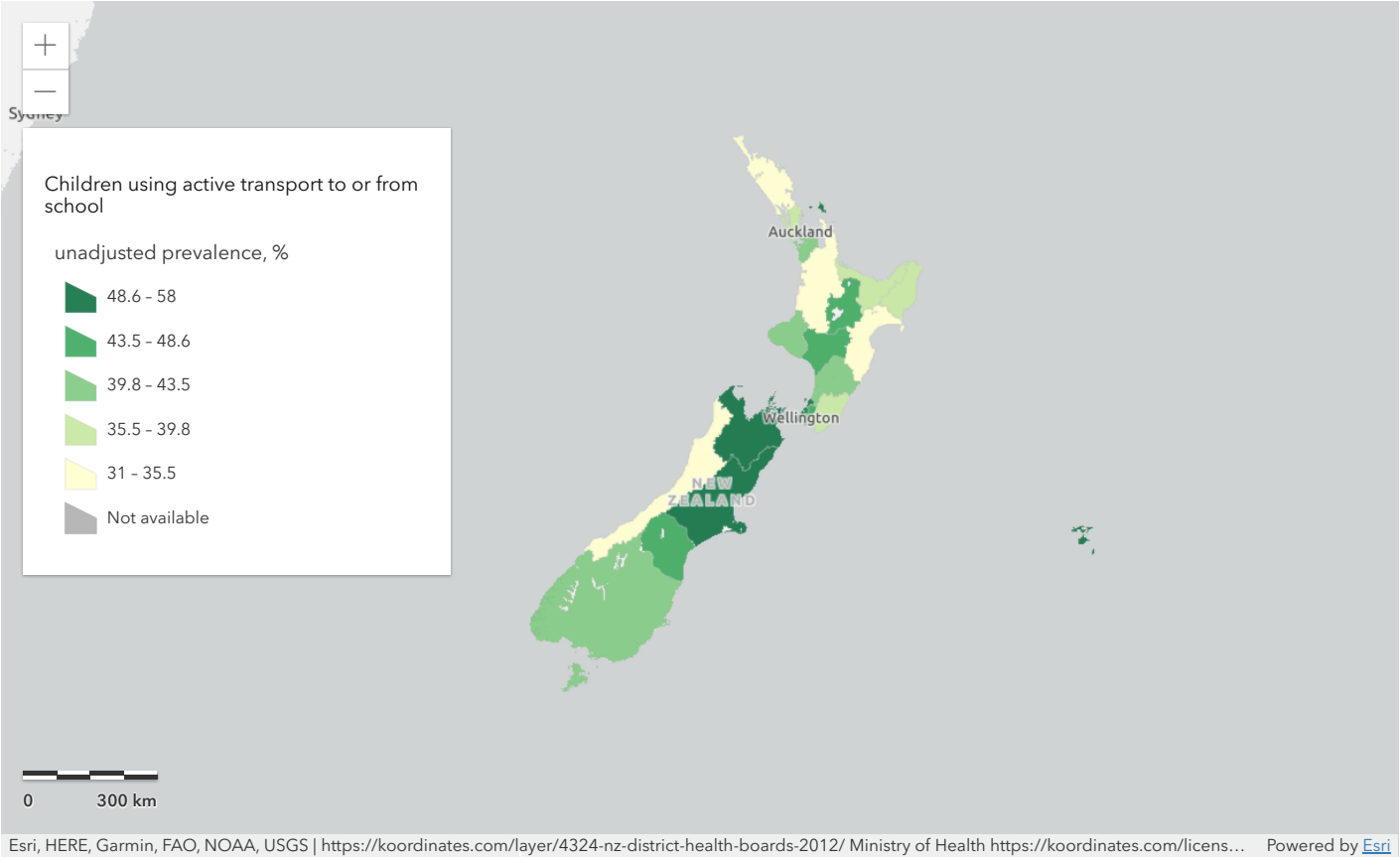
The use of active transport was significantly lower than the national rate in Northland and Waikato districts in 2017-20 (Figure 4). Capital & Coast, Nelson Marlborough and Canterbury were the only districts to significantly exceed the national rate. Of those, only Nelson Marlborough DHB's rate was significantly greater than 50%.

Figure 4 Percent of children who usually used active transport to travel to and from school, by district, 2017–2020 (unadjusted prevalence)

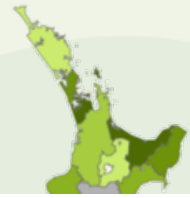


Note: 95% confidence intervals have been presented as error bars.

Source: New Zealand Health Survey (Ministry of Health 2021)



Dashboard - Transport



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Data for this indicator

This indicator presents the most recent results available from the New Zealand Health Survey, published by the Ministry of Health in November 2022. '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. Statistical significance for differences in these results are assessed using confidence intervals and p-values calculated by the Ministry of Health.

COVID-19 and the New Zealand Health Survey

During the survey years 2019/20, 2020/21 and 2021/22, interviewing for the New Zealand Health Survey was intermittently suspended during national or regional lockdowns or when there was an elevated risk of COVID-19 in an area. Suspensions were used to reduce any risks of transmitting COVID-19 between interviewers and respondents. The principal effect of the suspensions was reduced sample sizes; that is, the results for each of these survey years are based on a number of people that is smaller than survey years before COVID-19. The Ministry of Health has not made any adjustments or imputations to account for the impact reduced sample sizes have had on the results.

For further information about the data, see the Metadata Sheet.

References

Ministry of Health. 2021. *Regional Results 2017–20: New Zealand Health Survey.* Wellington: Ministry of Health. https://www.health.govt.nz/publication/regional-results-2017-2020-new-zealand-health-survey (accessed 27/3/2022).

Ministry of Health. 2022. *Annual Data Explorer 2021/22: New Zealand Health Survey.* Wellington: Ministry of Health. https://www.health.govt.nz/publication/annual-update-key-results-2021-22-new-zealand-health-survey (accessed 22/11/2022).

Smith M, Ikeda E, Hinckson E, Duncan S, Maddison R, Meredith-Jones K, Walker C, Mandic S. 2018. Results from New Zealand's 2018 Report Card on Physical Activity for Children and Youth. *Journal of Physical Activity and Health.* 15: 390–392.

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Citation

Environmental Health Intelligence NZ, 2023. *Active transport to and from school.* Wellington: Environmental Health Intelligence NZ, Massey University.

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