Oral health of children

This report presents information about children's oral health, measured in terms of dental caries history and decayed, missing or filled teeth.

Key facts

- In 2023, 58.3% of the 34,279 five-year-olds seen by community oral health services had no history of dental caries. These children had 2.0 decayed, missing, or filled teeth on average.
- In 2023, 67.9% of the 49,330 children in school-year eight seen by community oral health services had no history of dental caries. These children had 0.7 decayed missing or filled teeth on average.
- Māori and Pacific children had poorer oral health compared to other ethnicities.
- Children in Te Tai Tokerau, Lakes, MidCentral and Counties Manukau districts tended to have worse oral health than those in other districts.

About oral health in children

Good oral health has major benefits in children**,** preventing pain, infection, and oral diseases such as dental caries (tooth decay). Children are at risk of dental caries as soon as their primary teeth ('baby teeth') begin to break through the gum at about the age of six months (Ministry of Health 2010).

Tooth decay is the most common disease and is also one of the leading reasons for preventable hospital stays among children in New Zealand (Ministry of Health 2015). Adding fluoride to drinking-water supplies can help prevent tooth decay (Royal Society of New Zealand 2014).

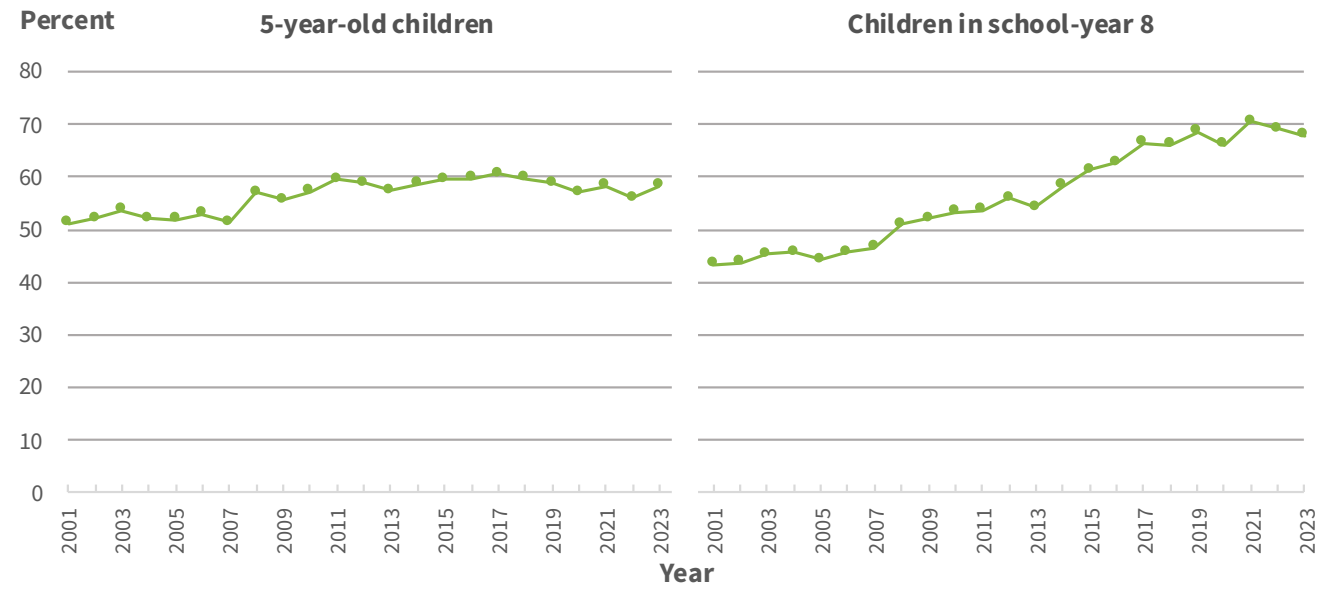
Oral health gains are slowing in older children, absent in younger children

Between the start of the millennium and 2023, the oral health of five-year-old children and children in school year eight improved. The improvements among older children were more substantial in both cases.

Between 2001 and 2017, the proportion of five-year-old children that were caries-free (i.e. showed no evidence of tooth decay) increased from 52.1% to 60.6% (Figure 1/left) but has remained relatively stable since, never exceeding 60% again.

The proportion of caries-free children in school-year eight rose steadily up to around 2019, but has been largely unchanged since, standing at 67.9% 2023, down from 70.5% in 2021 (Figure 1/right).

Figure 1: Children seen by community oral health services who were caries-free, 2001–2023



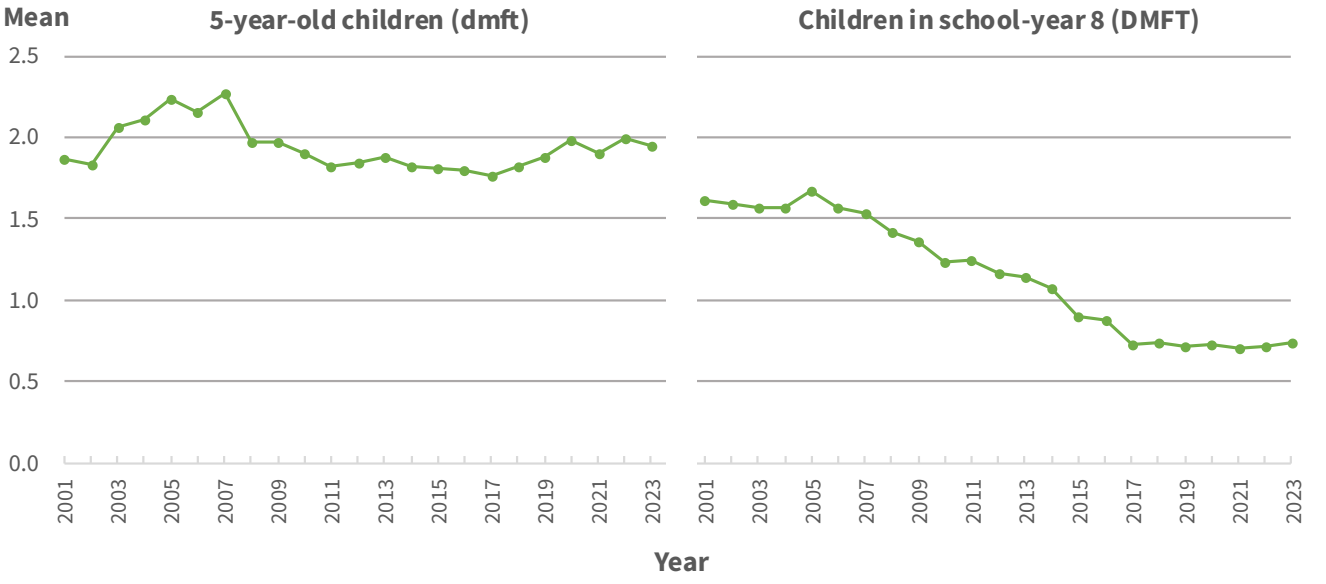
Source: Health New Zealand 2025

The mean dmft (number of decayed, missing, and filled primary teeth) for 5-year-old children was 2.0 in 2023 (Figure 2/left). At the start of the millennium, the figure was 1.8, so there has been little change in this indicator over time.

This period of minimal improvement coincides with a decline in the number of children seen by the Community Oral Health Service. As neither caries-free rates nor mean dfmt among five-year-olds changed much despite this, it appears that these fewer children may be carrying a higher burden of disease.

Between 2001 and 2023, the mean DMFT (number of decayed, missing and filled **permanent** teeth) of children in school-year eight dropped from 1.6 to 0.7 (Figure 2/right). This means that on average, they had fewer than half as many decayed, missing or filled permanent teeth in 2023 compared to 2001.

Figure 2: Mean dmft / DMFT in children seen by community oral health services, 2001–2023

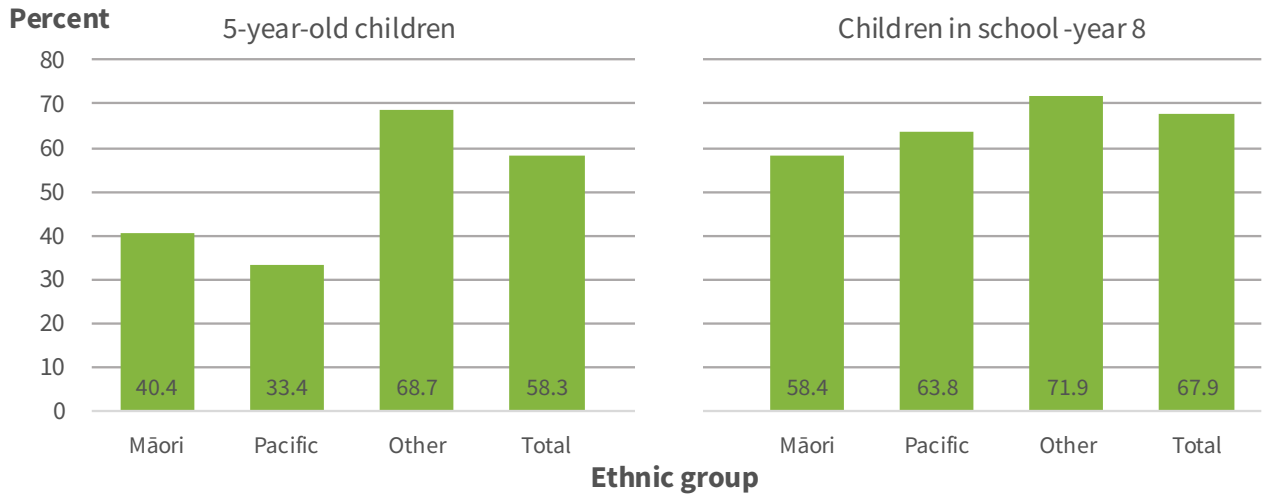


Source: Health New Zealand 2025

Māori and Pacific children have worse oral health

Māori and Pacific children in both age groups were less likely to be caries-free than children of European/Other ethnicity (Figure 3). Younger Pacific children in particular had poor caries-free rates, with only one in three five-year-olds having no history of dental caries.

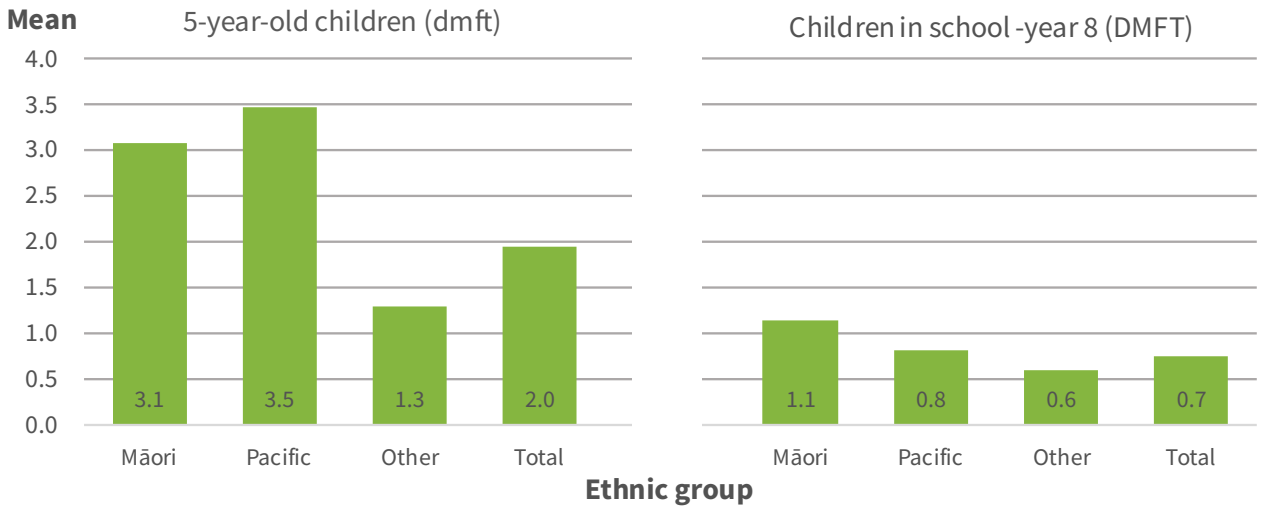
Figure 3: Children seen by community oral health services who were caries-free by prioritised ethnic group, 2023



Source: Health New Zealand 2025

Regarding decayed, missing or filled teeth, Māori and Pacific children in both age groups once again had worse oral health than children of European/Other ethnicity, with younger Pacific children having almost three times as many decayed, missing or filled teeth (Figure 4). However, the contrast between different ethnicities was substantially less pronounced in older children in terms of both caries prevalence and decayed/missing/filled teeth.

Figure 4: Mean dfmt / DMFT among children seen by community oral health services, by prioritised ethnic group, 2023



Source: Health New Zealand 2025

Geographic breakdown of oral health statistics

In 2023, the districts (formerly District Health Boards) with the lowest percentage of caries-free five-year-olds (Figure 5) were:

- Tairāwhiti (34.8%)
- Te Tai Tokerau [Northland] (39.6%)
- Counties Manukau (44.6%)

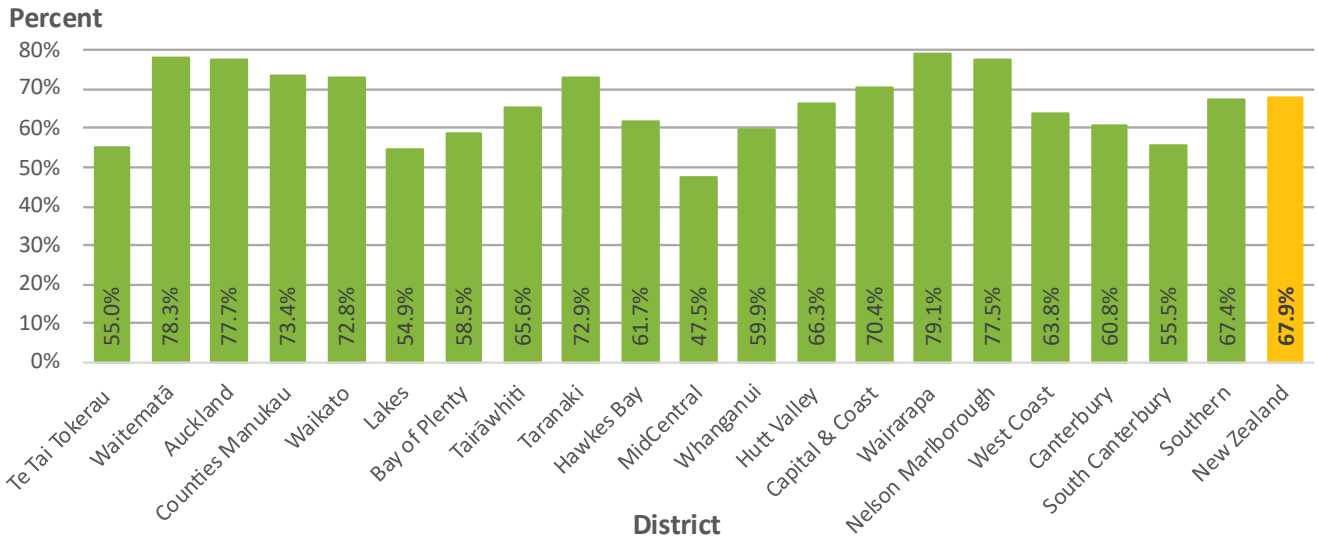
The districts with the lowest percentage of caries-free children in school-year eight (Figure 6) were:

- MidCentral (47.5%)
- Lakes (54.9%)
- Te Tai Tokerau [Northland] (55.0%)

Figure 5: Percent of five-year-old children seen by community oral health services who were caries-free, by district, 2023

Source: Health New Zealand 2025

Figure 6: Percent of children in school-year eight seen by community oral health services who were caries-free, by district, 2023



Source: Health New Zealand 2025

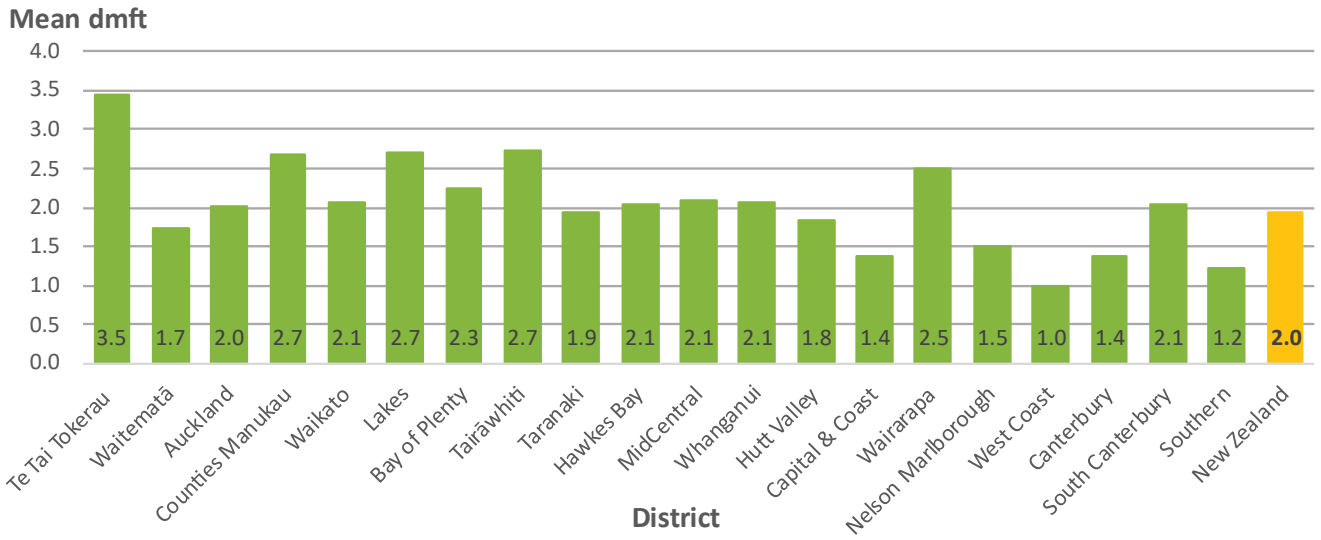
In 2023, the districts with the highest mean dmft among five-year-old children (Figure 7) were:

- Te Tai Tokerau [Northland] (3.5)
- Counties Manukau, Lakes, and Tairāwhiti (2.7 each)
- Wairarapa (2.5)

The districts with the highest mean DMFT among children in school-year eight (Figure 8) were:

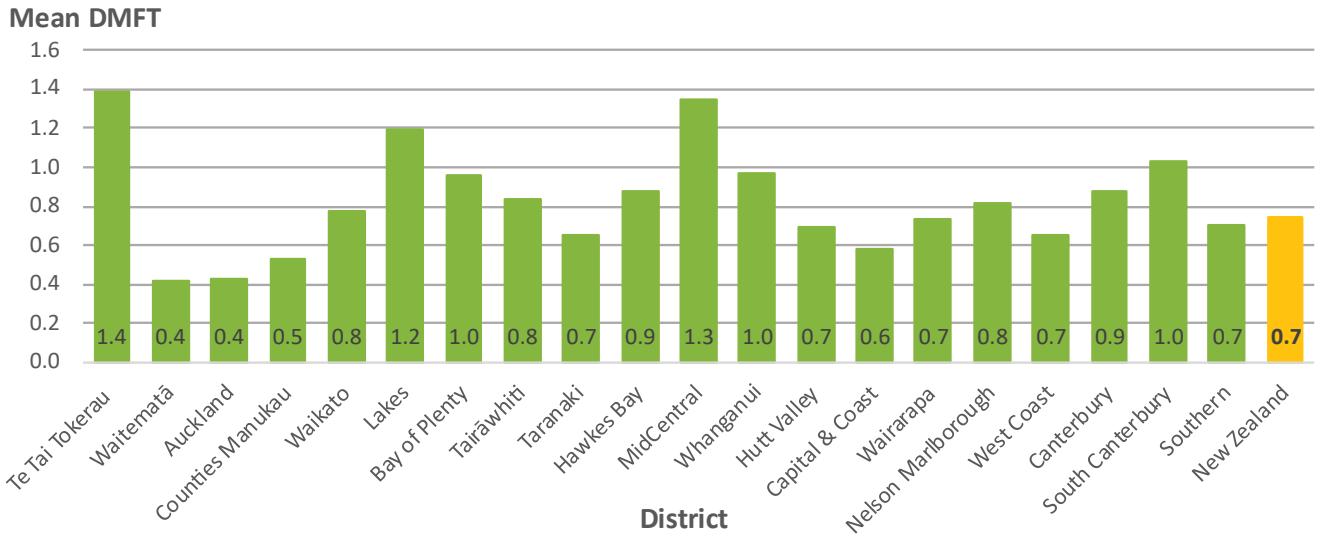
- Te Tai Tokerau [Northland] (1.4)
- MidCentral (1.3)
- Lakes (1.2)

Figure 7: Mean dmft of five-year-old children seen by community oral health services, by district, 2023



Source: Health New Zealand 2025

Figure 8: Mean DMFT of children in school-year eight seen by community oral health services, by district, 2023



Source: Health New Zealand 2025

Data for this indicator

This factsheet presents information on data collected for five-year-old children and children in school-year eight examined by community oral health services.

Data includes:

- The percentage of caries-free children. That is, those who have no past or current experience of dental decay.
- The mean number of decayed, missing and filled **primary** teeth (dmft) for five-year-old children and the mean number of decayed, missing or filled **permanent** teeth (DMFT) for children in school-year eight.

Note on data quality:

The total number of five-year-old children seen by oral health services declined by a third (around 16,000 fewer children) between 2000–2023, while the number of children in school-year eight seen declined by a quarter (around 13,000 fewer children).

Each group was initially roughly equal in size in the year 2000. It is possible that the reduction in the number of five-year-olds (and, to a lesser extent, older children) could affect the apparent trends in their oral health over time. EHINZ has produced a report on the effects of the decline in children seen and the uneven geographic distribution of these children on the apparent trends in data. This report can be viewed here.

For additional information, see the Metadata sheet.

References

Health New Zealand. 2025. *Oral health data and statistics – Age 5 and Year 8 data.* Wellington: Ministry of Health. URL: https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/oral-health/age-5-and-year-8-data (accessed September 2025).

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