

Asthma prevalence

This factsheet presents statistics on the prevalence of medicated asthma among children aged 2–14 years in New Zealand from 2011 to 2022. The background information to this indicator can be found [here](#).



In 2021/22, an estimated 96,000 children (11.4%) were diagnosed with asthma and were currently being treated for it.



The prevalence of asthma in children 2–4 years (8.0%) in 2021/22 appears to have increased since the 2020/21 reporting period (6.0%).



Prevalence rates of medicated asthma in children aged 2–14 have gradually decreased since 2015/16 (16.8%).



Māori (16.4%) and Pacific (15.0%) children were more likely to have medicated asthma than European/Other (10.9%) and Asian (10.1%) children.

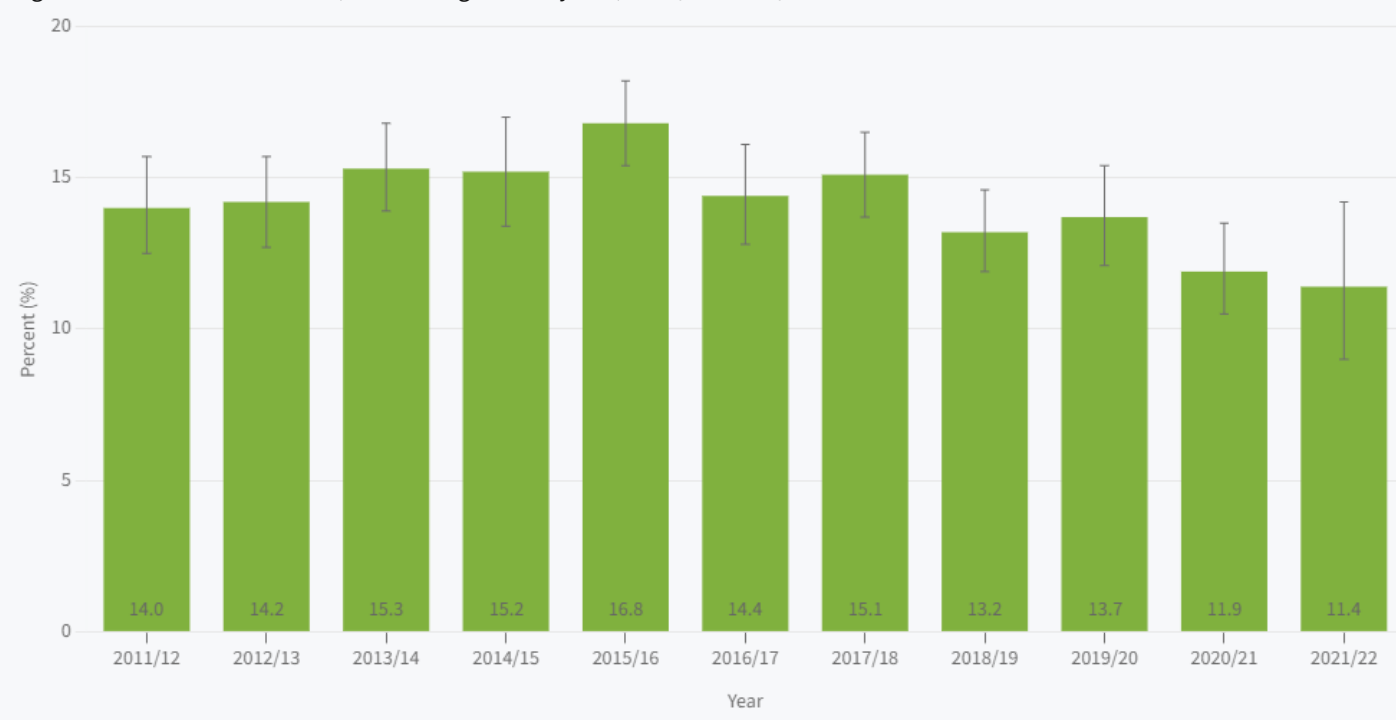
What is Medicated Asthma?

Child respondents aged 2–14 years were defined as having medicated asthma if a child's parent or caregivers had ever been told by the doctor that a child has asthma, and if the child now takes treatments for asthma (inhalers, medicine, tablets or pills).

The rate of asthma prevalence in children has declined from previous years

In 2021/22, 11.4% of children aged 2–14 years (about 96,000 children) were diagnosed with asthma and were currently being treated for it (Figure 1). This is the lowest rate since 2011/12. Prevalence rates of medicated asthma have gradually decreased since 2015/16.

Figure 1 Medicated asthma, children aged 2–14 years, 2011/12–2021/22.



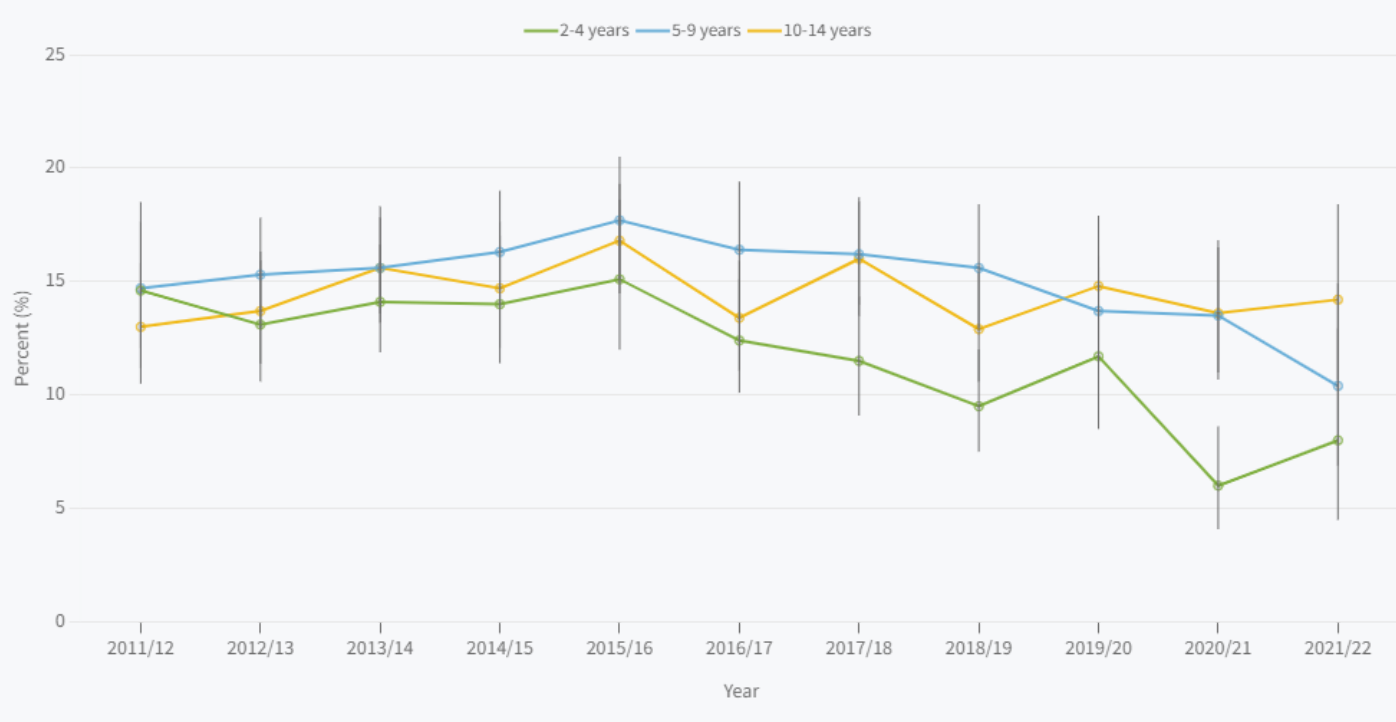
Note: 95% confidence intervals have been presented as error bars.

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

Decline in asthma prevalence in younger children

The prevalence of medicated asthma in children 2-4 years old was 8.0% in 2021/22. This was higher than 2020/21 (6.0%), but still lower than other years going back to 2011/12 (Figure 2). The Medicated asthma prevalence for children aged 5-9 showed an apparent drop in 2021/22 (10.4%). However, the rate of medicated asthma for children aged 10–14 years remained stable over time.

Figure 2 Medicated asthma, children aged 2–14 years, by age group, 2011/12–2021/22.



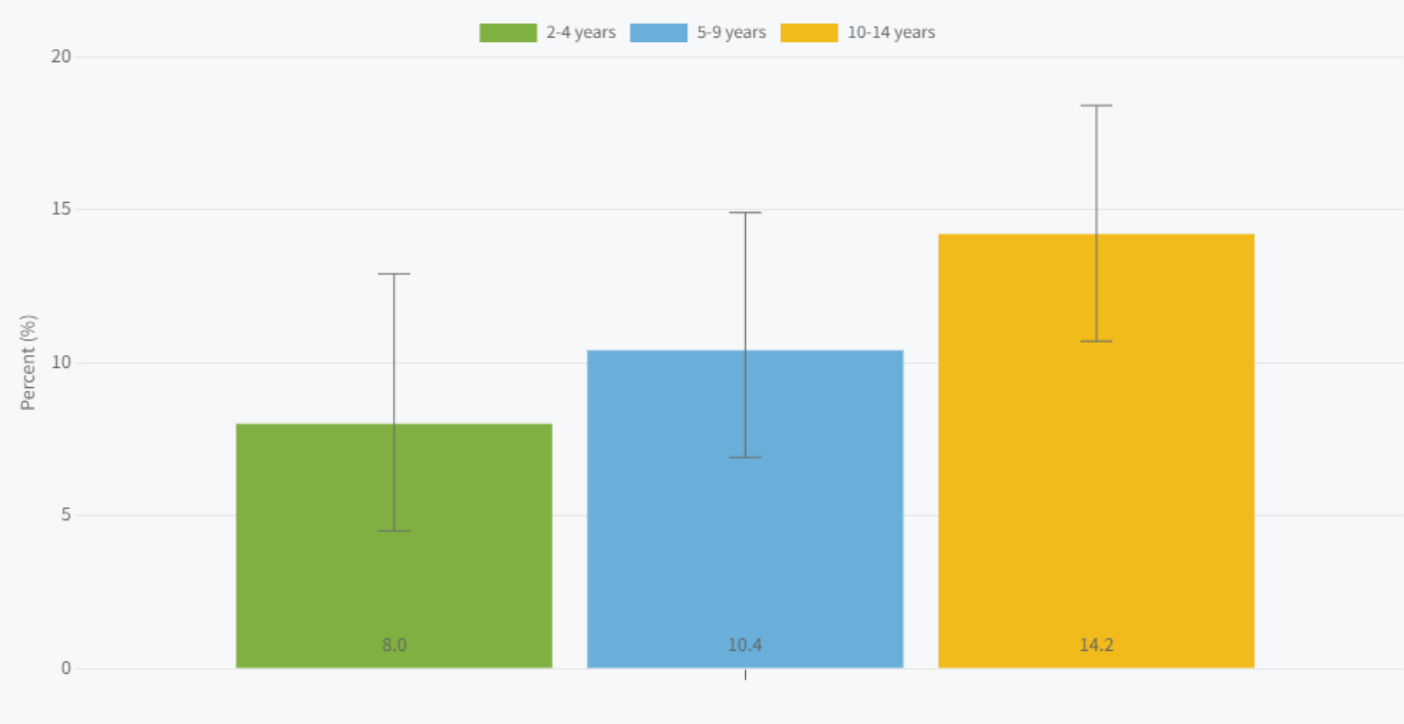
Note: 95% confidence intervals have been presented as error bars.

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

Asthma prevalence was lower for younger children

In 2021/22, children aged 2-4 years have a lower asthma prevalence (8.0%) than those aged 5-9 (10.4%) and 10-14 (14.2%) years. (Figure 3).

Figure 3 Medicated asthma, children aged 2-14 years, by age group, 2021/22.



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

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

Higher asthma prevalence in Māori and Pacific children

Māori (16.4%) and Pacifica (15.0%) children had a higher prevalence of medicated asthma than non-Māori and non-Pacifica children. Asian children were shown to have the lowest prevalence rate of medicated asthma in children aged 2-14 in 2021/22 at 10.1%, only slightly lower than the prevalence rate in European/Other children (10.9%).

Table 1 Medicated asthma, children aged 2-14 years, by ethnic group (total response), 2021/22

Ethnic group (total response)	Prevalence (% , 95% CI)	Estimated number of children
Total	11.4 (9.0–14.2)	96,000
Māori	16.4 (12.0–21.5)	38,000
Pacific	15.0 (7.7–25.4)	11,000
Asian	10.1 (5.5–16.5)	18,000
European/Other	10.9 (8.2–14.0)	65,000

Note: 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 (where everyone is included in every ethnic group they report).

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

Māori children showed fluctuating asthma prevalence rates over the period 2011/12–2021/22

The asthma prevalence rate for Māori children fluctuated between 2011/12 and 2021/22 (Figure 4). Prevalence rates of medicated asthma remained relatively stable for other ethnic groups.

Figure 4 Medicated asthma, children aged 2–14 years, by ethnic group (total response), 2011/12–2021/22



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

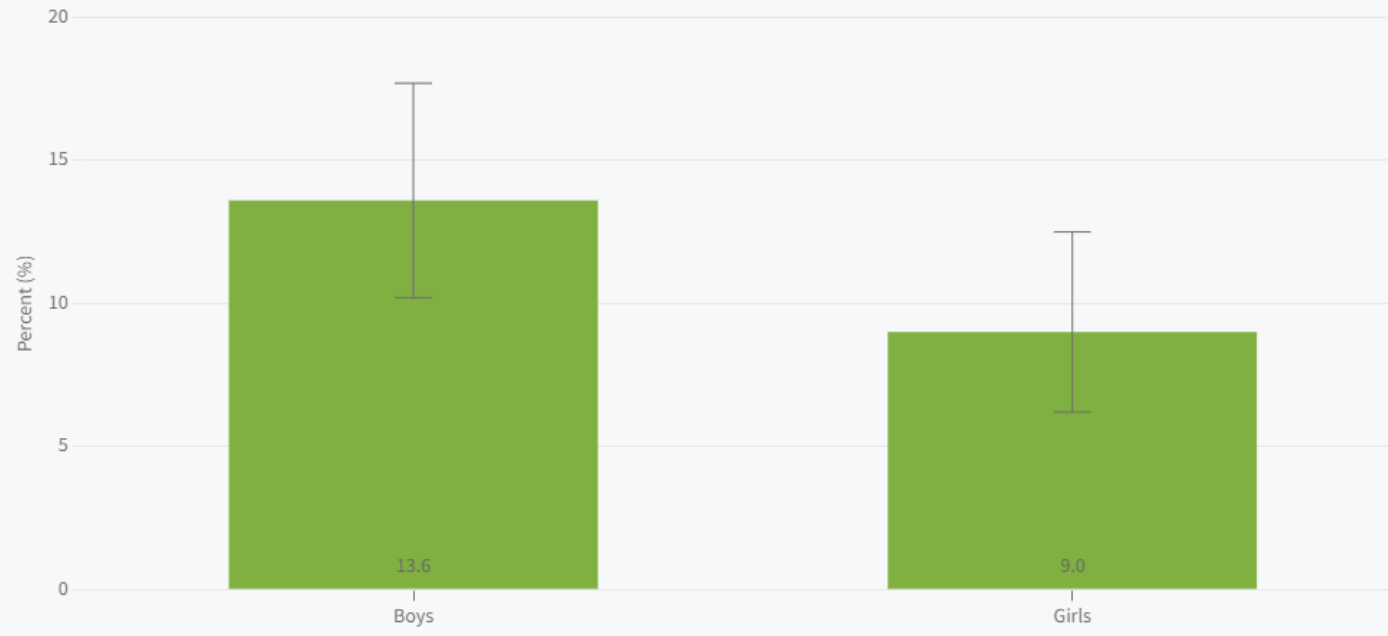
Source: New Zealand Health Survey (Ministry of Health 2022)

Boys were more likely to have medicated asthma than girls

In 2021/22, the medicated asthma prevalence rate was 13.6% for boys and 9.0% for girls (Figure 5). After adjusting for age, boys were statistically significantly more likely than girls to have medicated asthma (ARR = 1.54, 1.03–2.3).

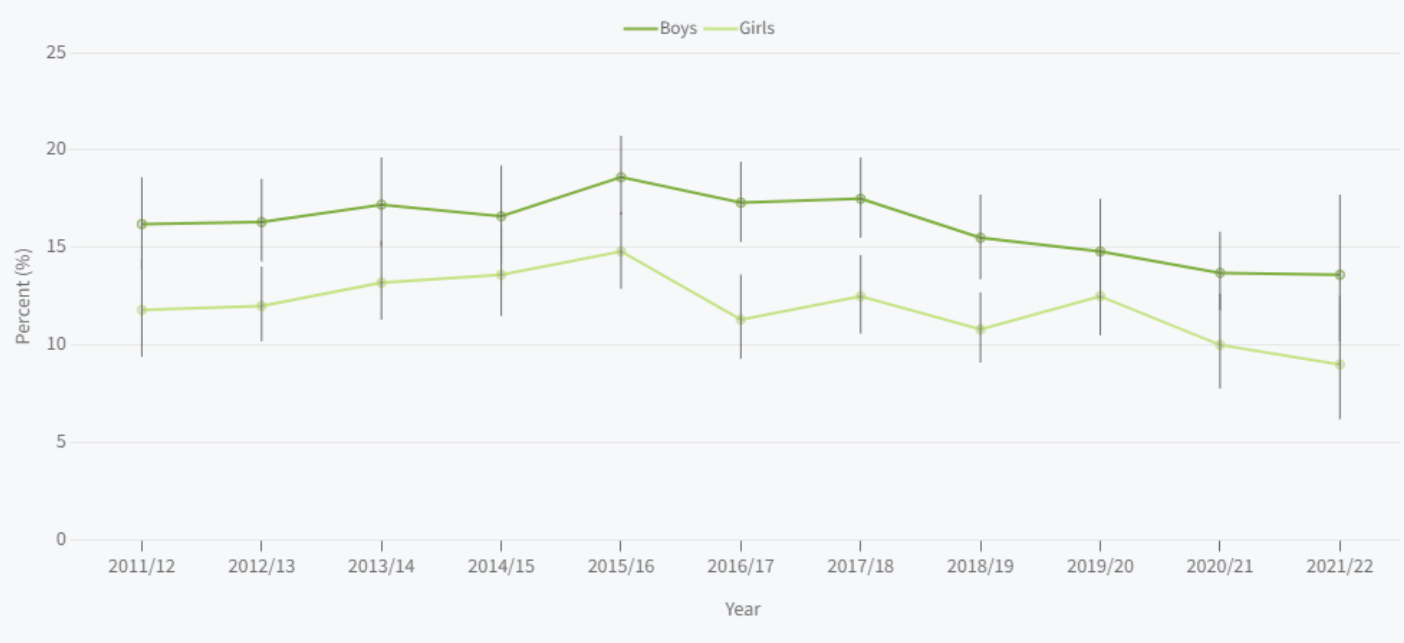
Boys continued to have higher asthma prevalence rates than girls from 2011/12–2021/22 (Figure 6).

Figure 5 Medicated asthma, children aged 2–14 years, by sex, 2021/22.



Note: 95% confidence intervals have been presented as error bars.
Source: New Zealand Health Survey (Ministry of Health 2022)

Figure 6 Medicated asthma, children aged 2–14 years, by sex, 2011/12 - 2021/22.

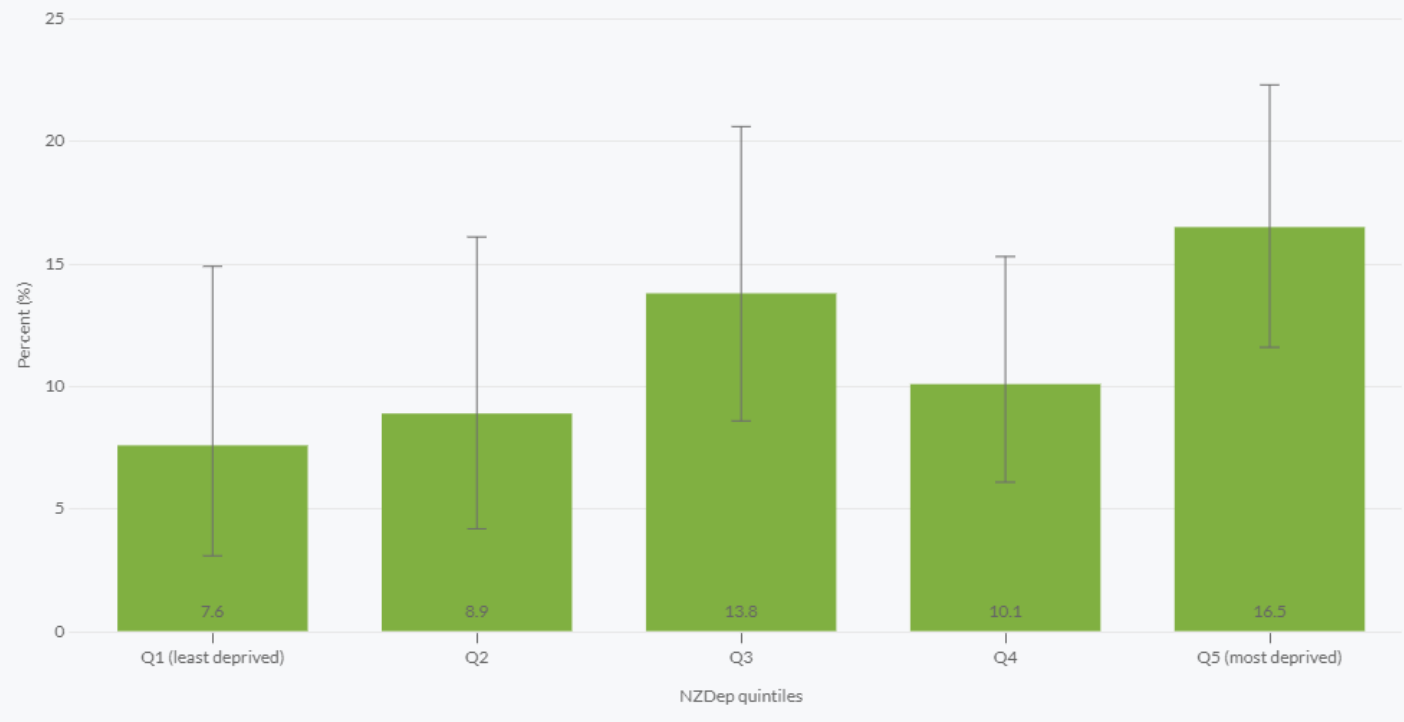


Note: 95% confidence intervals have been presented as error bars.
Source: New Zealand Health Survey (Ministry of Health 2022)

Asthma prevalence varied across deprivation quintiles

Children living in the most deprived areas (quintile 5) had a higher prevalence rate of medicated asthma (16.5%) than those living in the least deprived areas (quintile 1)(7.6%).

Figure 7 Medicated asthma in children aged 2–14 years, by deprivation quintile, 2021/22.



Note: 95% confidence intervals have been presented as error bars.
Source: New Zealand Health Survey (Ministry of Health 2022)

Asthma prevalence - *by district*

This factsheet presents updated statistics on the prevalence of medicated asthma among children aged 2–14 years in New Zealand from 2011 to 2020. The background information to this indicator can be found [here](#).

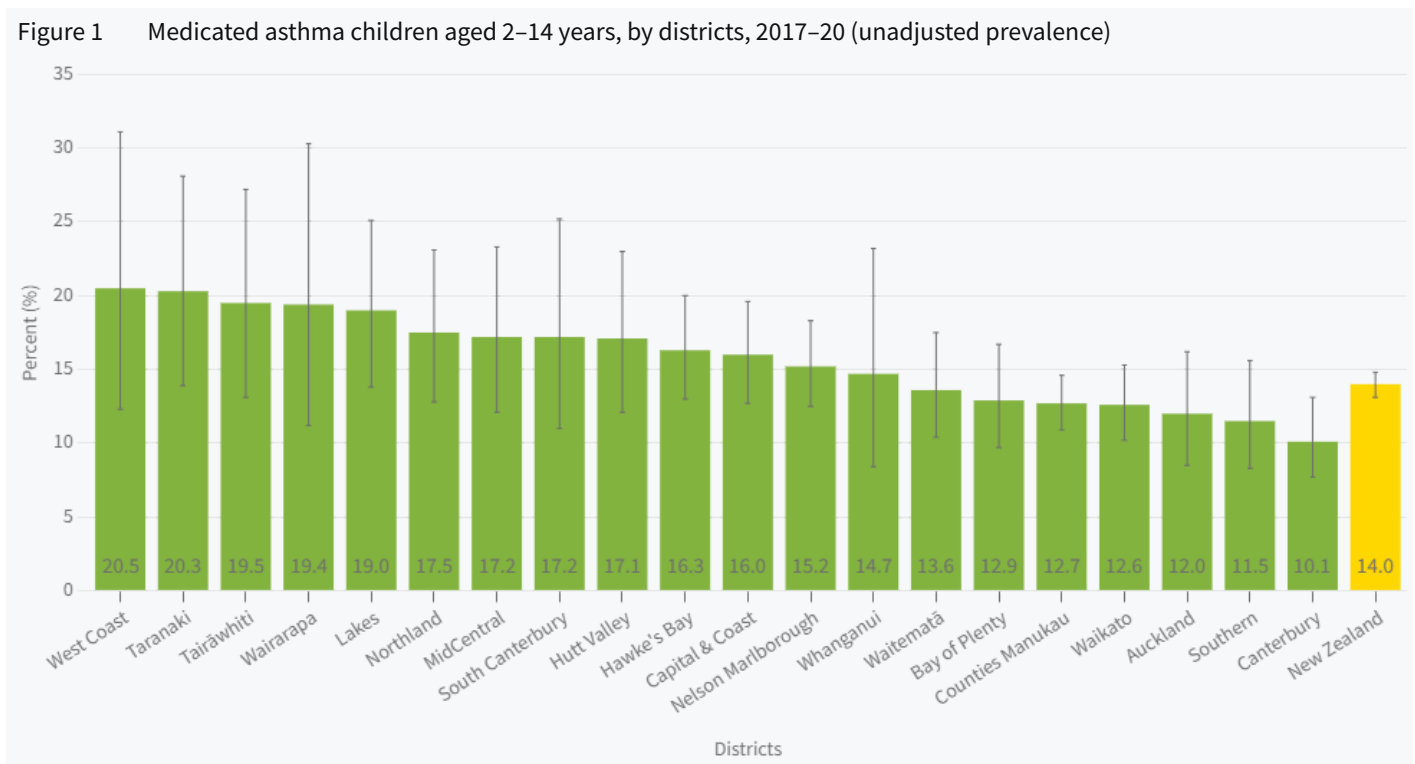
Key fact



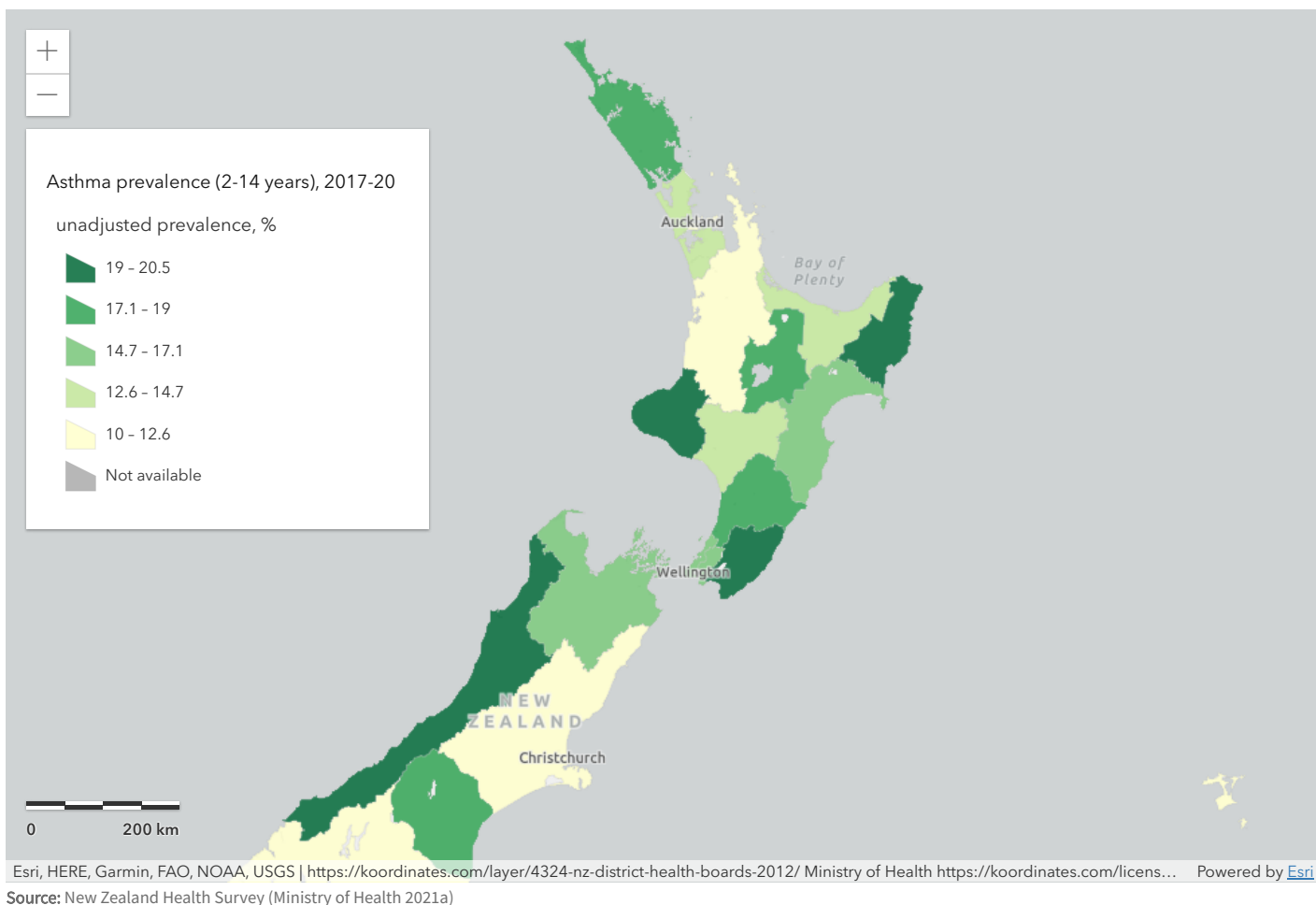
Canterbury district had the lowest rate of medicated asthma in 2017–20.

Canterbury district had the lowest rate of medicated asthma in 2017–20

In 2017–20, children living in the Canterbury district had the lowest medicated asthma rate from the whole of New Zealand (Figure 1).



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



Dashboard - Indoor environment

Data for this indicator

This indicator contains the most recent data available from the Annual Update of Key Results 2021/22: New Zealand Health Survey published by the Ministry of Health in December 2022. It also contains the latest Regional Results 2017-2020: New Zealand Health Survey published by Ministry of Health in October 2021. All the results were calculated by the Ministry of Health.

In 2020 and 2021, interviewing for the New Zealand Health Survey was suspended when there was an elevated risk of COVID-19 in an area, to reduce any risks of transmitting COVID-19 between interviewers and respondents. The achieved sample size and response rate for the 2020/21 data collection are lower than usual due to these disruptions. The reduction in sample size is seen approximately evenly in all regions. No adjustments or imputations have been done to account for the impact this has had on the 2019/20, 2020/21 and 2021/22 data.

For descriptive information about the data, see the [Metadata Sheet](#)

References

Ministry of Health. 2021. Annual Update of Key Results 2020/21: New Zealand Health Survey. Annual Data Explorer 2020/21. Wellington: Ministry of Health. URL: <https://www.health.govt.nz/publication/annual-update-key-results-2020-21-new-zealand-health-survey> (Accessed 07/12/2021).

Ministry of Health. 2021a. Regional Results 2017-20: New Zealand Health Survey. Wellington: Ministry of Health. URL: <https://www.health.govt.nz/publication/regional-results-2017-20-new-zealand-health-survey> (accessed 31/10/2021)

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\(SUDI\)](#)[Meningococcal disease](#)[Asthma hospitalisations](#)[Maternal smoking at two weeks
postnatal](#)[Nitrogen dioxide concentrations](#)**Disclaimer**

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Author

To get in touch with the author ✉ ehinz@massey.ac.nz

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