

# Active transport to and from school

This report presents an analysis of data from the New Zealand Health Survey on the estimated number of school-aged children (5–14 years) who usually used active transport (such as walking or cycling) to travel to and from school.

## Key facts

- In 2022/23, 39.1% of children aged 5–14 years 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 2011/12.
- In general, older children (aged 10–14 years) were more likely to participate in active transport than younger children (5–9 years).
- In 2022/23, Māori children had a lower prevalence of active transport use than non-Māori. There was no significant difference in the use of active transport between socioeconomic deprivation groups.

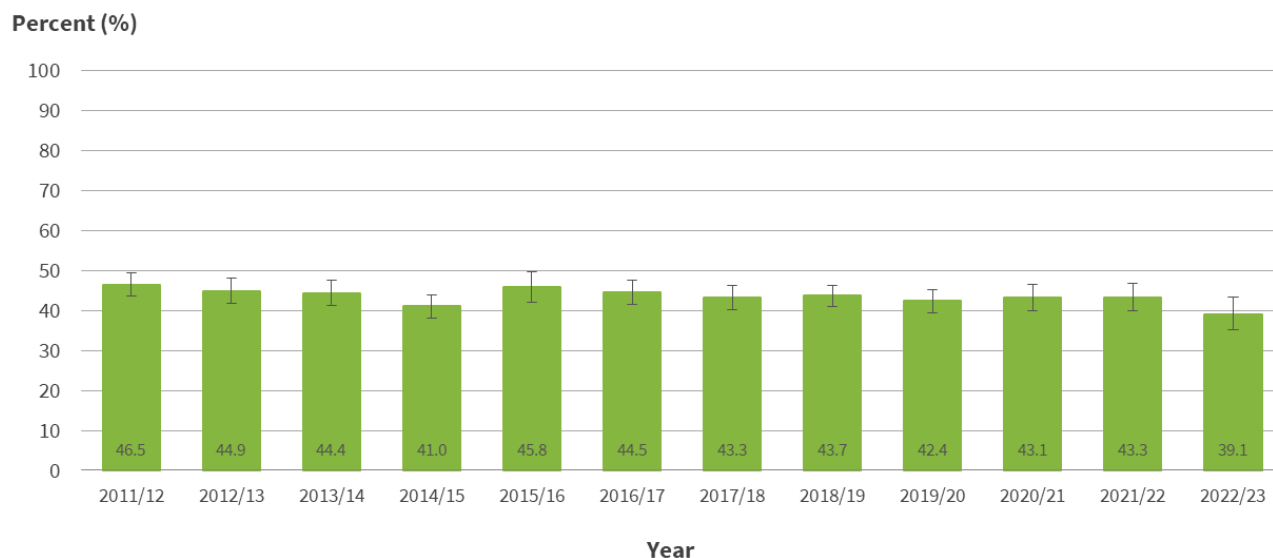
## Using active transport to school is good for children's health

Using active transport to travel to and from school is an effective way for children to get some physical activity each day. Sport New Zealand (2023) estimate that in 2022, only 59% of New Zealand children aged 5–11 years met the physical activity guidelines for the 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 result from the New Zealand Health Survey indicates that around one in eight children are obese (Ministry of Health 2023).

## Less than 40% of 5–14-year-olds used active transport to or from school in 2022/23

Between July 2022 and June 2023 (2022/23), 39.1% of children aged 5–14 years usually travelled to and from school using a physically active form of transport, equivalent to around 259,000 children. This is lower than results from recent previous surveys, but small sample sizes make it hard to confirm trends (Figure 1).

**Figure 1:** Percent of children who usually used physically active transport to and from school, children aged 5–14 years, 2011/12–2022/23



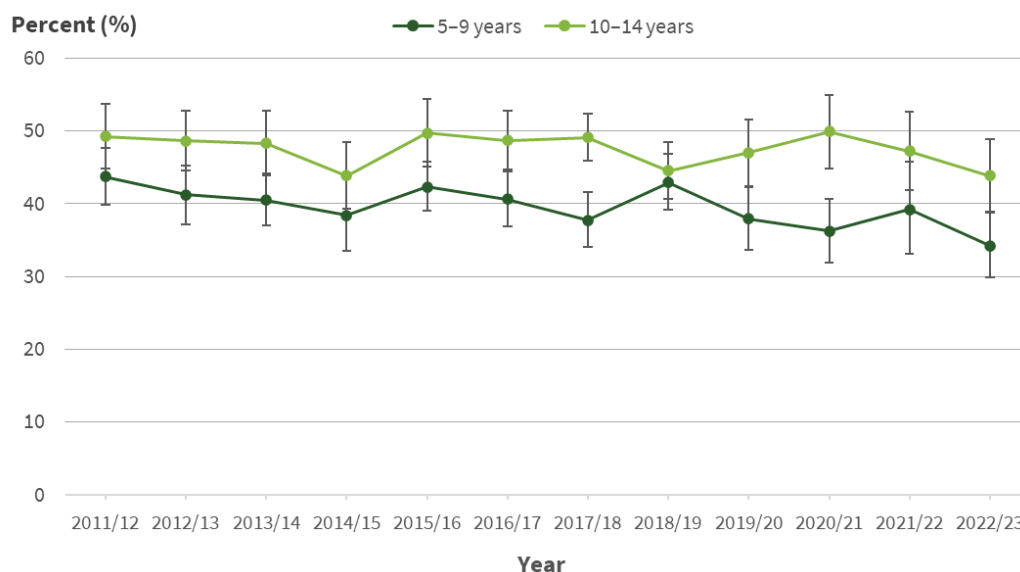
Notes: 95% confidence intervals (95% CIs) have been presented as vertical bars.

Source: New Zealand Health Survey (Ministry of Health 2023)

## Use of active transport is more common in older children

In 2022/23, 34.2% (95%CI 29.8–38.7%) of children aged 5–9 years and 43.8% (95%CI 38.9–48.8%) 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, 2011/12–2022/23



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

Source: New Zealand Health Survey (Ministry of Health 2023)

## Use of active transport is similar between boys and girls

There was no statistically significant difference in the use of active transport between boys and girls, either at the total level or in any age group, in 2022/23 (Table 1).

**Table 1:** Percent of children who usually used active transport to and from school, by age group and sex, 2022/23

Age group (years)	Unadjusted prevalence (95%CI)	
	Boys	Girls
5–9	32.2 (26.4–38.5)	36.2 (30.8–41.9)
10–14	44.7 (38.1–51.5)	42.8 (35.4–50.4)
<b>Total</b>	38.6 (34.3–43.1)	39.6 (34.9–44.4)

Source: New Zealand Health Survey (Ministry of Health 2023)

## Active transport use was similar across most ethnic and deprivation groups

Regular use of active transport was similar across most ethnic groups (Table 2). After adjusting for differences in age and sex, there were no statistically significant differences for Pacific or Asian children versus their comparison groups. However, the prevalence of active transport use appeared lower for Māori children than non-Māori (adjusted rate ratio 0.81, 95%CI 0.69–0.96).

**Table 2:** Percent of children who usually used active transport to and from school, by ethnic group (total response), 2022/23

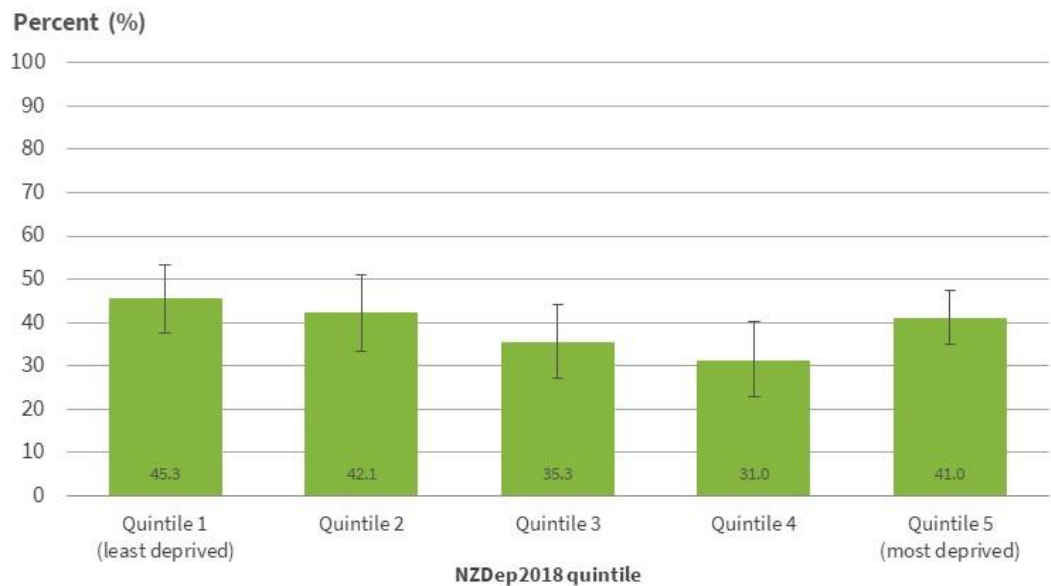
Age group (years)	Unadjusted prevalence (%; 95%CI)	Estimated number of children	Comparison groups	Adjusted rate ratio (RR, 95%CI)
Māori	33.6 (28.7–38.7)	61,000	vs. non-Māori	0.81 (0.69–0.96)
Pacific	38.4 (30.4–47.0)	44,000	vs. non-Pacific	0.97 (0.76–1.24)
Asian	35.1 (28.3–42.3)	45,000	vs. non-Asian	0.90 (0.72–1.12)
European/Other	42.7 (38.6–46.9)	185,000		
<b>Total</b>	39.1 (35.8–42.5)	259,000		

Note: Total response ethnicity has been used, where respondents are counted in every ethnic group they report. This means that estimated numbers will add to more than the total.

Source: New Zealand Health Survey (Ministry of Health 2023)

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 0.86, 95%CI 0.61–1.22).

**Figure 3:** Percent of children who usually used active transport to travel to and from school, by socioeconomic deprivation (NZDep2018 quintile), 2022/23



Notes: 95% confidence intervals have been presented as vertical bars.  
Source: New Zealand Health Survey (Ministry of Health 2023)

### Data for this indicator

This indicator presents an analysis of the the most recent results available from the 2022/23 New Zealand Health Survey (Ministry of Health 2023). Data collection took place between July 2022 and June 2023. All 95% confidence intervals have been presented as vertical bars on graphs. The Ministry of Health calculated all the results.

In December 2023 the Ministry of Health advised that results published in 2022 for the 2021/22 year were affected by an error in assigning New Zealand Index of Deprivation (NZDep) decile. The errors were corrected for the latest survey results release. Full details regarding the error can be found on the [Ministry of Health website](#). For the Active transport indicator, the greatest impact was on results by NZDep2018 Quintile. However, all changes were within the original margin of error given for the results.

Standardised rate ratios are a type of descriptive analysis that illustrates differences between groups. They compare the rates of two groups by dividing the rate for the group of primary interest by the rate for the comparison group. A rate ratio above 1.0 means that whatever is being measured (e.g. use of active transport) is higher in the primary interest group.

For additional information, see the [Metadata](#) sheet.

### References

Ministry of Health. 2023. *New Zealand Health Survey Annual Data Explorer*. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2022-23-annual-data-explorer> (accessed 18 December 2023).

Sport New Zealand. (2023). Active New Zealand: Changes in Participation 2022. URL: [https://sportnz.org.nz/media/bnubr3sf/active-nz-changes-in-participation-2022\\_9-oct-2023.pdf](https://sportnz.org.nz/media/bnubr3sf/active-nz-changes-in-participation-2022_9-oct-2023.pdf) (accessed 12 February 2024).

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