

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 travel to and from school.

In 2020/21, fewer than half of all children used active transport to travel to or from school.



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



In 2020/21, 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.

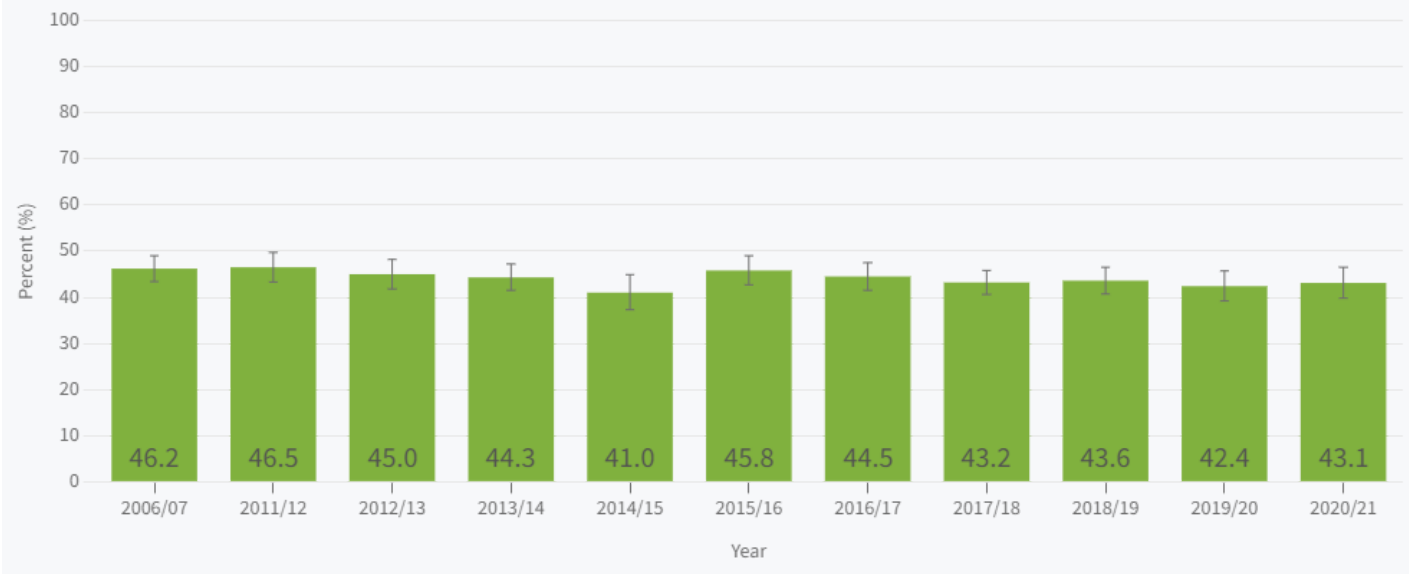
Using active transport is good for children's health

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 2021a).

The share of 5–14-year-olds using active transport to or from school is unchanging

Between July 2020 and June 2021, 43.1% of children aged 5–14 years usually travelled to and from school using a physically active form of transport, equivalent to around 286,000 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, 2006/07–2020/21 (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 2021a)

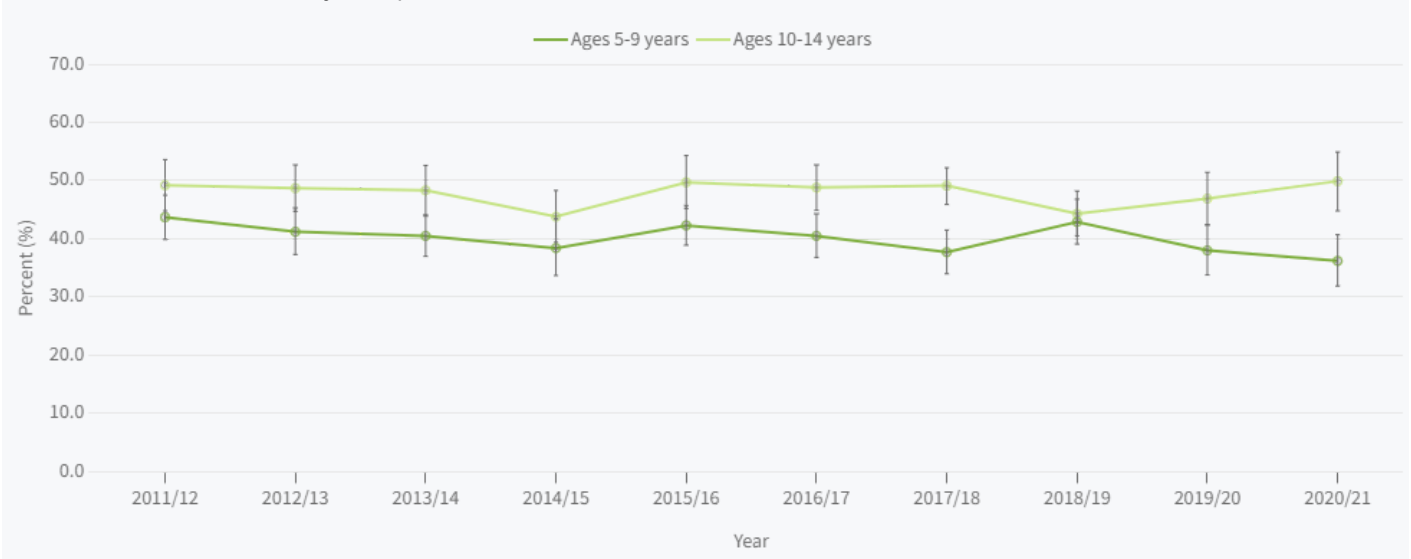
Effects of COVID-19 on travel habits

The COVID-19 pandemic is likely to have influenced the travel habits of some children in the periods when schools were not closed. Some children who usually travel via public transport may have switched to active travel to avoid being in proximity to potentially ill people. On the other hand, those children may have been driven to school by their parents instead for the same reason. However, no difference is apparent in the data, suggesting that children who adapted their habits in the face of the pandemic were not in sufficient number to sway the trend either way.

Use of active transport is more prevalent in older children

In 2020/21, older children (aged 10–14 years) were more likely to use active transport than younger children (5–9 years). Use of active transport among younger children has consistently been less common and declined significantly between 2011/12 and 2020/21 (Figure 2). The use of active transport among older children has generally been consistent over time.

Figure 2 Percent of children who usually used physically active transport to and from school, by age group, 2011/12 to 2020/21 (unadjusted prevalence)



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

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

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 in any age group in 2020/21 (Table 1), although boys have been more likely to use active transport in previous years than girls.

Table 1 Percent of children who usually used active transport to and from school, by age group and sex, 2020/21

Age group	Boys (% , 95 CI)	Girls (% , 95 CI)
5-9 years	36.7 (30.8–42.9)	35.7 (29.1–39.2)
10-14 years	53.2 (47.4–58.8)	46.4 (39.4–53.4)
Total	45.0 (41.0–49.2)	41.1 (36.6–45.7)

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

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 statistically 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, 2020/21

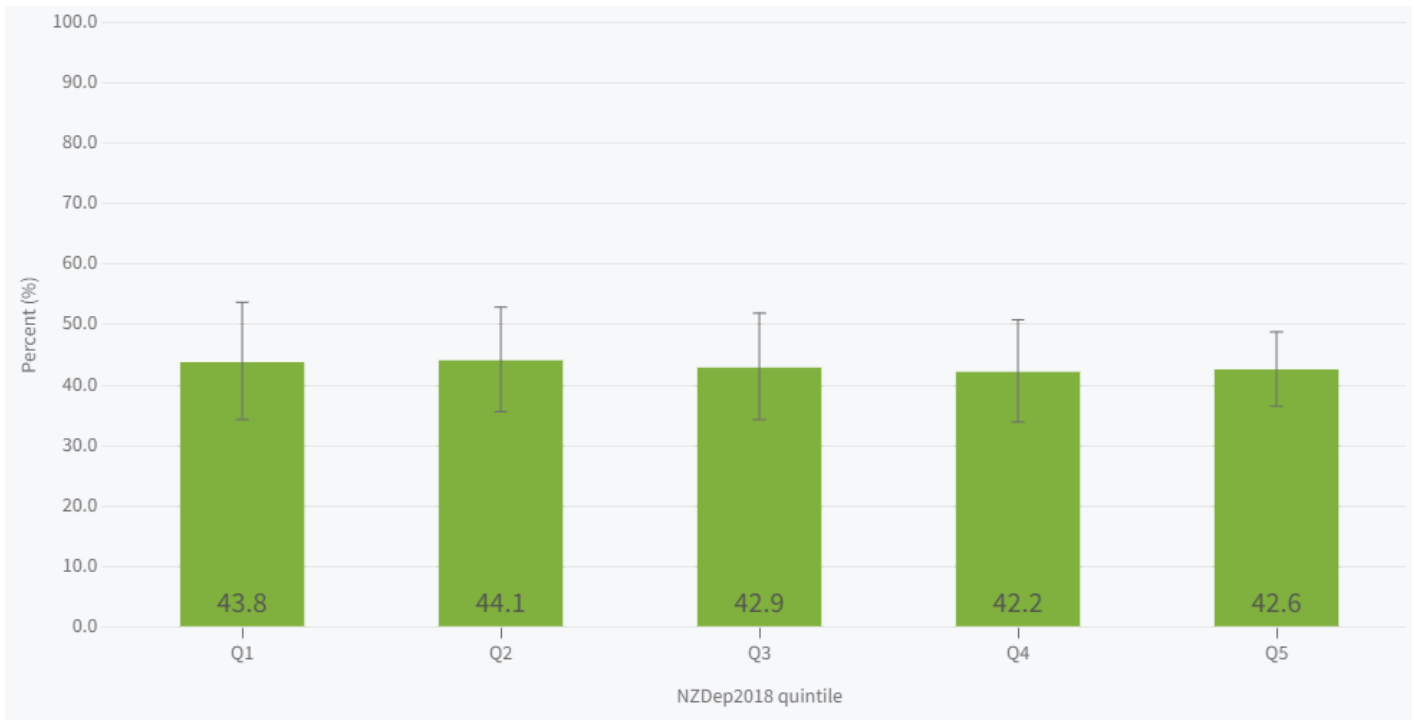
Ethnic group (total response)	Unadjusted prevalence (% , 95 CI)	Estimated number of children	Comparison groups	Adjusted rate ratio (RR, 95% CI)
Māori	40.3 (35.2–45.7)	72,000	vs. non-Māori	0.9 (0.8–1.1)
Pacific	41.7 (33.8–50)	37,000	vs. non-Pacific	1.0 (0.8–1.2)
Asian	42.4 (34.7–50.5)	44,000	vs. non-Asian	1.0 (0.8–1.2)
European/Other	44.8 (40.9–48.8)	208,000	<i>Not available</i>	
Total	43.1 (39.8–46.5)	286,000		

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 2021a)

The prevalence of regular active transport users was near-identical 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 deprived areas (adjusted rate ratio 1.09, 95% CI: 0.79–1.49).

Figure 3 Percent of children who usually used active transport to travel to and from school, by NZDep2018 quintile, 2020/21



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

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

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Data for this indicator

This indicator presents the most recent data available from the New Zealand Health Survey, published by the Ministry of Health in November 2021. '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 this data is assessed using confidence intervals and p-values calculated by the Ministry of Health

COVID-19 and the New Zealand Health Survey

Between July 2020 and June 2021, 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, to reduce any risks of transmitting COVID-19 between interviewers and respondents. The principal effect of this is reduced sample sizes; that is, the 2020/21 results are based on a survey population roughly three-quarters the size of a typical pre-Covid survey. No adjustments or imputations have been made to account for the impact this has had on the data.

For additional information, see the metadata link below.

References

Ministry of Health. 2021a. *Annual Data Explorer 2020/21: New Zealand Health Survey*. Wellington: Ministry of Health.

<https://www.health.govt.nz/publication/annual-update-key-results-2020-21-new-zealand-health-survey> (accessed 21/3/2022).

Ministry of Health. 2021b. *Regional Results 2017–20: New Zealand Health Survey*. Wellington: Ministry of Health.

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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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