

Information topic	Details
Indicator name	Asthma prevalence in children aged 2–14 years
Domain and topic	Indoor environment (and Children’s Environmental Health) domain: Asthma
Indicator definition and units	Prevalence of medicated asthma is defined as having been diagnosed by a doctor or nurse as having asthma and using inhalers, medicine, tablets, pills or other medication, in children aged 2–14 years (Ministry of Health 2025a).
Data source	New Zealand Health Survey, conducted by the Ministry of Health.
Numerator	Children aged 2–14 years who have been diagnosed by a doctor or other health professional as having asthma, and currently use inhalers, medicine, tablets, pills, or other medication.
Denominator	All children aged 2–14 years.
Methodology	<p>Asthma and asthma medication were asked about in the child questionnaire of the New Zealand Health Survey, for children aged 2–14 years. The questions asked were:</p> <ul style="list-style-type: none"> • Have you ever been told by a doctor or other health professional that [child’s name] has asthma? <i>Yes / No / Don’t know / Refused</i> • (If yes above) What treatments does [child’s name] now have for asthma? [Multiple responses possible] <i>No treatment / Inhaled medicines such as inhalers, puffers, pumps or nebulisers / Medicines, tablets, pills or injections / Something else / Don’t know / Refused</i> • Has [child’s name] had wheezing or whistling in the chest at any time in the past 12 months? <i>Yes/ No/ Don’t know/ Refused</i> <p>A primary caregiver answered the child questionnaire as a proxy for the child (Ministry of Health 2025a).</p> <p>We have presented published data from the New Zealand Health Survey. The following points can be noted about the Ministry of Health methodology:</p> <p>Question non-response (where respondents did not answer the question, or answered “don’t know”) was adjusted for in analysis so that the results still represent the whole population.</p> <p>Time trends: Results between survey years have been compared, and statistically significant differences are noted (based on <i>t</i>-tests using age-standardised results).</p> <p>Population groups: Results between population groups have been compared using adjusted rate ratios (except for between different age groups).</p> <p>Confidence interval: 95% confidence intervals were calculated by the Ministry of Health using jack-knife weights. Confidence intervals are presented in brackets in the text and tables, and as vertical bars on graphs.</p>

	For more details, see the NZHS Methodology report (Ministry of Health 2025b).
Time period and time scale	<p>National data is available for 2011/12 onwards.</p> <p>Data collection:</p> <ul style="list-style-type: none"> - 2011/12 data onwards: Survey data were collected for the 12-month period from 1 July to 30 June the following year. - 2006/07: Survey data were collected from October 2006 to November 2007.
Population coverage	<p>Since 2011, the New Zealand Health Survey results refer to the usually resident population of all ages, who are living in permanent dwellings, aged-care facilities, and student accommodation. The following people were not included in the survey: people living in institutions, such as for long-term hospital care, hospital- and dementia-level care in aged-care facilities, and in prisons; the homeless; short-term visitors; and tourists.</p> <ul style="list-style-type: none"> - The child survey covers children aged 0–14 years, and the survey question about asthma was only asked for children aged 2–14 years.
Spatial coverage	National.
Measures of frequency	Results are presented by sex, age group, ethnic group (total response), and neighbourhood deprivation (NZDep2018 quintiles).
Limitations of data source	<p>The survey results may under- or over-estimate indicators due to the nature of self-reported information.</p> <p>The survey is designed to have a sample size of approximately 14,000 adults and 5,000 children in a normal year (without disruption to data collection due to COVID-19 pandemic). Due to impacts from the COVID-19 epidemic, sample sizes for 2019/20 onwards have been lower than this. This means that results are based on a survey population that is smaller than that of a typical pre Covid survey. Smaller sample sizes mean it is harder to confirm trends, due to greater uncertainty in the calculated results.</p> <p>Estimates with a high relative sampling error (RSE) are suppressed if the RSE is over 100% or flagged as 'low quality' if the RSE is over 30%. These should be interpreted with caution as they have lower precision.</p>
Related indicators	<p>Asthma hospitalisations (0–14 years)</p> <p>Second-hand smoke exposure (0–14 years)</p> <p>Maternal smoking at two weeks postnatal</p> <p>Lower respiratory tract infections (0–4 years)</p> <p>Nitrogen dioxide concentrations</p>
For more information	For more information on the New Zealand Health Survey, visit the New Zealand Health Survey website: http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey
References	<p>Ministry of Health. 2025a. Questionnaires and Content Guide 2024/25: New Zealand Health Survey. Wellington: Ministry of Health.</p> <p>Ministry of Health. 2025b. Methodology Report 2024/25: New Zealand Health Survey. Wellington: Ministry of Health.</p>