

Active transport to school

Introduction

Participation in regular physical activity is associated with improvements in cholesterol levels and lower blood pressure in children (US Department of Health and Human Services 1996). Regular physical activity promotes children's physical development, coordination, bone density and energy balance. There is also some evidence for a positive association between physical activity habits and self-esteem in children and young adults (US Department of Health and Human Services 1996). Active transport (eg, walking or biking) provides an opportunity for children of all physical abilities to take part in physical activity on a regular basis. For example, walking to and from school has been found to increase the number of steps taken by New Zealand boys and girls each weekday by over 1000 (Duncan 2005).

What were the survey questions?

In the 2006/07 New Zealand Health Survey parents and caregivers of children aged 5–14 years were asked how their child usually gets to and from school. Multiple responses could be given (eg, in cases where a child walks to the bus stop and then takes the bus to school). For those children who did not usually use active transport to and from school, parents and caregivers were asked what stops this from happening.

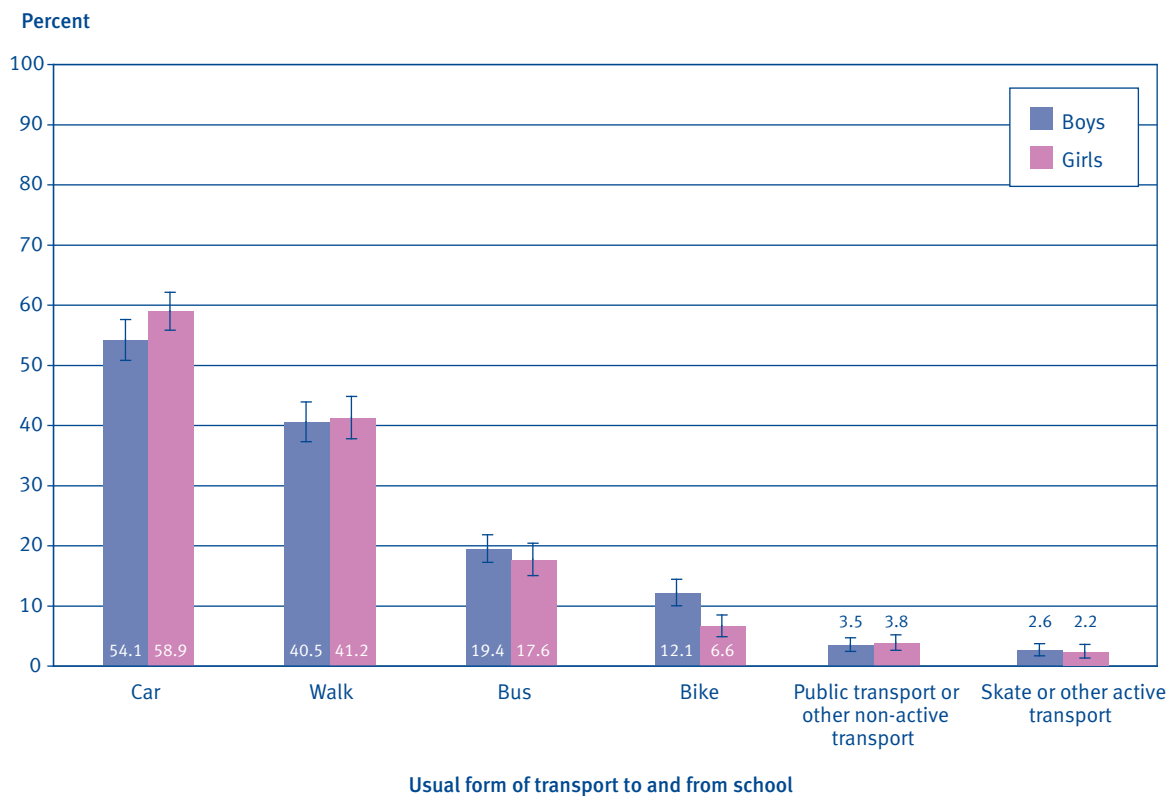
In future New Zealand Health Surveys it is intended that information to monitor the frequency, intensity and duration of physical activity will be collected for children.

Active transport to school for children aged 5–14 years

Just under half of children aged 5–14 years (47.0%, 44.2–49.8) usually use active transport to get to and from school; this equates to 264,800 children who walk, bike, skate or use another form of physical activity to get to and from school.

Private car is the most common way for children in New Zealand to get to and from school (56.4%, 54.3–58.6), followed by walking (40.9%, 38.2–43.5). There were no differences between boys and girls in the type of transport used to go to and from school, except for cycling, where boys were more likely than girls to bike to school (Figure 2.12).

Figure 2.12: Usual transport to and from school for children aged 5–14 years, by gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

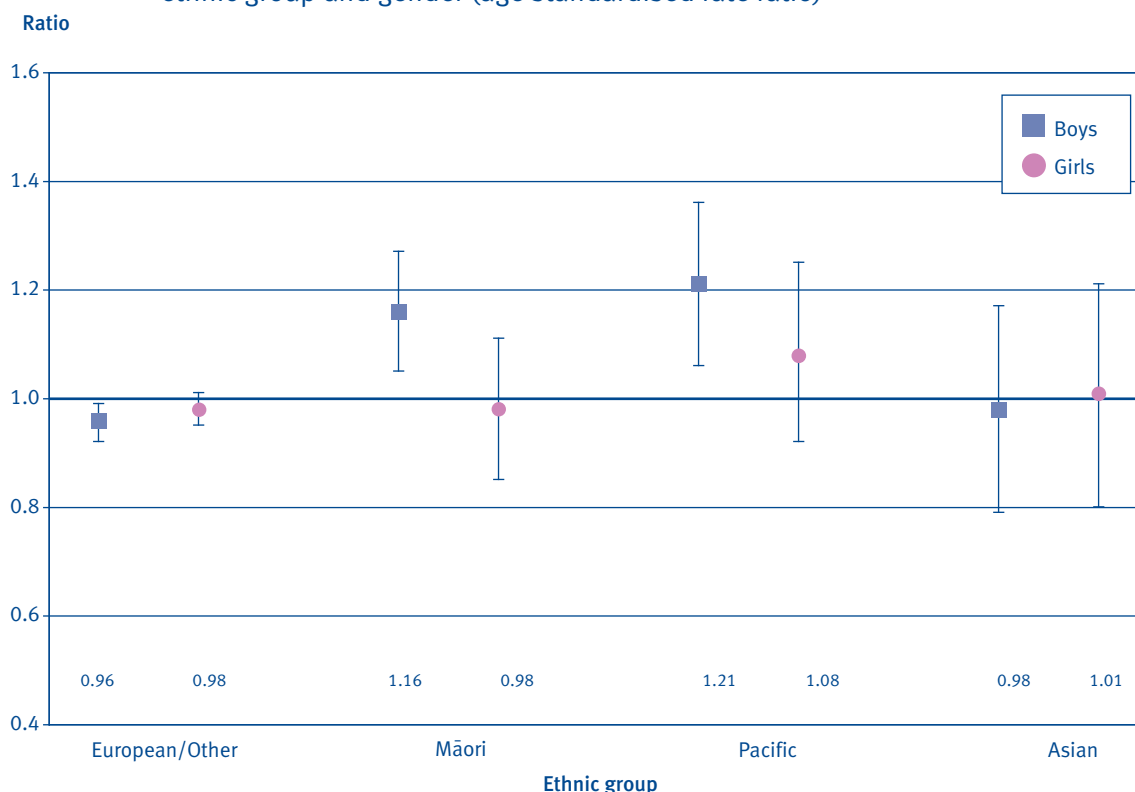
Active transport to school, by age group

The proportion of children who usually used active transport to and from school appeared to increase slightly as age increased, but this was only statistically significant in boys; from 43.6% (38.9–48.2) in 5–9-year-olds to 53.7% (49.7–57.8) in 10–14-year-old boys.

Active transport to school, by ethnic group

After adjusting for age, Pacific and Māori boys were 20% more likely to walk, bike, skate or use other forms of physical activity to go to and from school, compared to boys in the total population. European/Other boys were slightly less likely to use active transport to and from school (Figure 2.13).

Figure 2.13: Physical activity as a mode of transport to school for children aged 5–14 years, by ethnic group and gender (age standardised rate ratio)



Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged from 5-14 years. Total response standard output for ethnic groups has been used.

Active transport to school, by neighbourhood deprivation

There were no statistically significant differences by neighbourhood deprivation in the proportion of children who used active transport to go to and from school.

Barriers to active transport to and from school

The reasons parents and caregivers gave for what prevents their children walking, biking, skating or using other forms of physical activity to go to and from school¹⁴ were:

- we live too far from school (67.5%, 64.1–70.9)
- busy traffic / main road (23.0%, 20.4–25.6)
- too dangerous, for reasons other than traffic (17.3%, 14.7–19.9)
- it takes too long / there is not enough time (12.0%, 9.7–14.3)
- the weather (5.9%, 4.1–7.7)
- child doesn't want to (4.4%, 3.1–5.7)
- child is unable to due to a health condition (1.9%, 0.9–2.9)
- something else (8.9%, 6.9–10.8).

Parents of European/Other children were significantly more likely to report traffic (SRR: 1.10, 1.06–1.15) and lack of time (SRR: 1.09, 1.02–1.15) as a barrier compared to all parents. Parents of Pacific children were significantly more likely to report that it was too dangerous, for reasons other than traffic (SRR: 1.59, 1.17–2.00).

Television watching

Introduction

Watching television is a very sedentary behaviour. Time spent watching television displaces opportunities for more active pursuits and increases exposure to advertising, which has been shown to adversely affect children's food choices through the promotion of foods that can lead to weight gain. Watching television has also been associated with increased consumption of energy-dense foods and drinks (Utter et al 2006).

Many studies have found that watching two or more hours of television per day in childhood increases the risk of obesity in both childhood and adulthood (Scragg et al 2006; World Cancer Research Fund and American Institute for Cancer Research 2007). The Dunedin Multidisciplinary Study, following children from their birth in 1972/73 through to adulthood, found that watching television for more than two hours a day in childhood and adolescence explained 17% of overweight, 15% of raised blood cholesterol, 17% of smoking and 15% of poor fitness at age 26 (Hancox et al 2004). Sustained watching of television for more than two hours a day in childhood is also associated with poor behavioural outcomes and low social skills (Mistry et al 2007).

The Ministry of Education in collaboration with Sport and Recreation New Zealand (SPARC) physical activity guidelines for children and young people recommend that 5–18-year-olds should spend less than two hours a day out of school time in front of television, computers and game consoles (Ministry of Education 2007).

¹⁴ For those parents and caregivers whose children do not usually use active transport to school. Note that multiple responses were possible.