



The German Health Interview and Examination Survey for Children and Adolescents (KiGGS, 2003-2006)

- First Results -

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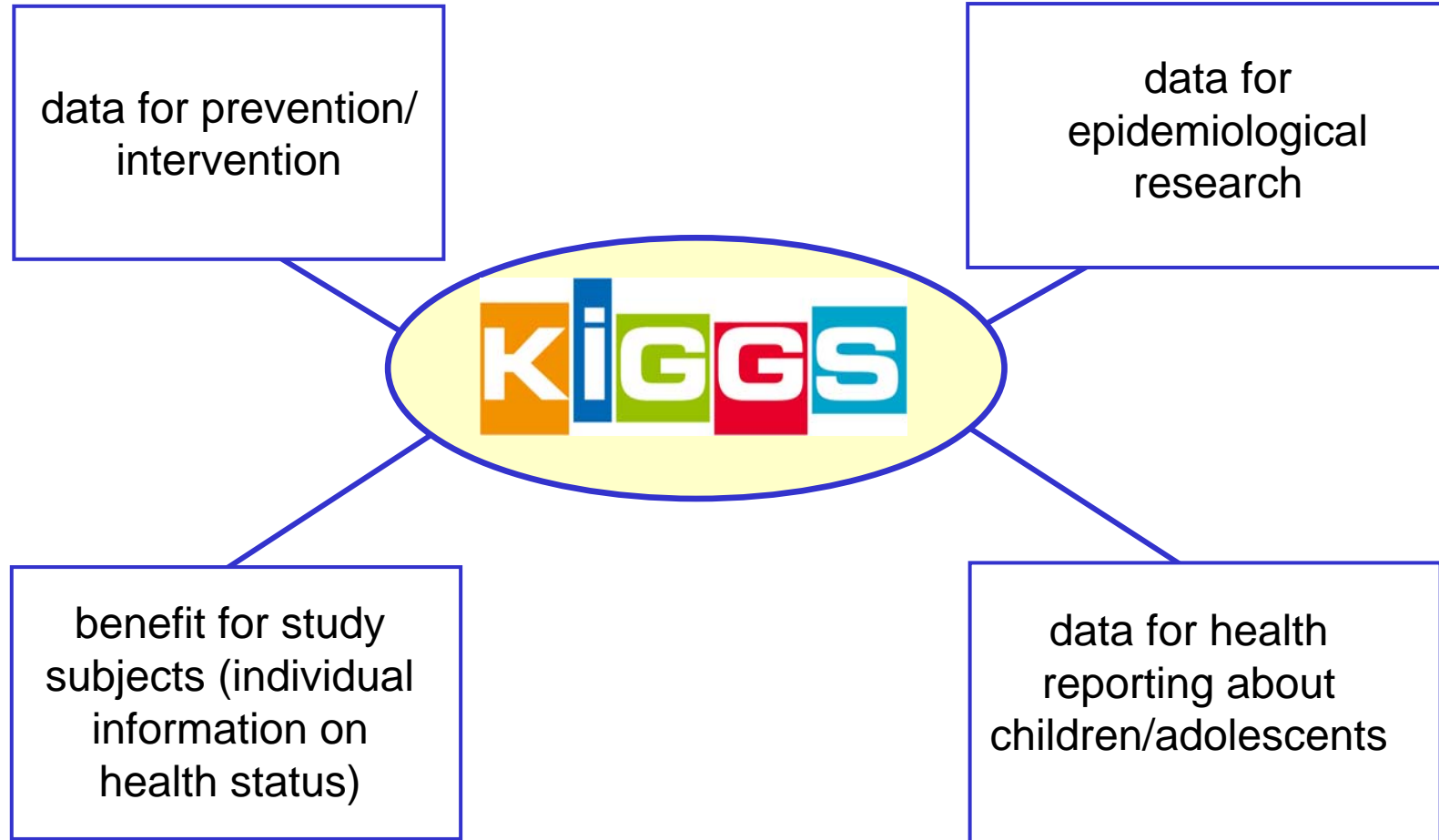


Content

- Aims and Modules of the KiGGS Survey
- Programme of the Core Survey KiGGS
- Selected results (overweight and obesity, atopic diseases, physical activity)
- Outlook: further results of the KiGGS

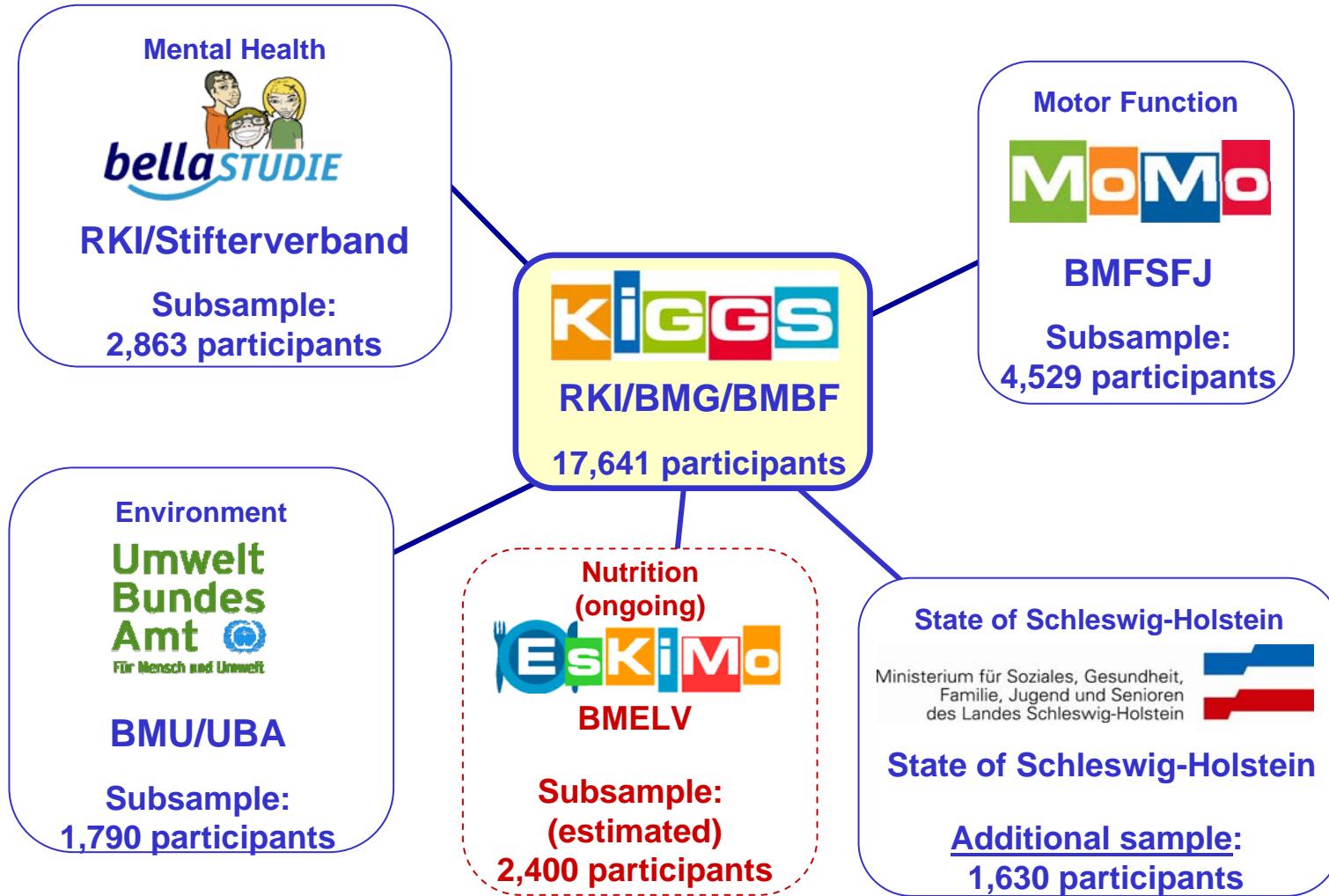


Aims of KiGGS





KiGGS Core Survey and Modules



The KiGGS Study Sample

- 167 sample points
- 17,641 participants
 - 8,985 boys
 - 8,656 girls
- Response: 66.6%



KiGGS programme by age group

self-administered questionnaires for parents and children/adolescents (11+)



standardised parental interview by a trained physician



medical examinations and tests



tests of blood and urine



Self-administered questionnaires for parents and children / adolescents (11+)

- physical health, diseases
- mental health, problems
- social health, living conditions
- lifestyle, health behaviour, health risks
- health care



Physical measurements and tests

- anthropometry
- endurance
- vision tests
- blood pressure, heart rate
- motor activity, co-ordination
- sonography of the thyroid gland



Standardised parental interview by a trained physician

- diagnosed illness
- operations
- medical drugs
- immunisations





Laboratory tests

Parameters (43) covered three areas of particular health interest:

- micronutrient deficiency (e. g. folic acid, vitamin B12, vitamin D, transferritin)
- seroepidemiology of infectious diseases and immunisation status (e. g. hepatitis marker: anti-HAV, anti-HBs, anti-HBc, HbsAg, antibodies against measles, mumps, German measles, herpes, Helicobacter pylori)
- risk indicators or risk factors for chronic non-communicable diseases (e. g. total IgE, antibodies against respiratory agents, HDL-cholesterol, total protein, TSH, fT3, fT4)



Selected results of the KiGGS Core Survey

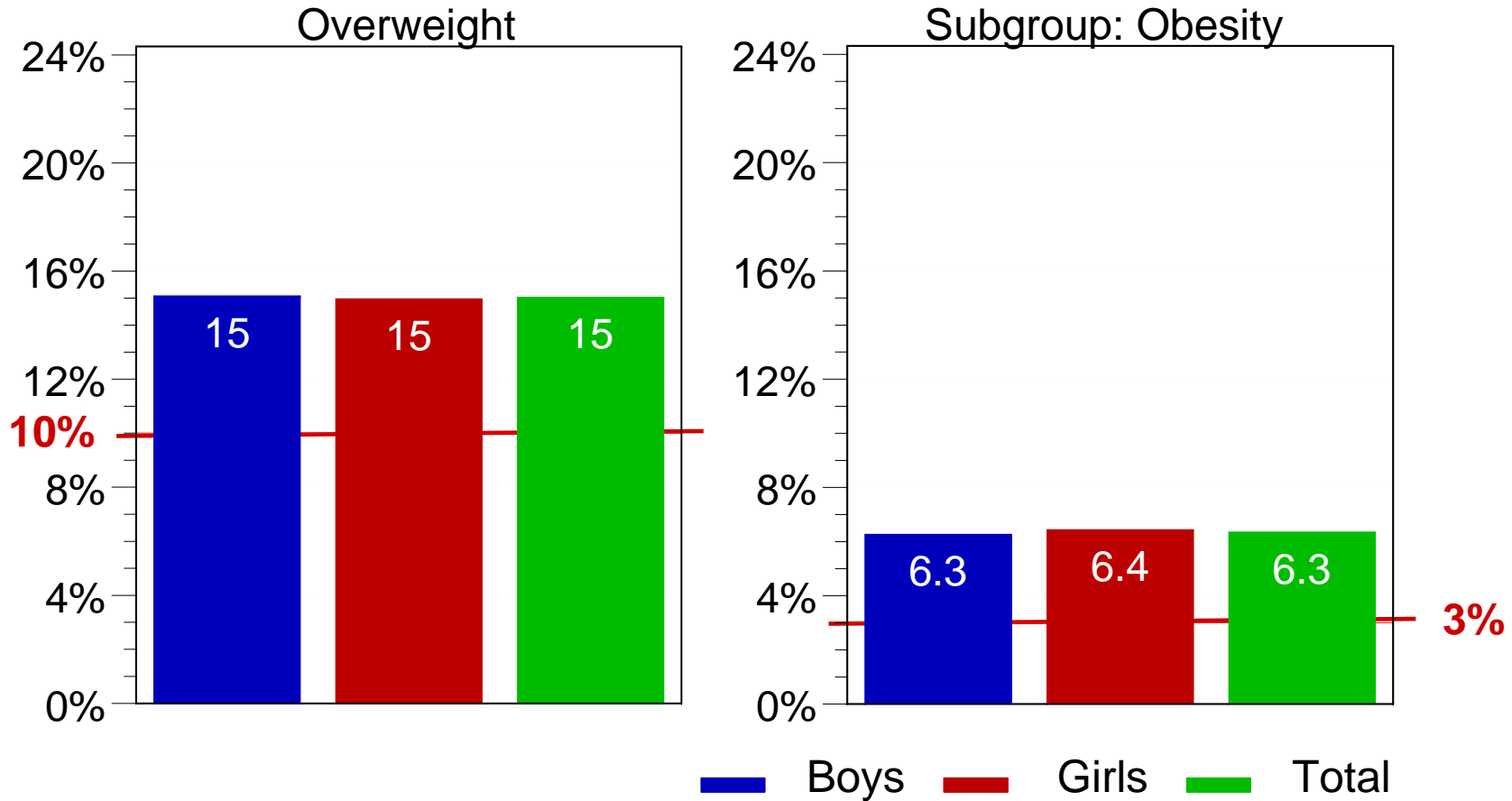
- overweight and obesity
- atopic diseases
- physical activity

Relative body weight

- height and weight measurement in a standardised way
- calculation of BMI (body mass index, kg/m^2)
- reference values of Kromeyer-Hauschild (1985-1999)



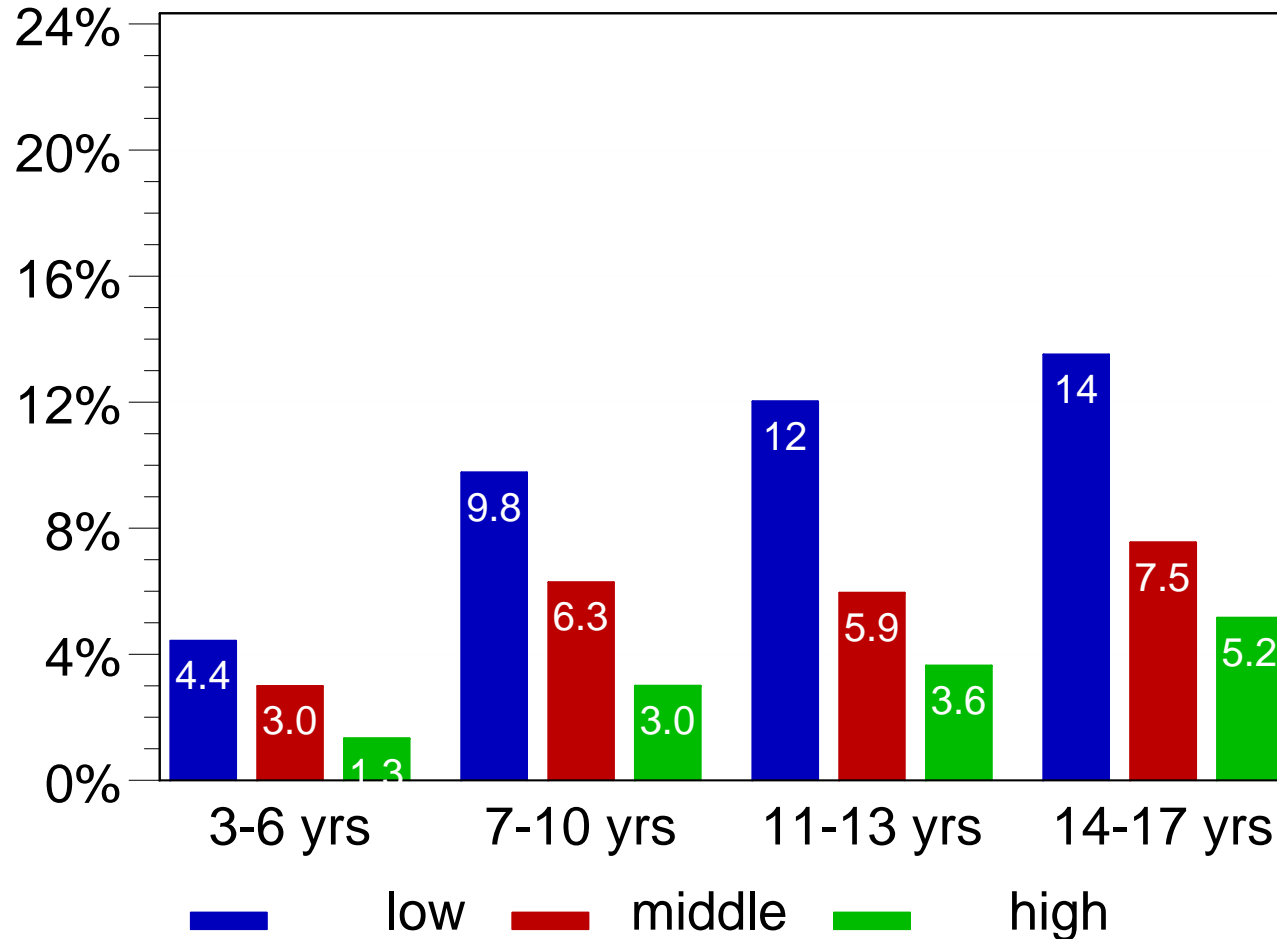
Prevalence of overweight and obesity children and adolescents 3-17 years



Clear increase over reference data from 1985-1999.
No differences between boys and girls.

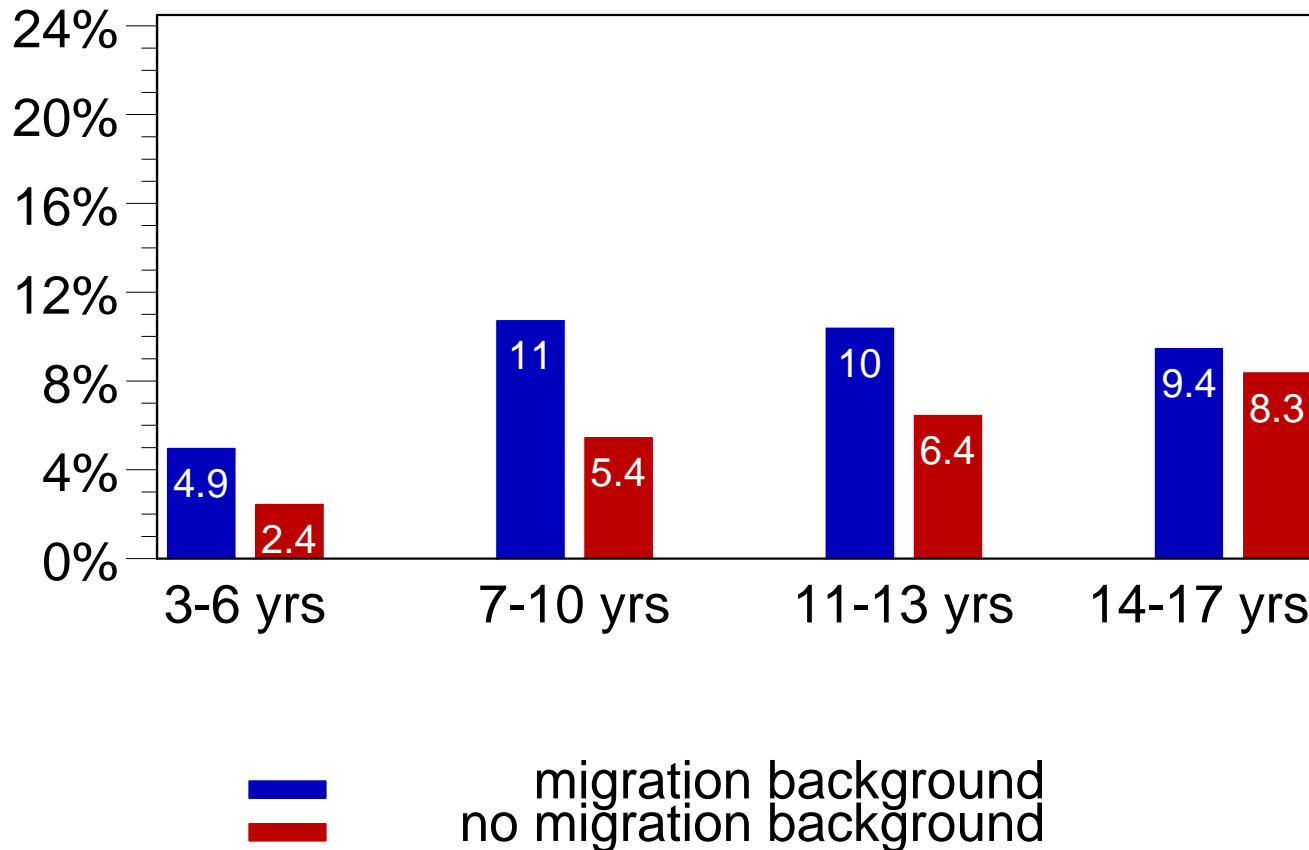


Prevalence of obesity by socioeconomic status



Obesity is more prevalent in children coming from families with lower socioeconomic status.

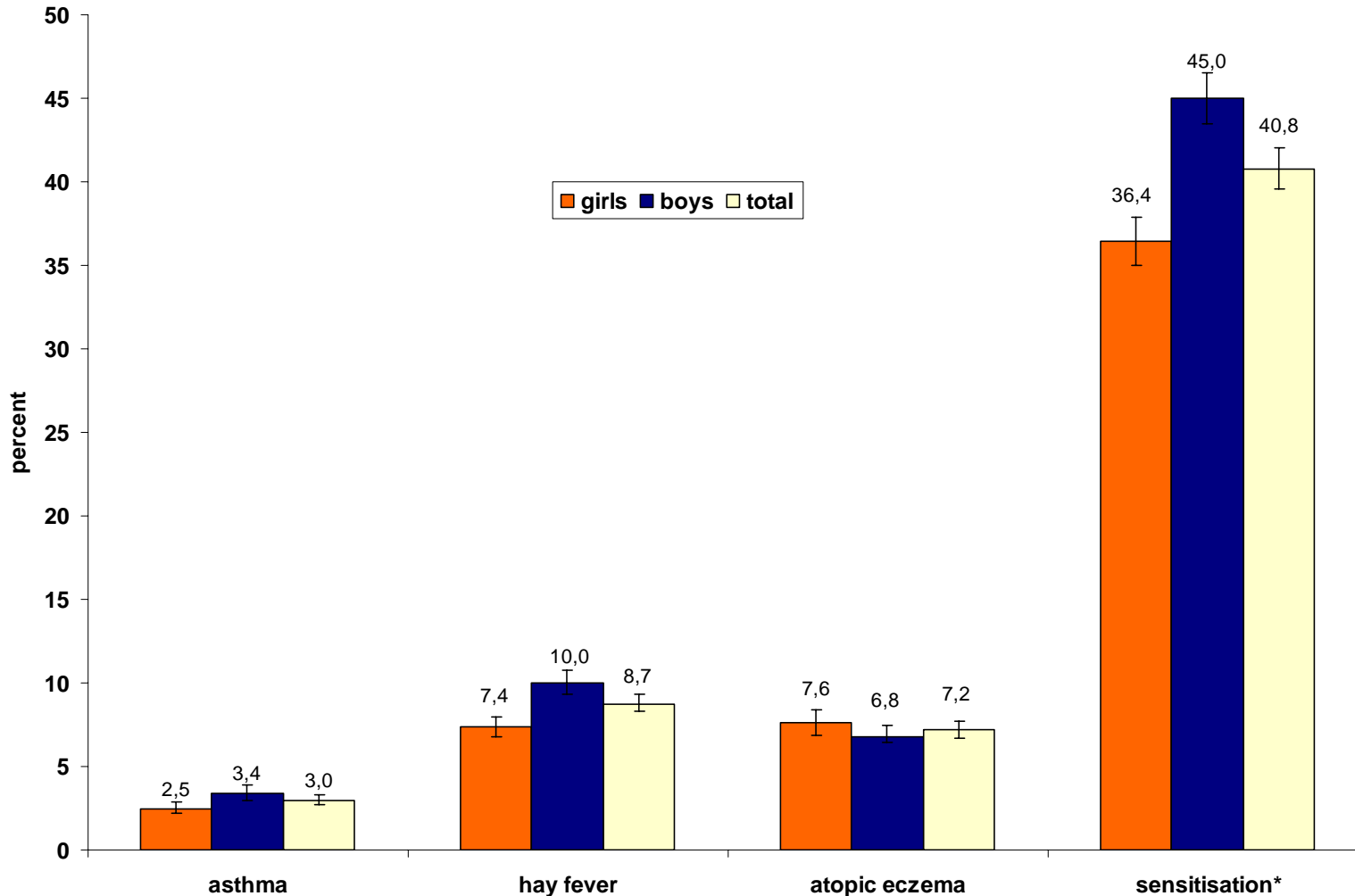
Prevalence of obesity by migration status



Children with migration background show higher obesity prevalences.



Atopic diseases (12-month prevalence, age 0-17) and sensitisation (point prevalence, age 3-17) with 95% CI



* age 3 - 17 years (sensitised to at least one of the allergens tested)

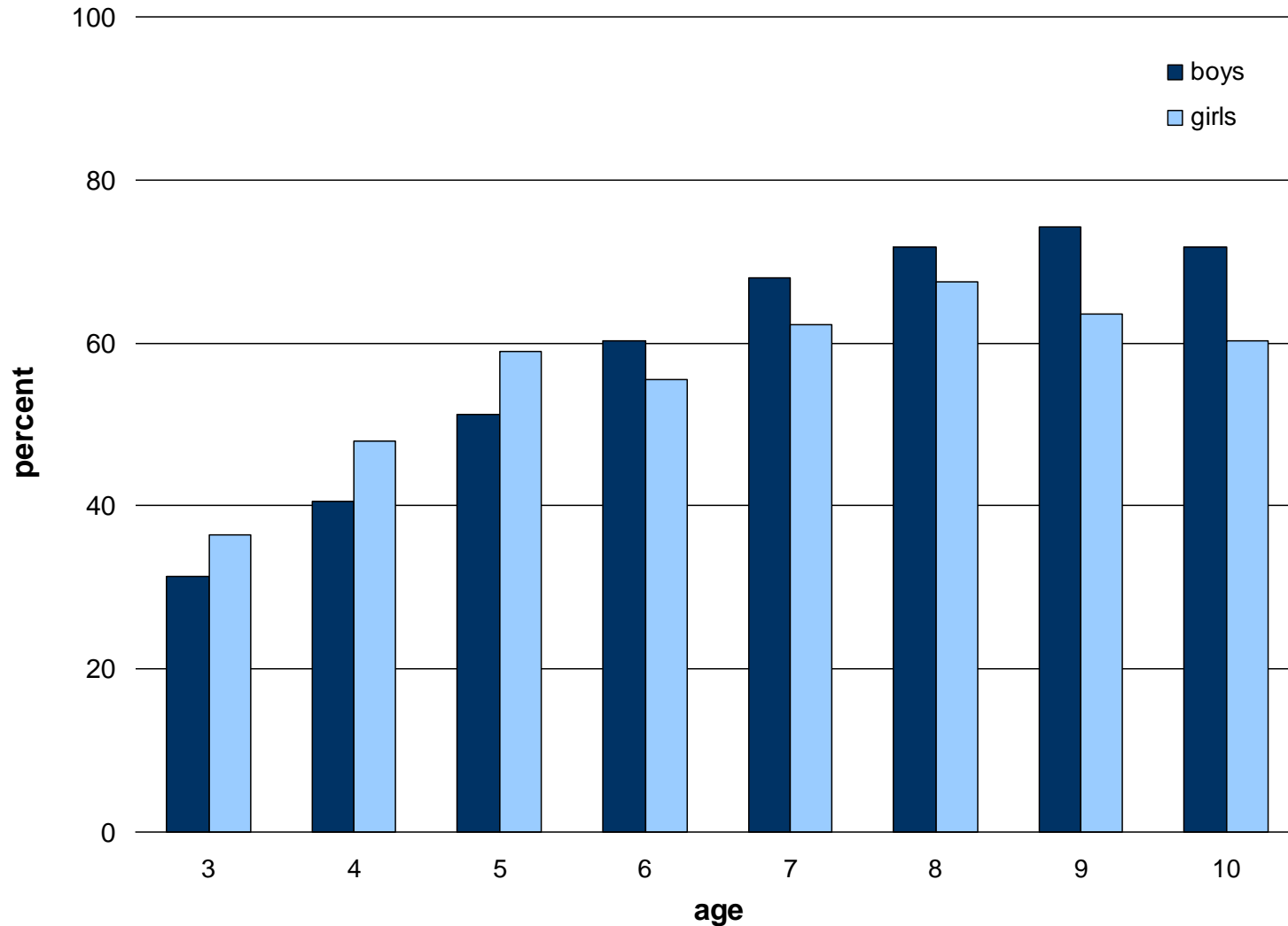
Physical Activity

- questionnaires answered by parents and teenagers (11+)
- frequency of physical activity that caused heavy breathing or a sweat
- in leisure time in a sports club (excluding physical education at school)





Physical Activity - Doing sports in a club



Around three quarters of girls and boys aged 3 to 10 years regularly go in for sports



Further data analyses and results

In:
Issue no. 5/6 2007 of the journal for public health, health research and health protection („Bundesgesundheitsblatt“)
http://www.kiggs.de/experten/erste_ergebnisse/Basispublikation/index.html





Further data analyses and results

Included topics i. a.:

- external quality assurance
- children and adolescents with migration background
- consumption of tobacco, alcohol and drugs
- food consumption and eating disorder
- prevalence of somatic diseases
- accidents and injuries
- vaccination coverage and predictors for vaccination level
- use of electronic media
- mental health and behavioural problems
- use of medical services and medicine use

First results of the KiGGS Study – Booklet for participants



- :: die Studie
- :: für Kids
- :: für Eltern
- :: für Medien
- :: für Experten

www.kiggs.de



Studie zur Gesundheit von Kindern und Jugendlichen in Deutschland

Symposium - Ergebnisse

Hier finden Sie im pdf-Format **Abstracts** (52 kb) und **Powerpoint-Präsentationen** (2 MB) zum downloaden anlässlich des KIGGS-Symposiums am 25. September 2006. [\[mehr\]](#)

Interviews



Wir haben Teilnehmer befragt, wie sie die Untersuchung erlebt haben und was sie von der Studie erwarten. [\[mehr\]](#)

TOMs TIP



Lass dir die KIGGS-Galerie nicht entgehen. Tolle Bilder!

KiGGS for You



Wir wollten wissen, warum KiGGS überhaupt gemacht wird.

Keiner kann das besser wissen als das ROBERT KOCH-INSTITUT. Die Leute vom Institut haben sich die ganze Studie schließlich ausgedacht. Deswegen haben wir Herrn Thamm, der immer die Interviews geben muss, ein paar Fragen gestellt. [\[mehr\]](#)

Zu Besuch im KiGGS Untersuchungszentrum.

Wie Marcel und Ines und andere ihren Besuch bei KiGGS erlebt haben. [\[mehr\]](#)

KiGGS für Eltern

Alles, was Eltern über KiGGS wissen müssen. [\[mehr\]](#)

Der Ablauf im Untersuchungszentrum. [\[mehr\]](#)

Nach ihrem Besuch im Untersuchungszentrum haben wir Eltern von Teilnehmern zur Studie befragt. [\[mehr\]](#)

Lernen Sie die mobilen Untersuchungsteams kennen. [\[mehr\]](#)

EsKiMo



Die große Studie zur Ernährung startete im Januar 2006. [\[mehr\]](#)

KiGGS für Experten

Fachbeiträge über Hintergründe und Ziele der Studie. [\[mehr\]](#)

Reichen Vorsorgeuntersuchungen (U1-U9, J1) nicht aus, um den Gesundheitszustand der Kinder in Deutschland zu bestimmen? [\[mehr\]](#)

Informationen zum Herunterladen. [\[mehr\]](#)

Thank you very much for your attention!



Robert Koch Institute in Berlin
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