

## Subjective health

### Introduction

The subjective assessment of general health is a fixed component of most health surveys (Lange et al. 2007). In addition to physical health, it also covers aspects of mental and social wellbeing, as well as health-related quality of life (Erhart et al. 2009). Good general health is considered a valuable resource for successfully overcoming the many developmental tasks of childhood and adolescence (Currie et al. 2012). Literature has shown correlations between subjective health and health-related behaviour as well as the utilisation of health services (Vingilis et al. 2007; Foti, Eaton 2010).

### Indicator

KiGGS Wave 1 collected data on the assessment of parents regarding the general health of their children, as well as on the self-assessment of 11 to 17 year olds (Lampert et al. 2014). According to a formulation recommended by WHO (de Bruin et al. 1996), the following was asked: “How would you describe the general health of your child?” or “How would you describe your general health?”. The response scale had a range of five answers: “Very good”, “Good”, “Fair”, “Poor”, “Very poor”. The data from the parents’ assessments is used below, as this is available for the entire age range from 3 to 17.

The figure shows the proportion of girls and boys in different age groups whose health was assessed as fair, poor or very poor by their parents. The tables reflect the frequency distribution based on the five original response categories, differentiated according to sex, age and social status.

### Key results

- ▶ The vast majority of parents, 93.6%, assess the general health of their children as “Very good” or “Good”.
- ▶ The proportion of children with fair or poor general health is 6.4%, whereby less than 1% of parents selected the response “Poor” or “Very poor”.
- ▶ There are no statistically significant differences between boys and girls in any age group.
- ▶ According to their parents, approximately 5% of girls and boys of pre-school or primary school age have fair or poor general health. At the start of adolescence, this figure rises in both girls and boys to approximately 9% in the age group from 14 to 17.
- ▶ With 10.6% as compared to 3.2%, children and adolescents with low social status are significantly more likely to have fair or poor general health than children of the same age group with high social status. This applies equally to girls and boys.

### Conclusion

The overwhelming majority of children and adolescents in Germany are growing up healthy. This is reflected in parents’ assessments of the general health of their children. In the vast majority of cases, health is assessed as “Very good” or “Good”. No significant differences between girls and boys are apparent from the information given by parents. It is known from the KiGGS baseline study that the health of adolescents tends to be assessed somewhat more negatively by the adolescents themselves than by their parents.

In addition, 14 to 17-year-old girls are significantly more likely than boys to assess their health as fair to very poor (RKI, BZgA 2008). The results of the current wave of the HBSC study show that 15-year-old girls assess their own health more negatively than boys of the same age, while no significant differences between the sexes are apparent in the age group from 11 to 13 (HBSC Team Germany 2011). The increasing differences between the

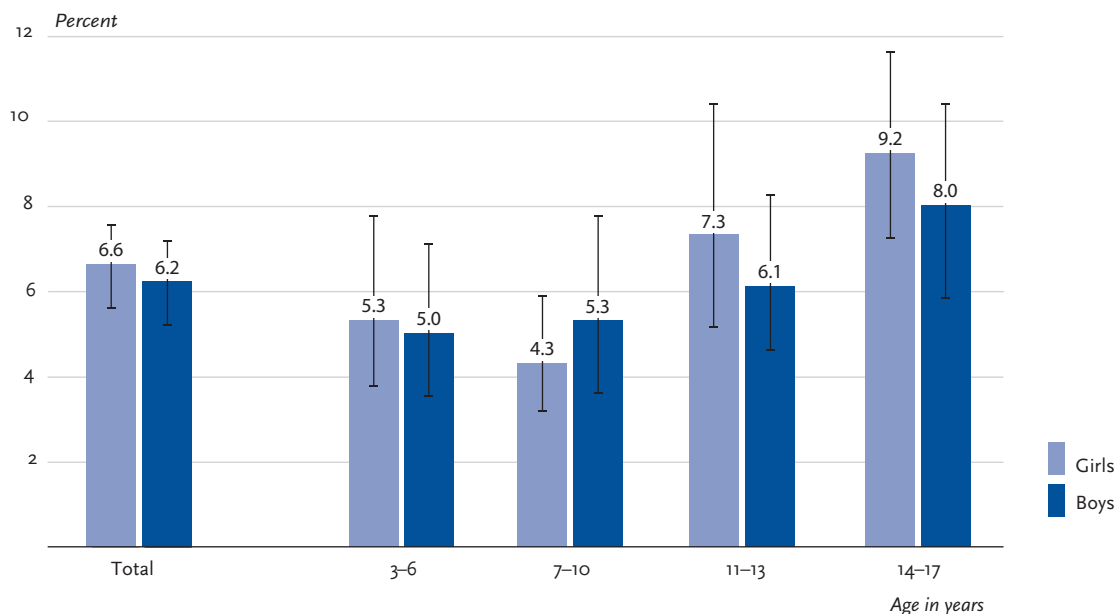
sexes with age in terms of the subjective health assessment of adolescents can be observed in most participating countries of the HBSC study (Currie et al. 2012). The fact that parents with low social status are the most likely to provide a negative assessment of their child's health underlines the need for prevention and health promotion services aimed at specific target groups.

Note: A detailed description of the study as well as explanations on the method are available on the KiGGS study website, [www.kiggs-studie.de](http://www.kiggs-studie.de), and in Lange et al. (2014). Further results regarding subjective health can be found in Lampert et al. (2014).

## Literature

- Currie C, Zanotti C, Morgan A et al. (Hrsg) (2012) Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey. Health Policy for Children and Adolescents, No. 6. WHO Regional Office for Europe, Copenhagen
- de Bruin A, Picavet HSJ, Nossikov A (Hrsg) (1996) Health interview surveys: towards harmonization of methods and instruments. WHO Regional Publications. European Series No. 58. WHO, Copenhagen
- Erhart M, Wille N, Ravens-Sieberer U (2009) Die Messung der subjektiven Gesundheit: Stand der Forschung und Herausforderungen. In: Richter M, Hurrelmann K (Hrsg) Gesundheitliche Ungleichheit. Grundlagen, Probleme, Perspektiven. 2., aktualisierte Auflage. VS Verlag für Sozialwissenschaften, Wiesbaden, S 335–352
- Foti K, Eaton D (2010) Associations of selected health risk behaviors with self-rated health status among U.S. high school students. Public Health Rep 125 (5): 771–781
- HBSC-Team Deutschland (2011) Studie Health Behaviour in School-aged Children – Faktenblatt »Subjektive Gesundheit von Kindern und Jugendlichen«. WHO Collaborating Centre for Child and Adolescent Health Promotion, Bielefeld
- Lampert T, Müters S, Stolzenberg H et al. (2014) Messung des sozioökonomischen Status in der KiGGS-Studie – Erste Folgebefragung (KiGGS Welle 1). Bundesgesundheitsbl – Gesundheitsforsch – Gesundheitsschutz 57 (7): 762–770
- Lange M, Kamtsiuris P, Lange C et al. (2007) Messung soziodemographischer Merkmale im Kinder- und Jugendgesundheitsurvey (KiGGS) und ihre Bedeutung am Beispiel der Einschätzung des allgemeinen Gesundheitszustands. Bundesgesundheitsbl – Gesundheitsforsch – Gesundheitsschutz 50 (5/6): 578–589
- Lange M, Butschalowsky HG, Jentsch F et al. (2014) Die erste KiGGS-Folgebefragung (KiGGS Welle 1). Studiendurchführung, Stichprobendesign und Response. Bundesgesundheitsbl – Gesundheitsforsch – Gesundheitsschutz 57 (7): 747–761
- Robert Koch-Institut, Bundeszentrale für gesundheitliche Aufklärung (Hrsg) (2008) Erkennen – Bewerten – Handeln: Zur Gesundheit von Kindern und Jugendlichen in Deutschland. RKI, BZgA, Berlin, Köln
- Vingilis E, Wade T, Seeley J (2007) Predictors of adolescent health care utilization. J Adolesc 30 (5): 773–800

**Figure 1**  
Proportion of girls and boys whose general health was rated as »Fair«, »Poor« or »Very poor« by their parents



**Table 1**  
Frequency distribution of parental assessment of the general health of 3 to 17-year-old girls according to age and social status

	Very good		Good		Fair		Poor		Very poor	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
<b>Girls</b>	52.4	(50.0–54.9)	41.0	(38.9–43.2)	5.7	(4.9–6.7)	0.7	(0.4–1.1)	0.2	(0.1–0.4)
<b>Age</b>										
3 to 6 years	59.1	(54.9–63.1)	35.6	(31.9–39.4)	4.7	(3.1–7.2)	0.4	(0.2–1.1)	0.2	(0.0–1.3)
7 to 10 years	59.6	(55.0–64.1)	36.1	(31.8–40.6)	3.6	(2.6–5.1)	0.6	(0.2–1.5)	0.1	(0.0–0.4)
11 to 13 years	53.1	(48.9–57.2)	39.6	(35.9–43.5)	6.6	(4.6–9.5)	0.6	(0.1–2.6)	0.0	(0.0–0.4)
14 to 17 years	39.4	(35.6–43.3)	51.4	(47.6–55.2)	8.0	(6.1–10.2)	1.0	(0.4–2.5)	0.3	(0.1–1.2)
<b>Social status</b>										
low	43.2	(36.7–50.0)	46.8	(41.0–52.7)	8.4	(5.6–12.5)	1.6	(0.6–3.8)	–	–
medium	51.5	(48.6–54.3)	42.0	(39.5–44.6)	5.7	(4.7–6.9)	0.5	(0.3–1.1)	0.3	(0.1–0.7)
high	64.5	(60.9–67.9)	32.3	(29.1–35.7)	3.1	(2.2–4.3)	0.1	(0.0–0.5)	–	–
<b>Total (girls and boys)</b>	51.7	(49.9–53.4)	42.0	(40.4–43.6)	5.6	(5.0–6.4)	0.6	(0.4–0.9)	0.1	(0.1–0.3)

**Table 2**  
Frequency distribution of parental assessment of the general health of 3 to 17-year-old boys according to age and social status

	Very good		Good		Fair		Poor		Very poor	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
<b>Boys</b>	50.9	(48.9–52.9)	42.9	(41.0–44.9)	5.5	(4.6–6.6)	0.5	(0.3–1.0)	0.1	(0.0–0.4)
<b>Age</b>										
3 to 6 years	52.7	(48.8–56.6)	42.3	(38.7–46.1)	4.1	(2.7–6.1)	0.9	(0.4–1.7)	–	–
7 to 10 years	56.5	(52.8–60.2)	38.1	(34.5–41.9)	5.3	(3.6–7.8)	0.1	(0.0–0.4)	–	–
11 to 13 years	47.2	(43.4–51.1)	46.6	(42.7–50.6)	5.0	(3.6–6.9)	0.8	(0.3–2.2)	0.4	(0.1–1.7)
14 to 17 years	46.9	(43.5–50.3)	45.1	(41.6–48.6)	7.4	(5.7–9.6)	0.6	(0.1–2.2)	0.0	(0.0–0.3)
<b>Social status</b>										
low	39.6	(34.1–45.4)	49.2	(43.3–55.2)	10.0	(7.1–14.1)	0.9	(0.3–3.0)	0.3	(0.0–1.9)
medium	52.1	(49.7–54.4)	42.7	(40.4–45.1)	4.7	(3.8–5.9)	0.5	(0.3–1.0)	–	–
high	60.2	(57.5–62.9)	36.5	(34.0–39.2)	2.7	(2.0–3.7)	0.4	(0.1–1.0)	0.2	(0.0–0.7)
<b>Total (girls and boys)</b>	51.7	(49.9–53.4)	42.0	(40.4–43.6)	5.6	(5.0–6.4)	0.6	(0.4–0.9)	0.1	(0.1–0.3)

### Editors

Robert Koch Institute  
Department of Epidemiology and Health Monitoring  
Dr. Benjamin Kuntz, Laura Krause,  
Panagiotis Kamtsiuris, PD Dr. Thomas Lampert  
General-Pape-Straße 62–66  
12101 Berlin

### How to quote this publication

Robert Koch Institute (Ed) (2014) Subjective health.  
Fact sheet on KiGGS Wave 1: German Health Interview and  
Examination Survey for Children and Adolescents – First  
follow-up interview 2009–2012. RKI, Berlin  
[www.kiggs-studie.de](http://www.kiggs-studie.de)

Published: 17.12.2014