# Fact sheet on KiGGS Wave 1: German Health Interview and Examination Survey for Children and Adolescents - First follow-up interview 2009-2012 

## Fruit and vegetable consumption

## Introduction

Fruit and vegetables are important sources of vitamins, minerals, trace elements, secondary plant substances (phytochemicals) and dietary fibre. In addition to a high nutrient density, most varieties contain a high proportion of water and are therefore at the same time low in calories (DGE 2007). Dietary patterns with correspondingly high proportions of fruit and vegetables generally imply that other, physiologically less beneficial foods are consumed less often. This may help to avoid weight gain and as a consequence prevent overweight (Buijsse et al. 2009). In addition, a high intake of fruit and vegetables has often been described to be of relevant importance for the prevention of several chronic diseases (Boeing et al. 2012; Boffetta et al. 2010; WCRF, AICR 2007).

A balanced diet is of major importance, especially for children and adolescents since the supply of nutrients plays a significant role with regard to growth as well as physical and mental performance. Furthermore, eating habits adapted in childhood and adolescence often track into adulthood (Rasmussen 2006).

Consequently, during the last decades various health-policy measures have been undertaken to improve fruit and vegetable consumption levels. Probably one of the best-known activities is the " 5 -a-day" campaign, which recommends eating five portions of fruit and vegetables every day. As part of this, one portion of fruit or vegetables may be exchanged for a glass of fruit or vegetable juice.

## Indicator

In KiGGS wave 1, parents provided information about the intake of fruit and vegetables for children aged 3 to 10 years. Adolescents aged 11 to 17 years were asked themselves. Parents respectively adolescents were asked by telephone: "How often does your child/do you eat fruit?"; "How often does your child/do you eat vegetables?" and "How often does your child/do you drink fruit and vegetable juice?" - There were four possible responses: "Every day", "At least once a week", "Less than once a week" and "Never". Depending on the answers they were then asked, "How many portions of fruit/vegetables does your child/do you eat per day?" or "per week?" and further "How many glasses of fruit and vegetable juice does
your child/do you drink per day?" or "per week?" The possible answers were: $1 / 2$ glass, 1 glass, 2 glasses and 3 (or more) glasses.

On the basis of this information, the consumption of fruit and vegetables per day among children and adolescents according to gender and social status is shown in the following.

## Key results

- $10.7 \%$ of children and adolescents consume the recommended five servings of fruit and vegetables per day.
- Girls meet the recommendation significantly more often than boys.
- Children and adolescents from families of higher social status more often eat five portions of fruit and vegetables per day than children from families of lower social status.


## Conclusion

According to KiGGS wave $1,10.7 \%$ of children and adolescents consume five or more portions of fruit and vegetables per day. Girls, with a proportion of $12.2 \%$, meet the recommendation significantly more often than boys with $9.4 \%$. Furthermore, boys more often eat less than one portion of fruit and vegetables per day than girls ( $13.3 \%$ vs. $17.0 \%$ ).

Similar tendencies are also observed in other studies in Germany. In both the Eating Study as a KiGGS Module (EsKiMo), which was carried out in 2006 as a sub-sample of the KiGGS baseline study, as well as the Dortmund Nutritional and Anthropometrical Longitudinally Designed Study (DONALD) which collects dietary data continually since 1985 it was observed that only very few children and adolescents actually met the recommended daily consumption levels (Kersting et al. 2004, Rabenberg, Mensink 2011).

Furthermore, in KiGGS wave 1 an association between the consumption of fruit and vegetables and social status can be seen. Accordingly, children in families of higher social status consume significantly more
often five or more portions of fruit and vegetables per day than children from families of lower social status. This finding could be observed in several studies (van der Horst et al. 2007; Sausenthaler et al. 2007) and may presumably be attributed to higher income levels and higher standards of parental education. Adults with higher standards of education eat more often healthy (Irala-Estevez et al. 2000) and also convey this way of life to their children (Xie et al. 2003).

Overall, these results show that fruit and vegetable consumption by children and adolescents is not yet at an optimum level and should continue to be encouraged.

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, and in Lange et al. (2O14).

Further results regarding fruit and vegetable consumption by children and adolescents can be found in Borrmann, Mensink (2015).

## Literature

Boeing H, Bechthold A, Bub A et al. (2012) Stellungnahme Gemüse und Obst in der Prävention ausgewählter chronischer Krankheiten der Deutschen Gesellschaft für Ernährung e. V. https://www.dge.de (Accessed: 03/11/2016)
Boffetta P, Couto E, Wichmann J et al. (2010) Fruit and vegetable intake and overall cancer risk in the European Prospective Investigation into Cancer and Nutrition (EPIC). J Natl Cancer Inst 102 (8):529-537
Borrmann A, Mensink GBM, KiGGS Study Group (2015) Obst- und Gemüsekonsum von Kindern und Jugendlichen in Deutschland. Ergebnisse der KiGGS-Welle 1. Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz 58(9):1005-1014
Buijsse B, Feskens EJM, Schulze MB et al. (2009) Fruit and vegetable intakes and subsequent changes in body weight in European populations: results from the project on Diet, Obesity, and Genes (DiOGenes). Am J Clin Nutr 90(1): 202-209
DGE - Deutschen Gesellschaft für Ernährung (2007) Stellungnahme der Deutschen Gesellschaft für Ernährung e.V. Obst und Gemüse in der Prävention chronischer Krankheiten
http://www.dge.de (Accessed: 03/11/2016)
Irala-Estevez JD, Groth M, Johansson L et al. (2000) A systematic review of socio-economic differences in food habits in Europe: consumption of fruit and vegetables. Eur J Clin Nutr 54: 706-714
Kersting M, Alexy U, Kroke A et al. (2004) Kinderernährung in Deutschland. Ergebnisse der DONALD-Studie. Bun-desgesundheitsbl-Gesundheitsforsch - Gesundheitsschutz 47(4): 213-218
Lange M, Butschalowsky HG, Jentsch F et al. (2014) Die erste KiGGS-Folgebefragung (KiGGS Welle 1). Studiendurchführung, Stichprobendesign und Response. Bundesge-sundheitsblatt-Gesundheitsforschung-Gesundheitsschutz 57 (7): 747-761
Rabenberg M, Mensink GBM (2011) Obst- und Gemüsekonsum heute. Publ. Robert Koch-Institut, Berlin. GBE kompakt 2(6)
www.rki.de/gbe-kompakt.de (Accessed: 03/11/2016)
Rasmussen M, Krolner R, Klepp KI et al. (2006) Determinants of fruit and vegetable consumption among children and adolescents: a review of the literature. Part I: Quantitative studies. Int J Behav Nutri Phys Act 3:22
Sausenthaler S, Kompauer I, Mielck A et al. (2007) Impact of parental education and income inequality on children's food intake. Public Health Nutr 10, 24-33
WCRF, AICR—World Cancer Research Fund/ American Institute for Cancer Research (2007) Food, Nutrition, Physical Activity, and the prevention of cancer; a global perspective. AICR, Washington DC
van der Horst K, Oenema A, Ferreira I et al. (2007) A systematic review of environmental correlates of obesity-related dietary behaviors in youth. Health Educ Res 22 , 203-226
Xie B, Gilliland FD, Li YF et al. (2003) Effects of ethnicity, family income, and education on dietary intake among adolescents. Prev Med 36:30-40

Table 1
Frequency distribution of portions of fruit, vegetables and juice consumed per day among girls according to social status

|  | Number of portions of fruit and vegetables per day (incl. up to one glass of juice) |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | <1 portion | 1 to <3 portions | 3 to <5 portions | $\geq 5$ portions |
|  | \% ( $95 \%$-CI) | \% (95\%-CI) | \% (95\%-CI) | \% (95\%-CI) |
| Girls | 13.3 (11.7-15.2) | 48.1 (45.9-50.2) | 26.4 (24.6-28.3) | 12.2, (11.0-13.5) |
| Social status |  |  |  |  |
| Low | 21.1, (16.1-27.1) | 47.5 , (40.9-54.3) | 21.5 , (16.8-27.0) | $9.9,(6.6-14.7)$ |
| Middle | 13.7, (11.9-15.8) | 50.6 , (48.0-53.3) | 24.7 , (22.6-26.9) | 10.9 , (9.5-12.5) |
| High | 3.8 , (2.8-5.1) | 40.5 , (37.1-43.9) | 37.1 , (34.0-40.2) | 18.7 , (15.9-21.9) |
| Overall (girls and boys) | 15.2, (14.0-16.4) | 48.8, (47.1-50.6) | 25.2, (24.0-26.5) | 10.7 , (9.9-11.7) |

Table 2
Frequency distribution of portions of fruit, vegetables and juice consumed per day among boys according to social status

|  | Number of portions of fruit and vegetables per day (incl. up to one glass of juice) |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | $<1$ portion | 1 to <3 portions | 3 to <5 portions | $\geq 5$ portions |
|  | \% , (95\%-CI) | \% , (95\%-CI) | \% , (95\%-CI) | \% , (95\%-CI) |
| Boys | 17.0, (15.5-18.6) | 49.6 (47.4-51.7) | 24.1 , (22.4-25.8) | $9.4,(8.3-10.5)$ |
| Social status |  |  |  |  |
| Low | 23.7 , (18.9-29.3) | 53.8 , (47.6-60.0) | 15.9, (11.6-21.5) | 6.5 , (4.2-9.9) |
| Middle | 17.4, (15.6-19.3) | 50.8 , (48.4-53.2) | 23.8 , (21.9-25.8) | 8.0 , (6.8-9.3) |
| High | $7.7,(6.2-9.5)$ | $42.4,(39.2-45.6)$ | $33.8,(31.0-36.8)$ | 16.1, (14.0-18.5) |
| Overall (girls and boys) | 15.2, (14.0-16.4) | 48.8, (47.1-50.6) | 25.2 , (24.0-26.5) | $10.7,(9.9-11.7)$ |

Editors
Robert Koch Institute
Department of Epidemiology and Health Monitoring Martina Rabenberg, Dr. Gert Mensink, Dr. Laura Krause, Panagiotis Kamtsiuris, Dr. Thomas Ziese
General-Pape-Straße 62-66
12101 Berlin, Germany
DOI: 10.17886/RKI-GBE-2016-007

How to quote this publication
Robert Koch Institute (Ed) (2015) Fruit and vegetable consumption Fact sheet on KiGGS wave 1: German Health Interview and Examination Survey for Children and Adolescents (KiGGS)—first follow-up survey 2009-2012 RKI, Berlin www.kiggs-studie.de (Published: 03/11/2016)

