

SDG Goal 2	Zero hunger
SDG Target 2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
SDG Indicator 2.2.1	Prevalence of stunting (height for age ≤ -2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
Time series	Stunting among children

1. General information on the time series

- Date of national metadata: 7 June 2023
- National data: <http://sdg-indicators.de/2-2-1/>
- Definition: The time series measures the age-standardised prevalence of stunting among children aged 3-4 years (population status: 31.12.2015). Stunting is defined as height-for-age (body height in relation to age) below minus two standard deviation from the median of the World Health Organization (WHO) Child Growth Standards.
- Disaggregation: age group; sex

2. Comparability with the UN metadata

- Date of UN metadata: March 2025
- UN metadata: <https://unstats.un.org/sdgs/metadata/files/Metadata-02-02-01.pdf>
- The time series is partly compliant with the UN metadata. It covers only the range of 3- and 4-year-old children instead of 0- to 4-year olds.

3. Data description

- The data is derived on the “German Health Interview and Examination Survey for Children and Adolescents” (KiGGS). KiGGS is part of the health monitoring system at the Robert Koch Institute (RKI) and includes cross-sectional surveys of children and adolescents. KiGGS repeatedly supplies data, representative of the country as a whole, on the health of under 18-year-olds.

The first KiGGS baseline study took place between 2003 and 2006 in the form of an interview and examination survey. The first follow-up study called KiGGS Wave 1 began in 2009 and ended in 2012. In this wave, the data was obtained by telephone interviews. KiGGS Wave 2 started in September 2014 and ended in August 2017. In addition to the interviews, the study program also included physical examinations, laboratory analysis of blood and urine samples as well as physical tests.

The data of the first KiGGS baseline study (2003-2006) is based on a special evaluation. In the examination part of KiGGS Wave 2 (2014-2017) children aged 3-17 years were included. Therefore, data on height and weight for the age group under 5 years is only available for 3- and 4-year-old children (n=215 girls and n=221 boys).

4. Access to data source

- German Health Interview and Examination Survey for Children and Adolescents (KiGGS) – KiGGS Wave 2: https://www.rki.de/EN/News/Publications/Journal-of-Health-Monitoring/Issues/2018/JoHM_en_Inhalt_18_01.html?nn=16780210

5. Metadata on source data

- German Health Interview and Examination Survey for Children and Adolescents (KiGGS):
https://www.rki.de/EN/Topics/Noncommunicable-diseases/Health-surveys/Studies/KiGGS/kiggs_english_start.html

6. Timeliness and frequency

- Timeliness: t + 12 months
- Frequency: Irregular

7. Calculation method

- Unit of measurement: Percentage
- Calculation:

$$\text{Stunting among children} = \frac{\text{Stunted children}[\text{number}]}{\text{Children examined}[\text{number}]} \cdot 100[\%]$$