

Description of Anthropometric Status of Girls Aged 1–10 Years in the Baduy Tribe Based on Weight and Height

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Abstract

Introduction: Anthropometric status is an important indicator for monitoring child growth and nutritional status. Indigenous communities may have unique social, cultural, geographical, and dietary characteristics that influence child growth. **Objective:** This study aimed to describe the anthropometric status of female children aged 1–10 years in the Baduy community based on body weight and height measurements. **Method:** A descriptive cross-sectional study was conducted involving 15 female children in the Baduy community, Banten, Indonesia. Data collected included age, body weight, and height. **Result and Discussion:** Body mass index was calculated, and growth status was assessed using the World Health Organization growth standards based on age and sex. The mean age was 6.31 ± 2.60 years, body weight was 19.09 ± 6.20 kg, height was 109.07 ± 16.53 cm, and body mass index was 15.67 ± 1.89 kg/m². **Conclusion:** Most children had normal anthropometric status; however, severe underweight, stunting, severe stunting, risk of overweight, and obesity were identified. Anthropometric monitoring is important for early detection of child growth problems in the Baduy community.

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Introduction

Child growth is a biological process that is one of the important indicators in describing the health condition, nutritional adequacy, and overall well-being of children. Optimal growth reflects the fulfillment of biological needs and the environment that supports children's development. Growth monitoring through anthropometric assessments, especially weight and height measurements, is a simple, easy-to-apply, and widely used method to evaluate growth status and detect nutritional disorders in children (Hasibuan et al., 2023). Indicators of weight by age (BB/U), height by age (TB/U), and body mass index by age (BMI/U) provide different information about children's growth conditions. Growth disorders in children can be influenced by various interrelated factors, including nutritional intake, feeding practices, family socioeconomic conditions, sanitation, and access to health services. (Beal et al., 2018)

The World Health Organization (WHO) has developed the *WHO Child Growth Standards* for children aged 0–5 years and the *WHO 2007 Growth Reference* for children aged 5–19 years as a reference for assessing growth based on age and gender. These standards allow the identification of various growth problems, such as *underweight*, *stunting*, *wasting*, *overweight*, and *obesity* through Z-score-based indicators. (World Health Organization, 2023) In Indonesia, the assessment of child growth status also refers to anthropometric standards set through the Regulation of the Minister of Health of the Republic of Indonesia Number 2 of 2020 concerning Children's Anthropometric Standards, which includes indicators of weight by age (BB/U), height or height by age (PB/U or TB/U), weight by length or height (BB/PB or BB/TB), and body mass index by age (BMI/U). (Ministry of Health of the Republic of Indonesia, 2020)

Growth disorders in childhood can have an impact that lasts until the next stage of life. Short stature or *stunting* describes linear growth disorders due to chronic malnutrition and various environmental factors that occur over a long period. Children with stunted conditions have a risk of experiencing cognitive development inhibitions, impaired learning abilities, and an increased risk of non-communicable diseases in adulthood. Excessive weight gain in childhood is also a concern because it is related to the risk of obesity and metabolic disorders later in life. The achievement of improving child nutrition nationally in Indonesia does not necessarily reflect the same conditions in each community group, considering that socioeconomic, environmental, and access to health services between regions still affects children's nutritional status. According to UNICEF Indonesia data, Indonesia still faces three nutritional burdens, namely malnutrition, micronutrient deficiency, and an increase in overweight problems in children. This condition shows the need for nutritional status data that pays attention to the specific characteristics of each population group, instead of relying only on the national aggregate picture. (Adi et al., 2026) (Rachmi et al., 2021) (Sutiyono et al., 2025) (UNICEF Indonesia, 2025)

The Baduy tribe is one of the indigenous communities living in Lebak Regency, Banten Province, Indonesia. The Baduy people have distinctive socio-cultural characteristics through traditional lifestyles, close relationships with the environment, and value systems that affect various aspects of daily life. These various distinctive characteristics include geographical factors, education level, access to health services, food consumption patterns, and childcare practices make the Baduy Tribe a socio-cultural context that is different from the general population, so that the growth patterns of

children in this community have the potential to have their own characteristics that have not been widely documented (Arifianti et al., 2025)

Research on the determinants of stunting in Indonesia shows that family and environmental characteristics, including family knowledge and access and affordability of health services, are related to the incidence of developmental disorders in children. The findings confirm that social and environmental determinants do play an important role in the nutritional status of children in general; however, before these determinants can be studied specifically in indigenous communities such as the Baduy Tribe, basic data is needed first on the description of the growth status of their children, considering that such data is still very limited (Laksono et al., 2022). Although research on nutritional problems in the Baduy community has been conducted, studies that specifically describe the anthropometric characteristics of Baduy girls with a wide age range are still limited. Weight and height data can provide an initial picture of variations in child growth and serve as a basis for identifying children who need further monitoring. Information on child anthropometry in indigenous communities is needed to expand understanding of growth conditions in population groups with certain socio-cultural characteristics. Based on this background, this study aims to describe the anthropometric status of girls aged 1–10 years in the Baduy Tribe based on weight and height parameters.

Method

This study uses a descriptive design with a cross-sectional approach to describe growth characteristics based on the anthropometric status of girls at certain observation times. The research was carried out in the Baduy tribal community, Lebak Regency, Banten Province, Indonesia, on August 4, 2026. The research data is primary data obtained through direct anthropometric measurements of children, including age, weight, and height. The study population consisted of girls aged 1–10 years from the Baduy tribe. A total of 15 girls who had complete age, weight, and height data were included in the study using the total sampling technique. Anthropometric measurements were carried out to obtain an overview of the child's growth status. Weight was measured in kilograms (kg), while height was measured in centimeters (cm) by paying attention to the accuracy of the measurement procedure (Gibson, 2020). Body Mass Index (BMI) is calculated using the formula:

$$\text{BMI} = \text{body weight (kg)} / \text{height}^2 (\text{m}^2)$$

Children's age is used as the basis for determining growth assessment standards. Children aged 1–5 years are assessed using the WHO Child Growth Standards, while children aged 5–10 years are assessed using the WHO Growth Reference 2007 for 5–19 Years. The assessment uses Z-score based on age and gender (World Health Organization, 2006). The anthropometric indicators used include Weight by Age (BB/U) to assess the suitability of weight based on age, Height by Age (TB/U) to assess linear growth and identify stunting, and Body Mass Index by Age (BMI/U) to assess weight status based on age and gender. The interpretation of the results refers to WHO standards and the Regulation of the Minister of Health of the Republic of Indonesia Number 2 of 2020 concerning Child Anthropometric Standards.

Table 1
 Growth Status Categories Based on Anthropometric Indicators

Age Group	Anthropometric Indicators	Z-Score Criteria	Growth Status Categories
< 5 years	Height by Age (TB/U)	< -2 SD	Short (<i>stunted</i>)
		< -3 SD	Severely <i>stunted</i>
< 5 years	Weight by Age (BB/U)	< -2 SD	Underweight
		< -3 SD	Severely underweight
5–10 years	Body Mass Index by Age (BMI/U)	> +1 SD	Overweight
		> +2 SD	Obesity

Interpretation of growth status was carried out based on Z-score values. At the age of <5 years, TB/U was used to assess linear growth with the category of short (*stunted*) at the value of <-2 SD and severely *stunted* at the value of <-3 SD, while BB/U was used to assess body weight by age with the category of underweight at the value of <-2 SD and very underweight at the value of <-3 SD. At the age of 5–10 years, BMI was used to determine weight status based on age and gender, with a value of >+1 SD as overweight and >+2 SD as obesity (Ministry of Health of the Republic of Indonesia, 2020). The WHO growth standard (2007) is used as a reference for interpretation based on age and gender. Data were analyzed descriptively to describe the anthropometric characteristics of Baduy girls. Numerical variables were presented in the form of mean, *standard deviation*, median, minimum value, and maximum, while categorical variables were presented in the form of frequency and percentage. Inferential analysis was not carried out because the study focused on depicting growth characteristics with a limited number of samples.

Results and Discussion

1. Results

Child Characteristics

Table 2
 Distribution of Girls by Age Group

Age group (years)	Quantity (n)	Percentage (%)
1–3 Years	1	6.7
4–5 Years	5	33.3
6–7 Years	3	20.0
8–9 Years	3	20.0
10 Years	3	20.0
Total	15	100.0

Based on Table 1, this study involved 15 girls aged 1–10 years from the Baduy tribe. The age distribution showed that the age group of 4–5 years had the largest number of subjects, namely 5 children (33.3%). The age groups of 6–7 years, 8–9 years, and 10 years each consisted of 3 children (20.0%). The age group of 1–3 years had the least number of subjects, namely 1 child (6.7%). The variation of age groups in this study provides an overview of the characteristics of children's growth in different age ranges, starting from the initial period of growth to school age.

Table 3
 Distribution of Girls by Weight

Weight (kg)	Quantity (n)	Percentage (%)
<10	1	6.7
10–14.9	2	13.3
15–19.9	6	40.0
≥20	6	40.0
Total	15	100.0

Furthermore, Table 3 describes the weight of girls in this study in the range of 8.0–29.9 kg. The weight distribution showed that most of the children were in the weight groups of 15–19.9 kg and ≥20 kg, each with 6 children (40.0%). The weight group of 10–14.9 kg consisted of 2 children (13.3%), while the weight group <10 kg had the least number, namely 1 child (6.7%). The weight variation found illustrates the difference in growth characteristics between individuals according to the age range of the children studied.

Table 4
 Distribution of Girls by Height

Height (cm)	Quantity (n)	Percentage (%)
<80	1	6.7
80–99.9	3	20.0
100–119.9	7	46.7
120–129.9	2	13.3
≥130	2	13.3
Total	15	100.0

If viewed in Table 4 above, the height of girls in this study was in the range of 72.0–133.0 cm. The height distribution showed that the 100–119.9 cm group was the group with the largest number, namely 7 children (46.7%). The height group of 80–99.9 cm consisted of 3 children (20.0%), while the 120–129.9 cm and ≥130 cm groups each amounted to 2 children (13.3%). The lowest proportion was found in the height group <80 cm with 1 child (6.7%).

Table 5
 Characteristics of Anthropometry of Girls

Variable	Average ± Elementary School	Median	Minimum	Maximum
Age (years)	6.31 ± 2.60	6.00	1.67	10.00
Weight (kg)	19.09 ± 6.20	16.60	8.00	29.90
Height (cm)	109.07 ± 16.53	106.00	72.00	133.00
BMI (kg/m ²)	15.67 ± 1.89	15.60	13.23	21.32

The anthropometric characteristics in Table 5 show that the average age of girls is 6.31 ± 2.60 years with a median value of 6.00 years. The child's weight has an average of 19.09 ± 6.20 kg, with a value range between 8.00–29.90 kg. Height shows an average of 109.07 ± 16.53 cm with a range of 72.00–133.00 cm. The body mass index (BMI) value

has an average of $15.67 \pm 1.89 \text{ kg/m}^2$, with a minimum value of 13.23 kg/m^2 and a maximum of 21.32 kg/m^2 . The variation in anthropometric values illustrates the difference in growth characteristics between children in the observed age range of 1–10 years.

Anthropometry Status

Anthropometric status is used to describe children's growth conditions based on indicators of weight by age (BB/U), height by age (TB/U), and body mass index by age (BMI/U). Assessment is carried out based on growth categories according to children's anthropometric standards by considering age and gender. The distribution of anthropometric status of Baduy girls is presented in Table 5.

Table 6
Distribution of Anthropometric Status of Girls

Anthropometric indicators	Categories	Quantity (n)	Percentage (%)
BB/U	Normal	14	93.3
	Very little weight	1	6.7
TB/U	Normal	12	80.0
	Short	2	13.3
	Very short	1	6.7
IMT/U	Normal	13	86.7
	Risk of being overweight*	1	6.7
	Obesity	1	6.7
Total		15	100.0

Remarks: *The weight risk category is more used for children aged <5 years according to the interpretation of WHO growth indicators.

Based on the data in Table 6, it shows that most girls have anthropometric status in the normal category. In the BB/U indicator, as many as 14 children (93.3%) are in the normal category, while 1 child (6.7%) is in the category of very underweight. Assessment based on the TB/U indicator showed that 12 children (80.0%) had age-appropriate height in the normal category. A total of 2 children (13.3%) were short and 1 child (6.7%) was very short. The BMI/U indicator showed that most of the children were in the normal category, namely 13 children (86.7%). As many as 1 child (6.7%) was in the overweight risk category and 1 child (6.7%) was in the obesity category.

2. Discussion

Overview of Anthropometric Status and Growth Variations of Baduy Girls

After anthropometric measurements are carried out, which is one of the important approaches in assessing growth conditions because it is able to provide an objective picture of changes in children's body size through weight and height parameters. In communities with certain social and cultural characteristics, such as the Baduy Tribe, information about the anthropometric status of children has an important value to describe growth conditions in community groups that have distinctive life patterns and environments. The results of measurements of 15 girls aged 1-10 years in the Baduy tribe community showed variations in anthropometric status. Most of the children were in the normal growth category, but children with linear growth disorders, very underweight, and

risk of overweight, and obesity were still found. These variations show that the growth conditions of children in a community can have diverse patterns, so the use of several anthropometric indicators is needed to obtain a more comprehensive picture.

The average weight of children in this study was 19.09 kg, while the average height was 109.07 cm. The two parameters cannot be interpreted separately because the child's body size changes with age. Older children are physiologically more weight and height than younger children. Assessments based on indicators of weight by age (BB/U), height by age (TB/U), and body mass index by age (BMI/U) are needed to determine whether the child's growth is in accordance with the expected pattern. (Ministry of Health of the Republic of Indonesia, 2020). The WHO Growth Standards are used as a reference in evaluating child growth based on age and gender. *The WHO Child Growth Standards* are used for children under five years of age, while *the WHO Growth Reference 2007 for 5–19 Years* is used for school-age children and adolescents. According to de Onis et al. (2007), the use of these standards allows the interpretation of growth through Z-score values so that the child's growth conditions can be compared with the reference population consistently.

One of the important findings in the study was the discovery of a child aged 1 year and 8 months with a very underweight and very short weight category. The child weighed 8.0 kg and was 72.0 cm tall. This condition showed a disturbance in two growth indicators, namely BB/U and TB/U. The BB/U indicator describes the suitability of weight for the child's age, while TB/U describes linear growth that is influenced by nutritional and health conditions over a longer period. Linear growth disorders seen through the TB/U indicator are related to stunting conditions. Stunting is a chronic growth disorder that arises due to the interaction of various factors, such as insufficient nutritional intake, recurrent infections, environmental conditions, and family social factors. The problem of stunting is a global concern because it is not only related to lower body size, but also related to child development and health quality in the future. (Vaivada et al., 2020). In addition to children who are very underweight and very short, there are two children with short categories based on TB/U indicators. Height growth is an indicator that describes the accumulation of health conditions and nutritional adequacy in the long term, so changes in these indicators need to be a concern in monitoring child growth (Jokhu et al., 2024)

Interpretation of Anthropometric Status and Its Relevance to the Baduy Tribe Community

The conditions of child growth in indigenous peoples need to be understood by considering the social and cultural characteristics that develop. The Baduy tribe has different life patterns, cultural values, and social systems from the general public. Cultural factors can affect the way people understand health problems, including perceptions of the causes and prevention of stunting. Research on the Baduy community shows that people's understanding of stunting is still related to perceptions of hereditary factors, the environment, and other health factors (Putri et al., 2025). Approaches to preventing growth disorders in communities such as the Baduy Tribe not only require nutritional interventions, but also need to consider aspects of health communication and community involvement. Socio-cultural factors, parenting patterns, and the level of understanding of the family can affect the success of health programs implemented in a community. The involvement of families, health cadres, health workers, and community leaders is an

important part of building a growth monitoring program that is in accordance with local conditions (Haniarti et al., 2025)

The nutritional problems found in this study are not only in the form of malnutrition. The results of the BMI/U assessment show that there is one child with the risk category of overweight and one child with the obesity category. This means that one group of people can find various forms of nutritional problems at the same time, ranging from growth disorders to overweight. The existence of linear growth disorders and overweight conditions illustrates the phenomenon of double burden of malnutrition. Conditions that occur when problems of malnutrition and overnutrition are found in the same population. Changes in food consumption patterns, food quality, and food environment are some of the factors that can affect the development of nutritional problems in children. Food consumption patterns and nutrient adequacy have a role in determining a child's growth status, including the risk of growth disorders and underweight. (Muniroh et al., 2025)

From several aspects it was found that child growth monitoring needs to be carried out thoroughly. Child health programs not only focus on identifying children with low weight or linear growth disorders, but also need to pay attention to the risk of overweight and obesity. Periodic anthropometric measurements can be the first step in detecting changes in nutritional status and determining the need for further evaluation. This study has several limitations that need to be considered. The cross-sectional design causes measurements to be made only at one time so that it cannot describe longitudinal changes in child growth or causal relationships between variables. *Cross-sectional* design is more suitable to be used to describe the condition of a group in a certain period. Other factors that can affect children's growth, such as diet, disease history, socioeconomic conditions, and access to health services, have not been analyzed in this study (Sari & Legiran, 2024). Despite its limitations, the results of this study provide an initial overview of the variation in anthropometric status of girls aged 1–10 years in the Baduy community. Simple measurements of weight and height can be the basis for regular growth monitoring and help identify children who need further attention. The approach to monitoring growth in the Baduy community needs to consider cultural characteristics and involve various parties so that child health programs can run sustainably.

Conclusion

After conducting the study, an overview was obtained of the variation in the anthropometric status of girls aged 1–10 years in the Baduy Tribe community based on weight and height measurements. The results showed that most children had anthropometric status in the normal category, but it was still found that the conditions of very underweight, short, very short, overweight, and obesity were still found. The variation in growth conditions shows that there is a diversity of nutritional problems in children in one community, ranging from growth disorders to overweight. Anthropometric measurements through growth indicators based on age and gender can be the basis for monitoring children's growth conditions and support early detection of nutritional problems in the Baduy Tribe community. Monitoring of child growth in the Baduy Tribe community needs to be carried out periodically through anthropometric measurements involving families, health cadres, health workers, and community leaders. Growth monitoring programs need to pay attention to the social and cultural characteristics of the local community so that efforts to prevent growth disorders, improve nutritional status, and control the risk of excess weight can run optimally. Follow-up

Fatimah Az Zahra, Vella Azahra Kusuma Arofah, Raymunda Fiona Wihelmina Pasaribu, Vivianne Mayla Rizan, Div Jesira Palimbung, Karina Shasri Anastasya/**KESANS**
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research with a larger sample count as well as the assessment of factors related to child growth, such as diet, health conditions, parenting patterns, and environment, are needed to obtain a more comprehensive picture.

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